**Confirmed Minutes of the Public Health Wales
Knowledge, Research and Information Committee
Public Meeting 5 December 2024, 10:30
Held in 3.2 CQ2 and via Microsoft Teams**

Present:		
Sian Griffiths	(SG)	Committee Chair and Non-Executive Director (Public Health)
Diane Crone	(DC)	Non-Executive Director, (University)
Clare Jenkins	(CJ)	Vice Chair of the Public Health Wales Board and Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director, (left at 11:22)
In Attendance:		
Sumina Azam	(SA)	National Director of Policy, and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Julie Bishop	(JB)	Director of Health Improvement (for item 3.3, left 11:46)
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Claire Birchall	(CB)	Executive Director (Quality and Nursing)
Tracey Cooper	(TC)	Chief Executive
Alisha Davies	(AD)	Head of Research and Evaluation
Helen Erswell	(HE)	Consultant In Public Health (for item 3.3, left 11:46)
Tom Fowler	(TF)	Deputy National Director of Screening and Health Protection Service
Danielle Gething	(DG)	Head of Risk Management (left 12:05)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services (arrived at 12:19, left 12:35)
Rick Lines	(RL)	Head of Programme Substance Misuse (for item 3.3, left 11:46)
Kirsty Little	(KL)	Consultant in Public Health (for item 3.2)
Rebecca Masters	(RM)	Consultant in Public Health (for item 3.4)
Jim McManus	(JM)	National Director Health and Wellbeing
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies		
None		

Secretariat		
Ffion Lloyd	(FL)	Board Support Officer
The meeting commenced at 10:30		

KRIC 1/2024.09.05	Welcome, Introductions and Apologies

The Chair opened the meeting and welcomed all present.

The Committee **noted** that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting on 4 March 2024.

KRIC 2/2024.09.05	Declarations of Interest

There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.

KRIC 3/2024.09.05	Items for Assurance
KRIC 3.1/2024.09.05	Deep Dive: Indicators for Mental Health – linked to Strategic Priority on Mental Health and Wellbeing

JM introduced a Deep Dive into work undertaken regarding strategic priority two concerning mental health and wellbeing indicators.

The presentation covered the following:
Priority 1: Wider Determinants such as income, housing employment and environment. JM emphasised the relevance of the work being undertaken on child poverty and the implications on anxiety.
Priority 2: Psychosocial Determinants of Mental and Social Well Being: JM acknowledged the strategy would need to be further developed to be more comprehensive, and that this Priority would be considered separately.
Priority 3: Behavioural Determinants – this included diet, physical activity and smoking: JM indicated there was a large gap in the overview of the work being undertaken and how it linked to /contributed to good mental health.
A plan was underway to address the imbalances. Priority 1 and Priority 2 had been the areas of focus and main concern for this Committee for their work stream, however, all Priorities would need to be addressed.
It was recognised there were also a number of social wellbeing indicators to consider, and JM reported that that work concerning mental health was in progress within other Directorates and Divisions within Public Health Wales which highlighted the breadth of work on mental health and its importance.
JB provided the Committee with a background to the development of the matrix which was presented. A determinants model had been adopted which defined mental and social well being as foundational for the health of the population, and defined health in terms of all health conditions, not just mental health. The matrix in the presentation showed the extent of Priority 2 and also showed the cross links to Health Behaviours and Health Outcomes.

In terms of the Long Term Strategy, JB described the four outcomes the Organisation was working towards and the system level indicators which were used to contribute to the outcomes (these were detailed on the accompanying slide). It was felt that it was important to look at the inequalities gaps which existed in the population when undertaking this work.

Additional sources of data had been included in these results since the last report to the Committee, from the School Health Research Network Survey, however for some areas the date to measure impact was still not measured, for example the First 1000 Days Programme.

JB advised the Committee that work to report on violence and abuse was in progress, but factors of discrimination and abuse had been detected and whilst some information from an England and Wales Crime Survey had identified useful data, it was not Welsh data. Being bullied and the link to mental health had also been identified as a future focus for work.

SG thanked JM and JB for the presentation and invited questions from the Committee.

The Committee recognised the complicated work being undertaken in this area and recognised that the matrix was still in development. SG suggested future discussions would be more focussed when the final matrix was available.

The Committee asked whether children achieving their milestones had been recorded in other countries. JB informed the Committee that measures do exist, for example Readiness for School in England, but equivalent data was not available in Wales. Welsh Government had recently asked the Organisation to look at validation of assessment measures in the field.

The Committee enquired if economic, environmental, financial and social security was being aligned with this work. JB advised that this lay within the wider determinants space of the work.

The Committee felt that opportunities to measure milestones had been identified on the matrix which together with recognised solutions to meet those gaps, emphasising the importance of the work and that it should be presented to Welsh Government.

JM reflected on the discussion and noted that Committee had agreed that mental health concerns were reflected across all priorities for the Organisation and showed the breadth of the overview and the extent of the work now required to address each of the concerns and the gaps in the data which had been identified.

JB reflected on the consultation work for Welsh Government to develop the Mental Health and Wellbeing Strategy which was published in October 2024. This would inform future stages of the Hapus Programme. The Committee formally noted that the Organisation supported the development and use of National Indicators in this work.

JB also informed the Committee of recent work which had commenced in collaboration with the Wolfson Centre to study young people's mental health issues.

Social media had been identified as a major change in the environment which would present complex and challenging problems for the future. The Committee asked that data from other countries was compared with the data observed in Wales to ensure the information recorded was contextualised correctly.

IB informed the Committee about the development of the Real-Time Suspected Suicide Surveillance Reporting system which had been developed since April 2022. The monthly reports identify patterns in the data and a recent development can quickly pin point local areas and identify clusters and patterns which can facilitate local investigations. A second annual report is scheduled to be published in the coming weeks.

AD had worked to identify gaps in data knowledge to support the work of Local Health Boards to provide better information about mental health services. The data had been sourced from data shared with the Organisation from the School Health Research Network, sourced from the SAIL Databank, and derived from a qualitive insight study into children and young people's experience of accessing support for their mental health. There were three streams to this work (all for age 11-14 in Wales):

- Understanding the association between mental wellbeing and mental health
- Crisis prevention and the routes to care
- Exploring lived experience and accessing support across the NHS, family and third sector organisations

The results from this work would be used to inform how the delivery of services would be improved for the future. Data from suicide surveillance was being assessed with a view to link it to the data from the three streams for a better understanding of the preventative work.

There was a project exploring lived experience and accessing support across the NHS, family and third sector organisations. The data for this interview work for 16 to 25 year olds had been collected and was being analysed. Initial indications show the importance of voluntary sector organisations working alongside the NHS and how important this work was to disadvantaged sectors of the population. A full report would be published in due course.

The Committee asked whether the capture of neurodiversity was included within the Mental Health data presented. AD advised the Committee that the data had been captured in different ways in different reports and her team was currently processing the data to find the most accurate way to present the neurodiversity information

The Committee enquired about Clinical Engagement and were informed that an external stakeholders group had been established. The group met in the summer and the team were in the process of reengaging with the group before meeting for a second time.

The Committee enquired about the possibility of further opportunities to bid for research resources. AD informed the Committee that ongoing discussions continued with Cardiff University with a view to developing a strategic partnership

Commented [SMG(2): Iain- from where ?]

Commented [SMG(3): Is this referring to work on suicide at a local level

IB informed the Committee that the Organisation was actively seeking to work in partnership with Health and Care Research Wales and the National Centre for Self Harm and Suicide to utilise the suspected suicide surveillance work under development.

The Committee asked whether the predictor data used in the research was able to look identify the demographic differences known to exist across Wales. AD agreed to investigate this possibility further.

The Committee **noted** the ongoing work as route maps were developed and received **assurance** that the team were using the correct approach to identify the gaps within the data.

KRIC 3.2/2024.09.05	PHW Monitoring Impact Survey 2024 Results

IB introduced the results of the Annual Public Health Wales Monitoring Impact Survey. The results had identified ways to improve how impactful the data could be and how to better engage with the users of the Organisation's data, knowledge and analytical products.

KL advised that results were based upon limited survey data returned but that the comparison of data with the previous year was still useful. The survey covered knowledge outputs from research, evaluation evidence analytical based reports produced across the Organisation (https://phw.nhs.wales/about-us/board-and-executive-team/board-committees/committee-meetings/knowledge-research-and-information-committee/202425/5-december-2024/papers-5-december-2024/3-2b-kric-2024-12-05-impact-survey-2024/).

The survey distribution reflected users interaction with the web estate. Nearly 300 users had begun the survey but about 100 users completed the last question to submit the survey. The team had been mindful of the small numbers arising from such low completion rates; however all data had been included in the results presented in the report.

The results importantly indicate that reputation and trust levels in the Organisations were very good and stable compared to previous years. 92% of users said they would use our data sources again compared to 93% last year. Stakeholders said they found our products easier to find compared to last year and a similar large increase (up from below 60% to over 70%) said they found the products understandable.

A drop of 10% was recorded in users who said that the Organisation's products were actionable. This was something her team would want to investigate further. Comments received from users indicated the messaging from their interactions was not always clear and this would be investigated.

The drop in users who agreed that products met accessibility standards to 41% was noted and considerable action was underway to understand the reasons for this decrease in user satisfaction.

Commented [SMG(4):

The percentage of respondents rating their experience with the Organisation remained stable around 66-67% but this was not considered as a particularly good percentage. The number of respondents who were somewhat satisfied with the development of a product decreased from 75% to 48%. Whilst the small numbers involved might have been a contributory factor to this decreased satisfaction, it would be considered further. A similar drop in the percentage of respondents being very or somewhat satisfied with the end product having been involved in it dropped from 90 to 62%. This indicated consistency with the previous category but relies upon individual experiences and was noted with caution.

Some feedback had been received which indicated that feedback was not positively received and that engagement was late and tokenistic, this would be investigated thoroughly.

KL summarised the continued work, which included web transformation and the long term improvement, as improving the visibility of the Organisation and the clarity, purpose and accessibility of the Organisation to the people it served. Content Design and Publication Standard work continued to improve the impact of all the Organisation's publications.

Further work was required to understand the decrease in satisfaction rates and to ensure staff were utilising the toolkits for staff engagement purposes for which they had been designed.

The Directors of Research, Data and Digital would be undertaking an engagement exercise with core stakeholders to help the stakeholders contribute to the development of a prioritisation timeline.

The Committee asked IB to comment on the findings, and he said the main priority was the redesign of the website to get the messages in a simpler format, which meant getting to the point more quickly and briefly and to take this work forward to improve publication standards to ensure consistency and impact. The Committee agreed with the plan to improve standards and suggested the development of timelines and actions to work towards an agreed plan.

IB agreed with the comments and informed the Committee he would discuss a timeline with Executives in January after which he would circulate a timeline to Committee members.
Action: IB

The Committee asked if the Organisation was seeing survey responses from all the stakeholders they expected to respond. KL informed the Committee that they had collected information from Health Boards, Local Authorities and the general public, overall and whilst the numbers of respondents had changed on the previous year, the results appeared to be consistent. She suggested that asking questions of a specific product would be helpful, but, because the number of products was too large, it would be difficult to assess individual products.

IB suggested that data could be merged over several years to identify difference between audience groups.

SG thanked KL for the update.

The Committee took **assurance** that stakeholder views on Public Health Wales data, analysis and research products were being sought, considered and that improvements to our impact are being continuously pursued.

The Committee **considered** the report's findings and suggested actions.

KRIC 3.3/2024.09.05	Update on Addictions (to include alcohol, gambling and drugs) (Priority 3, Promoting Healthy Behaviours)

JM introduced JB, RL and HE to present the update on Promoting Healthy Behaviours on addictive behaviours, the presentation is an update to the presentation received at the Committee in December 2023.

Research highlighted the cross-Organisational scope of the work and involved four Directorates: Health Protection and Screening; Health and Well Being; Policy and International Health; and the Research, Data and Digital. An assessment was in progress and Directors of Public Health and other system partners had been engaged to collaborate with the work. Discussions with Welsh Government continued on policy and procedure revision areas which included a new national Welsh drug and alcohol strategy.

JB explained the cross-Organisational approach which was adopted to clarify roles within the Organisation for this work. The assessment had given a Wales-wide vision of the different substances used, the harm they caused, and the impact on families and communities. JB informed the Committee this was the area in which the Organisation had no current plan or strategy, but that a cross directorate group had been convened to inform and coordinate internal work. This included the needs assessment and advice/support to local services. The evidence gathered would be presented to Welsh Government to support the development and revision of their strategy, alongside Public Health Wales support.

The Committee agreed that the collaborative method adopted was the best approach for this work and asked if the lived experience of people involved or affected directly was included in the approach. JM informed the Committee they were planning to build that into the work.

The Committee asked whether a timescale should be incorporated into the work to clarify whether the work was considered long term or shorter term and would help visibility to see the work in its entirety.

JM provided the Committee with a timetable for the work:
- Needs Assessment commencing March 2025.

Commented [SMG(5)]: Do we mean that we will be working with Welsh government rather that developing a separate strategy ?

- Needs Assessment by Directors of Public Health in 2025/26.
- Revision of the National Strategy (Welsh Government timetable).
- Revision of Areas Planning Board Guidance (Welsh Government timetable).
- Working with Directors of Public Health setting actions for harm reduction.

The Committee thanked JM and suggested a stronger dialogue with Welsh Government when the work was completed.

The Committee **took assurance** that work had continued to strengthen and build on the use of data, evidence and research to inform Public Health action to maximise the impact of healthy behaviours on population, health and well-being in relation to our Long Term Strategy.

The Committee **noted** the planned work.

KRIC 3.4/2024.09.05	Climate Change Research and Monitoring

The Committee considered an update on the Climate Change research agenda from SA and RM.

In 2023, the Committee considered a Deep Dive in this area which showed the baseline position, a Programme Board was established which provided strategic direction and oversight. RM gave the Committee an update on work following the baseline position.

The work had focussed on four main areas:
- Developing our research agenda
- Collaborating with partners
- Increasing capacity
- Surveillance

It was imperative to ensure that Wales received a proportionate amount of external funding money which was available, whilst noting that Wales has a unique post-industrial landscape which causes environmental concern. The research agenda would ensure a better understanding of health impacts in relation to coal tip safety and other post-industrial remains.

With a long coastline, Wales is home to many coastal communities which are liable to flooding. It was important to identify areas of research which identified impacts on public health within those communities.

A recent finance bid by Exeter University and the UK Health Security Agency resulted in the launch of the Centre for Climate Research. Public Health Wales will work alongside the Centre and note the research this Centre undertakes.

The Organisation had worked strategically with partner Organisations in the four nations, and in collaboration with Public Health Scotland some unique challenges have been identified which closely align in both nations.

Additional funding had been provided and recruitment had commenced for a research coordinator who would focus on collaboration with external funding partners and develop work within the Welsh academic network.

RM noted the work undertaken to develop a public health surveillance system to monitor climate change, which included a climate change surveillance sub-group that would allow for broader co-ordination and action with international partners.

SG thanked RM for the presentation and asked whether Public Health Wales would prepare bids to look into post-industrial climate change research. RM confirmed the aim to work with Public Health Scotland as they have a similar post-industrial landscape for research opportunities.

The Committee also questioned if Public Health Wales would include young people in discussions around climate change work. RM confirmed that work was being undertaken with an external contractor to look into messaging around climate change, and that this would link into work on mental health to address issues of climate anxiety.

SG thanked RM and SA for the update.

KRIC 3.5/2024.09.05	Progress on Implementation of the Research and Evaluation Strategy

IB and EDL provided a 6-month update on the Progress on Implementation of the Research and Evaluation Strategy.

IB noted that an audit had been undertaken on the implementation progress, which provided assurance on the work and included only medium and low-priority actions to improve data flow and recording.

EDL noted the action plan that had been developed by the Research and Evaluation oversight group, and provided updates on the four identified areas:

- Action being taken to strengthening research and evaluation standards included:
  - Audit feedback to ensure that Public Health Wales was tracking impact and process around external research bids. A live research tracker was in development which would monitor all research across Public Health Wales, and would be sent out to heads of service on a quarterly basis for updates.
  - The development of a cross-organisation peer-review group to monitor the process of any external bids Public Health Wales was involved with.
  - The development of best practice standards, which included an Evaluation Community of Practice of 400 members that meet on a quarterly basis to share examples of best practice and strengthen evaluations.
- Capacity for research and evaluation:
  - Work was undertaken with a small cohort of Public Health Wales researchers on the Healthcare Research Wales Personal Development

Awards in October/December 2024 in order to develop their areas of research expertise.
- o A paper was in development alongside Bangor University to look at how to develop PHD opportunities between their Health Sciences school and Public Health Wales.
- o A Memorandum of Understanding had been signed with Swansea University to allow Public Health Wales data analysts to access the Secure Anonymised Information Linkage feasibility database to gain additional research data.
- Partnerships:
  - o Work undertaken to link in with the Wells Innovation Network in order to bring all Higher Education Institutions together to develop a strategy around academic public health.
  - o Four priority area workshops had been undertaken with Cardiff University, with another two to take place in 2025.
  - o Cardiff University had been in contact regarding a UK wider determinants research grant.
- Engagement and Communication:
  - o Work undertaken with Health and Care Research Wales to ensure public involvement and engagement throughout the research process.
  - o Linked with Communications Team to ensure that research and evaluation was present within the development of the website to allow for better dissemination of research.

The Committee questioned if the Evaluation Community of Practice could be opened up to experts from outside Public Health Wales as this would help to bring in additional knowledge and feedback. IB and EDL confirmed that currently outside speakers were invited and agreed on the benefits of external members, but noted that further progress in the internal evaluation process would be required before this.

SG thanked EDL for the update, and the Committee **took assurance** on progress on the implementation of the organisational Research and Evaluation Strategy.

KRIC 3.6/2024.09.05	Cervical Screening Information Management System (CSIMS) Report

SS provided an overview of the work undertaken to review incidents reported from the CSIMS, with a focus on data breaches, data accuracy and reliability, and improvements to be made to the system in the future. SS noted that competing priorities had caused a delay with the report, and that the full report would be brought to the March Committee meeting.
Action: SS

KRIC 3.7/2024.12.05	Managing Risk
KRIC 3.7.1/2024.12.05	Strategic Risk Register

SS introduced the item which provided an overview of Strategic Risk 1 and 2 that fall under the remit of the Committee.

SS noted the Board Development session scheduled for February 2025 that would look at risk appetite within Public Health Wales, and level two risk management training was being conducted with risk handlers.

DG highlighted that there had been no change to the current risk scores since the last reporting period, but that progress had been made with the action plans and controls for these risks. The action plan deadlines had been exceeded, but these were presented to Board in November and revised deadlines had been approved.

DG noted that Executive risk contributors were asked to review the current control systems around these risks and discuss how they could be strengthened, and that this would be completed in preparation for discussion at the Business and Executive Team meeting in December.

The Committee noted that target scores could be added the risks to monitor their progress.

The Committee **considered** updated Strategic Risk 1 and 2 and **took assurance** on the management of risks within the remit of the Committee.

KRIC 3.7.2/2024.12.05	Corporate Risk Register

DG provided an overview of the Corporate Risk Register as reviewed by the Leadership Team. Following on from discussions at Leadership Team, this update included two added risks and the merge of three risks related to DBS checks into one risk. DG also noted the included assessment into how Corporate risks link across to strategic risks in order to more easily see where strategic risks are impacted.

The Committee **considered** the Corporate Risk Register within the Committee's remit and **took assurance** on the management of Corporate risks within the remit of the Committee.

KRIC 3.8/2024.12.05	Bi-annual Summary of Corporate Policies

LB provided an overview of the status of policies and procedures within Public Health Wales under the remit of the committee. LB noted that all policies were currently in date.

The Committee took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

KRIC 4/2024.09.05	Items for Approval
KRIC 4.1/2024.09.05	Minutes, Action Log and Matters Arising of meeting (06 June 2024)

The Committee **approved** the minutes of the 5 September meeting as an accurate record and **approved** the changes made to the action log.

IB provided verbal updates on in-progress actions since the last meeting:

- KRIC 2024/14 (first iteration of Digital and Data strategy portfolio) – IB noted that the portfolio was updated after a Digital and Data Design Authority meeting on 2 December, and that it would be circulated to Committee members after the meeting.
- KIRC 2024/12 – IB presented an overview of the work undertaken with the strategic priority indicator framework, which included the next steps of working with priority leads to develop the framework further by the end of February 2025.

KRIC 4.2/2024.09.05	Policies for approval

There were no policies for approval at this meeting.

KRIC 5/2024.09.05	Items to Note
KRIC 5.1/2024.09.05	Audit Action Log Progress Update

There were no Audit recommendations within the remit of the Committee to report on.

KRIC 5.2/2024.09.05	Audit Reports

There were no audit reports to within the remit of the Committee to discuss.

KRIC 5.3/2024.09.05	Committee Workplan

The Committee noted the work plan, and noted the need to review the agenda for March due to the volume scheduled.

KRIC 7/2024.09.05	Closing Administration

Any other business: None.

The Committee were invited to provide feedback from the meeting via e-mail to LB, including any areas that worked well, and any areas for improvement.

Date of Next Meeting: **4 March 2025.**

The meeting closed at 12:55