



Chronic Conditions

Welsh Government's response to the Health and Social Care Committee's supporting people with chronic conditions report

March 2025

This document is a response to the Health and Social Care Committee's report on supporting people with chronic conditions, published in January 2025.

Each recommendation from the committee's report has been listed in full and our response is provided beneath.

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Recommendation 1

The committee recommends that:

The Welsh Government must take urgent action to ensure a renewed focus on the delivery of person-centred health and care services that are designed around the individual, not their condition. In its response to this report, the Welsh Government should set out the work it is doing to implement its refreshed actions to support its 'A Healthier Wales' strategy. This should include specific milestones for delivery of the refreshed actions, and an assessment of how they will improve care and services for those living with chronic conditions.

Response:

Accept in Principle

In December 2024, the 35 refreshed A Healthier Wales (AHW) actions were published. The refreshed actions have been designed to support delivering an effective health and care system which addresses the challenges our health and care system faces now and in the future. Delivering a person-centred health and care services is one of the core fundamental principles underpinning the refreshed actions of A Healthier Wales and why we chose to have person-centred as one of our key themes. Under our person-centred approach, we want everyone to receive timely health and care services and delivered around the need of the individual. Welsh Government will be monitoring progress against the 35 refreshed actions to ensure our actions remain fit for the future. These actions will be undertaken during the period 2025 to 2028 when AHW concludes.

Recommendation 2

The committee recommends that:

The Welsh Government should work with health boards to explore reorientating services to 'wrap around' patients living with chronic conditions, providing 'one stop shop' clinics that combine different services and medical professionals in one place. In its response to this report, the Welsh Government should provide details of current work to provide services in this model, and then provide an annual update to us with examples of new services that are being developed.

Response:

Reject

It is a long-held aim of the Welsh Government for people to access most of the care they need to manage their health and wellbeing at or close to home, with people only going to a hospital when this is the right thing for their specific needs.

General practices are the foundation of person-centred health services in every community across Wales. GPs are experts in multi-morbidity management and skilled in holistic assessment. Working with other primary and community health and care professionals, they play an essential role in providing locally accessible proactive support for people with chronic conditions as part of a multi-professional approach, with support and advice from secondary care services. The introduction of several system enablers such as consultant connect, the Welsh Patient Referral System, and Community Health Pathways are strengthening this interaction between those providing care in the community and condition specialists in secondary care.

To provide optimal support for people with chronic conditions now and into the future, the health system must rebalance how it invests and deploys its workforce to build the capacity of general practice and other community-based services. The pace and scale of this rebalancing of the health and care system must increase to meet the need for multi-morbidity management. As a result, the Welsh Government's NHS Planning Framework for 2025-28 identifies prevention and building community capacity as priorities.

Increasingly, one stop clinic models are featuring in service development, primarily to improve symptom-based diagnosis, such as investigating urinary tract symptoms or breathlessness rather than multimorbidity management. People's access to ambulatory care, health visiting, district nursing, palliative care, medicine, and services for people with post-acute infection illness, are other examples of services designed around a person's needs and symptoms rather than conditions. Hospital inpatient care beds are supported by general medicine and care of the elderly specialists, dealing with multiple conditions and complex needs, including frailty. In addition to these services, the NHS must continue to provide access to sub-specialty experts under an outpatient model of care. These provide advice to other clinical teams or pull patients through for more specialist diagnostics, time limited interventions, or when necessary, more complex condition management. With the appropriate resourcing, it is the role of general practice to reintegrate a person's care, utilising an increasingly integrated digital health and care record.

Recommendation 3

The committee recommends that:

The Welsh Government should review, as a matter of urgency, the use of individual care plans for patients with chronic conditions to ensure that all eligible individuals are offered a plan as a matter of course, and to ensure consistency of practice. It should report back to this Committee with the findings of this review 12 months after the publication of this report.

Response:

Reject

Whilst the Welsh Government understands the call for a national review, there are no plans to undertake a review of care plan use. However, the Chief Nursing Officer and the Chief Medical Officer will write to health boards to reinforce the benefits of individual care plans for people diagnosed with a chronic condition to help those individuals manage the impact of this on their health and wellbeing.

It is accepted as good clinical practice to offer a care plan to an individual diagnosed with a chronic condition. This care plan is specific to the individual and their needs and circumstances. The care plan might be in the form of a simple verbal agreement or a more formal record setting out what the individual will do and the range of multi-professional care and support they can access to manage their health and wellbeing or if their health deteriorates or they are in crisis. The Welsh Government has issued guidance to support NHS services to offer care plans:

[Individual care plans: guidance for patients with chronic conditions | GOV.WALES](#)

There is evidence that systematic, targeted proactive care to identify, assess and agree a future care plan for adults with complex health and wellbeing needs and older people living with frailty is cost-effective and delivers better outcomes for that population. To build capacity for multi professional proactive care for the top 0.5% of the population at risk of urgent care needs, the Welsh Government has allocated £11.95m recurrently from 2024-25. Monitoring the use of this funding has shown practice on the ground remains patchy and inconsistent across Wales. To help address this inconsistency, work is underway on the development of national guidance and the roll out of a national digital tool to identify people at greatest risk.

Recommendation 4

The committee recommends that:

The Welsh Government should set out how it intends to ensure the NHS Executive will monitor and enforce the consistent delivery, by health boards, of the standards for care set out in Quality Statements, and how this will improve the quality of care provided.

Response:

Accept

The Welsh Government and NHS Wales Executive will work with health boards and NHS trusts to monitor the implementation of Quality Statements.

Quality Statements set out the Welsh Government's expectations of what good clinical services look like in the form of planning expectations. Health boards and NHS trusts are expected to use these expectations as the basis of their planning of clinical services. Quality Statements do not set standards of clinical care as these are determined by organisations such as the National Institute for Health and Care Excellence. Quality Statements set planning expectations – and may include nationally agreed pathways of care according to clinical standards – to support NHS organisations to plan higher quality, and more consistent, clinical services. These planning expectations are applied through the NHS Planning Framework and are supported by measures in the NHS Performance Framework.

The Welsh Government holds NHS organisations to account through monthly Integrated Quality, Planning and Delivery Board meetings. This includes testing how NHS organisations are progressing toward the expectations set out in Quality Statements, and compliance with any nationally agreed pathways, using national datasets to compare variation in service quality or outcome. The NHS Executive supports these processes by leading on the development of the national pathways and datasets, working with clinical services to compare delivery and share good practice, reporting variation in service quality to support robust accountability discussions with NHS organisations, and delivering supportive interventions to improve service quality.

Health boards and NHS trusts must compare their service delivery against these national expectations, identify the gap between these expectations and its service provision, and demonstrate planning or actions to close that gap over time. The NHS Executive supports this by providing the relevant expert insight and data on variation and can be deployed to review services or support quality improvement.

Recommendation 5

The committee recommends that:

The Welsh Government should work with the relevant professional bodies and Health Education and Improvement Wales to ensure that continuing medical education opportunities include the perspectives and experiences of patients living with chronic conditions and promote empathic care.

Response:

Accept

The provision of empathetic care is covered in the GMC Good Medical Practice for Medicine, which defines professional standards.

Further work will need to be undertaken to include engagement with Patient Groups and Colleges, GMC, RCN etc. to understand what additional action needs to be taken.

Financial Implications:

This will depend on the further work to be undertaken.

Recommendation 6

The committee recommends that:

The Welsh Government should work with NHS Wales to improve public understanding of the different roles of members of the multi-disciplinary team in primary care and ensure that direct referral services provided by allied health professionals are clearly signposted to encourage their greater use.

Response:

Accept

The Allied Health Professions Framework for Wales outlines the transformation that is needed to secure better access to allied health professionals (AHPs). This includes:

- a greater proportion of AHPs working in services which are directly accessible to the public as they need them
- AHPs being provided earlier in people's healthcare journey
- clearer signposting to AHPs working as part of primary and community services.

In February and March 2023 two important announcements were made by the former Minister for Health and Social Care (MHSS), these affirm Welsh Government's commitment and focus on strengthening community-based services by expanding capacity in primary and community care.

- £5m to increase the number of allied health professionals working in primary and community, and
- an increase in funding for Adferiad (Recovery) services to Health Boards from £5m to £8m.

The Primary Care model for Wales makes clear the requirement for a multi-professional workforce, integrating health and social care based AHPs. From April 2023, £5 million has been provided annually to health boards to create additional AHP roles in Primary and community services and workstreams in the National Programmes are embedding AHPs in more accessible services.

From March 2023, the Adferiad (Recovery) Programme was expanded with increased Investment into this programme from £5m annually to £8m recurrently. This increase was to enable health boards to continue to develop services for people affected by long COVID and widen access to these services to people with other conditions but similar and overlapping symptoms to those with long COVID. These other conditions include

people with other post-acute infection illness, such as Myalgic Encephalomyelitis, Chronic Fatigue Syndrome (ME/CFS), and fibromyalgia, but also illness that comes under the umbrella term of 'Persistent Physical Symptoms' (PPS) and may not have a diagnostic label. These services are delivered through a community focussed multidisciplinary model of care. One health board has established self-referral mechanisms into their Adferiad funded services, the other six are either planning to adopt this approach or considering the feasibility of doing so.

The AHP Framework Programme has driven significant change over the last four years. For example, the Rehabilitation Framework and Standards provide clear guidance for the quality of rehabilitation, including community rehabilitation and long-term condition support. Health Education and Improvement Wales (HEIW), who hosted the AHP Framework Programme, and the Strategic Primary Care Programme have developed clear outlines of the AHP roles in a range of settings. HEIW is currently finalising new web pages and information about the allied health professions, including career information and a new animation to explain how AHPs help people. These are currently expected to be finished and online by Spring 2025.

Signposting to services and information on how to reach and secure an appointment with AHPs across Wales is the responsibility of health boards and local authorities. Information is provided on many of their websites; some include direct referral forms or phone numbers. Welsh Government will continue to work with NHS Wales and local authorities planning and integrated community services to support the development of this information to ensure it remains updated and relevant. Directories of services such as Dewis Cymru and NHS 111 will also be central to this work.

Recommendation 7

The committee recommends that:

In its response to this report, the Welsh Government should provide an update on the review of the All-Wales communication protocol between primary and secondary care and set out how it is going to work with NHS Wales to improve communication between primary and secondary care.

Response:

Accept

The All-Wales Communication Standards between Primary and Secondary Care were set out in a Welsh Health Circular in 2018. The Standards describe a protocol for clinical behaviours and communication across the primary secondary care interface. Following concerns raised by GP representatives last year that these standards were not being adhered to, leading to instances of increased workload for General Medical Services, the Senior Medical Officer for Primary Care commenced a review. Consultation is currently ongoing on a revised version of the Standards which will consider digital developments in communication. This process is expected to conclude by July 2025.

Consideration is also being given to how local assurance mechanisms on compliance with the Standards can be strengthened. Engagement between health boards and local medical committees will be key to monitoring operational compliance with the Standards. This will support resolution of local behaviours which are not consistent with the standards, while also highlighting where high demand and pressures across the whole system are impacting the ability to adhere to the agreed approach. It is anticipated that the roll-out of the Community Health Pathways approach will also support improved communication between primary and secondary care in setting out consistent guidelines for referral.

Recommendation 8

The committee recommends that:

In its response to this report, the Welsh Government should set out its approach to ensuring that good practice for supporting those living with chronic conditions is shared across health services in Wales, so that pockets of good practice become disseminated across the system. The Welsh Government should clarify the role the NHS Executive and clinical networks play in this work.

Response:

Accept

The NHS in Wales, supported by the NHS Executive, is well placed to identify and share best practice.

In the NHS Planning Framework, the Welsh Government sets out its expectation that all parts of the NHS seek to continuously to learn from best practice both from within the NHS in Wales and beyond, proactively working together to identify successful innovation – applying a principle of “adapt, adopt or justify”. This includes rapid progress on digital innovation and transformation, to strengthen the delivery of services.

Through the annual remit letter, the Welsh Government requires the NHS Executive to share good practice and demonstrate system leadership in quality improvement by supporting specific programmes and through the intelligent use of data and other information. This should include information gathered by the NHS Executive's National Quality Management System (NQMS); and by benchmarking and triangulating this information across services to inform performance and assurance activities.

The 60 Clusters, where local health and care services come together to collaborate at community level, are excellent mechanisms for innovating and implementing local solutions. The Welsh Government allocates £20 million for clusters to invest in these local solutions. Pan Cluster Planning Groups (PCPGs) and Regional Partnership Boards (RPBs) are the mechanisms at county and regional level respectively for adopting and adapting at scale those cluster schemes which prove successful.

In order to support PCPGs and RPBs, the NHS Executive provides a range of guidance and other resources drawing on learning and good practice and other sources of evidence. For example, the clinical networks develop Community Health Pathways for conditions such as COPD, asthma, diabetes and heart disease for local adoption and adaptation.

Multimorbidity is highlighted in the **National Clinical Framework - A Learning Health and Care System** published in March 2021. The National Clinical Framework highlights that existing clinical model can be speciality focused and there is a need to shift to a person-centred approach. The development of **NHS Executive** signals a new way of working, and the themes set out within their remit from Welsh Government are not specific to disease conditions, settings, or population groups. The NHS Executive includes many national functions and programmes in one entity, and whilst there are differing policy drivers, including Quality Statements, and national programmes, the NHS Executive provides the opportunity to collectively collaborate to align work programmes to ensure a whole system approach.

There is a key role for the Strategic Clinical Networks within the NHS Executive to work together to consider multimorbidity. The development of the Strategic Clinical Network for Cardiovascular Disease is a good example of bringing together a family of networks and partners to improve population outcomes for people with different conditions, that require a similar and integrated approach to address some of common lifestyle and other risk factors, and the primary, secondary and tertiary prevention public health activity necessary to address these. We expect networks to work closely with the national programmes to help roll out good practice across Wales.

Recommendation 9

The committee recommends that:

It is important that successful pilot projects which deliver improvements for patients are identified, so that good practice and innovation can be shared across Wales. Within 6 months of the publication of this report, the Welsh Government should set out clearly its own expectations of how the success of individual pilot projects should be evaluated by Regional Partnership Boards to encourage improved collaboration between services.

Response:

Reject

As advised in the response to recommendation 8, the NHS in Wales is well placed to capitalise on good practice and innovation. The Welsh Government sets out its expectation that all parts of the NHS seek to continuously to learn from best practice through the NHS planning framework and to the NHS Executive through its annual remit letter. Projects are evaluated by the arrangements included in the project documentation, this may be by those delivering the project, potentially with support from academic organisations. Some technologies may also be subject to formal independent evaluation by either Health Technology Wales or NICE.

Unfortunately, it is not the role of Regional Partnership Boards to evaluate all projects. Decisions to adopt piloted projects will be dependent on the nature of the project and could be a matter for an individual NHS organisation or a collection of NHS organisations working together through national arrangements, such as the Planned Care Programme Board. Proposals to embed projects that work across health and social care may be considered by Regional Partnership Boards.

Recommendation 10

The committee recommends that:

The Welsh Government, in its response to this report, should provide an update on the development of the secondary care electronic health record by Digital Health and Care Wales.

Response:

Reject

Welsh Government understands the sharing of data and information across care setting is important to patients to support their health and care plans and as part of delivering the actions within A Healthier Wales Welsh Government will work with partners to deploy proven electronic health and care record systems, for safer and better care. Implementing an Electronic Health Record (EHR) system is a complex and resource-intensive endeavour requiring expert management and a track record of delivery.

The Connecting Care ambition aims to create a shared care record for people in Wales, which will support NHS Wales and Local Authorities to deliver safer, more efficient, and more cohesive care as part of an Integrated Community Care System by aligning with existing single platforms.

Longer term wider digitisation of records is aligned to plans on Connected Care and Electronic Healthcare Record (EHR) and enabling data to be shared across care settings, important for those with chronic conditions. Welsh Government is currently developing proposals to engage a third-party to develop an Outline Business Case for an Electronic Health Record for NHS Wales.

Both Betsi Cadwaladr University Health Board and Cwm Taf Morgannwg University Health Boards' business cases for developing Mental Health Electronic Health Records have been approved due to their escalation status. These will act as a pathfinder for the national programme.

Recommendation 11

The committee recommends that:

The Welsh Government should collect and publish data on specialist nurses working in Wales, including the number of specialist nurses and their locations. The Welsh Government should provide an update on the progress of implementing this recommendation to this Committee within 12 months of the publication of this report.

Response:

Accept in principle

The number of specialist nurses working in the NHS in Wales is not centrally recorded, as these roles are not coded within the Electronic Staff Record system. We will explore, in collaboration with NHS Wales, alternative methods for collecting and publishing this data.

Recommendation 12

The committee recommends that:

The Welsh Government should develop a workforce plan for specialist nurses, to ensure the future sustainability of the services they provide, with an emphasis on ensuring equal access for those living across Wales.

Response:

Accept in principle

Health Education and Improvement Wales (HEIW) will launch a strategic nursing workforce plan in March 2025. This plan, based on extensive engagement, workforce intelligence, and horizon scanning, will outline a five-year roadmap addressing key drivers such as demographic shifts, advances in technology, evolving workforce expectations, and historical supply deficits. It states that by 2030, nursing in Wales must enhance skills and capacity to tackle health inequalities and improve population health across the life course. Expanding community-based care will require more nurses at enhanced, advanced, and consultant levels.

HEIW's 2023 *Professional Framework for Enhanced, Advanced and Consultant Clinical Practice* clarifies these roles, and workforce modelling is being developed to project supply and demand, supporting strategic planning. This modelling framework provides an evidence base for future workforce decisions, ensuring sustainable specialist nursing services and equitable access across Wales.

Recommendation 13

The committee recommends that:

Mental health support should be signposted for all at diagnosis with a chronic condition. In response to this report, the Welsh Government should set out how it plans to implement this, and should then provide an update to this Committee in 12 months' time on progress made.

Response:

Accept

Therapeutic / mental health support should be included in pathways for chronic conditions. Our forthcoming Mental Health and Wellbeing Strategy recognises that there can be a mental health impact for people living with long-term physical health conditions. In response the strategy will take an early intervention approach that will mean earlier signposting to relevant mental health support. The approach will also be strengthened by the actions taken under recommendation 14.

The strategy and associated delivery plan, when published in April, will provide more detail on how this will be undertaken. There will be annual updates made on progress against the strategy, and we will ensure that these responses are made available to the Committee.

Recommendation 14

The committee recommends that:

The impact on wellbeing and mental health of being diagnosed with a chronic condition is well documented. The Welsh Government should ensure that, as Quality Statements are developed for chronic conditions, this impact is recognised and the need for mental health support to be available is included.

Response:

Accept

We will ensure that the impact on wellbeing and mental health of being diagnosed with a chronic condition is considered as part of the targeted review of existing quality statements. We will also update our checklist for developing new quality statements to ensure that the impact on wellbeing and mental health is routinely included as part of their development.

Recommendation 15

The committee recommends that:

Training on mental health should be available for all medical staff working with those with chronic conditions. The Welsh Government should provide an update to Committee in 12 months' time on work to improve mental health training provision.

Response:

Accept

This is already in place as a training requirement. The importance of recognising mental health issues in the context of chronic disease is included in all medical curricula and this is assessed at annual ARCP review.

Recommendation 16

The committee recommends that:

In its response to this report, the Welsh Government should provide the Committee with an update on the implementation of the social prescribing framework, with a particular focus on how the needs of those living with chronic conditions are being met.

Response:

Accept

Our [National Framework for Social Prescribing](#) was published in December 2023. It sets out a vision of social prescribing in Wales that is of a consistent high-quality standard across the country.

The National Framework aims to develop a shared understanding of the language used and the approach taken to social prescribing in Wales; support social prescribing practitioners and drive-up skills; set out the outcomes expected from a user, organisation, commissioner, and referrer perspective; and ensure a quality of provision by community assets. It will also monitor and evaluate the development of social prescribing as it continues to grow across Wales.

Several component parts of the National Framework have been completed, including an [explainer video](#), a [report](#) containing a suite of case studies, [competence framework for social prescribing practitioners](#), and a [glossary of terms](#). However, several component parts involve ongoing work including development of Core Data Set Guidance, Guidance for Community Assets, and development of national specification for social prescribing in Wales.

Ongoing development of the National Framework will span the Senedd term and will encompass work streams that support implementation of a high quality, once-for-Wales approach to social prescribing.

In developing the evaluation work for the framework consideration will be given to how it has supported the different needs of the population including those living with chronic conditions.

Recommendation 17

The committee recommends that:

Work must be done to improve the physical health outcomes of those living with severe mental illness. The Welsh Government should review how to improve access to regular, preventative physical health checks and report back to the Committee within 12 months on the findings of this review.

Response:

Accept in principle

We are investing £2 million annually into the Strategic Programme for Mental Health (SPMH) to drive improvements in mental health services. Within the SPMH the adult and older people's clinical implementation network have an action to design consistent national physical health pathways and standards of care for people with serious mental health conditions.

As referenced in recommendation 13, the Mental Health and Wellbeing Strategy will be published in April, and we will be producing annual reports to update on progress.

Recommendation 18

The committee recommends that:

In response to this report, the Welsh Government should set out what action has been taken, since the publication of A Healthier Wales, to shift services towards prevention. It should also outline how the refresher actions to deliver A Healthier Wales support this shift.

Response:

Accept

In the refreshed actions for A Healthier Wales (AHW), there is a specific focus on maintaining sustainable, equitable, person-centred and high-quality services for everyone with a core fundamental principle of prevention being embedded into the refreshed actions.

Under AHW we committed to developing a range of quality statements which set out the outcomes and standards we expect to see in high quality, patient focussed NHS services. The range of quality statements has been produced to support chronic health conditions such as cancer, diabetes; respiratory diseases and heart disease. These statements are intended to support local planning processes.

This approach strengthens the role of clinical leadership in how the NHS in Wales is overseen and improves the focus on healthcare quality. We have already seen how these expectations are encouraging service change, such as expanding the bowel screening programme, providing support to people at risk of developing type 2 diabetes, the establishment of a Cardiovascular Disease Prevention Steering Group, and developing a national commissioning framework for hospices.

Furthermore, our draft budget is directly supporting the aims of A Healthier Wales.

We are also placing a strong focus on prevention and early intervention, across many areas, to help enable and encourage good health and well-being throughout life. For example, we are maintaining our significant investments with Public Health Wales and the significant work they do on the prevention agenda; Flying start, Childcare and Families First; Healthy Weight: Healthy Wales; vaccination programmes; screening programmes; sexual health programmes; and anti-smoking initiatives. We are also introducing legislation to help tackle the root causes of chronic diseases. This is alongside the areas that Health Boards continue to invest in locally.

We are supporting the NHS in maintaining their services by prioritising funding for the inescapable pressures they will be facing in 2025-26 from inflation and demand growth, as well pay increases for the workforce.

We are making significant additional investments in the NHS and there is also around £65million that we are allocating to other key priority areas, including:

- The Childcare Offer
- NHS Workforce training, including the North Wales Medical School
- Digital Investments
- Women's Health
- Hospices

There is also a specific focus on digital and workforce within the refreshed actions underpinning A Healthier Wales. Welsh Government is continuing its investment in these two areas, alongside an additional £35million being allocated across both, in the Draft Budget.

Recommendation 19

The committee recommends that:

The Welsh Government should work with partners, including local authorities and third sector organisations, to improve the connections between different sources of support for people living with chronic conditions to address broader issues beyond health, including housing, debt, and employment.

Response:

Accept

We recognise the importance of ensuring people with chronic conditions are enabled to access support for some of the broader determinants of health. However, this will need to be addressed within our whole population approach. We already have significant policies, programmes and investments in place which are supporting people to access wider support. These include;

The role of the Public Service Boards, established under the Wellbeing of Future Generations (Wales) Act 2015, to assess and respond to population wellbeing ensuring our communities and population can achieve the 7 Wellbeing Goals.

The requirement under the Social Services and Wellbeing (Wales) Act 2014 for Local Authorities to provide Information Advice and Assistance for those with care and support needs. In most areas of Wales this is delivered through single points of access or hubs.

The duty placed on local authorities and health boards to 'co-operate' in planning, commissioning and delivering services for people with care and support needs. This is facilitated through the seven Regional Partnership Boards (RPBs) we have in Wales which includes membership from Education, Housing and the Third Sector alongside health and social care partners, service users and unpaid carers.

The investment of the £146m Regional Integration Fund through RPBs, £24.8m of which is directly invested in third sector delivery, to support people to live well and stay well at home, accessing the care and support they need in the community.

RPBs are also responsible for investing the £65m, Housing with Care Fund which is developing accommodation based solutions for people with care and support needs.

Recommendation 20

The committee recommends that:

In response to this report, the Welsh Government should provide an update on the introduction of cross-Governmental health impact assessments and outline how they will guide policy making to address health inequalities.

Response:

Accept

Health Impact Assessments (HIA) are a systematic way of taking health into account as part of decision making and planning processes.

A HIA is a tool to help people assess the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups.

HIAs are particularly aligned to the 'Health in all Policies' approach, recognising that health outcomes are often influenced by factors outside of the health sector, such as education and housing (the wider determinants of health).

The Public Health (Wales) Act 2017 places a duty on the Welsh Ministers to make regulations which require certain public bodies to carry out HIAs in specified circumstances.

A consultation was carried out on the draft Health Impact Assessment Regulations (the HIA Regulations) which closed on 29 March 2024.

Following the consultation period, officials are in the process of developing the HIA Regulations and plan to lay these before the Senedd this summer (2025).

Financial Implications:

There will be additional resource requirements to support the implementation of the HIA Regulations on:

- Welsh Government; supporting implementation and evaluation
- the Welsh Health Impact Assessment Support Unit within Public Health Wales; developing guidance and training

- the affected public bodies; attending training, updating processes and carrying out HIAs

The intention is for the HIA Regulations to be built into existing decision-making processes. Therefore, we do not expect the impact to be significant and it will be managed within existing allocations.

Recommendation 21

The committee recommends that:

In its response to this report, the Welsh Government should set out its current position on promoting health literacy for people in Wales.

Response:

Accept

Health literacy refers, broadly, to the ability of individuals to “gain access to, understand and use information in ways which promote and maintain good health”¹ for themselves, their families and their communities.

Recent research by the Centre for Activity and Wellbeing Research at Cardiff Met (commissioned by PHW) identified that 1 in 5 people don't know what actions to take to protect and improve their mental wellbeing, increasing to more than 1 in 4 men, people with disabilities and young adults, and increasing further to 2 in 5 people reporting poor health².

Health literacy is also not just a personal resource; higher levels of health literacy within populations yield social benefits, too, for example by mobilising communities to address the social, economic and environmental determinants of health. Low health literacy is most strongly linked to financial deprivation, followed by social status, education, and age.³ Improving the building blocks of health will contribute to improving health literacy.

Education: Higher levels of education generally lead to better health literacy, enabling individuals to understand health information and make informed decisions.

Employment: Income and employment can affect access to resources which can improve health literacy.

¹ Nutbeam, Don. 1998. “Health promotion glossary.” *Health Promot. Int.*, 13 (4): 349-364.

² <https://hpus.wales/news/understanding-mental-wellbeing-in-wales/>

³ Sørensen, K., Pelikan, J.M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agraftiotis, D., Ueters, E. and Falcon, M., 2015. Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *The European journal of public health*, 25(6), pp.1053-1058.

Access to healthcare: Health services which provide clear understandable information (in different languages) can improve patients' health literacy.

Community: Social networks and community resources can help facilitate patients to help manage their health.

Built Environment: The environment in which people live can help health literacy by providing access to libraries, community centres and safe space for learning.

Health literacy provides great opportunities to empower individuals and communities to better manage their own health whilst providing great potential savings to the healthcare system. As part of the Duty of Quality it is important for Welsh Ministers and NHS bodies consider health literacy as part of 'person centred' and 'equitable' care domains.

Improving health literacy is a powerful tool for both self-management of health conditions and addressing broader health inequalities. By empowering individuals with the knowledge and skills to make informed decisions about their health, we can help reduce the gaps in health outcomes between different social groups.

Action being taken

Action is embedded across government, where our partners in the Welsh Value in Health Centre are focused on patient education and information to support health literacy as part of their work on person-centred care. Public Health Wales also deliver campaigns on a range of health topics including screening, vaccination and ways to protect and improve health.

Our approach to empowering citizens in decisions about their own health goes beyond just talking about lifestyle choices like quitting smoking, drinking less alcohol or being more physically active. The new curriculum for Wales focuses on health and wellbeing as one of the core Areas of Learning Experience. This provides the opportunity to support our young people to grow up to be citizens who understand how and why their physical and mental health are important, and what they can do to make the right choices for them to live happy and healthy lives.