

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

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Meeting Venue:	For further information contact:
Hybrid – Committee Room 4, Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 4 March 2026	0300 200 6565
Meeting time: 09.30	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### **Private pre-meeting**

(9.00–9.30)

### **Public meeting**

(09.30–10.15)

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

(09.30)

#### **2 Pre-appointment hearing for the role of Chair of Social Care Wales: evidence session with the Welsh Government's preferred candidate**

(09.30–10.15)

(Pages 1 – 33)

Katija Dew, Welsh Government's preferred candidate for the role of Chair of Social Care Wales.

Research brief

Paper 1 – Pre-appointment hearing questionnaire

Paper 2 – Welsh Government briefing

Paper 3 – Information for candidates

#### **3 Papers to note**

(10.15)



- 3.1 Letter to the Cabinet Secretary for Health and Social Care re Welsh Government 2026–27 draft budget**  
(Pages 34 – 35)
- 3.2 Response from the Cabinet Secretary for Health and Social Care re Welsh Government 2026–27 draft budget**  
(Pages 36 – 47)
- 3.3 Letter from the Cabinet Secretary for Health and Social Care Committee to the Petitions Committee re: P–06–1456 – Emergency Medical Retrieval and Transfer (EMRTS) services in North Wales**  
(Pages 48 – 49)
- 3.4 Letter from the Auditor General for Wales re Challenges and opportunities for Welsh public services**  
(Pages 50 – 66)
- 3.5 Letter to the Minister for Children & Social Care re the inquiry into improving access to support for unpaid carers**  
(Pages 67 – 71)
- 3.6 Response from the Minister for Children & Social Care re the inquiry into improving access to support for unpaid carers**  
(Pages 72 – 76)
- 4 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of today’s meeting and for the meeting on 11 March 2026, for consideration of the draft report on improving access to support for unpaid carers and the draft report on the future of general practice in Wales**  
(10.15)

**Private meeting**

(10.15–11.30)

- 5 Pre–appointment hearing: consideration of evidence and draft report**

(10.15–10.30)

(Pages 77 – 81)

Paper 4 – Draft report

**6 Inquiry into the future of general practice in Wales: consideration of draft report**

(10.30–11.30)

(Pages 82 – 172)

Paper 5 – Inquiry into the future of general practice in Wales: draft report

# Agenda Item 2

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# Pre-appointment hearing: Chair of Social Care Wales

## Pre-appointment questionnaire

February 2026

### Background

You are being asked to complete this questionnaire because you are the Welsh Government's preferred candidate for the post of Chair of Social Care Wales.

Your answers to this questionnaire **will be published** with the meeting papers for the pre-appointment hearing, and will be used to inform Members' preparation for the hearing. It may be necessary to redact certain personal information, such as contact information, before publication. [We would also request that you refrain from disclosing third-party personal data unless necessary]. Your response to each question should be around 250 words (with the exception of question 1, where you may provide a longer response).

### Providing Written Evidence

The Senedd has two official languages, Welsh and English.

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

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



## Disclosure of information

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

1. Please provide a brief summary of your employment history. You may wish to do this via a separate CV. Please be aware that anything you provide will be published.

Most recent employment history;

**Acting Director for Wales, British Red Cross** June 2024 -present: Wales policy remit, single point of contact for Senedd Cymru and Welsh Government. Overseeing the charity's Health and Care services pan Wales.

**Board Member by public appointment, Social Care Wales** April 2025 – present. Providing strategic leadership and ensuring strong governance, financial stewardship, and value for money. Chair of Audit and Risk Committee.

**Independent Member Aneurin Bevan University Health Board** by public appointment. April 2016 – March 2023 to include intense challenges during the Covid 19 pandemic. During tenure took range of roles to include Chair of Public Health and Primary Care Committee, Power of Discharge Subcommittee, Vice Chair Mental Health Act Monitoring Committee, Chair Charitable Funds Committee and Vice Chair Audit and Risk Committee.

**Director of Services and Interim Chief Executive; The Care Collective.** April 2022 - February 2024. Leading services delivered by a regional charity. Domiciliary and Continuing Health Care, supporting unpaid carers with respite services in the home setting.

**Financial Inclusion Champion for Wales** by Welsh Government appointment 2013-2016; Creating a vision and inspiring change working with Ministers and Welsh and UK Governments embedding policy and practice change in the public, private and community sectors.

**Programme Director for Financial Inclusion;** Wales Co-operative Centre April 2001 - Jan 2016. Developing and supporting co-operative organisations across Wales to support financial inclusion and tackle poverty.

**Board Member by Public Appointment ACCAC**

- Qualifications, Curriculum and Assessment Authority for Wales . 2001-2005

## 2. What motivated you to apply to be the Chair of Social Care Wales?

This is the right opportunity, at the right point in my career, to contribute as Chair of an organisation undertaking critical work in a sector that I feel strongly about.

Social Care Wales plays an essential role in supporting standards, strengthening workforce confidence and sustaining public trust. Its remit spans not only social care professionals but also the early years and childcare workforce, reflecting the importance of early support in shaping lifelong outcomes. I feel passionately about getting these things right. At a time of rising demand and increasing public expectation, that contribution is more vital than ever. The organisation is not simply a regulator; it is a source of leadership, stability and credibility for the profession and for the wider public service landscape.

Having served on its Board, I have developed an understanding of its statutory responsibilities, culture and relationships. I know both the opportunities and the challenges it faces.

For me, the Chair has a responsibility to provide stability, sound judgement and perspective during periods of pressure and change, ensuring the organisation remains focused on its purpose while navigating a demanding external environment.

I believe I can provide that leadership at this important moment for the organisation and the wider sector.

## 3. Why do you think you are well suited to the role?

I understand what it takes to hold responsibility at Board level in a complex public environment, and I bring extensive leadership experience and commitment.

Over time, I have learned that effective Chairing is as much about judgement and tone as it is about process. It means knowing when to challenge and when to support, when to press for clarity and when to allow space for reflection. In my Non-Executive and committee chairing roles, I have worked to create environments where people feel able to speak openly, while ensuring that decisions are clear, owned and followed through.

I am steady under pressure and comfortable with scrutiny. I focus on purpose and long-term direction rather than short-term noise. In sectors facing sustained demand and financial constraint, that steadiness is essential. I also bring a practical understanding of the public service landscape in Wales and the relationships that underpin it.

Independence and constructive partnership are not opposites. They require consistent judgement and balance, and both are vital if we are to meet the challenges facing public services.

Alongside experience, I bring a genuine commitment to social care, early years and childcare in Wales. I care about the workforce, about standards and about the trust that people place in the system. I want to further invest my energy in supporting that work.

I am ready to take that on, leading collaboratively and with compassion, but with clear direction and the determination to deliver sustained outcomes that matter.

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

I will focus on three clear outcomes.

##### **1. Supporting a confident, skilled and sustainable workforce.**

Social Care Wales will have further strengthened professional confidence across the workforce. Standards will be upheld consistently and fairly, maintaining public trust while reinforcing professional pride. The organisation's work in workforce development and recruitment will help attract people into the sector, support their progression and strengthen clear career pathways. Regulation and development work alongside one another to sustain a capable and confident workforce.

##### **2. Strong use of evidence and sharing learning with partners.**

Social Care Wales will continue to build and use workforce intelligence, research and shared learning to shape its standards, guidance and development programmes in collaboration with its partners. Its work will make a practical difference across the sector by ensuring policy, practice and professional development are well informed. The organisation will remain clear about its statutory remit while working in partnership to maximise collective impact.

##### **3. Consistent delivery supported by effective governance and strong values.**

The organisation will maintain a clear strategic focus and deliver steadily over time. Governance will provide appropriate scrutiny, accountability and responsible stewardship of public resources. The Board will provide the clarity and oversight needed to support progress, particularly in a context of financial and system pressure.

Equality and Welsh language duties will be reflected in how the organisation operates day to day not only through its processes but its culture.

Across these outcomes, the aim is a Social Care Wales that delivers practical support to the workforce, upholds standards with fairness and consistency, and contributes to long-term improvement across the sector.

**5. How will you work with Welsh Government, local authorities, NHS bodies and other relevant organisations?**

I will approach relationships with Welsh Government, local authorities, NHS bodies and other partners based on constructive partnership and clear role boundaries.

Social Care Wales has a distinct statutory role, and maintaining its independence and integrity is fundamental. At the same time, it operates within a wider and highly complex health and social care system and each organisation aims to establish a common gain. Social care does not sit in isolation; it works alongside the NHS and other public services.

As Chair, I will actively support constructive relationships across that landscape, creating space for strategic dialogue, ensuring alignment where objectives are shared, and encouraging collaboration that improves outcomes without blurring roles or responsibilities.

I recognise that the organisation works within a framework set by Welsh Government and the Minister's priorities. As Chair, I would maintain a professional and constructive relationship with the Minister, ensuring there is clarity around expectations while safeguarding the organisation's independence in how it exercises its statutory functions.

I have long experience of working across organisational boundaries, starting with my early leadership roles at the Wales Co-operative Centre (now Cwmpas) and have practiced that way of working since. That has reinforced for me the importance of trust, clarity, consistency and collaboration in partnership working.

In practice, this means open and professional dialogue, no surprises and regular strategic engagement alongside the Chief Executive. I would provide strategic oversight, ensure appropriate governance of those relationships and act as a calm, credible presence on behalf of the organisation and the sector.

**6. How will you work with people who use care and support services, unpaid carers, the social care workforce, the third sector and other stakeholders?**

For me, engagement with people who use care and support services, unpaid carers, the workforce and the third sector is fundamental to the integrity of the organisation's work.

Although Social Care Wales does not deliver services directly, the standards it sets and the development it supports affect people's lives. That work must be informed by lived experience and frontline insight.

Having worked at that frontline, managed and led third sector services for much of my professional life, I deeply value these perspectives. Listening to these is central to maintaining public trust.

As Chair, I will ensure that engagement is purposeful and connected to decision-making. The Board should receive regular, meaningful insight from these groups and be clear about how that insight informs strategy and priorities. Listening should lead to reflection and, where appropriate, change.

The Executive leads operational engagement. My role will be to ensure those voices are heard at Board level and that the organisation communicates openly and respectfully about the decisions it takes.

**7. How will you work with Senedd Members and Senedd committees?**

I see engagement with Senedd Members and Committees as a central part of public accountability.

Social Care Wales operates independently in exercising its statutory functions, but it is accountable to the Senedd for how it uses public resources and fulfils its remit. I will

maintain a constructive relationship with the Minister responsible for the care portfolio, particularly in relation to the annual remit and emerging pressures within the wider system.

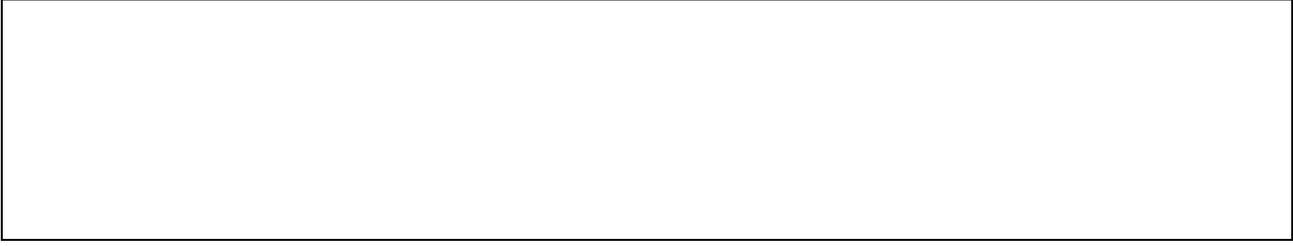
As Chair, I will engage openly and professionally with scrutiny committees, providing clear and evidence-based information and responding thoughtfully to challenge.

Engagement with individual Senedd Members will be approached in the same spirit. That is with openness, respect and grounded in clear role boundaries. Throughout, I will ensure that independence of judgement and governance integrity are maintained.

**8. Do you currently hold any other appointments that could give rise to any potential conflicts of interest or perceived conflicts of interest? If so, how do you propose to manage those conflicts or perceptions?**

My professional commitments are listed above, and I do not believe any constitute a conflict of interest.

I am a Trustee of Newport Live (leisure trust in Newport) and Event Director of Riverfront parkrun. These activities are unrelated to this sector.



## **Recruitment of new Chair to Social Care Wales**

1. On 23<sup>rd</sup> October 2025 the Welsh Government Public Appointments Team advertised for a Chair for Social Care Wales (SCW).

### **Background**

2. The current Chair of SCW, Mick Giannasi has been on the board since August 2019, and his initial four-year term was extended to 31<sup>st</sup> July 2027. He will have served three of his four-year extended term on the board on 31<sup>st</sup> July 2026. Mick Giannasi announced his intention to stand down to the Minister for Children and Social Care in June 2025.
3. SCW was renamed under section 67 of the Regulation and Inspection of Social Care (Wales) Act 2016, having initially been established as the Care Council for Wales under section 54 of the Care Standards Act 2000. As a public body, its primary role is to fulfil its statutory responsibilities set within the context of the Welsh Government's strategic aims. SCW employs more than 240 staff and has a budget in excess of £29m.
4. SCW has the following statutory functions with a view to promoting and maintaining:
  - High standards in the provision of care and support services
  - High standards of conduct and practice among social care workers
  - High standards in the training of social care workers, and
  - Public confidence in social care workers.

SCW also:

- Maintains and publishes the Register of social care workers
- Prepares and publishes codes of professional practice
- Regulates social work and social care training
- Makes rules to secure appropriate education, training and learning provision
- Develops qualifications and national occupational standards
- Leads and support service improvement
- Collects and analyses data to inform policy and planning at national and regional level
- Plays a lead role in research, data and innovation to support evidence informed practice and policy development across the social care sector

### **The Role of the Chair**

5. The Chair's role and responsibilities include:
  - Provide strategic leadership and vision to guide Social Care Wales in fulfilling its purpose: building confidence in the social care and early years

workforce, leading and supporting improvement, and ensuring effective regulation

- Ensure the Board operates cohesively to deliver the organisation's strategic aims through robust governance, clear policies, and aligned strategies
- Align organisational priorities with the wider strategic objectives set by Ministers, ensuring Social Care Wales contributes meaningfully to national policy goals
- Be accountable to the Minister, ensuring transparency and responsiveness in all organisational activities
- Lead the Board effectively, fostering open communication and strong relationships between Board members, the Executive Team, and staff
- Work in partnership with the Chief Executive and Executive Team, who are responsible for operational delivery and resource management
- Hold the Chief Executive to account, ensuring the Executive Team is focused on delivering outcomes that benefit the sector
- Support and enable Board members to engage in collective decision-making and contribute to committees and governance structures
- Act as an advocate for Social Care Wales, promoting its profile and strengthening relationships with the public and key stakeholders
- Collaborate with regional, national, and UK-level organisations to advance the objectives of Social Care Wales and its partners
- Provide assurance on governance and stewardship, ensuring the responsible use of public funds and resources
- Clarify roles and responsibilities for all Board members, ensuring alignment and accountability
- Make sure the Board has the right balance of skills, experiences and backgrounds supported by clear policies and procedures to work in line with the Code of Conduct and the Nolan Principles
- Oversee Board member development, ensuring appropriate training and annual performance reviews
- Champion a positive organisational culture, promoting well-being, ethical standards, and the values of Social Care Wales

6. Under the leadership of the Chair, Board members:

- Make sure Social Care Wales is working in line with procedures and policies
- Make sure Social Care Wales is spending money well and in the right way
- Make sure Social Care Wales has clear ways to manage risks that may affect the organisation
- Listen, ask questions, join in discussions and contribute to ideas on what Social Care Wales will be doing in the future and how this can be done
- Make decisions as part of the Board and be responsible for these decision
- Work with passion and enthusiasm with other Board Members and Social Care Wales staff
- Represent Social Care Wales with its customers, other organisations and communities

7. The successful appointee will receive remuneration at £337 per day plus travel and other expenses within reasonable limits and in accordance with Welsh

Government guidance for eight days per month. The successful appointee will be appointed for four years.

### **Publicity summary**

8. The role was promoted via the following websites and social media platforms:

- Welsh Government website
- Social Care Wales website
- LinkedIn

9. There were no paid advertisements.

10. As part of the Welsh Government's commitment to increasing diversity in public appointments the advert was sent to equality organisations and other organisations who have expressed an interest.

### **Recruitment process summary**

11. Following a six-week advertisement period, the advert closed on 4<sup>th</sup> December 2025. Four applications in total were received.

12. Following the initial sift, two candidates were put through to the next stage.

13. On 12 January, Social Care Wales led an Assessment Centre which the candidates attended. The assessment centre covered:

- Board meeting
- Stakeholder Engagement Session
- Media Interview Workshop

14. The interviews were held on 4 February.

15. The recruitment panel was chaired by Albert Heaney, Chief Social Care Officer for Wales and included Lindsay Cordery-Bruce, Chief Executive, WCVA, Stephen Vickers, Joint Chief Executive, Torfaen and Blaenau Gwent CBC and Aaqil Ahmed, Senior Independent Panel Member appointed by Public Appointments Unit.



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Llywodraeth Cymru  
Welsh Government

# **Information Pack for Applicants**

## **Social Care Wales**

### **Appointment of a Chair**

**Closing date: 4 December 2025**

<b>Making an application</b>	<b>4-7</b>
<b>Annex A: The role of the Chair</b>	<b>8</b>
<b>Annex B: Role and responsibilities of Social Care Wales</b>	<b>12</b>
<b>Annex C: The selection process</b>	<b>14</b>

## 1. Introduction



### **Message from Dawn Bowden, Minister for Children and Social Care, Senedd Cymru, Welsh Parliament**

Thank you for your interest in the role of Chair of Social Care Wales.

Social Care Wales plays a vital role in supporting and regulating the social care workforce, promoting improvement across the sector, and ensuring the delivery of high-quality care and support for people across Wales. The organisation is central to our shared ambition of creating a compassionate, skilled, and resilient social care system that meets the needs of individuals, families, and communities.

The Chair of Social Care Wales will provide strategic leadership to the Board, helping to shape the future of social care in Wales. This is a unique opportunity to influence policy and practice at a national level, working collaboratively with a wide range of stakeholders to deliver meaningful change.

If you are considering applying, I encourage you to watch the short videos from the current Chair, Mick Giannasi (<https://youtu.be/eB0KsBxr9xE>) and Chief Executive, Sarah McCarty, (<https://youtu.be/6M9UoOIHC0I>) which offer valuable insights into the organisation's priorities and culture. You are also welcome to contact the Social Care Wales Board Secretary, [lminos.bradbury@socialcare.wales](mailto:lminos.bradbury@socialcare.wales) for further information about the role and the organisation or if you would like an informal conversation with Sarah McCarty, Chief Executive, this can also be arranged through Llinos.

Thank you once again for your interest.

## Making an Application

Thank you for your interest in the appointment of Chair of Social Care Wales.

The Chair of Social Care Wales must be a lay person – this means that you can't apply for this opportunity if in the last five years you have:

- worked in social care or early years; or
- represented the social care and early years workforce; or
- been an employer of social care or early years workers.

## Key facts about the role

Location:	<i>Social Care Wales supports flexible working. Board members work both online and in person, and meetings are planned a year in advance to support scheduling. The Chair will be expected to attend meetings at the Cardiff office and across Wales.</i>
Time commitment:	<i>8 days a month (on average 2 days a week)</i>
Tenure of office:	<i>Initial appointment of four years</i>
Remuneration:	<i>£337 per day plus travel and other expenses within reasonable limits and in accordance with Welsh Government guidance.</i>

The attached Annexes provide information about the role and responsibilities of Social Care Wales, the role and responsibilities of the Chair, the person specification for the Chair's role, and the selection process.

To make an application, please visit the Welsh Government [vacancies](#) page.

<https://cais.tal.net/vx/lang-en-GB/mobile-0/appcentre-4/brand-7/xf-509f77e961d6/candidate/jobboard/vacancy/6/adv/>

To apply for this role, click on the vacancy and click on 'apply' at the bottom left-hand corner. The first time you apply for a post, you will need to [register](#) on the Welsh Government online application system. You will only need to register once, after which you can track the progress of your current application, and any future applications via your online registered account.

<https://cais.tal.net/vx/lang-en-GB/mobile-0/appcentre-4/brand-7/xf-4ac5797242e0/candidate/register>

When you have completed registration, you will be able to access the application form. To apply, you will need to upload a personal statement and CV with your online application form.

### **Personal Statement**

The personal statement is your opportunity to demonstrate how you meet each of the essential criteria set out in the person specification. How you choose to present the information is your choice. You should, however, aim to provide detailed examples demonstrating how your knowledge and experience match each of the criteria, and your role in achieving a specific result.

It will benefit the selection panel if you can be clear about which particular evidence relates to which of the essential criteria. Providing separate paragraphs in relation to each criterion is common practice.

Please limit your personal statement to no more than 2 (two) pages. Your application may be rejected if you exceed this limit.

## CV

Please ensure your CV includes brief details of your current or most recent post and the dates you occupied this role. Please identify any past or present Ministerial appointments.

### Indicative timetable

Closing date:	4 December 2025
Shortlisting:	15 December 2025
Assessment Centre:	12 January 2026
Interviews:	30 January 2026 and 2 February

### Diversity Statement

We are proud to have a diverse Social Care Wales Board that brings a wide range of perspectives, experiences, and strengths to governance. This diversity enhances decision-making and helps us better serve the communities we represent. We want to build on this and continue to have an inclusive environment where everyone feels valued and heard.

The Welsh Government recognise the value of having public bodies reflecting a wide range of cultures, identities and backgrounds. We encourage applications from all parts of society and want to appoint from the widest and most diverse pool of talent.

We welcome applications from everyone regardless of age, marriage (including same sex marriage) and civil partnership, sexual orientation, sex, gender identity, impairment or health condition, race, religion or belief or pregnancy.

We are committed to recruiting women, Black, Asian and Minority Ethnic people, disabled people and members of the LGBTQ+ community, who are currently under-represented in board positions at public bodies.

To learn more about our current Board and its diversity, please see [our Board Members](#) on our website

### Disability Confident

The Welsh Government accepts the social definition of disability, in which it is recognised that barriers in society act to disable people who have impairments or health conditions, or who use British Sign Language (BSL).

We are committed to removing barriers so everyone can perform at their best. The Equality Act 2010 uses the medical definition of disability “a physical or mental impairment which has a substantial and long-term impact on a person’s ability to carry out normal day-to-day activities”.

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

We are committed to the employment and career development of disabled people. If you would like a guaranteed interview, please contact Nicola Leadbeater via email at [Nicola.leadbeater@gov.wales](mailto:Nicola.leadbeater@gov.wales), or by phone 03000 256743 to let them know.

If you have an impairment or health condition or use BSL and need to discuss reasonable adjustments for any part of this recruitment process, please contact Nicola as soon as possible to discuss your requirements and any questions you may have.

## **Contacts**

For further information regarding the selection process, please contact

Public Appointments Team

Email: [publicappointments@gov.wales](mailto:publicappointments@gov.wales)

For further information regarding the role of Social Care Wales and the role of the Chair, please contact

Llinos Bradbury, Board Secretary

Tel: 02920 780540

Email: [llinos.bradbury@socialcare.wales](mailto:llinos.bradbury@socialcare.wales)

Should you need any further assistance with applying for this role, please contact [publicappointments@gov.wales](mailto:publicappointments@gov.wales)

For further information about Public Appointments in Wales, please visit [www.gov.wales/public-appointments](http://www.gov.wales/public-appointments)

## **Appointment of a Chair of the Board of Social Care Wales – Job Description and Person Specification**

### **Job Description**

The Chair of Social Care Wales is accountable for the performance and governance of the Board, upholding Welsh public service values and fostering public and stakeholder confidence across Wales.

The Chair is accountable to the Minister and to the Board and may also be held to account by the Senedd.

The Chair will:

- **Provide strategic leadership and vision** to guide Social Care Wales in fulfilling its purpose: building confidence in the social care and early years workforce, leading and supporting improvement, and ensuring effective regulation.
- **Ensure the Board operates cohesively** to deliver the organisation's strategic aims through robust governance, clear policies, and aligned strategies.
- **Align organisational priorities** with the wider strategic objectives set by Ministers, ensuring Social Care Wales contributes meaningfully to national policy goals.
- **Be accountable to the Minister**, ensuring transparency and responsiveness in all organisational activities.
- **Lead the Board effectively**, fostering open communication and strong relationships between Board members, the Executive Team, and staff.
- **Work in partnership with the Chief Executive and Executive Team**, who are responsible for operational delivery and resource management.
- **Hold the Chief Executive to account**, ensuring the Executive Team is focused on delivering outcomes that benefit the sector.
- **Support and enable Board members** to engage in collective decision-making and contribute to committees and governance structures.
- **Act as an advocate for Social Care Wales**, promoting its profile and strengthening relationships with the public and key stakeholders.
- **Collaborate with regional, national, and UK-level organisations** to advance the objectives of Social Care Wales and its partners.
- **Provide assurance on governance and stewardship**, ensuring the responsible use of public funds and resources.

- **Clarify roles and responsibilities** for all Board members, ensuring alignment and accountability.
- **Make sure the Board has the right balance** of skills, experiences and backgrounds supported by clear policies and procedures to work in line with the Code of Conduct and the Nolan Principles.
- **Oversee Board member development**, ensuring appropriate training and annual performance reviews.
- **Champion a positive organisational culture**, promoting well-being, ethical standards, and the values of Social Care Wales.

### **Person Specification**

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

### **Essential Criteria**

Candidates must demonstrate:

1. **Strategic Leadership and Vision**  
Ability to set direction, think long-term, and work with the Chief Executive to lead the organisation in delivering its purpose and priorities. You should be able to identify emerging challenges and opportunities and translate these into strategies.
2. **Effective Governance and Stewardship**  
Ability to ensure robust governance, accountability, and the responsible use of public resources. You should understand how to scrutinise performance, manage risk, and uphold high standards of conduct, including the Nolan Principles of Public Life.
3. **Commitment to Equality, Diversity and Inclusion and the Welsh Language**  
Ability to promote inclusive and anti-discriminatory practices, challenge discrimination, and drive the organisation to reflect and respect the diverse communities it serves, including a commitment to the Welsh language and its equal status.
4. **Collaborative and Influential Leadership**  
Ability to demonstrate compassionate leadership principles, build a strong Board, open relationships with stakeholders, facilitate constructive dialogue, and act as an advocate for Social Care Wales.

## Welsh Language

Social Care Wales is a bilingual organisation and conducts its business in both Welsh and English. We are committed to promoting and strengthening the use of the Welsh language across the social care and early years sector, in line with the Welsh Government's *More than Just Words* strategic framework.

Welsh language skills for this role are desirable (definitions included below); however, candidates will be expected to demonstrate leadership in supporting and developing a bilingual workforce. This includes recognising the importance of the Welsh language in delivering person-centred care and in supporting the rights of individuals to receive services in their preferred language.

Candidates should also be able to demonstrate an understanding of the significance of the Welsh language to Social Care Wales as an employer in Wales, and its role in shaping inclusive and culturally sensitive services.

Where a candidate can demonstrate they meet the desirable criteria, they should provide an indication of their skills against the following level of skill:

Understanding	Can understand routine work-related conversations
Reading	Can read some basic words and phrases with understanding
Speaking	Can converse in simple work-related conversations
Writing	Can write basic messages on everyday topics

## Definitions (Welsh language skills)

### **Welsh language skills are essential on commencement**

Welsh language skills are needed from day one to fulfil the role satisfactorily, and there is no other reasonable way of providing the service in Welsh satisfactorily.

A person without the necessary language skill levels will not be considered.

### **Welsh language skills need to be learnt when appointed**

The Welsh language skills are needed from day one to fulfil the role satisfactorily, and someone with those skills is sought, but the employer is able to make short term arrangements until the language ability of the appointee improves to the level needed for the appointment.

The appointment is therefore also open to applicants who are prepared to commit to acquire / improve their Welsh language skills to the designated level within a reasonable specified timescale. [but see Note (i) below].

### **Welsh language skills are desirable**

Welsh language skills are one of the skills that will assist in fulfilling the duties of the appointment satisfactorily, but are not essential to it. However, they will bring a valuable skill to the board that will strengthen its ability to provide an effective and efficient bilingual service.

In such circumstances, where all essential criteria are met, an applicant with Welsh language skills could have an advantage over someone without those skills.

## **Eligibility**

Candidates should note that membership of Social Care Wales is a disqualifying office for membership of the Senedd Cymru under the Senedd Cymru (Disqualification) Order 2020.

[The Senedd Cymru \(Disqualification\) Order 2020 \(from legislation.gov.uk\)](#)

## **Conflict of Interests**

When applying, you will be asked to declare any private interests which may or may be perceived to conflict with the role and responsibilities of Chair of Social Care Wales including any business interests and positions of authority outside of the role in Social Care Wales.

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

## **Due Diligence**

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

## **Standards in Public Life**

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the Code of Conduct for Board Members of Public Bodies.

[Code of Conduct for Board Members of Public Bodies \(gov.uk\)](#)

## **Annex B**

### **The role and responsibilities of the Board**

#### **Background**

Social Care Wales was renamed under section 67 of the Regulation and Inspection of Social Care (Wales) Act 2016, having initially been established as the Care Council for Wales under section 54 of the Care Standards Act 2000. As a public

body, its primary role is to fulfil its statutory responsibilities set within the context of the Welsh Government's strategic aims.

Social Care Wales has the following statutory functions with a view to promoting and maintaining:

- high standards in the provision of care and support services;
- high standards of conduct and practice among social care workers;
- high standards in the training of social care workers, and;
- public confidence in social care workers.

Social Care Wales also:

- maintains and publishes the Register of social care workers
- prepares and publishes codes of professional practice
- regulates social work and social care training
- makes rules to secure appropriate education, training and learning provision
- develops qualifications and national occupational standards
- leads and support service improvement
- collects and analyses data to inform policy and planning at national and regional level
- plays a lead role in research, data and innovation to support evidence informed practice and policy development across the social care sector

Further background information on the work of Social Care Wales can be found here: [www.socialcare.wales](http://www.socialcare.wales)

Useful links:

[Strategic Plan 2022-27](#),

[Business Plan 2025-7](#)

[Annual report and accounts 2024-5](#)

### **Role of Board**

The Social Care Wales Board is made up of a Chair and no more than 14 Members, all of whom are appointed by Welsh Ministers. The Board is lay led which means that there will always be more people who use services, carers and members of the public, on the Board than professionals from the care sector.

All the members need to be committed to making sure that Social Care Wales is focussed on creating a positive impact for social care and early years workers, employers and individuals who use care and support and their families.

The Social Care Wales Board provides leadership and direction to the organisation. The Board does this by setting plans, agreeing how and where money is spent, and by reviewing the progress and delivery of Social Care Wales' work. The Board works closely with the executive management team in carrying out their role.

The Board must make sure that the aims and objectives set by the Welsh Ministers are met. The Board must make sure that the organisation is run well and is accountable.

Under the leadership of the Chair, Board members:

- make sure Social Care Wales is working in line with procedures and policies
- make sure Social Care Wales is spending money well and in the right way
- make sure Social Care Wales has clear ways to manage risks that may affect the organisation
- listen, ask questions, join in discussions and contribute to ideas on what Social Care Wales will be doing in the future and how this can be done
- make decisions as part of the Board and be responsible for these decisions
- work with passion and enthusiasm with other Board Members and Social Care Wales staff
- represent Social Care Wales with its customers, other organisations and communities

## **Annex C**

### **The selection process**

The interview panel will assess candidates' CVs and personal statements to determine who it believes best meet the criteria for the role, and who will be invited to an assessment centre and interview. The panel will rely only on the information you provide in your CV and statement to assess whether you have the skills and

experience required. Please ensure that you provide evidence to support how you meet all the essential criteria.

The selection panel will be chaired by Albert Heaney, Chief Social Care Officer for Wales and will also comprise Stephen Vickers (Joint Chief Executive, Torfaen and Blaenau Gwent CBC), Lindsay Cordery-Bruce (Chief Executive, WCVA) and Aaqil Ahmed as Senior Independent Panel Member.

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

We anticipate that during December 2025 the panel will have decided who will be invited to an assessment centre in January 2026. It is our intention that the assessment centre will take place in-person at the Social Care Wales office in Cardiff.

### **Assessment Centre Overview**

Candidates will be invited to participate in a group-based assessment involving practical tasks. These activities are designed to evaluate key competencies, including:

- Acting as an advocate for Social Care Wales, promoting its profile and relationships with the public and stakeholders.
- Supporting collaborative decision-making and demonstrating leadership in group settings.

The session will involve interaction with current staff and senior members of the organisation and Board. Further information will be provided to shortlisted candidates to help you prepare for the session.

### **Interview**

Following the assessment centre interviews will be held in January/early February 2026. It is our intention that interviews will take place via Microsoft teams.

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

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

You will receive email communication from Welsh Government’s application centre to let you know if you have been invited to interview.

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

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

If you are successful, you will receive a letter appointing you as Chair of the Social Care Wales, which will confirm the terms on which the appointment is offered.

If you are successfully appointed as Chair, you will be asked to attend a Senedd Cymru Committee hearing.

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

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

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

## **Queries**

For queries about your application, please contact [publicappointments@gov.wales](mailto:publicappointments@gov.wales)

## **If you are not completely satisfied**

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

Additionally, you can write to the

**Office of the Commissioner for Public Appointments**, Ground Floor, 1 Horse  
Guards Road, London, SW1A 2HQ, or via email at [publicappointments@csc.gov.uk](mailto:publicappointments@csc.gov.uk)

# Agenda Item 3.1

Y Gyfarwyddwr Iechyd a  
Gofal Cymdeithasol

## Health and Social Care Committee

Jeremy Miles MS

Cabinet Secretary for Health and Social Care

29 January 2026

Dear Jeremy

Thank you for your letter of 26 January 2026, and response to the Committee's report on the 2026-27 Welsh Government Draft Budget. We also welcome the update you provided on the work of the Value and Sustainability Board, which appears to be delivering savings in some areas.

The response has raised a number of issues the Committee would like to follow up with you. To this end, I would be grateful if you would address the questions set out in the attached annex. It would be helpful if you were able to respond by **25 February 2026**.

I look forward to receiving your response.

Yours sincerely



Peter Fox MS

Chair, Health and Social Care Committee

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

**Senedd Cymru**

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**Welsh Parliament**

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1. **Recommendation 2:** Looking ahead to 2026–27, the update on the work of the Value and Sustainability Board implies a set of priorities for the Board, including the implementation of a new national CHC programme, and the next phase of medicines value priorities. It also confirms two specific areas—Interventional Radiology and Maternity & Neonatal services—have been explicitly deferred to 2026–27 as part of the fragile services programme. Beyond these, no further priorities for 2026–27 are set out. Can you confirm whether any decisions on additional priorities for 2026–27 have been identified yet?
2. In addition, can you provide an update on progress in stabilising the services labelled as “fragile”, including stroke, haematology, pathology and endoscopy.
3. **Recommendation 4:** Your response to our budget report states that NHS bodies are introducing a new costing system, which could help improve NHS spend data. Can you set out:
  - how the new costing system will make it easier for the public, the Senedd and committees to understand where NHS money is being spent;
  - what specific improvements it will deliver that we don’t currently have; and
  - how will it increase transparency about how health care spending is allocated and used—particularly given the longstanding problems caused by inconsistent coding and recording across NHS organisations.
4. **Recommendation 5:** Can you confirm whether a copy of the draft analysis (given the importance of this work for improving understanding of preventative spend) — or the final version if available — will be shared with the Committee before the end of this Senedd.
5. **Recommendation 10:** Can you confirm when the National Patient Safety Plan will be published.
6. **Recommendation 21:** Your response to our budget report does not commit to extra funding for palliative or end of life care. Instead, it focuses on reviewing current spending, reducing duplication, avoiding low-value treatments, and preventing unwanted admissions. Can you provide details of the work that is currently underway, including:
  - what work has actually begun to review current spending;
  - what specific outputs will be completed before May 2026; and
  - what concrete information will be passed to the next government to ensure this area is not left without a clear plan.



# Welsh Government response to the Health and Social Care Committee (HSC) Follow Up Questions on the Report of the Welsh Government Draft Budget 2026-27

## Summary

This report sets out the Welsh Government response to the Health and Social Care (HSC) Committee's follow up questions from the response to the Report on the Scrutiny of the Welsh Government Draft Budget 2026-27.

It provides responses to the 6 follow up questions from the Committee.

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## Question 1

Recommendation 2: Looking ahead to 2026–27, the update on the work of the Value and Sustainability Board implies a set of priorities for the Board, including the implementation of a new national CHC programme, and the next phase of medicines value priorities. It also confirms two specific areas—Interventional Radiology and Maternity & Neonatal services— have been explicitly deferred to 2026–27 as part of the fragile services programme. Beyond these, no further priorities for 2026–27 are set out. Can you confirm whether any decisions on additional priorities for 2026-27 have been identified yet?

### Response:

Additional priorities for 2026-27 have been considered at recent Value & Sustainability Board meetings, and these will continue to be considered and finalised over coming months as NHS bodies develop and finalise plans for 2026/27. The following areas have been considered in those interactions to date:

#### Workforce

Building on the improvements delivered through the workforce workstream during 2025/26, priorities for 2026/27 will include consideration of the further development of a national framework for additional hours pay, and consideration of further opportunities around medical staffing and opportunities provided by new contracts, improvements to job planning, roster management and enhanced absence management.

#### Clinical Variation and Service Configuration

The workstream has undertaken a review and evaluation of the opportunities aligned to the enabling actions included within the planning framework. As a result, priority areas for 2026/27 will include a continued focus within planned care including outpatient transformation, pathway-led referrals and surgical hub accreditation rollout. For urgent and emergency care, length of stay improvements, reducing variation in flow and occupancy and maximising use of

initiatives such as 'Single Point of Access' (SPOA) and 'Same Day Emergency Care' (SDEC), with work programmes supported by use of digital technology and 'Getting it Right First Time' (GIRFT). Estates efficiency and consolidation will also be a feature in the workstream.

### Non-Pay & Procurement

For non-pay and procurement, the common procurement principles outlined in the brief as developed and embedded are the foundation to the future approach to procurement and maximisation of benefits and opportunities. These include rationalisation/standardisation of products, where appropriate, and leveraging greater opportunities where possible through continued regional/national purchasing. Each action will be progressed through an approach that will engage then mandate and deliver across the system.

## Question 2

In addition, can you provide an update on progress in stabilising the services labelled as “fragile”, including stroke, haematology, pathology and endoscopy.

### Response:

The Value and Sustainability Board commissioned the then NHS Wales Executive, subsequently named NHS Wales Performance and Improvement (NHS P&I), to undertake a review to identify services that could be considered as fragile or unsustainable in their current configuration. Engagement was undertaken across NHS organisations to complete the fragile services review. At its meeting in June 2025, the Value & Sustainability Board considered the review and in July 2025 agreed the priorities to be taken forward in the remainder of 2025/26. These were stroke, haematology, pathology and endoscopy.

To support the development of the programme and governance structures to stabilise each of the Stroke and Haematology programmes, NHS Wales Performance & Improvement has started to develop an operating framework which will support and underpin the transformation of services, in line with Welsh Government guidance on service change.

Alongside the development of the framework, work has been undertaken in Stroke with the development of the Stroke Quality Statement (published 4 February 2026) and the NHS Wales National Stroke Service Standards. Both are key documents, providing health boards with guidance and standards on the stabilisation of stroke services. The next step will be for providers to benchmark against the standards to provide an assessment of the current gaps.

The South-East Wales regional Pathology work is now fully supported by the National Programme with key posts in place. The non-financial appraisal of service location has been agreed, and this has now progressed to detailed financial appraisal work. Service benchmarking data has been collated for the Cellular Pathology services and is being scrutinised to support operational delivery model work for the regional service. A revised overarching project plan has been

completed and is being shared with Regional Joint Committee in the coming weeks for approval. The South-West region will be submitting a business case on the Regional Cellular Pathology Laboratory Site Selection to Welsh Government.

In relation to Endoscopy, all Health Boards offering Endoscopic Retrograde Cholangiopancreatography (ERCP) and Endoscopic Ultrasound (EUS) services have completed two rounds of self-assessment against the British Society for Gastroenterology Standards and key performance indicators. There have been improvements across all domains with the sharing of good practice taking place. The data is now published via the National Endoscopy Programme dashboard which is supporting a greater understanding of variation between units. Further work is planned for 2026 with a Multi-Disciplinary (MDT) Working Group being established to define network pathway support, MDT networks and complex case management. There is also a National Standardised ERCP Policy with annual audit guidance due for publication in Q1 of 2026/27.

The Value & Sustainability Board continues to monitor progress in the implementation of these programmes of work.

### Question 3

Recommendation 4: Your response to our budget report states that NHS bodies are introducing a new costing system, which could help improve NHS spend data. Can you set out:

- how the new costing system will make it easier for the public, the Senedd and committees to understand where NHS money is being spent;
- what specific improvements it will deliver that we don't currently have; and
- how will it increase transparency about how health care spending is allocated and used—particularly given the longstanding problems caused by inconsistent coding and recording across NHS organisations.

#### Response:

The recent procurement of a new costing system across Wales has been a direct replacement for the existing costing system, and whilst it will add some functionality for interrogation of data, it cannot resolve gaps in underpinning activity data and any associated challenges with coding or recording or attributing of costs at source. This system is set up to support the collection of a range of costing data across NHS Wales. It therefore can potentially support the work to capture preventative spend through future development but will not resolve associated underlying data challenges.

More broadly, the costing system supports NHS organisations to produce a range of costing data for NHS bodies. This includes for example the NHS Programme Budgeting returns. The output from this process is published annually on the Welsh Government website and previously on the Stats Wales website (link to the latest release for 23-24 is below).

[\*NHS expenditure programme budgets April 2023-24 to March 2024-25 'HTML'\*](#)  
[GOVWALES](#)

The published dataset provides a retrospective analysis of NHS expenditure broken down into programmes of care based on patients' health conditions as an alternative to analysis by type of care or setting. Total NHS expenditure by local health boards and NHS Trusts (excluding expenditure from Health Education Improvement Wales and Digital Health and Care Wales) is presented by programme of care, organisation and commissioner.

The main NHS allocation is made annually and is based on an allocation formula which is updated on an annual basis for specific areas such as change in population numbers and periodically reviewed to incorporate such things as the recent review of distance from target, to inform any further actions required. Health Boards are then required to set their budgets in accordance with the needs of their population.

## Question 4

Recommendation 5: Can you confirm whether a copy of the draft analysis (given the importance of this work for improving understanding of preventative spend) — or the final version if available — will be shared with the Committee before the end of this Senedd.

### Response:

At the moment, it remains unclear whether the specific output from the Health Board concerned in this exercise will be ready in time to share with the Committee before the end of this Senedd. We are continuing to liaise with that Board and have requested an update on their work with the Wellbeing of Future Generations Commissioner. Should anything further become available I will commit to write separately to the Committee to share that analysis at the appropriate time.

## **Question 5**

Recommendation 10: Can you confirm when the National Patient Safety Plan will be published.

### **Response:**

The National Patient Safety Plan is in the final stages of document preparation and translation and is scheduled to be published in March 2026.

## Question 6

Recommendation 21: Your response to our budget report does not commit to extra funding for palliative or end of life care. Instead, it focuses on reviewing current spending, reducing duplication, avoiding low-value treatments, and preventing unwanted admissions. Can you provide details of the work that is currently underway, including:

- what work has actually begun to review current spending;
- what specific outputs will be completed before May 2026; and
- what concrete information will be passed to the next government to ensure this area is not left without a clear plan

### Response:

Substantial work is ongoing to ensure that current investment in palliative and end of life care is used effectively and consistently across Wales.

In summer 2025, the Director General for NHS Wales commissioned the NHS Wales Joint Commissioning Committee (JCC), working with the Strategic Programme for Palliative and End of Life Care, to develop a new national commissioning model by March 2026. All Health Boards and hospice providers have been engaged through a working group and national workshops, and for the first time a national baseline of hospice services, funding and contractual arrangements has been produced. Early analysis indicates over £19 million of combined NHS and Welsh Government investment annually, subject to validation.

The commissioning guidance due for publication by April 2026 will set out clear principles for consistent, transparent and needs based commissioning. This will provide a shared framework for improving equity, quality and value across Wales.

The next government will inherit a clear programme of work, including the commissioning model, the national baseline analysis, and a defined roadmap for

the next phase: a national needs assessment, development of a core service specification, recommissioning of services, and a national performance framework.

A further phase of work will see the development of a Commissioning Framework for Specialist Palliative Care following the hospice Framework. This will ensure consistency and equity in access, embed commissioning priorities into health boards Integrated Medium Term Plans, and maintain oversight of governance, quality and sustainability.

This structured approach ensures that future decisions, including any consideration of funding are based on a clear understanding of need, service expectations and the most effective use of resources.

# Agenda Item 3.3

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-06-1456  
Ein cyf/Our ref JMHSC/00229/26

Carolyn Thomas MS  
Chair  
Petitions Committee

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

19 February 2026

Dear Carolyn,

Thank you for your letter of 27 January about Petition P-06-P-06-1456 regarding plans to consolidate delivery of Emergency Medical Retrieval and Transfer Services (EMRTS) Cymru services from a new base in North Wales.

The NHS Wales Joint Commissioning Committee (JCC) has responsibility for decisions about the commissioning of EMRTS Cymru.

In response to your question about timelines, at the most recent meeting of the JCC on 27 January, committee members reviewed progress and agreed the next steps. The Welsh Ambulance Services NHS Trust is carrying out a detailed review of how ambulance services operate in rural areas, which will help shape updated proposals including:

- How the ambulance service can continue to meet the needs of rural populations; and
- How service models need to be aligned with the updated Welsh Government National Emergency Ambulance Services Performance Framework, which prioritises patient outcomes and clinical needs instead of just focusing on response times.

This work will be central to developing a refreshed proposal for recommendation four.

In terms of a timeline for development of proposals for a bespoke road-based service, the JCC has been clear this will be considered alongside the development of its Integrated Medium-Term Plan (IMTP) for 2026–29. It would be inappropriate for me to comment on any proposals before they are considered by the JCC.

In terms of the consolidation of services delivered from a new base, the Wales Air Ambulance charity, which is responsible for aircraft, pilots, and base facilities, is developing transition plans linked to the future of its current bases at Caernarfon and Welshpool. To

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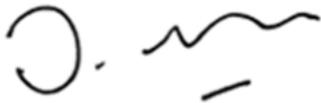
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

maintain continuity of service, options such as temporary lease extensions for the existing bases are being explored.

While final timelines cannot yet be confirmed due to ongoing commercial discussions, the JCC expects to receive further information from the charity this month, after which public updates will be provided.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

# Agenda Item 3.4



Peredur Owen Griffiths MS  
Chair  
Finance Committee  
Senedd Cymru

Mark Isherwood MS  
Chair  
Public Accounts and  
Public Administration Committee  
Senedd Cymru

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[www.audit.wales](http://www.audit.wales) / [www.archwilio.cymru](http://www.archwilio.cymru)

**Reference:** AC535/caf

**Date issued:** 26 February 2026

Dear Peredur and Mark

## Challenges and opportunities for Welsh public services

As you are aware, I am approaching the end of my term as Auditor General over a period that coincides with the Senedd election. Whatever the policy priorities for the next Welsh Government, the incoming administration faces some big questions around the future sustainability of our public services.

We recently released a [podcast series](#) that explored my perspective on some of those issues. My reflections built on the work of Audit Wales over the past eight years, as also summarised through my earlier [Picture of Public Services](#) reporting, my [‘Firefighting to future-proofing’](#) commentary, and my [‘No time to lose’](#) report on implementation of the Well-being of Future Generations (Wales) Act 2015. The podcasts also touch on themes discussed during my appearance at the [Finance Committee on 5 November 2025](#) as part of its Welsh Government budget scrutiny and in my [supporting written evidence](#). That evidence highlighted various relevant examples from my more recent work.

As your committees reach the end of their own terms, I wanted to put on record a summary of some of the thinking that sits behind the podcast series, although this is by no means exhaustive.

Frustratingly perhaps, much of what I have set out is not new; for example, my reflections around our public service landscape mirror issues raised by my predecessor and, before that, by other commentators. These issues are, in my view, ever more pressing. In the course of my time as Auditor General, I have seen much that is good. But the challenges facing public services are huge and the scope for improvement considerable. I hope that these reflections, and the fabulous work of my colleagues at Audit Wales, will be drawn on by the next Senedd and Welsh Government as they seek to address those issues.

As I step down, I should like to thank both Committees and the wider Senedd for their support for the work of Audit Wales throughout my tenure.

Yours sincerely



**ADRIAN CROMPTON**  
**Auditor General for Wales**

Copied to: Senedd Policy & Legislation Committees

# Auditor General reflections on challenges and opportunities for Welsh public services

## Wales has a strong and capable public service

The people of Wales rely on our public services – we see their impact and delivery all around us in our schools, our hospitals, our homes, our environment, our communities.

Those services in turn rely on the skill, hard work and dedication of hundreds of thousands of public servants – frontline staff, politicians, senior leaders – whose motivation is to serve their communities and to improve the lives of others.

Services have been tested by two decades of financial pressure, demographic and social change, ever increasing demand, and wider challenges from climate change, Brexit and global events. The COVID-19 pandemic rocked our society to its core and called for an unprecedented response. The residual effects of the pandemic are still with us today in the shape of pent-up demand for services and fundamental changes to society and behaviours.

There is much to reflect on and learn from the pandemic response, as we are still seeing played out through the UK public inquiry and wider scrutiny. However, we should recognise we also saw the very best of the public service in Wales during the response. Frontline workers continued their vital work, often under immense pressure; the NHS and local and central government collaborated to deliver life-saving initiatives such as the Test, Trace, Protect programme and mass vaccination; all parts of the public service adapted swiftly through remote working and service redesign to continue supporting their communities.

Though a dreadful time for so many, the response showed what can be achieved when public services are united around a clear, common objective and pulling in the same direction. We saw this too in how public services worked together to accommodate and support displaced Ukrainians arriving in Wales from early 2022 onwards, building on learning from the pandemic response.

But excellent service delivery is not just about responding to emergencies. The public have a right to expect it always and for the flexibility, collaboration and pace we saw in the pandemic to be standard. They should also expect that public money is well-managed and delivering good value.

## Persistent and emerging challenges

Through the work of my office, I have consistently reported on some persistent challenges faced by the public sector.

### Financial pressures

In local government, budgets have been squeezed. Fast rising costs in areas like children's services and temporary accommodation are bringing some councils to the very edge of financial sustainability.

Generally, we see councils having a sound grip on their immediate financial pressures but with many relying on reserves to balance budgets.

This approach is unsustainable in the long run. Individual councils, and the sector as a whole must strengthen their long-term planning, forecasting and oversight if they are to remain financially viable.

In the NHS, the Senedd passed legislation in 2014 requiring individual health bodies to break even over a three-year period and to have medium-term financial plans that are approved by the Welsh Government. Yet despite these statutory expectations, most health boards have been unable to meet that break-even duty for several years.

Despite record levels of investment and ever-increasing levels of savings, health boards are struggling to control costs driven by rising demand for services, overall growth in pay costs, and other inflationary pressures. With most health boards still unable to produce financially balanced three-year plans, the overall NHS deficit position is unlikely to change for the foreseeable future.

Those financial pressures stimulate an understandable focus on short-term financial management. But this reactive approach hinders the longer-term planning and transformational changes that are needed to create more financially sustainable services.

This is all before we add into the mix wider pressures, for example around the investment needed to support policy priorities around decarbonisation, deal with the impacts of climate change, and help society adapt. I have reported previously that the scale of spending that might be needed in these areas, and where that funding will come from, remains unclear.

Against this backdrop, making the most of every pound of public spending is essential. The work of my office gives assurance that, overwhelmingly, public money

is well managed. Many public bodies demonstrate strong governance and accountability. However, there is still waste, error, and fraud. Exercises like the data matching we facilitate as part of the UK-wide National Fraud Initiative are an important part of our counter fraud landscape. However, there is much more that public bodies need to do to raise their game in response to increasing fraud risks.

## **Demand and performance**

Demographic and societal change, and the lingering impact of the pandemic are driving ever-increasing demand.

In some important areas, service performance and quality are declining. My 2025 report on cancer services, for example, described a failure to meet key waiting time targets and growing inequalities in outcomes despite increased funding. These issues are compounded by workforce shortages, ageing infrastructure, and rising public expectations.

Simply allocating more funds does not guarantee a solution. Except for 2022-23, the NHS has seen large, above inflation increases in its funding in recent years yet still it is unable to break even and performance in many areas is unsatisfactory.

And that ever-growing share being taken by the NHS undoubtedly squeezes the resource available for other areas. That changing pattern of funding between sectors needs to be rebalanced if important services are to be sustainable, and better outcomes need to be achieved across the board with the public money that is available.

## **Complexity and fragmentation**

The public service delivery landscape in Wales is crowded. By way of illustration, my office audits the accounts of close to 100 larger public bodies and structures, even before considering other smaller bodies that I audit, notably the over 700 town and community councils.

In addition, various partnership and collaborative arrangements exist to address the challenges and problems that cannot be addressed by individual organisations alone; for example, Public Services Boards, Regional Partnership Boards and Corporate Joint Committees.

These partnership structures are of variable effectiveness – with some very good and others less so. They often work on differing geographical footprints and can have

overlapping memberships and objectives. They each require contributions from many of the same players, so spreading available resource more thinly.

While every one of our public bodies and partnership structures is no doubt rooted in a well-intentioned rationale, the combined effect is overly complex.

That complexity leads to a system that can be fragmented and slow-moving, with overlapping responsibilities and unclear lines of accountability. This complexity can hinder transformation and make it difficult for citizens to navigate services or understand who is responsible for what.

Our work also shows how many public bodies often fail to capture the service-user perspective. This affects service design, public understanding of lines of accountability, and the ability of service users to navigate what can be complex and poorly signposted systems.

## **Trust and confidence**

I have growing concerns about declining trust and confidence in public services and governance structures across Wales.

That is not unique to Wales and is fed in part by factors beyond our control – broader geopolitical and domestic political issues, societal changes, change in the way people access media, information and analysis, the public's view of politics nationally and internationally.

Some factors, though, are much more within our gift. To win and maintain public trust and confidence, we must consistently demonstrate public service delivery that is timely and of good quality. When outcomes are poor and are not seen to improve – or seen to worsen – it is unsurprising that the public loses confidence in the public sector's capability. Not so much in the efforts of individuals and frontline services, but organisationally and system-wide.

We know from our own work and wider evidence that poverty and inequality remain deeply entrenched in many communities despite the best efforts of local government and others.

Similarly, my work in the NHS has shown that the failure to meet targets in key areas such as elective waiting times and ambulance handovers has sadly become the norm. This is demoralising for staff and will colour patients' views.

A further factor, on which I have a direct line of sight, is governance. It might not sound the most obvious cause of low public confidence, but I believe it is important.

The overwhelming majority of public sector organisations are well governed most of the time. Regrettably, though, I have reported on too many examples of poor organisational governance at every tier of the public sector – from the Welsh Government itself to the NHS, local government, some central government organisations, and the smallest tier of government in our town and community councils.

I fear even a small number of such cases colour the public's perspective of public sector governance in the round. These failures invariably feature some weaknesses in process such as poor record-keeping, application of policy, or a lack of transparency. But more significantly, in my view, many governance failures in public organisations are rooted not in process but in human behaviour.

If those in the public sector, especially in positions of leadership, lose sight of the required values and behaviours, the effects are damaging. They manifest in the form of poor decision making, relationship breakdown, wasted public money – on settlement payments, legal or consultancy fees – and distracted organisational leadership and service provision.

And every time the public sees such examples, it further undermines their confidence and trust: trust that is essential if the public is to support the kind of transformation required to make our public services sustainable for the long term.

## Opportunities to do things better

### Getting the basics right

Effective public service delivery begins with getting the basics right. Years of financial pressure has left some important areas under-invested and this needs addressing if we are to improve services and increase public sector productivity.

#### Digital

The technology already exists to transform service delivery, reduce costs and improve the user experience. I recognise that the public sector is already working to improve its approach to realising benefits from digital solutions and identifying services requiring transformation.

This work must replace antiquated IT systems, improve the quality and shareability of data, recruit and retain scarce skills in high demand across the economy, and reshape service delivery with citizens and users at the heart. The challenge is considerable.

The potential efficiency gains in those services are enormous, with more modern and responsive public services delivering improved service to customers. However, I have also emphasised the importance of balancing spending on infrastructure with work to tackle the root causes of digital exclusion. And while artificial intelligence presents great opportunity, it is not without risk.

My work on councils' digital strategies has revealed uneven progress. Only half of Welsh councils had up-to-date digital strategies, and many lacked robust arrangements for resourcing, monitoring, and evaluating impact.

In the NHS, digital transformation can be extremely slow and made more difficult by funding and capacity constraints, information governance challenges, and a lack of consistency on the 'Once for Wales' approach.

One prime example of these challenges can be seen in my previous reporting on the implementation of the Welsh Community Care Information System where, unfortunately, the reality of implementation did not meet the original ambition.

More specific and closer to home, my audit work could be made far more efficient and effective if the bodies we audit had modern systems for their financial and

performance information. In many cases, bodies instead have ageing, unreliable systems that are difficult to interrogate or integrate.

Many systems are outdated and not fit for purpose, limiting the ability of organisations to manage operations effectively or provide timely, reliable data for audit and decision-making. This technological deficit hampers both assurance and accountability, and crucially the ability to modernise and join up services to make them more efficient and improve the end-user experience.

So investing in updated finance and performance platforms is not simply to benefit the auditor – that is a relatively marginal matter. The more important question, and what should be front of mind for senior leaders, is how can they expect to run well-governed organisations, and take informed decisions, without them? Outdated systems can also increase cyber-security risks, something public bodies cannot afford to be complacent about.

## **Workforce**

Workforce pressures are a recurring theme across my work. In all sectors and many specialised areas, staffing challenges – exacerbated by rising demand – have strained service delivery.

Examples from our work include capacity and capability challenges within the Welsh Government's civil service, pressure resulting from recruitment and retention challenges in the NHS and education, and in other specialised areas such as digital transformation, planning, active travel, building safety, and flood defence.

We see in our audit of accounts work too that many organisations are struggling to recruit and retain high quality finance professionals. This is concerning, and not just because we need these people to help produce good quality sets of accounts but because the finance profession has an important role to play in plotting a path to a more sustainable future for our public services.

Competition for specialist skills is inevitable, even within the public sector, and there will always be questions for public bodies to ask themselves about what they do in-house and what could be done by other organisations. But there needs to be a stronger approach to developing coherent workforce strategies, aligning staffing models with future service needs, and developing staff accordingly. Without this, policy ambitions risk being undermined by operational constraints.

## **Asset and infrastructure management**

The efficient maintenance and improvement of existing assets such as roads, hospitals, schools and flood defences is every bit as important as getting value for money in building new infrastructure. After all, new assets will only deliver promised benefits if they are properly maintained.

All too often our work has highlighted the false economy of allowing maintenance backlogs to build up. Not least within the NHS where challenges with an outdated estate can drive inefficiencies, cost and impact negatively on patient care.

So a disciplined approach to asset management, for each part of the public estate, is an essential component of the change we need to see.

Overall, the Welsh Government spends more than £3 billion a year on infrastructure, although a lot of that is delivered through other public bodies. My recent review of how the Government is managing that significant spend shows clear effort to align it with wider strategic outcomes.

But these benefits will not magically materialise. It will need a concerted effort to line up the machinery of government – baking these benefits into plans from the outset and ensuring they are delivered over the longer-term. These issues are within the Welsh Government’s gift to put right but rely on a sustained improvement in programme and project management that has not been achieved to date.

The underlying weaknesses in some of these basic building blocks of our public service contributes to the second area where I believe change is required, namely productivity and value for money in the public sector.

## **Productivity and value for money**

In the face of rising demand pressure and ever-more stretched budgets, improving productivity and delivering better value for money is essential.

Our work points to some of the productivity challenges for the public sector, especially in the NHS where outputs in terms of activity have not increased in proportion to additional inputs in terms of money and capacity in areas such planned care.

I am sure that leaders across the public sector share an ambition to make a step change in productivity. There’s enough evidence from the positive examples we have found in our work to be confident that significant amounts of public money can be

freed up. But it will take a disciplined, focused, cross-government approach over several years to fully realise the potential and make the exceptional the norm.

Hence, my reports consistently highlight that VFM is not just about spending less, it is about making the money we do have work better. A good example is the number of people who are in hospital awaiting discharge. While there has been some recent improvement, the picture across Wales remains challenged, absorbing huge costs and adversely affecting patient flow and the optimal rehabilitation of patients.

Many discharge delays are a result of waiting for social care support, often linked to funding and resource pressures in local authorities. Better funding to increase social care capacity would therefore free up significant NHS resource and represent a cost-effective way of improving patient experience and outcomes.

In a context of constrained budgets and rising demand, public bodies must focus on outcomes, not just outputs, and ensure that every pound spent contributes meaningfully to public well-being. At a very basic level, our work shows that too often public bodies lack reliable data with which to assess value for money and are unclear as to the outcomes they are looking to achieve.

My work on Active Travel, for instance, demonstrated how the Welsh Government itself is unclear about how assessment of its policy is to be achieved. As a result, significant sums had been invested without a robust means to assess its effectiveness and value for money.

And I have reported previously on how the Welsh Government had not done enough to ensure its investment in affordable housing contributes to wider policy objectives and to be able to tell a clear story on that front.

Many public organisations struggle to report on outcomes effectively. Performance tends to focus on outputs—such as the number of services delivered—without evaluating the difference those services make.

It is vital too that the public sector views value for money through the lens of the Well-being of Future Generations Act, which requires public bodies to consider long-term impacts, prevention, integration, collaboration, and involvement. As I have emphasised through my reporting on implementation of the Act, we cannot afford for public services to design solutions that do not meet people's needs, burden future generations with avoidable higher costs, or miss opportunities to deliver more with the same or less.

That much sharper and relentless focus on the delivery of value for money also requires a mindset shift to one focused on prevention and the longer term.

## Shifting to a long-term, preventative mindset

Public Health Wales has estimated that for every £1 invested in public health interventions, there is a return of £14. This includes reduced demand on hospitals, social care, housing, and emergency services.

But too often, public services operate in crisis mode, responding to immediate pressures rather than planning for the future. This short-termism is reinforced by annual budget cycles, reactive funding decisions, and political incentives that prioritise quick wins over sustainable outcomes.

The Well-being of Future Generations Act provides a legislative framework to do something different – to act for the long-term and to act preventatively by addressing the root causes of issues, rather than dealing with the symptoms.

However, I have highlighted recently some prime examples where public bodies have been struggling to make a meaningful shift towards prevention, as evidenced for example in my work on cancer services and on how councils are managing temporary accommodation demand. This is despite there being clear evidence that investment in prevention makes sense from a value for money perspective.

Though Wales has an overarching, legislative framework to drive a longer-term, preventative mindset, our work suggests it is not yet doing so.

One of the challenges with prevention is that benefits take time to materialise. This lag can make prevention politically and operationally difficult, especially in a climate of financial pressure. However, the long-term gains—in health, well-being, and cost savings—are substantial and well-evidenced.

The Welsh Government has a critical role in enabling prevention. This includes setting coherent policy frameworks, aligning funding mechanisms, and creating incentives for collaboration.

It must lead a shift towards long-term financial planning, integrated delivery models, and cross-sectoral working. This means breaking down silos and ensuring that prevention is a whole-of-government priority.

Prevention cannot be achieved through isolated programmes. It requires a more radical, whole-system change and joined-up working between a range of agencies such health, social care, housing, education, and the third sector, with aligned accountabilities and funding streams and shared outcomes. Prevention must be embedded not just in strategy documents, but in everyday decision-making,

budgeting, and service design. Without this any policy aspirations around prevention risk becoming more rhetoric than reality.

## **Reducing complexity**

As noted earlier, the current landscape of Welsh public services is characterised by a web of organisations, partnerships, and governance structures. The cumulative effect is a system that is fragmented and difficult to navigate.

While it is not for me to blueprint the alternative, I am clear on the need to simplify and avoid further complexity. If starting from a blank sheet of paper, we would surely not design the arrangements we currently have in place.

Reducing complexity is not about dismantling collaboration but about streamlining it. We need fewer, clearer structures with well-defined and sharper lines of accountability.

This is also not simply about rationalising the number of public bodies or making their collaboration with each other more effective. Reducing complexity and strengthening integration and collaboration applies just as much to the internal functioning of public organisations. These are expectations set by the Well-being of Future Generations Act where our work demonstrates much more needs to be done.

Citizen-centred design must underpin this simplification: services should be organised around the needs of people, not the convenience of institutions. This means engaging communities in shaping services, using plain language in communication, ensuring that performance information is meaningful and accessible, and considering the equality and other impacts of decisions. It also means being honest with the public about what constitutes safe and affordable public service provision, especially in relation to health and care services.

A simpler, more streamlined public service in Wales would also help breakdown silos within and between sectors and support better sharing and embedding of good practice. The latter is something that Wales seems to struggle with and all too often my work points to unexplained and often unacceptable variation in performance across different public bodies. This is despite our relatively small size and the close connections of many in the public sector. When good practice is established in part of the public sector, a more robust approach to 'adopt or justify' elsewhere may be required.

As Auditor General I see complexity manifested in other ways, including through our annual audit of the accounts of public sector bodies. A dry topic to some, this work is

essential if the public and the Senedd are to have an accurate and timely picture of the state of the public finances. For individual organisations, that accuracy and timeliness are essential if good decisions are to be taken.

For our local authorities, for example, the financial regime in which they operate is becoming increasingly technical with disproportionate emphasis on things like asset valuations and pension liabilities. Important, but obscuring what truly matters to users – councillors, officers, the public – namely, how public money is spent and the value it delivers.

I see some particular challenges emerging in this area which, if not addressed, will quickly weaken the overall financial regime and lead to poor decision making and a reduction in transparency.

## **Leadership**

Addressing the areas I have mentioned will require political and executive leadership.

That means being honest about the scale of change required, making difficult decisions, and communicating clearly the necessary trade-offs. It also means modelling the behaviours we want to see: integrity, collaboration, and a relentless focus on outcomes.

The Welsh Government has a pivotal role to play in enabling this transformation. It is our system leader, sets the tone, and provides the legislative and financial frameworks within which other public bodies operate. While the Welsh Government does much that is good, too often I find myself reporting that it needs to be clearer and firmer in its system leadership.

My work has also highlighted examples where the Welsh Government can do more to support implementation of legislation it has introduced and follow up on whether it is being implemented effectively and having the desired impact.

It must provide clarity and coherence across policies, funding, and accountability frameworks. Mixed messages – such as promoting prevention while incentivising short-term performance targets – undermine progress.

This has been my central message in much of the work we have done around the Well-being of Future Generations Act. So that, for example, the expectation on organisations to plan and act for the long term and with prevention in mind, is not undermined by funding decisions, target setting, and accountability frameworks that incentivise the opposite.

I recognise the intense pressures faced by public sector leaders. These are difficult jobs. It is testament to them that our work often highlights examples of good practice where leaders have taken bold decisions in difficult circumstances.

But as noted already, my work on governance and transparency has also shone a light on the small number of cases where leadership fails to uphold the desired values. The result can be costly, public confidence erodes and service effectiveness suffers.

The challenges facing Welsh public services are complex and systemic. They cannot be solved by technical fixes or incremental change. They require bold decisions, honest conversations, and a shared commitment to doing what is needed.

## Conclusion

Despite the significant challenges facing public services, there is potential for meaningful reform and improvement, especially if the themes I have described are sincerely addressed.

Wales is a small, tightly networked country; a population of just over three million people; a newly expanded legislative parliament and a government with significant autonomy; its public spending budget of nearly £30 billion represents almost one third of Welsh GDP; and despite challenges its public sector is highly capable and well-resourced compared to many countries.

One of our advantages is our scale. We are big enough to act strategically but small enough to be agile, collaborative and innovative. We can convene the key players on any issue, enabling us to act swiftly and cohesively in a way that is much harder in larger jurisdictions. That is a great base to work from.

The expansion of the Senedd to 96 members marks a further significant milestone in Welsh democracy. The public sector will rightly look to that new Senedd and Welsh Government for leadership in tackling the challenges I have outlined.

I very much hope that the larger legislature uses its additional capacity to improve scrutiny and accountability, and thereby to strengthen evidence-led policymaking. If not, a hard-won constitutional change will have been wasted.

As it does so, the message I would leave after eight years in the role of Auditor General is that radical transformation is needed.

It is possible, but difficult, and will require a clarity of purpose on the scale of that seen during the Covid years.

Public service leaders across Wales recognise the scale of the challenge and many are already navigating complex environments with limited resources. But the pace and progress need to be increased.

If not, our current model of public service delivery is not sustainable. Money will become even more thinly spread, services will continue to deteriorate, and outcomes will worsen. There must be a shift from short-term firefighting to long-term futureproofing, as I have called for consistently.

The Welsh Government has a critical role in providing leadership and in creating the conditions for transformation. This includes reducing funding uncertainty where possible, aligning policy and delivery frameworks, incentivising collaboration and

encouraging investment in prevention. It must also lead by example, embedding the sustainable development principle in its own operations and ensuring that its actions match its policy intent.

And even then, success will hinge on individuals making the right choices. Funding, process, frameworks and policies are important, and of course the work of auditors, regulators, politicians, and the media are essential in holding public organisations accountable. But those scrutineers should not, and cannot, be everywhere. Ultimately, our public services rely on thousands of people making the right choices, taking the right decisions, and acting in the right way.

The challenge for government and organisational leaders throughout the public sector is to make that as easy as possible – to lead by example, to role model desired behaviours, to give clarity about the scale of challenge and permission to make the changes required, and to create an environment in which all those in public service can play their part.

**Y Pwyllgor Iechyd a  
Gofal Cymdeithasol**

**Health and Social Care  
Committee**

**Senedd Cymru**  
**Agenda Item 3.5**

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Dawn Bowden MS

Minister for Children and Social Care

12 February 2026

Dear Minister

Thank you for attending our meeting on 22 January to provide evidence as part of our [inquiry into improving access to support for unpaid carers](#).

We have now concluded our evidence-gathering and will be producing a full written report in due course. In advance of that, however, the Committee has taken the decision to write to you to express our deep concerns about the lack of support and services for unpaid carers.

As part of our inquiry, we heard directly from unpaid carers about the extreme hardships they face on a day-to-day basis in their caring role, and the struggles they have in accessing any form of support. Carers' charities confirmed that the carers we spoke to are not the exception, and that the experiences they reported are typical of what they hear from carers on a day-to-day basis. It is evident that too many carers are reaching crisis point without any support.

The picture carers have painted for us is one of isolation and despair. And this is not a new picture. It is clear from the evidence from carers' charities and carers themselves that this situation has persisted for years and that, far from improving, it is only getting worse. Carers described the desperation they often feel, saying they now have to "fight" and "beg" for help, both for the people they care for and for themselves.

Their evidence was powerful and, at times, harrowing, and I have included below some direct quotes so that you can get a sense of their distress:

"My experience has often felt like being in a maze and not finding the way out easily. (...) I often feel depressed and almost in despair about the task in front and ahead of me."

"I didn't actually know I was a carer... all through these last 23 years, I've had to fight and struggle to find things out—what questions to ask, who to ask, where to go. There's very, very little help out there."

[*On being a constant caregiver*], "I feel like I'm in the middle of an ocean and I can't get out."

"I worked fulltime throughout my life about 37 hours a week with weekends off and about 4 weeks holiday a year. Now I work over 80 hours a week, 7 days a week and 52 weeks a year. I could not plan for the attrition of this on my own wellbeing".

"I have tried to get respite. [...] There is next to nothing available and certainly nothing on a regular planned basis. I don't know how to keep going as the work gets harder as his health declines. I know what I need to keep going - time to recharge mind and body - but it is not available".

"When you reach out to the services and say 'I'm having a mental breakdown' and they say 'there is nothing we can do' and you're stuck there thinking 'I'm drowning and you're telling me there's nothing available'. It needs to change."

These issues are not limited to people providing care later in their lives. We heard from parent carers with young children, and from young carers, about the struggles and pressures they face in their caring roles, and the lack of support available to help them:

"(...) you're running on empty, and as a young carer who wasn't noticed for a decade, it was pure manic. I had no coping skills, I had no support..." (*young carer*)

"it's really difficult for me to socialise in my position (...), because I feel very isolated in my caring role, especially at home. I'm always housebound. I never get the opportunity even just to go out in my local town. (...) I don't get those opportunities because I'm just so stuck at home and there's no-one to take on my caring role." (*young carer*)

[*my caring role is*] "making me really debate in my mind whether I'm going to be able to pursue further education and am I going to be able to go on to university (...) because there's no-one who can take over from me." (*young carer*)

Of particular concern to us was the clear mismatch in the evidence we heard from local authorities compared to the testimony from young and adult carers. Local authorities assured us that they are meeting their statutory duties relating to carers, but that simply does not tally with the lived experiences of the many carers we heard from, or with the other reviews and investigations that have been conducted in this area.

We were left deeply concerned that local authorities are not meeting their statutory duties and, moreover, do not grasp the scale of the problem and the urgency required to deliver the necessary improvements. When we raised this point with you during our recent evidence session, you told us “this is absolutely the same concern that I have”, and you further said:

*“I know that there are instances where those statutory obligations are not being met”* (RoP, 22 January, paragraph 17)

According to the 2021 Census, more than 310,000 people (one in 11) in Wales said they were providing unpaid care (10.5%). Carers Wales estimate that there could be as many as 500,000 carers in Wales.

The Welsh Government’s official statistics illustrate how few carers are currently being assessed and supported by local authorities. In 2023-24 only 7,510 new assessments were completed for adult carers and 1,468 new assessments for young carers in total across Wales. On 31 March 2024, only 3,186 adult carers and 1,728 young carers had a support plan.

The problems facing unpaid carers are not new. In addition to other reviews, including the [2023 Rapid Review by ADSS Cymru of Unpaid Carers’ Rights](#), they were clearly identified by our predecessor Committee in its [2019 report on the impact of the Social Services and Well-being \(Wales\) Act 2014](#). That report highlighted the plight of unpaid carers, saying that so many felt “desperate, undervalued and that they are treated with little respect”. It called for a strong national focus and leadership, and prompt and decisive action to ensure the rights and support promised by the Act are delivered. In fact, a great many of the same issues we have been hearing about in evidence recently were picked up in that 2019 report, including the need to improve identification of carers and signpost them to information, advice and assistance; the need to provide training for health and social care professionals to improve carers’ experiences; the need to capture information about gaps in provision of respite care; the need to strengthen guidance for schools about identifying and supporting young carers; and the need for a stronger approach to national data collection on carers. It is clear that very little has changed for the better since that report was published.

Unpaid carers are the backbone of our social care system. They act out of love for the people they care for, and their actions save the social care sector from collapse. Yet despite all they give, they are being let down. They should be properly valued and receive meaningful support, but instead they are too often overlooked, undervalued, and left to struggle alone.

Our report will make recommendations to both the current and the next Welsh Government. But given the clear lack of progress since our predecessor’s report, and the urgency and severity of the situation facing unpaid carers, we are writing to you now to call on you to take immediate action.

We therefore ask that you address the following points:

1. Following your confirmation (during our general scrutiny session on 4 February 2026) that you have received responses from all local authority leaders to your letter of 12 December 2025 about compliance with their statutory duties, can you now provide us with details of your analysis of those responses, including:
  - assurances about the numbers of local authorities that are complying with their statutory duties;
  - details of any local authorities that you assess to not be meeting their statutory duties, and
  - details of the specific actions you intend to take as a result of your analysis.
2. During our session on 22 January, you told us that, if you are not satisfied with the responses from local authority leaders on compliance with their statutory duties, you would issue a “clearer direction to Care Inspectorate Wales that this has to be a specific element of their inspection of local authorities” (*RoP, 22 January 2026, paragraph 17*). Given the long-standing issues with statutory support for carers, will you commit to issuing such a direction without delay, as a means of delivering improvements in the longer term;
3. Will you provide us with your assurance that, in the Welsh Government’s assessment, sufficient resources and capacity exist within the relevant statutory bodies to deliver on their legal duties under the Social Services and Wellbeing (Wales) Act;
4. Further to this, and in light of the evidence from carers and carers’ charities about the scale of the challenge and the urgency with which improvements need to be seen, will you commit to issuing a direction to all local authorities to establish a clear expectation of demonstrable improvements in support for unpaid carers (including carers assessments, support plans and provision of respite care), with fixed milestones for monitoring and measuring progress, and that failure to meet these duties is a legal breach;
5. Will you set out any additional specific actions to support unpaid carers that you will commit to for the remainder of your term, and the anticipated benefits of this;
6. Will you set out the cross-portfolio actions that the Welsh Government will commit to in support of unpaid carers for the remainder of its term;
7. Will you identify the actions that you believe will be necessary for the next Welsh Government to prioritise in this area.

Separately, during our evidence session on 22 January, you agreed to come back to the Committee with further information in a number of areas. For convenience, I have set these out below:

8. To provide an update on progress against the improvement work and action plan being led by ADSS Cymru, to be completed in March of this year;
9. Further to the above, to provide details of how this improvement work will ensure that carers' legal rights to be 'willing and able' to provide care will be fully upheld by statutory services across Wales, especially during planning in health settings;
10. To provide an update following your commitment to engage with the Cabinet Secretary for Health and Social Care on improving carer identification within primary care (*RoP, 22 January 2026, paragraph 130*);
11. Re. barriers to the provision of young carer ID cards, you told us that "if this very small amount of money is the only barrier, then I'm quite happy to go back and have a look and see whether we can find a bit more money" (*RoP, 22 January 2026, paragraph 141*). Can you provide an update on this position, and will you commit to making additional funding available specifically for provision of young carer ID cards;
12. Re. provision of respite, we asked whether you would consider taking urgent measures or providing targeted funding in this area, and you said you would write to us with further information once you had been able to analyse the responses from local authorities (*RoP, 22 January 2026, paragraph 153*). What update are you now able to provide, and what additional measures will you commit to?

We ask that you respond to this letter **by 3 March 2026**, so that we can consider your response before the end of this Senedd.

Yours sincerely



Peter Fox MS  
Chair, Health and Social Care Committee

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

# Agenda Item 3.6

Y Gweinidog Plant a Gofal Cymdeithasol  
Minister for Children and Social Care



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA/DB/0019/25

Peter Fox MS  
Chair, Health and Social Care Committee  
Welsh Parliament

26 February 2026

Dear Peter,

Thank you for your letter dated 12 February, which reiterated the Committee's concerns regarding the support for unpaid carers, and requested updated information and a response on proposed future actions.

Firstly, I would like to confirm my ongoing commitment to do all we can to support the improved identification, recognition and support for unpaid carers. You know from my attendance on 22 January that I am not fully assured that all local authorities are fulfilling their statutory duties to unpaid carers and I had taken action to bring my concerns to the attention of Council Leaders. I am also driving a national improvement plan through my Ministerial Advisory Group for Unpaid Carers.

In response to the specific points raised in your letter:

1. I wrote to Council Leaders on 12 December about the importance of local authorities fulfilling their statutory duties regarding unpaid carers and requested an outline of the actions being taken to bring about improvement, specifically regarding access to carer's needs assessments. I sought assurance that local authorities were actively engaging with the improvement plan led by ADSS Cymru and overseen by the Ministerial Advisory Group for Unpaid Carers. I also asked them to undertake a review of their respite provision and consider the advantages of taking a regional approach to respite.

We received responses from all local authorities. All leaders committed to engaging with, and implementing, the ADSS Cymru action plan. All leaders acknowledged there were areas for improvement regarding the support for unpaid carers in their local authorities. Most leaders articulated recent development work and plans for further improvement work this year. Some identified aspects of good practice they wished to highlight. Several mentioned recommendations from Care Inspectorate Wales (CIW) or the Public Service Ombudsman for Wales (PSOW) as a catalyst for improvement. Leaders committed to reviewing respite provision. Some highlighted regional collaboration already in place, while others welcomed the suggestion of considering an increased regional approach to respite.

There was variation in the extent of improvement required and the degree of detail

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

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

contained in responses. It is not possible or appropriate to assess if a particular local authority is fulfilling its statutory social services function based on a letter alone. We have therefore taken the following action:

- We have carefully reviewed the letter from each local authority, drawing out points for further enquiry.
- We have met with CIW to consider options around their assistance and role in driving improvement.
- We have forwarded all local authority responses to CIW for their review.
- We have agreed with CIW that their next bi-annual meetings with Directors of Social Services/ Heads of Service will include support for unpaid carers as a key line of enquiry. These meetings in April are part of CIW's formal assurance process, and we will agree bespoke questions for each local authority, arising from the response letter received.
- CIW will provide us with their analysis of these discussions, which we will use to determine next steps.
- CIW engage with unpaid carers throughout the year, and we will agree specific questions to be added to these discussions. This will provide further information on the experience of unpaid carers in local authority areas.

These actions will provide a more detailed and informed view of the support for unpaid carers in each local authority across Wales, in the context of their duties outlined in the Social Services and Well-being (Wales) Act.

2. If there are concerns arising from any of the meetings with Directors of Social Services/ Heads of Service in April, we will discuss potential further action with CIW. Where CIW have scheduled an inspection of a local authority where we have concerns, CIW will take a specific focus on support for unpaid carers. If inspection of a local authority where we have concerns is not scheduled this year, we will discuss further proportionate action with CIW.
3. The majority of funding for social care is delivered through the annual un-hypothecated local government settlement of over £6.1bn, recognising the deployment of this funding is for elected council members to determine. I recognise the pressure services are under and councils will receive an extra £112.8m for the settlement in 2026-27 to deliver essential services, including social care, through our agreement with Plaid Cymru. This represents a 4.5% uplift, with every authority guaranteed more than 4%. Social care was a priority raised by councils and I would therefore expect them to ensure funding is used to deliver their duties under the Social Services and Well-being Act.

Additional to the revenue support grant, we will also allocate over £175m to deliver our social care and social care policy goals including dedicated funding for unpaid carers.

In 2025-26 we provided £13m of funding specifically for unpaid carers. This comprised:

- £7.35m to Regional Partnership Boards to support services for carers via the Regional Integration Fund (minimum 5% of overall fund).
- £1m of this (£7.35m) ringfenced for support for carers when the cared for person is admitted/discharged from hospital.
- £717,000 to our national carer organisations for programmes and service delivery for carers to promote their wellbeing and provide advice and support.
- £3.5m for the delivery of the Short Breaks Fund.
- £1.75m for delivery of Carers Support Fund.

This funding will remain in place for P2026-27  
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4. The letter I sent to all Council Leaders set a clear expectation that leaders seek assurance they are delivering on their statutory duties with a particular focus on carer's assessments and respite. The intention to pursue this further via CIW is appropriate as the regulator and inspector of local authority social services functions, who hold specific powers in this regard.

Additionally, the current improvement action plan led by ADSS Cymru is overseen by the Ministerial Advisory Group. The current action plan will complete at the end of March 2026. We will agree the next steps of national improvement work based on the final progress report on this work, and the findings of:

- This Senedd Committee inquiry.
- CIW findings from their scrutiny of local authorities outlined above.
- Information arising from the public consultation on our [Draft national strategy for unpaid carers 2026](#).
- The findings of the Public Service Ombudsman's follow up report.

Workstreams overseen by the Ministerial Advisory Group will work to specific objectives and timelines.

5. Other specific actions I intend for us to take prior to the end of term are:
  - I stated on 22 January that I would seek to identify if there was any additional support that could be provided to local authorities, who I was disappointed to hear were not actively operating their Young Carer ID card scheme. We continue to look at this.
  - We will seek the views of unpaid carers and their representatives via the public consultation on the draft National Strategy for Unpaid Carers.
6. Regarding cross-portfolio actions, I am pleased the Cabinet Secretary for Education is finalising a report on the wellbeing and educational experience of young carers. This report is based on findings from the School Health Research Network, which was discussed at the hearing on 22 January. It reflects the first phase of work to improve availability of data and our understanding of outcomes for young carers.

The current [Hospital discharge guidance](#) contains detail for staff to help them identify unpaid carers and provides information on signposting carers to information, advice and assistance. The guidance requires staff to consider the circumstances of an unpaid carer, which must form part of the discharge planning conversations during the patient's stay in hospital. The guidance notes that carer wellbeing is critical to successful hospital discharge.

While positive steps have previously been taken to improve the visibility and importance of support for unpaid carers within our guidance, we will be using the current annual review to further strengthen this where required. The wider review process is underway, and we will consider existing content for update over the coming months and publish by the end of the summer.

We are also working closely with those developing guidance for mental health and learning disability discharges. While this is in the early stage of development, it presents a further opportunity to ensure the profile of unpaid carers, and the support and rights available to them, are adequately promoted in guidance for staff in these settings.

7. The next Welsh Government will publish the new National Strategy for Unpaid Carers following the public consultation. It will clearly lay out the actions and intended

outcomes to improve the identification, recognition, provision of information and advice, assessment and support for our unpaid carers. This is a detailed and comprehensive strategy focussing on the priorities outlined to us in the extensive engagement exercise we undertook with carers and their representatives in the summer. Modifications will be made to the strategy because of the feedback received in the consultation process. The new administration will therefore have a clear and contemporary view of the priorities for unpaid carers.

8. The lead for the ADSS Cymru action plan reports strong engagement from local authorities across Wales, with responsibility for different aspects of the action plan shared across regional partnership board areas. Action taken includes:
  - Audits of the information available to carers on the websites of all local authorities and third sector organisations has identified examples of good practice and recommendations to improve consistency and quality of information.
  - A review of resources available to social care staff on the Social Care Wales website has identified strengths and areas requiring improvement.
  - Work has identified best practice in the recording of carer's assessments and support plans on local authority IT systems, to achieve a clearer and consistent approach. This should improve access to information for carers and professionals and improve the quality of data collected.
  - Work is being undertaken to address inconsistent terminology and communication to improve clarity for carers and practitioners.
  - Mapping of the use of direct payments for carers has identified gaps and inconsistencies. Best practice will be promoted to all local authority areas to increase offers and uptake of direct payments, which can be used to arrange alternative care (respite).
  - A review of training, skills and competence of staff undertaking carers' assessments will make recommendations. In advance of this, additional training videos for social care workers undertaking assessments and providing early information and advice are in production.

I expect a final report on this work by 31 March. The implementation period for some actions will extend beyond this date, given the all-Wales nature of this work. However, I will be seeking a further timeline for the full implementation of these actions, which will be overseen by the Ministerial Advisory Group.

9. We are assured that materials being produced as part of the ADSSC action plan include the importance of ascertaining the carer is 'willing and able'.

The current Hospital Discharge guidance states the person must be 'willing and able' to provide care, and that the extent to which a carer is willing and able is part of the formal statutory carer's needs assessment. The 2014 Act makes clear that all professionals encountering people who need care and support are responsible for proportional assessments of a carer's needs.

10. I will be speaking to the Cabinet Secretary for Health and Social Care regarding opportunities to raise the profile of unpaid carers within the primary care system. My officials have met with their counterparts in primary care in preparation for this discussion, to identify specific areas where improvements can be made.
11. If we are able to identify any financial assistance this financial year to those local authorities where this will rejuvenate their Young Carer ID cards scheme, we will do so.

12. Most responses received from local authorities outlined a willingness to consider a more regional approach to respite or indicated that regional collaboration was already in place. I have asked my officials to pursue further engagement with individual regional partnership boards and/or regional carer forums to follow through on the potential for improvement based on a more regionalised approach. This is in addition to the key line of enquiry being taken by CIW as outlined at points 1. and 2. of this letter.

Thank you for the opportunity to provide some further information and updates to the inquiry.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dawn Bowden', written in a cursive style.

**Dawn Bowden AS/MS**

Y Gweinidog Plant a Gofal Cymdeithasol  
Minister for Children and Social Care –

# Agenda Item 5

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# Agenda Item 6

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