Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom	**Sarah Beasley**
	Committee Clerk
Meeting date: 8 February 2024	0300 200 6565
Meeting time: 09.30	SeneddHealth@senedd.wales

Private pre-meeting (09.00 – 09.30)

1 Introductions, apologies, substitutions, and declarations of interest

(09:30)

2 Supporting people with chronic conditions: evidence session with primary and secondary care representatives

(09:30 –10:30) (Pages 1 – 46)

Dr Rowena Christmas, Chair – RCGP Cymru Wales

Royal College of Nursing Wales

Dr Hilary Williams, Vice President for Wales – Royal College of Physicians

Research brief

Paper 1 – RCGP Cymru Wales

Paper 2 – Royal College of Nursing Wales

Paper 3 – Royal College of Physicians

Break (10:30 – 10:45)

3 Supporting people with chronic conditions: evidence session with Allied Health Professionals

(10:45 – 11:45) (Pages 47 – 51)

Dai Davies, Professional Practice Lead for Wales – Royal College of Occupational Therapists

Calum Higgins, Public Affairs and Policy Manager Wales - Chartered Society of Physiotherapy

Paper 4 - Royal College of Occupational Therapists
Paper 5 - Chartered Society of Physiotherapy

4 Paper(s) to note

(11:45)

4.1 Update from the Deputy Minister for Mental Health and Wellbeing to the Chair regarding the Welsh Government's response to the Committee's report: Connecting the dots: tackling mental health inequalities in Wales

(Pages 52 - 112)

5 Motion under Standing Orders 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of today's meeting and for the meeting on 28 February 2024

(11.45)

6 Supporting people with chronic conditions: consideration of evidence

(11:45 - 12:00)

7 Prevention of ill health - obesity: scoping paper

(12:00 -12:20) (Pages 113 - 116)

Paper 6 - Scoping paper

8 Procedures for the scrutiny of legislation relating to the United Kingdom Internal Market Act 2020 (UKIMA)

(12.20-12.30) (Pages 117 - 151)

Paper 7 - United Kingdom Internal Market Act 2020 (UKIMA)

Agenda Item 2

Document is Restricted

RCGP Cymru Wales written evidence on Supporting those with Chronic Conditions

RCGP notes both the increasing numbers of people with chronic conditions and its impact on general practice. A 2019 UK wide press release by the College noted: "*the number of people with a single chronic condition increased by 4%, and with multiple chronic conditions by 8% per year between 2003-04 and 2015-16, and that patients with long-term conditions account for around 50% of all GP appointments,"*[1] while in the same press release, former UK Cahir Helen Stokes-Lampard explained: "*It is abundantly clear that the standard 10-minute appointment is unfit for purpose. It's increasingly rare for a patient to present with a just single health condition and we cannot deal with this adequately in 10 minutes*,"

Four years on from this press release and our Welsh members echo similar concerns. Members are worried about not being able to provide adequate care in the short time they get to see a patient. It is challenging in the current climate to build relationships with patients that would lead to building a full picture of their health needs.

One member states: *'Whenever I do get to spend a bit longer with a patient and really take the time to hear all their concerns, they are so grateful, they say 'thank you for listening, thank you for not only focussing on one thing' of course I should be able to do this with every patient that needs it, but 10 minutes is not long enough."*

Another member comments: *"We should be able to help patients manage their conditions but as the patient knows time is short, they are more likely to want to talk about whatever acute problem has prompted the visit than their chronic issues which they are getting by with.'*

The issues identified by members are twofold, the short time allotted to each patient does not lend itself to building a full picture of a patient with one or more chronic conditions needs.

In addition, patients are not able to manage their conditions effectively enough to take steps to improve their health, which is possible with certain conditions such as asthma, type 2 diabetes and certain chronic pain conditions. This could be improved with educational programmes, community services and GPs having the time and resources to promote well-being rather than simply treat sickness.

Evidence states that patients who have greater levels of health literacy are less likely to rely on health services. Therefore, the more knowledge a population has the more time 'freed-up' for GPs. The quality of life of patients with chronic conditions is also improved with greater access to health resources. [2]

[1] The Guardian, 2019

[2] Pourselami et al, Priorities for Action: Recommendations from an international roundtable on health literacy and chronic disease management , Health promotion international, 2016

In the College's 2021 report The Power of Relationships, both patients and GPs gave accounts of a string doctor-patient relationship paving the back to health for patients with chronic conditions.

Former College chair Dr Martin Marshall stated how he was able to identify that a patient with type 2 diabetes was unable to regain health due to his living situation:

"*I learnt that he and his family lived in a grossly overcrowded apartment with no kitchen. He used to eat all of his meals in one of East London's many fried chicken shops. Mohammed found the food enjoyable, cheap and filling and didn't initially show much inclination to change his lifestyle. Over 2-3 years I worked with other members of our team and with social workers to get him rehoused, to join a job club, to start exercising in the local gym and to attend a cooking course with his wife. He confided to me that he wouldn't have done any of this if I hadn't suggested that he might benefit, if he hadn't trusted me and if I hadn't supported him*"[3]

Another case study in The Power of Relationships saw a patient reduce his long-term medication for asthma due to building a rapport with a 'fantastic' GP:

"*We always talked openly and honestly about things like test results, in language I could understand, and I felt he did all he could to level up the power dynamics in our relationship. This enabled us to explore various treatment or health options, as well as lifestyle changes that could support a reduction in my medication. He would josh, challenge and cajole but always encourage me on my journey to better self-management of my health. And slowly, notwithstanding occasional lapses, I did change my lifestyle. And together he celebrated both my little and sometimes bigger successes. Through it all, he was there for me*."[4]

Both of the above cases involved lifestyle advice which is easily accessible and widely known however it was through the support of the GP that the two mentions mentioned were able to find their way back to, not just effectively manage their condition, but to better health than they had experienced in many years.

An estimated 800,000 people in Wales suffer with a chronic health condition and that number is growing. [5] It is clear that putting relationship-based care back at the heart of primary care could restore many of these people back to good health.

For this reason, RCGP Cymru Wales echoes the calls of the College in England and ask the committee to recommend that Welsh Government:

- Ensure relationship-based care is fully integrated within medical curricula and teaching.
- Ensures there are enough GPs to meet rising demand;
- Makes relationship-based care a national priority in primary care;
- Develops IT infrastructure to support relational care and continuity;
- Frees up staff time for patient care.
- Incentivises relationship-based care
- Engages and inform patients about getting the care they need

[3] RCGP, The Power of Relationships, 2021
[4] RCGP, The Power of Relationships, 2021
[5] Audit Wales 2014

The full report and the expanded version of these points can be found here

In addition to these calls RCGP Cymru Wales asks for further investment in the improvement of health literacy for the public at large, and in particular, those living in more deprived areas.

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

Royal College of Nursing
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

Helen Whyley, RN, MA
Director, RCN Wales

25 May 2023

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

Dear Chair

I am writing in response to the Health and Social Care Committee inquiry into supporting people with chronic conditions.

The Royal College of Nursing (RCN) Wales would welcome the opportunity to provide oral evidence to this inquiry to demonstrate the value and importance of chronic condition nurses.

Chronic condition nurse practitioners can help patients prevent and manage chronic illnesses by providing them with a more comprehensive understanding of their conditions and the tools they can employ to take control of their own health. This can take the form of information on healthy lifestyle choices like nutrition and exercise or advice on managing prescription regimens and monitoring symptoms.

Nurses assist patients with integrating chronic illness management into their daily lives, coordinating care among health care providers, ensuring that patients receive necessary medical treatments and follow-up care, and aiding them in navigating the health care system by making appointments, ordering tests, and filling prescriptions.

Continued…

Nurse also support patients in dealing with the emotional and psychological impacts of their chronic illnesses. They can offer their patients assistance and counselling to help them cope with the physical restrictions and mental health issues that often accompany chronic illnesses, connect them with support groups, and refer them to mental health experts.

In addition to chronic condition nurses' other nurses such as general practice nurses, learning disability nurses, and community nurses are often the first source of information and support for patients and therefore also play a key role in supporting patients with chronic conditions.

The Health and Social Care Committee have big ambition in setting out such a broad and important set of items in the terms of reference for this inquiry. However, because of the ambitious nature of the inquiry, RCN Wales feels unable to provide the comprehensive response that is necessary to truly reflect the importance of nursing in supporting people with chronic conditions. RCN Wales would welcome an insight into the direction of this inquiry and refining the Terms of Reference.

Nurses are present at every stage of an individual's life and provide the continuity of care needed when supporting an individual with a chronic conditions. The nursing workforce is well placed to educate, promote independence and self-sufficiency, monitor deterioration and providing intervention when necessary.

The nursing workforce works across secondary, primary and community settings, social care, and within criminal justice services. They cover a wide range of roles, including, neonatal nurses, paediatric nurses, children and adolescent mental health nurses, substance misuse nurses, community nurses, specialist nurses such as Diabetes nurses and stroke nurses, critical care nurses, and palliative care nurses. To put it simply, the nursing profession supports people from cradle to grave.

I have attached three papers that truly highlight the importance of nurses in supporting people with chronic conditions.

- Mental Health Nursing: A profession that must be valued (2023)
- Learning Disability Nursing (2022)
- Community nursing Teams: The role of the District Nurse and Community Children Nurses (2021)

Continued…

I look forward to hearing more as this committee's work progresses into stage two of the inquiry. If RCN Wales can be of assistance or support, please do get in touch.

Kind regards,

Your sincerely

HELEN WHYLEY, RN, MA
DIRECTOR, RCN WALES

Consultation response

Senedd inquiry into supporting people with chronic conditions

May 2023

Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

Senedd inquiry into supporting people with chronic conditions

RCP Cymru Wales consultation response

Sent on behalf of:
Dr Olwen Williams OBE
Vice president for Wales
Royal College of Physicians

For more information, please contact:
Lowri Jackson
Head of policy and campaigns (Wales and Northern Ireland)
Royal College of Physicians
[redacted]

SeneddHealth@senedd.wales

25 May 2023

Supporting people with chronic conditions

The Royal College of Physicians (RCP) welcomes the opportunity to submit evidence to the Senedd health and social care committee inquiry into supporting people with chronic conditions. We would like to especially thank the frailty team at Bronglais hospital in Aberystwyth for their invaluable input into this response.

We would be very happy to organise a focus group with RCP fellows and members (including consultant physicians, trainees, specialty and specialist doctors and physician associates) during the next evidence gathering stage of this Senedd committee inquiry.

From page 7 of this response, we have included a variety of case studies that demonstrate good practice in treating and managing chronic conditions, especially in the community. On pages 24–27, we have set out some examples of cross-sector working in action where projects across Wales are supporting those living with chronic conditions and helping to reduce health inequalities. Other papers the committee may want to consider include:

- Under pressure: Collaboration, innovation and new models of integrated care in Wales. RCP, April 2023.
- Driving change together: Establishing the new NHS Wales Executive with a collaborative approach. RCP, April 2023.
- Cancer care at the front door: the future of acute oncology in Wales. RCP, January 2023.
- Our call for a poverty action plan to fight health inequalities. RCP, December 2022.

For a full selection of our reports, case studies and publications, please visit the RCP website.

Background

Healthcare systems, medical education and research worldwide are traditionally designed to deliver care for individual diseases. However, more and more people are living with multiple chronic conditions. Existing health systems are often fragmented, siloed and too often, responsible for exacerbating existing inequalities in access to prevention, diagnostics, treatment, and long-term support for chronic conditions. The term may be over-used, but there is genuinely a postcode lottery for many patients in Wales.

> *People with diabetes are twice as likely to have depression, nine in ten dementia patients have another long-term condition, and half of people with a heart or lung condition have musculoskeletal disorders such as back pain.* – UK government

Almost half (46%) of adults in Wales are living with a longstanding illness, and a third (33%) are living with a limiting longstanding illness. Adults in the most deprived areas of Wales are more likely to report longstanding illness / limiting longstanding illness.

This puts huge pressure on the Welsh NHS, social services and the third sector: for years we have been talking about shifting resource from treating disease to preventing disease, but so far, change has happened too slowly. During this inquiry, we would like the Senedd committee to consider cross-cutting themes including:

- The impact of chronic conditions on **mental health** and wellbeing.
- The health and care **workforce** (recruitment, retention, skills and new ways of working).
- The role of the **NHS Wales Executive** and the new strategic clinical networks.
- The impact of chronic conditions on widening **health inequalities**.
- The need for effective **third sector** involvement as design and delivery partners.
- The importance of building trust with **hard-to-reach groups** through co-production.
- The need for better **evidence and data**-driven decision making.
- The importance of **targeted intervention** to improve quality of access and outcomes.
- The role of collaboration, partnership working, **patient education** and signposting.

Ultimately, services should be designed around the patient, not their chronic condition.

We therefore welcome this inquiry into supporting people with chronic conditions and we ask the committee to consider the following key themes and issues.

Key themes and issues

NHS and social care services

The readiness of local NHS and social care services to treat people with chronic conditions within the community.

- **Integrated** (joined up) models of care, with hospital admission avoidance as default.
- **Workforce** planning to match patient demand.
- **Data** collection and analysis.
- **Communication** between professional groups and with the patient.
- **Prevention** of ill health through targeted interventions.
- **Training**, education and support for community-based professionals.

Example recommendations

- Ensure the new NHS Wales Executive and strategic clinical network avoid falling into condition-specific areas and silo working; develop cross-network approach from the off.
- Improve integrated working and communication between social services and acute care.
- Ensure effective joint working between primary, community and hospital care clinicians.
- Develop co-located services and teams which encourage closer working.
- Invest in early social worker/primary care intervention (hospital admission avoidance).
- Take a home first approach where possible; keep people at home for as long as possible.
- Develop delirium management protocols in the community.
- Invest in day centre care which supports informal/family carers at home for longer.
- Recruit more clinical nurse specialists to work in the community.
- Invest in anaemia services.
- Develop a consistent approach to effective advance care planning for people living in residential and nursing homes. This would prevent unnecessary admissions.
- Develop a clearer framework for proactive progression planning for people needing to move from residential to nursing placements.
- Ensure equity of provision of community services, avoiding a postcode lottery.
- Ensure that residential/nursing places especially for people living with dementia are mapped to projections of need.
- Develop structured career pathways and progression for carers in the community. This should include high quality training across both the public and private sectors.
- Invest in training, education and support for carers in the community (who should be treated with the same importance as those working in a hospital setting), district nurses, and informal carers.

Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.

- **Rural** and remote access, including transport issues.
- **Digital** health, technology and IT, including connectivity issues.
- **Language** barriers, especially Welsh provision of healthcare.
- **Sensory** or cognitive impairment, especially in older people or those with ALN.

Example recommendations

- Consider the accessibility and relevance of patient self-management programmes for some groups, including people living with cognitive impairment.
- Recognise there may be barriers due to sensory impairment or language preference (including Welsh).
- Address digital health inequalities caused by a lack of technology expertise/equipment.
- Recognise that people living with cognitive impairments or those with challenging behaviour are often poorly served by community services and hospital can end up being the default option, despite being the wrong setting for care in many cases.

'Trust – whether building it, rebuilding it, or sustaining it – is vital, particularly as we strive to improve access to health services for people in our most underserved communities. [One workshop participant] told us that she had received a bowel cancer screening kit in the post and thrown it out, unsure what to do with it or why it was important. After our workshop, with information delivered from a trusted source, in a safe environment, she was ready to order a new kit for herself and share this with members of the community too. This is the difference between equality and equity. We are technically giving people the same access to services (equality), in this case by posting everyone a home bowel cancer screening kit. But differential levels of trust, knowledge and confidence in healthcare prevent people from taking those services up. Focusing on these gaps through authentic partnership in health education and literacy will enable eventual equity of access to NHS services.' – Abeyratne and Amer-Sharif, 2023

Support available to enable effective self-management where appropriate, including mental health support.

- The role of the **third sector** in both the design *and* delivery of services.

Example recommendations

- Consider how 111 could contribute to the frailty/chronic conditions pathway.
- Consider how older people could be supported to live well in the community through student volunteer schemes, schools programmes, be-friending schemes.

Multiple conditions

The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.

- **Information** (eg patient held records, patient information and empowerment)
- **Communication** systems (joined up software, functioning hardware, data)

Example recommendations

- Develop and roll out comprehensive geriatric assessment, frailty standards and guidelines nationally.
- Introduce a patient-held booklet akin to the 'red book' in paediatrics.
- Accept acute care professionals as trusted assessors for social services assessments.
- Streamline referral processes eg develop a once-for-all referral form.

- Improve advance care planning in nursing homes. Have the conversation earlier.
- Raise awareness around power of attorney arrangements and capacity assessments.

The interaction between mental health conditions and long-term physical health conditions.

- Improve the sharing of information and joint working arrangements.
- Recognise that mental health conditions are poorly recognised/managed which often leads to unnecessary hospital admissions.

Impact of additional factors

The extent to which services will have the capacity to meet future demand with an ageing population.

- **Workforce** planning, training, skills and professional development.

Example recommendations

- Plan the workforce against forecasted patient demand, especially in older people.
- Recognise the risk associated with having fewer people both in work and available to provide informal care.
- Improve working conditions for those working in care to increase the workforce.
- Consider how people who leave work to care for relatives can be supported financially.

Prevention and lifestyle

Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating).

- **Community** investment in staff and MDT approaches.
- Shift in resources **away from hospital** sites.
- **Targeted support** and early intervention.

Example recommendations

- Improve multidisciplinary team working in the community (see Borth integrated care).
- Invest in more frailty nurses, especially in the community
- Take proactive steps to educate younger adults on the importance of aging well.
- Raise awareness of power of attorney and best interests – (Links with advanced care planning) and understanding of capacity assessments.
- Take a proactive approach to social prescribing (see Cwm Taf Morgannwg service).

Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking etc); and to address inequalities and barriers faced by certain groups.

- Invest in community exercise and healthy eating programmes.
- Build on the success of the national exercise referral scheme; develop and invest in local authority and third sector services, eg Red Cross support schemes.

Case study 1: Intermediate care in Carmarthenshire

'People want to come and work where they are empowered to innovate'

We call ourselves the cavalry in the community. We are an intermediate care team, with a GP, advanced nurse practitioners, physician associates, therapists, social workers, the third sector and Delta Wellbeing, which is a local authority trading company, wholly owned by Carmarthenshire County Council. Our sole purpose is to help patients get home, which might mean admission prevention or speedier discharge.

Across Carmarthenshire, our three community resource teams and intermediate care hub provide a range of health and care services particularly for older, frail and vulnerable people. The model takes a multi-agency approach including more seamless working between health and social care, along with other agencies and the 3rd sector working together in each locality. The priority is on prevention and early intervention. For patients with chronic conditions or who need end-of-life care, people can access community hubs for a range of assessments, advice, support and treatments, or the team can go out to visit people in their homes.

We are a Carmarthenshire service which means that Hywel Dda patients in Ceredigion or Pembrokeshire don't have access to these services. We try to work across local authority boundaries to standardise pathways and ways of working, but that's a work in progress.

We're the only place in Wales working like this. As an intermediate care team, we work across four pillars of care: reablement (helping the patient to become independent again), crisis response (when a patient in the community could be intercepted before arriving at the hospital front door), home based (when a patient needs a bit of extra support) and bed based (when a patient doesn't need an acute hospital bed, but isn't well enough to go home). The key thing is that there's a single access point, a one-stop shop where we are all co-located and able to flex our response based on patient need.

We were contacted when the hospital was in black alert and asked to do whatever we could to get people out of hospital. We can no longer work in silos: we need to work together, be in the same place so we can avoid scrambling around the same group of patients. If we're all working to different referral lists, we spread our energies and resources very thinly. So, we centralised all of the referrals for discharge, and we aim to turn people around in 72 hours. We're hitting that target in about 86% of cases. There's a lot of joint working and shared learning. We blur professional boundaries and ask how we could work differently within our competencies. Ultimately, it's about the discharge to assess model: if we can evaluate a person in their home environment, we can make the best decisions with them about their care. Because we are a multi-agency team, we can move the patient easily between the four pillars of care, depending on how they improve or deteriorate from day to day.

We work closely with the acute frailty team in the hospital to prevent admissions. And we've recently begun an ambulance pilot: one of our paramedics, based in our office, will pick patients off the 999 stack, ring them, make a clinical assessment and decide whether our crisis response team would be a more appropriate intervention. Perhaps they need some extra equipment – then we send in a therapist straight away. It's fantastic. We're making a big impact: of the 640 patients we've triaged in the past 3 months, we prevented 65% of them from coming to the

hospital. Where we can keep a patient at home, we can send the ambulance to more serious medical emergencies. It's magic.

The co-location of services in an open plan office means that our paramedics can talk to our physiotherapists when an ambulance call comes in – they can avoid unnecessary interventions. If we weren't in the same space, those ad-hoc conversations wouldn't necessarily happen.

Unfortunately, we can't support the patients who are waiting for long-term care packages at present. That's the real challenge: if we can't solve the problem of social care capacity, patient flow through our service becomes blocked. Our vision is that all patients should be discharged home to assess, so that we can better support the patient in their own home.

The funding is all temporary too; we're asking the health board to recruit members of staff with regional integration fund monies, but that puts the organisation at financial risk in the long term. We work Monday to Friday, 8am–5pm, but everyone puts in extra unpaid hours, staying late, dropping equipment on their way home… We'd like to extend our hours. In an ideal world, we'd run a 24/7 service.

There's an appetite among health and care professionals to work in intermediate care. We have no problems recruiting. It's exciting; people want to come and work where they are empowered to innovate. We know that there are growing health inequalities, and access to healthcare services can differ depending on which day of the week you get ill. It's uncomfortable for us.

There's a lot of educating others and raising awareness that we can do in the acute setting. We go into the hospital to sit with our colleagues and go through their caseloads with them, trying to get people home that day. Often, if you don't work in the community, you don't know what's out there. You might think that there's only one solution – social worker referral. But it doesn't have to be statutory services all the time. We want to empower our acute colleagues to think differently and trust in community care again.

Basically, we decided to think differently, to combine forces and make change. There's nervousness in the team about the winter to come, but definitely a sense that we're stronger together. If we're pooling our resources, we're working smarter and better together. We want to be close to the hospital and to our community resource teams by upskilling our staff and sharing knowledge. We're hoping to bridge the gap between acute and community care and break down those walls. It's the right thing to do for the patient and for the health and care system.

Indeg Jameson
Carmarthenshire community lead for physiotherapy

Dr Sioned Richards
GP lead, Carmarthenshire intermediate care
Hywel Dda University Health Board

*This case study is taken from **Thinking outside the box** (RCP, 2022).*

Case study 2: A patient passport in app form

'When you're a patient who repeatedly arrives in the emergency department with the same kind of crisis, you usually know what needs to be done'

I'm a congenital heart patient who receives most of my planned specialist care in England, but any emergency care in north Wales. I had three open heart surgeries as a child, and several cardiac ablations since. After one very complicated ablation in 2018, I was transferred to ICU, intubated and monitored for five days. I can't quite piece together all the events, but I do remember waking up, very briefly, to a large group of medics around my bed. I don't know how but I managed to communicate that I had previously suffered endocarditis and septic shock and that they need to give me benzylpenicillin. Within minutes I was asleep again due to the anaesthetic medication I was prescribed. A few days later, I was certain the PICC line was brewing an infection. The first nurse I spoke to didn't take me too seriously, but I didn't give up, and persuaded an anaesthetist to replace the line for me. I really had to advocate hard that time.

I know my body; I know my condition. When you're a patient who repeatedly arrives in the emergency department with the same kind of crisis, you usually know what needs to be done. Of course, there are pathways, and people must be triaged, but only once in two years can I remember someone saying, 'let's cut out the unnecessary conversations and call in a cardiologist.' Sometimes it feels like there's a real lack of decision-making or initiative; as experienced as clinicians are in smaller hospitals, they don't often see very complex patients or people living with a rare disease.

Lowri Smith
Patient advocate

'Our app would enable the most complex patients to share accurate up-to-date information easily and quickly with clinicians at the front door'

The aim of our Bevan Exemplar project is to design a patient passport in app form, with relevant information about particularly complex patients and their conditions. Information could be uploaded by the patient themselves and by their clinical team or anyone involved in their care. It would be particularly useful for patients who travel between different organisations for their care.

We're still so dependent on paper notes. Even within the health board it can take time to get the notes around previous admissions and discharge letters when a patient is admitted to hospital. The idea is that patients would carry this information wherever they go; they could send the information to other teams via email so that anyone could access the files.

There's not much out there that's similar. We only found 12 studies into patient passports or patient owned health records or patient owned care since 2000. And they weren't particularly relevant – a lot of them were intended as patient information guides, and very few were patient-specific. There was one paediatric asthma study from New York, but it was very small. On the whole, the results were positive, but it was criticised for being on paper, which stresses the importance of this being an app. In an emergency people could easily forget a folder, but they're unlikely to forget their phone. We did find out recently that the personal child health record (or 'red book') is now available as an app in London, which makes a lot of sense.

Our app would enable the most complex patients to share accurate up-to-date information easily and quickly with clinicians at the front door, giving a detailed medical history, condition-specific advice and contact details for their specialist team, as well as reassuring the treating doctor that it's completely fine to ring the specialist team for advice.

Dr Katie Ward
Internal medicine trainee
Betsi Cadwaladr University Health Board

*This case study is taken from **Positives from the pandemic** (RCP, 2022).*

Case study 3: Community medicine in Torfaen

'I cannot emphasise enough the importance of continuous support and investment'

Our team consists of a consultant geriatrician, specialty doctor, a geriatric trainee registrar and specialist nurses who administer IV treatments, independently review patients, and undertake comprehensive geriatric assessments. Torfaen CRT provides medical care to patients at home, and can administer blood or iron infusions, historically considered secondary care interventions. Additionally, we hold community hospital beds to facilitate direct admission and completely bypass unnecessary acute admissions for frail patients.

We saw a reduction in referral rates at the start of the pandemic in comparison with previous years. However, once the rate of hospital-acquired COVID cases began to rise, CRT referrals gradually increased. Complex and acutely unwell patients who were not suitable for community-based care would refuse hospital admission, as visits from their loved ones were prohibited. We cared for many of our frail patients with COVID-19 in the community and provided information to patients and their relatives to increase their understanding of COVID-19 and its treatment, including intravenous fluids, oral or intravenous antibiotics, and oral steroids. Some patients were assessed and started on home oxygen.

The outcomes of patients with COVID-19 infection, managed in the community under our team, have recently been published. Social and healthcare teams working together, a framework to structure a multidisciplinary approach and an attitude to change our ways of working will be key for better outcomes in future.

I cannot emphasise enough the importance of continuous support and investment. We face so many barriers when we seek extra funding, yet with even limited resources we are still expected to produce significant patient outcomes. Because we are a multidisciplinary team, the money needs to be fairly distributed across health and social care.

Dr Priya Fernando
Consultant in geriatric medicine
Torfaen Community Resource Team
Aneurin Bevan University Health Board

*This case study is taken from **No place like home** (RCP, 2022).*

The full version of this article first appeared in the RCP's membership magazine, Commentary, in September 2021 and can be accessed online.

Case study 4: Acute care in Neath Port Talbot

'The solution to unscheduled care pressures lies in the community'

The Neath Port Talbot Acute Clinical Team (ACT) aims to improve patient care, prevent avoidable hospital admissions, and expedite discharge from acute hospitals. The team is part of the community resource team (CRT) and works closely with GPs and other health and social care professionals to manage a case load of complex and often acutely unwell patients using a comprehensive geriatric assessment (CGA) model. The service was set up in 2005 and serves a population of about 150,000. We interviewed Dr Adenwalla during the winter of 2020–21.

The team is nurse practitioner-led and operates 7 days a week until 10pm. A consultant geriatrician holds clinical responsibility for patients on the case load with support from a colleague 1 day a week. We accept referrals from all health professionals from primary and secondary care and aim to see patients the day they are referred, including weekends. We accept direct referrals from paramedics and have undertaken a successful pilot with the Welsh Ambulance Services NHS Trust (WAST), which enabled us to have direct access to the ambulance stack. This has led to the team undergoing training delivered by WAST in the use of the Physician Triage Assessment and Streaming Service (PTAS).

Our caseload is around 30 patients on any given day. We see about 1,200 new patients every year. The team always goes the extra mile, which is the only way to keep the service going and to meet the increasing demand in the community. During the second wave of the pandemic, the team worked with district nurses, long-term care teams, GPs and volunteers to look after patients in several care homes where the majority of the residents were infected with COVID-19. During this time, we provided specific medical treatments that included oxygen, IV antibiotics and fluids, anticoagulation, steroids, and end-of-life care. This prevented a significant number of inappropriate hospital admissions and provided better care for our patients.

Hospitals are firefighting. We have no long-term solution to look after our ageing population, and pressures that once caused a winter crisis have become a year-round problem. We need a national approach to care for our frail, older people – not a sticking plaster exercise that is carried out every winter. The impression seems to be that the answer to unscheduled care is about managing the front door of the hospital and the discharge process. I strongly feel that the solution to unscheduled care pressures lies in the community.

Most of the frail older population is in the community, especially in our care homes. GPs need support from secondary care specialists and the wider multidisciplinary team to provide the right care to the right person at the right time – but to do this, hospital at home teams need to be adequately resourced. Care home medicine is not simple; it's actually very complex. If our services were scaled up across our health board, we could look after 100–120 patients in the community. That would be equivalent to four or five medical inpatient wards and would have a significant impact on unscheduled care. The Welsh government need to make this a priority. It's very frustrating because there's so much rhetoric around improving care in the community, but the resource does not seem to follow.

A year later, we interviewed Dr Adenwalla again.

Our team had a very difficult time both emotionally and physically during the second wave of COVID-19. Care homes and our communities were badly affected. At one point, we were told that staff would be co-opted into working at the field hospital. We were rushed off our feet and, in the end, we were so busy in the community that moving us to the field hospital would have resulted in a large number of hospital admissions. In some ways, the experience has strengthened the team and reinforced the bonds between us.

Once we have completed our training in PTAS, we hope to gain access to the ambulance stack. This will enable us to take appropriate patients off the stack and prevent a paramedic visit and an admission. But it will take addition resource to undertake this in a consistent manner, while also completing the rest of our work. Virtual wards are being set up in all our GP clusters and, once established, will be able to provide comprehensive multidisciplinary care to the frail older population and to those with chronic disease.

Dr Firdaus Adenwalla, consultant geriatrician
Mrs Annette Davies, lead advanced nurse practitioner
Neath Port Talbot Acute Clinical Team
Swansea Bay University Health Board

*This case study is taken from **No place like home** (RCP, 2022).*

Case study 5: Avoiding admission in Bridgend

'People shouldn't be admitted to hospital simply because there is no alternative'

The Bridgend Acute Clinical Team (ACT) offers acute medical support and interventions for patients who are clinically stable enough to be treated at home. The ACT also supports older people with frailty who require urgent comprehensive geriatric assessment (CGA), multidisciplinary support or crisis intervention at home. The aim is to improve patient care and avoid hospital admission where possible. Referrals are accepted 365 days a year. We interviewed Thomas during the winter of 2020–21.

Our clinical practitioners and nurses can organise IV antibiotics, fluid replacement, undertake regular observations and diagnostic tests at home. This can speed up the hospital discharge process or avoid an admission altogether. If a patient deteriorates at home, the ACT can talk through the options and help them decide whether going into hospital is the right choice. An early referral from a GP means we can go out to people's homes and assess their needs before they reach crisis point.

Our consultant physicians are with us every morning under normal circumstances, and we'll do a 'virtual' ward round. If we need them to go out and see patients, they'll come with us. This was interrupted by the pandemic because the consultants were working on COVID-19 wards. We used technology to do our virtual ward rounds with them, but it was difficult. For some people in crisis, remote consultation doesn't work very well. They're often frail, perhaps with hearing impairments. It's important that we get out to see those patients in person.

Our service has proved extremely resilient. We had a major dip in activity during the first wave because we weren't receiving as many referrals. We kept ourselves busy by supporting district nurses and organising PPE for community services. We swabbed a lot of patients in the community for COVID-19 before a dedicated team was set up. But we are now as busy as we were before the pandemic.

We've worked very hard to build our relationships, particularly with GPs. We are also very well-integrated with health and social care; some staff in the team are employed by the health board, while others are employed by the local authority. Others are employed by the health board but funded by the local authority. The organisations locally have worked very closely together. It is more than co-location; it works well because everyone is engaged and signed up to it. I've been very lucky with the leadership that we've got here. We're also very good at supporting our staff and helping them to reflect on their practice.

Our data collection is excellent. We can prove that we're making a real difference: the ACT is estimated to avoid around 3,800 hospital bed days each year. People shouldn't be admitted to hospital simply because there is no alternative. We need more people on the ground – staff who can assess patients and make clinical decisions in the community. Ultimately, there is no other way of getting around it: if we're going to do more work, then we need more staff.

A year later, we interviewed Thomas again.

Last winter was very, very challenging. At one point, most of the team was off sick or isolating. I worked 3 weeks of long days over Christmas to keep our existing caseload ticking over. We

made a lot of sacrifices. The service didn't collapse, and we didn't send anyone into hospital, but we certainly couldn't take on any new patients.

By February 2021, the unmet need was beginning to kick in again and we were hit with a secondary wave of all those people who had been getting quietly unwell at home. Some of our staff were suffering with fatigue, and were struggling to concentrate.

We've been asked to do extra work this winter: new facilities, new pathways. We've agreed to take it on, but the reality is that we don't have any more resources to do this. It's frustrating because we're doing very good-quality work. But when we're busy, our lead time increases, and it can take us up to a week to respond to an urgent case. Our colleagues are generally understanding, but we worry that people will start to lose the faith and stop referring to us.

When our staff numbers are low, hospital admissions rise. I feel like I'm fighting to maintain the service when we should be growing the team, which is frustrating. Hospital services continue to be the rich relation when it comes to prioritising resources.

Our winter plans are fragile. We're tired and under pressure. We need more staff, but when we recruit, we simply take from other existing teams, so it's robbing Peter to pay Paul. We need to train more doctors and nurses. It's only going to get worse.

Thomas Barton, lead advanced nurse practitioner
Acute Clinical Team, Bridgend Community Resource Team
Cwm Taf Morgannwg University Health Board

*This case study is taken from **No place like home** (RCP, 2022).*

Case study 6: The junior doctor perspective

'Working in community medicine teaches pragmatic decision-making and improves patient-centred care'

At the time of writing, Dr Richard Gilpin was a specialist registrar in geriatric and general medicine in Cardiff and Vale University Health Board. When the pandemic began, he was working in a community resource team in south-east Wales.

Like most geriatric trainees, I completed a 6-month rotation with a community team. Mine was a unique experience, starting in February 2020 at the start of the pandemic. As a doctor who has always worked within the four walls of a hospital, two aspects of my new role struck me immediately. Firstly, the tests and advice you are used to aren't immediately available – the idea of 'quickly adding on a blood test' is impossible. Secondly, we were very conspicuous. Passers-by would take photographs of us in full PPE entering a patient's house at the start of the pandemic. The role teaches you to rely on clinical acumen, pragmatic decision-making and patient-centred care.

I certainly dealt with a greater number of critically unwell patients than the team would usually manage because of the pandemic. Many patients and families were scared that hospitalisation would result in harm from COVID-19 – which was a real possibility at the time. When a frail patient is admitted via the emergency department, we ask a list of questions about their function and social circumstances. The doctor will end up with a superficial idea of how the patient is at home, with the understandable errors and omissions. It is impossible to deliver the care we would wish to deliver when the patient is in a hospital gown and on a hospital trolley at 2am.

However, you can instantly understand a patient's lifestyle when you are in their home. We saw one patient following two admissions with diarrhoea and a normal CT scan and colonoscopy. Her symptoms would improve in hospital and she would be discharged. Her fridge had out-of-date and rotting food in it, and we fixed her diarrhoea by sorting out her meals. For many patients, a comprehensive review in the community would have been the only way to truly understand the underlying issues.

Strangely, although I expected to feel isolated, this was far from the reality. Managing a caseload of up to 30 patients via a 'virtual ward' required regular and detailed conversation through morning board rounds, afternoon catch-ups and close liaison throughout the day. Although I am indebted to the senior doctors for their guidance and support, I learned most from the dedicated and enthusiastic nurse practitioners, who brought together their experience and clinical knowledge with clear, pragmatic decision-making.

A successful community resource team relies on several factors: the right staff, rapid access to the right diagnostics and interventions, and the right education and training.

Dr Richard Gilpin
Specialist registrar in geriatric and general medicine
(Now a consultant physician)

*This case study is taken from **No place like home** (RCP, 2022).*

Case study 7: Multidisciplinary working in north Wales

'**The crucial thing is building those relationships, especially with social care'**

The North Denbighshire Enhanced Care Service (ECS) works with GP practices to deliver enhanced care to a population of around 59,000 in north Wales. The multidisciplinary, multi-agency team provides 'step-up' (patients admitted to ECS by GPs) and 'step-down' (patients discharged early from acute and community hospitals) care to individuals with increased medical needs in their own homes.

Ours was the first service of its kind in north Wales. The team is made up of nurse practitioners, a physiotherapist, an occupational therapist, a social worker and healthcare support workers, supported by an administrator. We sit in the community resource team: patients remain under the care of their GP, and a consultant geriatrician from Ysbyty Glan Clwyd is directly available for advice and to assess patients at home when required.

It's a very broad, multidisciplinary, multi-agency team that treats around 285 patients a year, 95% of whom are stepped-up to prevent hospital admission. We estimate that this saves more than 3,000 acute hospital bed days annually. The team meets virtually now; remote working has allowed more people from across health, social care and the third sector to be involved, which is great. We consider ourselves a 'virtual ward'. Patients are at home, but we can request urgent diagnostics: CT scans, ultrasounds, blood tests and so on. We can also pull in expertise from other specialties, including respiratory medicine, psychiatry and palliative care. The whole team works well – we get things done. The crucial thing is building those relationships, especially with social care.

Unfortunately, due to the pandemic, our social care colleagues are all working from home. We miss the day-to-day interaction with social care – it can be very frustrating. Many of us have looked at our working practice and considered how to use our time and resources more efficiently. As clinicians, we've quickly learned how to make clinical judgements based on virtual technology. It was a steep learning curve.

Initially we struggled to access PPE and community testing for COVID-19. The emphasis was very much on the acute hospital setting. It took a long time for people to realise that patients on the virtual ward should have the same access to tests as inpatients. Now we have COVID-19 patients receiving step-down care following discharge from hospital. It has been challenging, but the healthcare staff who go into people's homes have done an incredibly brave job.

Our therapy teams have been under-staffed in the community for some time. We're covering a big geographical area and we can't give patients the intensive service they would receive if they were in a hospital. Despite all the challenges, the team still provides remarkable care. We won a health board achievement award in 2016 for quality in primary care, and we get so much positive feedback from patients and families. We're a close team – we really do support each other.

A year later, we interviewed Dr Chatterjee again.

The North Denbighshire ECS is as busy as ever. We are doing our best to accommodate 'step-up' patients from GPs to avoid hospital emergency department attendance. At the same time, we are 'pulling' patients from the acute inpatient wards to create space at Ysbyty Glan Clwyd, which is under relentless pressure.

The number of people at our virtual rounds has increased – some of us meet face-to-face in the 'hub' with the others joining virtually including a pharmacist from a large GP practice. We have had more social services colleagues contributing to the discussions, though there have been immense challenges in obtaining timely care packages due to workforce gaps in the care sector. Our South Denbighshire ECS colleagues now also join us to access consultant geriatrician advice on the complex cases.

Given the rising prevalence of frailty and complex co-morbidities in an ageing population in our patch, prompt access to diagnostic, therapeutic, rehabilitative and palliative interventions at the patient's home is likely to be the way forward to reduce demand in hospital, while at the same time offering better patient experience in a clinically safe and effective manner.

Dr Indrajit Chatterjee (Chattopadhyay), consultant physician
Nicola Bone, physiotherapist
Sarah Wickerson, occupational therapist
Phil Rathbone, advanced nurse practitioner
North Denbighshire Enhanced Care Service
Betsi Cadwaladr University Health Board

*This case study is taken from **No place like home** (RCP, 2022).*

Case study 8: Bone health in Caerphilly

'Without seeing patients face-to-face, it's difficult to know the impact of their illness'

The Caerphilly Falls and Bone Health Service was established in 2012. The team runs face-to-face clinics at Ysbyty Ystrad Fawr and in the community, a multidisciplinary falls service through the local community resource team and a virtual bone health clinic for the wider area.

We've been running virtual bone health clinics since 2018. We've improved the way we treat patients with a higher risk of fractures, such as those with Parkinson's disease and osteoporosis, and we've worked with GPs to identify at-risk patients at an earlier stage. We won an NHS Wales Award for demonstrating significant service improvement and promoting clinical research, and since 2016 we've worked with the Royal Osteoporosis Society (ROS) to develop new initiatives, improve patient communications, and deliver staff training.

Along with the district nursing team, GP surgeries and the community resource team, we aim to provide seamless care between the hospital and the community. We review shared care plans annually for those on specialist treatment to support our colleagues in primary care. When we receive a referral, we always write back to the GP to acknowledge their letter and outline our plan of action. Administrative support is crucial, as this is how we make sure the service is patient centred. It is vital that we communicate key messages about osteoporosis to people without overwhelming them with too much information.

I won't say that COVID-19 hasn't affected us, but we were running virtual bone health clinics and telephone appointments long before the pandemic. In response to COVID-19, we increased the number of our telephone clinics every week and completed over 500 consultations. We have also proactively reached out to GPs to offer remote support in managing bone health in the community to reduce unnecessary hospital admissions.

Having these services in place has really helped during the pandemic. We started out simply wanting to improve patient care, but when COVID-19 came along we felt lucky that we were well-prepared. It's still a struggle, though. Without seeing patients face to face, it's difficult to know the psychological impact of their illness. It's hard to assess their loneliness, their fear and their cognitive function. We can't do that on the phone, and we're going to see the impact of COVID-19 on other services sooner rather than later.

There are things we could change. We still don't have a good enough relationship with our local authorities, and I'd like to improve our communication with them. There is no network of intermediate care services in Wales; there's not enough shared learning between health boards.

In the future, we'd like to provide more specialist support to our colleagues in primary care by running clinics in GP surgeries. We'd also like to develop our virtual bone health clinics so that families and carers can become more involved. Finally, we would like a falls and bone health specialist nurse. A senior nurse would provide a strategic lead for the service, as well as improving patient communication and data gathering.

A year later, we interviewed Dr Singh again.

In the past year, we have appointed two specialist nurses. We've also expanded our virtual bone health clinics, improved our data collection, and introduced a new set of six ROS standards to manage and improve osteoporosis and fragility fracture care in the community. We feel well-prepared for winter.

We've had a tough year, though. COVID-19 hit us very badly. But, at the same time, the pandemic has made me think differently. It has given us new opportunities. Virtual working has saved time and resources. It has improved communication with patients and families. It has allowed me to spend more time teaching doctors in training. Our relationship with primary care has improved, which means we are reaching more patients who are at risk.

In the longer term, I'd like to see bone health nurse specialists in every health board, with every service following the ROS standards, and much more networking across Wales.

Dr Inderpal Singh, consultant physician
Dr Anser Anwar, specialty doctor
Mrs Jane Power, medical secretary and administrative officer
Caerphilly Falls and Bone Health Service
Aneurin Bevan University Health Board

*This case study is taken from **No place like home** (RCP, 2022).*

Case study 9: Acute frailty services in Swansea Bay

An ageing population is a real challenge for unscheduled care. 20% of the population of Swansea are over the age of 65 with big increases in the population over 75. That puts a huge demand on our unscheduled care and community services, and an overwhelming pressure on our workforce.

25% of those coming into our emergency department (ED) are over the age of 60 and represent a frail cohort of patients, many of them affected by deprivation and chronic ill health. Around two-thirds of our beds are occupied by a frailty cohort, with around a third of our acute medical beds occupied by patients who have been in hospital for more than 3 weeks, which puts a huge pressure on the system and isn't good for the patient.

We want to support older people to live well at home, with access to good acute hospital care and rehabilitation facilities: we want to give patients choice and control over their health through using comprehensive geriatric assessment tools. Alongside our virtual ward model, we are stepping up patients to try and prevent admissions, and we will be rolling out a step-down facility to enable discharge into the community.

Having an integrated approach is key. We need to bring together primary and secondary care, community and social care, physical and mental health.

We have also developed an acute frailty model with same-day emergency care and an in-reach service into the acute medical unit and short stay ward. The plan is to bring together frailty expertise onto one site. We are also recruiting new ortho-geriatrics consultants which is exciting, and will be transformative, and we have done a lot of quality improvement work around older people and surgery, led by Dr David Burberry.

Staffing shortages are a real challenge in Swansea. We're making some progress, but workforce is the biggest obstacle to delivering our ambitions for older people.

Dr Rhodri Edwards
Consultant in geriatric medicine
Clinical director for intermediate care
Morriston Hospital

*This case study is taken from the **college report** that was published after the RCP president's November 2021 visit to Swansea Bay University Health Board (RCP, 2022).*

Case study 10: Lung cancer clinics in west Wales

The further west you travel into Wales, the more difficult it is to appoint specialist and consultant doctors. Hywel Dda is a big health board, much of it classed as rural and remote, and there is a real danger that the lack of access to specialist healthcare could exacerbate health inequalities.

Between 2013 and 2018, the lung cancer service in Hywel Dda was managed by three consultants with a subspecialty of lung cancer. A fourth physician was based at Bronglais Hospital, mostly focused on general medical and respiratory cases. There was no respiratory physician at all in Withybush Hospital, which meant that we had to travel a great deal to other sites using a rolling rota, and we were never in the same place for 2 days running. These are big distances to travel, and the days were long: often we were the first respiratory physician they'd seen in a week. It became unsustainable and burnout became a real issue; there were inconsistencies in the direction of travel for the service and it was confusing for the clinical nurse specialists (CNSs) when different consultants took different approaches to patient care.

Admittedly, with three of us working together, it was helpful to share good practice and discuss complex cases, and we were able to offer same day diagnostics for many patients. But the travelling for both staff and patients was inefficient, we had limited access to digital technology at some sites, then we lost a consultant to burnout. So as case numbers were going up, we had fewer doctors: only two consultants really, covering four hospitals.

We stopped visiting Withybush. We just couldn't do it. We couldn't offer same-day diagnostics at Glangwili or Bronglais, which meant that we were offering patients a different standard of care depending on where they lived in the health board, resulting in inequity. The optimal pathway at the time was daily specialist MDT clinics with same-day diagnostics, but that model had plenty of funding and staff. We wanted to do our best, but with such limited resource, it was becoming more and more difficult.

Then we lost another consultant. Now we were down to a single consultant covering the entire health board, supported by a general physician in Bronglais. The team was broken. The relationship with the CNSs was fraught. Without enough radiologists, I was being sent thoracic imaging. The service had gone from great to poor within a few years, not because of the people, but because of the circumstances.

The pandemic didn't help. Patients didn't see their GP during COVID-19, so they presented later, often with stage four lung cancer, which meant more hospital admissions. There was huge patient inequality, and no light at the end of the tunnel. There was no knight in shining armour waiting to rescue us: we spent months trying to recruit.

So, we turned to technology, and we upskilled our colleagues. We have trained our CNSs and our SAS doctors to work alongside me to deliver a lung cancer service. There is now a clear vision for the future of the service. We want patients to get high-quality care, no matter where they live: they will get the same care on the same pathway.

Now we run three clinics a week. We have hybrid clinics in PPH and GGH, with some virtual appointments and some face-to-face diagnostics, and we have a Withybush clinic that is completely virtual. We meet with the nurses three times a week to support them, answer questions and discuss complex cases. We track every single patient on the lung cancer pathway to avoid delays and reduce waiting times. In Withybush, if a patient needs a face-to-face appointment, they see the specialist lung cancer nurses in person, with the doctor joining the conversation virtually. They can see the scans on the computer, and they get a clear plan of action. The feedback from the nurses has been excellent and the patients love it. There's less travel, they are supported with the technology, it reduces clinical inequalities, and it gives smaller, local hospitals a really important role to play.

With a single consultant lead, there is a consistent thought process. The nurses feel supported; they are the bedrock of this model of care. There are some great training opportunities for juniors and SAS doctors. It allows for cross-site working and helps facilitate research. The downsides? It's very specialised, I'm very focused on lung cancer now. It's really hard as a single-handed consultant. Burnout is a real problem. The changes happened overnight which was tough, and the patients never stopped coming through the front door.

It's much more enjoyable now. It's no longer a difficult battle. Most importantly, there are very few negatives for the patients, and we've learned that it *is* possible, even with scarce resource, to deliver a quality service over a large geographical area. Ultimately, you need to build self-resilience and look after yourselves and your mental wellbeing. Embrace technology, build a strong multidisciplinary team and focus on what you want to achieve, and you can reduce those health inequalities – which is the single most important thing we need to do in Hywel Dda.

Dr Robin Ghosal
Hospital director, Prince Philip Hospital
Consultant in respiratory medicine
Clinical lead for lung cancer
Hywel Dda University Health Board

*This case study is taken from **Thinking outside the box** (RCP, 2022).*

Cross-sector working in action

These examples are taken from ***Everything affects health***, a joint paper from the RCP and the Welsh NHS Confederation Health and Wellbeing Alliance in 2022.

Housing and health

A Bevan exemplar project based in Hywel Dda University Health Board is developing an online health board resource with housing information, cross-sector referral pathways and bespoke performance management tools. The aim is to work with colleagues across Wales to share learning and good practice, leading to a national good practice guide on health and housing.

Employment rights and welfare benefits

The Pontio project offers befriending and one-to-one support to people living with and affected by multiple sclerosis (MS) in Wales. This includes advice on employment rights and welfare benefits, including Personal Independence Payment (PIP) and Employment and Support Allowance (ESA) claims, ways to manage MS and how to access treatments, health, social care services and housing.

Exercise and health

Access to outside space is crucial for good health. The parkrun practice initiative aims to raise awareness of parkrun among GPs and practice staff, encourage them to take part in parkrun and signpost patients/carers to parkrun events, support the growth of social prescribing and help build integrated and supportive local communities centred on wellness. The Cardiff Bay and Llansamlet Run Talk Run groups promote running and talking as a way of supporting mental health.

Post-pandemic support for vulnerable people

Back to Community Life from Improvement Cymru supports people who are struggling to leave their home and get back to community life since the pandemic. These include people with dementia, people previously shielding or people who are vulnerable. The initiative began in Mountain Ash and has been created in partnership with local people, the police, local volunteer agency, local transport, local authority, third sector, health and social care, shops and businesses, with information provided to local shops and amenities to help them support people.

The role of leisure and culture in wellbeing

The Welsh NHS Confederation and Community Leisure UK (Wales) have highlighted the contribution of charitable trusts to the health and wellbeing of people in Wales through a collection of case studies, including the Escape Pain programme in Cardiff, reminiscence therapy in care homes in Bridgend, yoga for women struggling with menopause in Swansea, and a reading project in Flintshire.

Financial advice for people with sight loss

RNIB Cymru's advice line supports blind and partially sighted people to claim the benefits to which they're entitled. Welfare benefit advisers carry out a full benefit check and support people with sight loss to claim the benefits they may be missing out on. Advisers also help blind and partially sighted people to challenge a benefit decision if it's felt they should be awarded more. RNIB Cymru has also published information around benefits rights, the blind person's tax allowance and pension credit. They have created new factsheets about help with energy bills and about cost of living support grants.

Fighting fuel and food poverty

Through tenant support teams, housing associations distribute food bank vouchers to those in need. Additionally, many Community Housing Cymru members support food banks with monetary donations. Newydd Housing Association is piloting a project that aims to make food affordable and accessible for all homes across the Vale area. Cartrefi Conwy is working to encourage healthy eating, food growing and cooking by delivering cooking education sessions. Adra supports the Bwyd café, which coordinates foodbank distribution in Bangor and distributes waste food from supermarkets. Grŵp Cynefin, Adra and Cyngor Sir Ynys Môn have jointly funded 'energy wardens' to provide tenants with advice on switching energy suppliers and tariffs. This joint initiative has led to around £140,000 of savings and support, demonstrating the merit of pooling resources for maximum impact.

The holistic needs of cancer patients

Tenovus Cancer Care provides benefits advice to people affected by cancer and has seen an increase in patient referrals for both financial advice and their counselling service. Around 40% of those people have received a terminal cancer diagnosis. In response to inequalities of lung cancer incidence, survival and mortality, the charity has published Tackling inequalities: lung cancer, calling for leadership and investment in lung cancer screening, improved signposting to stop smoking, and targeting efforts at those areas and communities with greatest need.

Peer support in women's health

Fair Treatment for the Women of Wales (FTWW) provides peer support and advocacy for women and people assigned female at birth who are disabled and/or living with long-term health issues. Many members of the charity's online community are experiencing escalating financial hardship and deteriorating wellbeing. FTWW helps them get involved in projects like Women's Health Wales – FTWW, which increases confidence, reduces isolation and addresses historical health inequalities.

Arts and health

The Cultural Cwtsh, funded by the Arts Council of Wales, is a suite of fun and stimulating online resources made by artists to support the healthcare workforce in Wales as they look to recover from the intense pressures of working throughout a pandemic. The Welsh NHS Confederation is working with the Arts Council for Wales to improve wellbeing among health and care staff. The Wales Arts Health and Well-being Network (WAHWN) has made a wide variety of case studies available, including cARTrefu which supports the wellbeing of care home residents through creative activity.

Underrepresented voices

Public Health Wales, the future generations commissioner for Wales and Futures Literacy researchers (FLiNT) have worked with Wales' most underrepresented communities to create a climate and nature emergency policy. Using creative character-led storytelling activities, workshops and storytelling competitions, participants were asked to share what the future of Wales with climate change looks and feels like for them. It revealed the interconnected way participants viewed the climate and nature emergencies alongside their local environment and access to green space. Many also shared their concern of being left behind by transport inequalities.

Cost of living information hub

Powys County Council has launched an information hub with advice and support about dealing with the cost of living. The council has worked with local partner organisations to pull together a wide range of information in one place to ensure people know what help is already available and how to access it. The council is also creating a network of warm spaces across Powys.

Supporting people living with a learning disability

A team made up of staff from Betsi Cadwaladr University Health Board (BCUHB) and Flintshire County Council has launched a new initiative in Flintshire to support people with a learning disability, living in their own homes, who need medication administering via a gastrostomy feeding tube. The initiative supports education and training for care staff to administer medication safely and effectively via gastrostomy tubes. This helps people live more independently at home and imposes less restrictions, providing an improved quality of life and giving nurses time to see more patients. The team is sharing the results of the initiative to promote the model of care with the aim of implementing it across north Wales.

Here to help campaign

The Welsh Government is working with public sector partners to share key messages around the cost-of-living support available to people in Wales through the 'Here to help' campaign. The campaign includes information on how to access support and from whom, and how people can help others in their community to access support available in areas such as childcare expenses, finances, electricity bills and school meals.

Poverty, housing and health in older people

'Hospital to a healthier home' services support the NHS and social services by addressing home safety risks, barriers to independent living, and fuel poverty. Funded by Care and Repair Cymru, these services support older people living with sensory loss and/or dementia, and stroke survivors; support older and vulnerable people on issues such as fuel poverty, energy efficiency and the warm homes agenda; and collaborate on campaigns around falls prevention and winter preparedness.

Supporting older people to live well

Age Connects organisations across Wales operate and fund a wide variety of projects designed to reduce the inequalities that affect older people, including 'vaxi taxi' services to get older

people to COVID-19 vaccination appointments, advice and advocacy on welfare benefits, social care funding and fuel poverty, day centres, support workers and community outreach for those affected by dementia, befriending and volunteering schemes, nail-cutting and podiatry services.

Cynon Linc community hub

Cynon Linc is a vibrant community hub in the heart of the Cynon Valley. Formerly a council-run older people's day care centre, Age Connects Morgannwg took over the building as an asset transfer in 2018 and secured £2.8 million of funding to transform the centre into a multi-generational, integrated hub operating as a social enterprise and raising money through rent, room hire, restaurant sales, events and fundraising. There's a GP practice, mental health support, homelessness support, information hub, social enterprise café, pre-school childcare, youth club, fitness and wellbeing classes and social groups for carers, along with a large function hall for events, parties and conferences.

Royal College of Physicians
The Maltings, Stryd East Tyndall Street
Caerdydd | Cardiff CF24 5EZ

Wales@rcp.org.uk
@RCPWales
rcp.org.uk/Wales

Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

HSC(6) 36-24 Paper 4 | Papur 4

Supporting People with Chronic Conditions

Date 16 May 2023

About us

We're RCOT, the Royal College of Occupational Therapists. We've championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It's about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It's science-based, health and social care profession that's regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call 'occupations'. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

Our response

Thank you for the opportunity to suggest areas the committee could focus on for into supporting people with chronic conditions inquiry. RCOT suggests the committee focuses on the below areas, we have embedded documents for reference.

Prevention, early intervention and self-management

- It's better to prevent a condition occurring/worsening, but most health services focus on reactive treatment, rather than proactive prevention and self-management. A Healthier Wales the long-term plan for Health & Social Care and other recent Welsh policy all states the need to move services to a more preventive focus but the operational reality is yet to catch up.

- Allied Health Professionals (AHPs) play an important role in providing early intervention to babies and children. Children/young people are presenting with more complex physical, learning and mental health needs, in part due to delayed support/recognition and missed opportunities during the pandemic. Without appropriate help, there is a risk that difficulties

will escalate, affecting children's mental health, academic achievement, and employment prospects, and placing additional pressure on stretched health, education and social services.

- Young people with SEND were disproportionately affected by the pandemic Children and young people with SEND disproportionately affected by pandemic - GOV.UK (www.gov.uk) and have poorer outcomes such as increased risk of mental health difficulties, lower educational attainment and difficulties forming healthy relationships Disability and additional learning needs – RCPCH – State of Child Health

- There are social factors that impact people's ability to engage in prevention / self-management activities, leading to health inequalities

- Occupational therapists can intervene with people who experience barriers engaging in prevention activities such as exercise and physical activity. Sport for Confidence have developed and evaluated a Prevention and Enablement Model which improves the physical activity levels of participants living with disabilities and long-term conditions, and generates £58.71 of social value for every £1 invested.

Multi-morbidity

- People from deprived populations are more likely to have multiple long-term conditions

- 17% of the UK population is expected to have four or more chronic conditions by 2035 (Pearson-Stuttard, J, Ezzati M, Gregg EW (2019) *Multimorbidity – a defining challenge for health systems.* The Lancet, 4(12), E599-E600)

- Existing care pathways are typically focused on single conditions, meaning that people with multiple conditions have a fractured and incomplete experience of care that isn't person centered.

- Our rehab key messages include several points and references about multiple long term conditions that are relevant: Rehab one pager.docx

Access to rehabilitation

- People with chronic conditions need to be able to access rehabilitation support on a recurring basis, to prevent and manage changing needs. This support should encompass all of a person's needs, rather than being condition focused. The Community Rehabilitation Alliance has produced best practice guidance on structuring and delivering community rehabilitation services.

- Mental health needs should be considered and addressed with the same priority as physical health needs. Access to rehabilitation support for mental health needs is especially lacking, and RCOT has produced an Informed View on the role of OTs in improving access to mental health rehabilitation.

CSP Wales Office
1 Cathedral Road
Cardiff CF11 9SD
029 2038 2429
www.csp.org.uk

Date 25/05/23

Dear Colleague

Re: Health and Social Care, written Evidence for Supporting people with chronic conditions

Introduction

The CSP welcomes this opportunity to respond in writing to Health and Social Care committee request for written Evidence for Supporting people with chronic conditions.

Our written briefing compliments the principles in 'A Healthier Wales' and, the stated aim of the Welsh Government, to "whole system approach to health and social care , which is focussed on health and wellbeing, and on preventing illness." In this light, we offer our comments and suggested areas of exploration for the committee.

Comments from the CSP

1) Integration of Health and Social Care

Patients This will draw on the innovation being developed at local level and accelerate the transformation process by ensuring it leads to fundamental and sustainable changes in the workforce. This will include private and voluntary provider services, volunteers and carers." This statement

Regional partnership boards (RPBs) and GP clusters are relatively new arrangements in the NHS. We understand that RPBs are the future of social care and health integration based on current policy, and their role in transforming services is still developing. The committee should look into the function of the RPBs and how chronic conditions can be managed through the integrated model.

The primary care pan cluster developments are the Welsh Government's strategic vision for primary care development. This will result in more Allied Health Professionals (AHPs) being deployed in primary care roles across Wales, and in turn help manage chronic conditions in the population.

2) **First Contact Practice (FCP)**

First Contact Practice is a CSP priority, and we are encouraged by the developments in this area over the last few years. We have seen a modest increase in the number of first contact practitioners in Wales which needs to be used as a springboard for transformation in primary care.

The HEIW workforce strategy makes reference to Person-centred care as a "driver for extended skills and advanced practice, ensuring that, where appropriate, health and social care professionals can work at the 'top of their license/competence."

FCP is a great example of where physiotherapy can meet the needs of patients with chronic conditions, by providing advanced skills in the primary care setting directly to the patient at the point of contact with the health service. FCPs can deliver chronic condition management services, however there aren't enough across Wales at this current time.

In England the FCP Roadmap is in place, providing clarity for prospective FCPs on education and the role of FCPs in England. HEIW's plans to deliver a similar "roadmap" would be an area for the committee to explore in more depth.

The education commissioning to support FCP development is key. In England there are FCP masters modules and E-learning modules available. Some of this education is under development in Wales

Our recommendations for a workforce to manage chronic conditions:

FCP funding for education and posts should be arranged on a more sustainable and consistent basis.

A co-designed national FCP roadmap should be implemented by HEIW.

3) Advanced practice and chronic conditions

In our view this is a key priority area for developing the workforce to meet the challenges of chronic conditions in the future.

We believe that a well skilled workforce is needed to meet these challenges, ad to do so the Government must commission more AHPs and provide advanced practice opportunities.

To meet the demand of future chronic condition patient needs, the Government should create an advance practice community rehab role for AHPs and deliver increased non-medical prescribing.

4) Rehab space

We support the Government's move to provide services closer to come, in the community, and and in primary care. There is also a need to retain space and facilities in the hospital setting to ensure patients are discharged in a condition that promotes their recovery and avoids long term chronic issues. A lack of rehab can result in a minor issue becoming a chronic one in the long term.

5) Support Workers

A key component of providing a workforce that can meet the needs of patients is developing support workers in skill and numbers. The support workers level 4 apprentice is currently under development. We support this workstream and hope it can be built on further. Support workers are key in meeting the workforce challenges.

6) Funding

We welcome the specific AHP funding of £5 million that was allocated this year to primary care and community rehab roles. To deliver chronic condition management for the public more funding will be needed long term to deliver more AHPs, key to chronic condition management and rehab after other intervention.

Conclusion

Physiotherapists are key to helping patients manage their chronic conditions, particularly in prehab and rehab pathways which maximise the patient's outcomes in intervention. During this time of increased waiting lists its vital that the Government continue to develop the key themes described above, and invest in the wider workforce to meet the ever increasing needs of an aging population.

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 58,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,400 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

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

Llywodraeth Cymru
Welsh Government

Our ref: MA/LN/3305/23

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

26 January 2023

Dear Russell

Please find attached the December 2023 update to our response to *Connecting the dots: tackling mental health inequalities in Wales*.

Yours sincerely

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

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Lynne.Neagle@llyw.cymru
Correspondence.Lynne.Neagle@gov.wales

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

December 2023 update on response from the Welsh Government to the report by the Health & Social Care Committee entitled *Connecting the dots: tackling mental health inequalities in Wales*

Contents

Recommendation 1
The Committee recommends that

The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government's new mental health strategy.

Original response: Accept
The current Together for Mental Health Strategy 2019-2022 is cross-Government, multi-agency and includes a specific focus on supporting vulnerable groups and reducing inequalities.

A fundamental principle of the successor strategy will be reducing mental health inequalities.

December 2023 update:
The new (draft) Mental Health and Wellbeing Strategy for Wales (2024-2034) is due to be published shortly for public consultation. The strategy sets out four vision statements, one of which is specifically focussed on cross-Government action to protect good mental health and wellbeing. Here, we have identified the work that is being prioritised across Government that will have a positive impact on the mental health and wellbeing of people living in Wales.

Furthermore, the strategy and the four vision statements are underpinned by several core principles, which include:

- taking a rights-based approach (respecting, protecting and fulfilling the rights of individuals in the care they receive);
- being trauma-informed (making use of the Trauma-Informed Wales Framework[1] to help everyone in Wales understand how trauma and adversity can impact people and their role in supporting those affected by trauma);
- and focussing on equity of access, experience and outcomes without discrimination, and ensuring services and support are accessible and appropriate for all.

By understanding the barriers people face and putting necessary systems in place, when people reach out for support there is equity in experiences and outcomes. To achieve this, support and services will need to be culturally and age appropriate, as well as meet the needs of Welsh speakers, ethnic minority people, LGBTQ+ communities, people with sensory loss, neurodivergent people and people who are experiencing poverty.

[1] Trauma-Informed Wales Framework (https://traumaframeworkcymru.com/)

Some actions in the draft strategy will also support a focus on promoting equity, including a commitment to develop quality statements for mental health that set the standards for what health boards and local authorities are expected to deliver to ensure good quality mental health services. These quality statements will support a person-centred approach and enable equitable access to services for those with protected characteristics (as described in the Equality Act 2010) and preferred language.

Recommendation 2
The Committee recommends that

Ideally in its response to our report, but at latest by July 2023, the Welsh Government should provide a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh Government, and which are within the control of the UK Government. This appraisal should be accompanied by a realistic assessment of how far the Welsh Government can go in improving the mental health and wellbeing of the population using the levers within the Welsh Government's control, and information about how the Welsh and UK Governments are working together to ensure the levers at the UK Government's disposal are used to best effect to improve mental health and wellbeing in Wales.

Original response: Accept in principle
The current strategy is cross Government and is underpinned by a cross Government senior officials' group. Our future mental health strategy will set out how we intend to further improve the mental health and wellbeing of the population. Part of any future strategy will be a focus on understanding measures that can support our desire to achieve improvement on Well-being of Future Generations (Wales) Act 2015 Well-being Indicator 29: Mean mental well-being score. This will focus on population-wide measures to improve and support mental wellbeing and understanding the levers the Welsh Government has to improve that will form part of that work.

It is widely acknowledged that the levers the Welsh Government has to tackle poverty are limited. To substantially reduce poverty levels would require a radical change in the approach taken by the UK Government. The last three years have been unlike any we have had to navigate since devolution.

In line with the broad aims for contributing to the eradication of child poverty in the Children and Families (Wales) Measure 2010, we have continually prioritised and made significant investments in a range of policies and programmes to promote prosperity and prevent and mitigate poverty. Despite this, it remains a pervasive issue and our best efforts have been hindered by decisions taken by the UK Government.

Although the key levers for tackling poverty – e.g. powers over the tax and welfare system – sit with the UK Government, our priority as a Welsh Government remains to protect the people of Wales and to help them through the cost-of-living crisis, while striving to secure a stronger, fairer and greener Wales. Given the effects of the pandemic and the cost of living crisis, the most recent Welsh Government actions on poverty have focussed on mitigating the immediate impact of poverty. This year alone (2022/23) we are spending more than £1.6bn on schemes that target the cost-of-living crisis and on programmes that put money back in people's pockets.
Wales Centre for Public Policy (WCPP) report 'Poverty and Social Exclusion a Way Forward'[2], published in September 2022, sets out the conclusions of a Welsh

[2] *Poverty and social exclusion: A Way Forward* by Dan Bristow, Anna Skeels, Manon Roberts & Isabelle Carter Published September 2022

Government commissioned review. This includes Mental Load and Mental Health – Addressing the emotional and psychological burden carried by people living in poverty and social exclusion through tackling stigma, (re)humanising 'the system' and treating people with the respect and dignity they deserve. These findings will be taken into consideration as we take forward our commitment to a whole government approach to tackling poverty and inequality and the delivery of Programme for Government commitments through a poverty lens, to meet current need and achieve longer term change.

During 2023, we are involving a wide range of stakeholders, including children and young people, families and communities and the organisations that work with them in a two-phased approach to the development of a co-constructed revised Child Poverty Strategy for Wales. Importantly, this work includes targeted engagement with those with protected characteristics and the organisations that work with them.

December 2023 update:
The new (draft) Mental Health and Wellbeing Strategy for Wales (2024-2034) sets out the policy levers available to ensure people have the knowledge, confidence and opportunities to improve their mental health and wellbeing.

- Vision Statement 1: there is cross-Government action to protect good mental health and wellbeing.
- Vision Statement 2: there is a connected system where all people will receive the appropriate level of support wherever they reach out for help.
- Vision Statement 3: there are seamless mental health pathways, which are person-centred, needs-led and where people are guided to the right support first time, without delay.
- Vision Statement 4: we are proposing to use existing National Indicators to measure cross-Government progress and have also committed to exploring a range of data that will enable us to measure success.

Wider developments are also relevant to this recommendation – including work being taken forward by Public Health Wales and the Wider Determinants of Health Unit. Working in partnership with health board Executive Directors of Public Health, Welsh Government and the Future Generations Commissioner's Office, the unit is leading on delivering a multi-year programme which aims to support Public Services Boards in Wales to apply theory and evidence-informed systems approaches to influencing the wider determinants of health.

During 2022-23 and 2023-24, support to mitigate the impact of the cost of living crisis was worth more than £3.3bn. This includes targeted support for disadvantaged households in Wales to alleviate financial pressures, action to maximise incomes and initiatives which help deliver the social wage in Wales, keeping money in people's pockets.

We continue to take forward our commitment to a whole government approach to tackling poverty and inequality and the delivery of Programme for Government commitments through a poverty lens, to meet current need and achieve longer term change.

During 2023, we involved a wide range of stakeholders, including children and young people, families and communities and the organisations who work with them in the development of the co-constructed revised Child Poverty Strategy for Wales. The work included targeted engagement with those with protected characteristics and organisations who work with them.

In the shorter term, the findings of the Wales Centre for Public Policy (WCPP) report 'Poverty and Social Exclusion a Way Forward'[3], have informed initiatives such as the development of the Charter for the Delivery of Welsh Benefits which includes a set of principles that will underpin the delivery of a coherent and compassionate Welsh benefits system.

[3] *Poverty and social exclusion: A Way Forward* by Dan Bristow, Anna Skeels, Manon Roberts & Isabelle Carter Published September 2022

Recommendation 3
The Committee recommends that

By December 2023 the Welsh Government should have commissioned an independent review of the existing evidence, and such further research as may be necessary, to explore the impact of the UK welfare system on mental health and wellbeing in Wales, and what effect the devolution of welfare and/or the administration of welfare could have on tackling physical and mental health inequalities in Wales. The review and research should take into account issues of principle, as well as the practicalities and associated financial implications of retaining the current situation or any further devolution. The Welsh Government should commit to publishing the outcome of the review and research.

Original response: Accept in Principle
The importance of undertaking research into how interaction with the UK social security system impacts on mental health and wellbeing is acknowledged. Since 2013 there have been a variety of studies in this field, particularly on the mental health impacts that are generated by benefit sanctions and through the assessment processes that are used to determine eligibility for disability and incapacity benefits. Work is also being progressed in connection with the Co-operation Agreement to explore the necessary infrastructure required to prepare for the devolution of the administration of welfare.

Health and Social Services research team will collaborate with relevant policy colleagues to explore the need for additional research, determine how long the research would take and how it fits with other priorities and commitments.

December 2023 update:
Library research on the impacts of the UK social security system on claimants' mental health has been completed and a significant amount of research has been undertaken in this area. The research covers a wide range of aspects of the UK benefits system, including the assessment process for disability benefits, Universal Credit conditionality regime, benefit sanctions and approaches that enhance claimants' mental health.

The Welsh Government is commissioning independent research on the ‘administration of welfare’. The outcomes from this research will identify the positive outcomes that could be achieved for people in Wales if administration powers were devolved. It is anticipated that the research will be completed in July 2024.

Recommendation 4
The Committee recommends that

The Welsh Government should set out how the new mental health strategy will ensure that people with severe and enduring mental illness will have routine access to physical health checks, and what actions will be taken to minimise the impact of factors such as poverty, disadvantage and diagnostic overshadowing on this group.

Original response: Accept
The core contract for GPs as part of unified services requires GPs to record information about people with serious mental illness and have a record of high blood pressure and other physical health conditions / risks.

As part of the work to support the development of the successor to *Together for Mental Health*, we have already commissioned work to inform our approach to improve the physical health of individuals with mental health issues.

The National Collaborative Commissioning Unit, working in partnership with the Royal College of Psychiatrists, is undertaking a systematic review of the current approach and best practice to support optimum physical health in mental health services.

The current *Together for Mental Health Strategy* is cross-Government, and this is supported by a cross-Government Senior Officials Group. The Group represents the key policy areas that are protective of good mental health, for instance Tackling Poverty, Employment, Housing and Education. We will be working with this Group to inform the cross-Government approach in the successor plan.

We will also be working with the NHS and wider partners to strengthen the existing approach to Care and Treatment Planning which already includes consideration of outcomes across key life areas including finance, housing, work and family.
One of the aims of the successor strategy to *Together for Mental Health* is to improve the diagnosis and effects of physical ill health and prevention of diagnostic overshadowing will be included as part of this work.

The approach to each of the elements of this recommendation will be included in the consultation on the successor to *Together for Mental Health* at the end of 2023.

December 2023 update:
Vision Statement 4 of the new (draft) Mental Health and Wellbeing Strategy for Wales (2024-2034) specifically recognises that people who have a severe and enduring mental health conditions experience worse health outcomes. In the draft we commit to taking action to address this over the life of the new strategy and we are proposing to ensure people living with long term mental health conditions are supported in having their physical health needs met. We also commit to establish a new cluster-based specification to improve the physical health of people with severe and enduring mental health conditions, supported by clear data. This will focus on our ambition to reduce the mortality gap between people who have severe and enduring mental health conditions and those who do not.

Recommendation 5
The Committee recommends that

The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023 and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions.

Original response: Accept
A demand and capacity review of all neurodevelopmental condition services was completed in March 2022. In response, in a Written Statement of 6 July the Deputy Minister for Social Services announced a neurodivergence improvement programme backed by £12m of additional funding. The programme has commenced; an initial £1.4 million has been allocated to Regional Partnership Boards to meet urgent need. The programme has three workstreams, the first, considering early help and support, the second, developing sustainable neurodevelopmental services and the third to ensure cross cutting priorities including data and workforce are progressed. Support for neurodivergent people with co-existing conditions including meeting mental health needs will be developed as a priority area within the programme.

The programme will align with the NEST/NYTH framework for children and young people's well-being and will take a whole system approach to developing services. To oversee this work, we have established a Ministerial Neurodivergence Advisory Group, which is co-chaired by individuals who have lived experience of neurodivergence.

In November we undertook a series of public engagement events across Wales to discuss the programme's priorities and seek stakeholder views. The feedback received was positive and was summed up in a bilingual summary report[4].

December 2023 update:
We continue to engage directly with our stakeholders to present our plans for improvement and provide regular updates as progress is made. Our National Neurodivergence Advisory Group is providing us with expert advice on delivery. We also published a newsletter in July; a second will be published shortly.

The Neurodivergence Improvement Programme commenced in July 2022 and is currently funded up to March 2025. Improvements continue to be developed through two main workstreams focussing on the priorities for action identified in the demand and capacity review and endorsed by stakeholders.

Underneath the workstreams, alongside our Clinical Advisory Group we have now established several working groups with specific focus to drive forward transformational change. These include an Adult ADHD Pathway Group, Children's Neurodevelopmental Leads Steering Group and Children's Neurodevelopmental Community of Practice.

[4] Neurodivergence improvement programme: engagement events November 2022 | GOV.WALES

The improvement programme is an evolving and learning programme. We have built a solid foundation on which to take forward transformational change.

We re-iterate that while we all want to see better services as quickly as possible, it takes time and energy to work in co-production with neurodivergent people to develop and test the services they want to see, and we are confident that the programme will deliver the outcomes needed.

This year we have invested £4.5m to bring capacity to existing services, to scope gaps and to test out innovative ways of working. We have worked closely with Regional Partnership Boards to ensure their work aligns to the principles and intended outcomes of the Neurodivergence Improvement. We are currently engaging with Regional Partnership Boards to review progress and understand any barriers to implementation.

In 2024 we are making a further £6m available to embed improvements and develop long term service improvement.

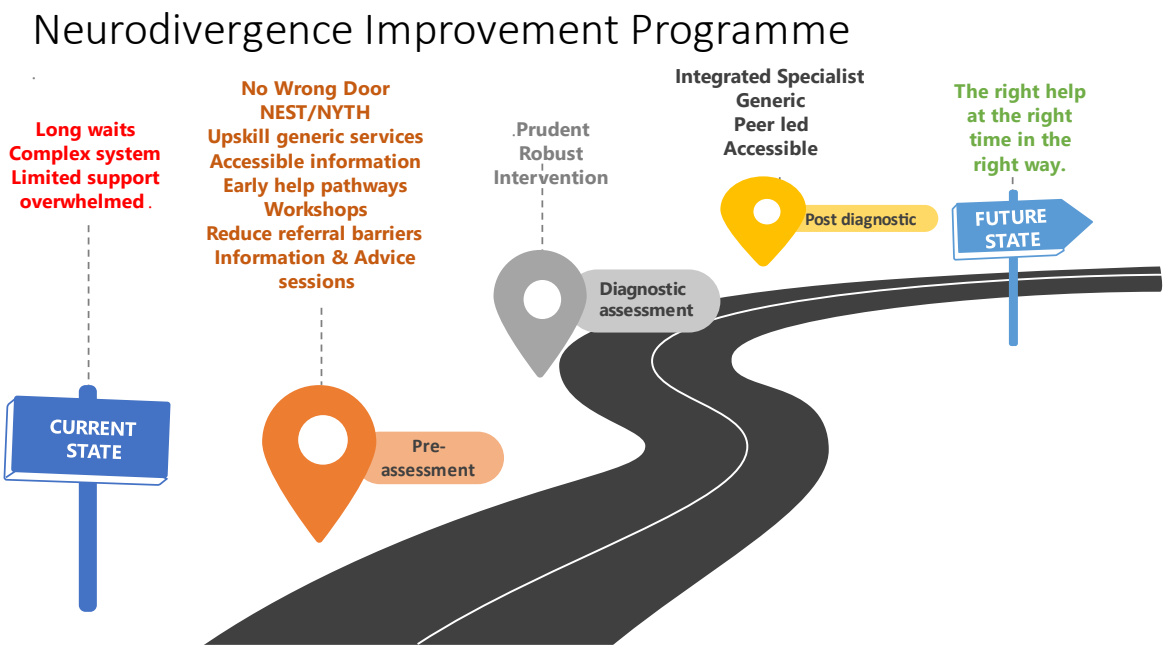
The ND improvement programme has a dedicated clinical advisory group. They are currently exploring options for a high level, national pathway for neurodivergence services.

The NHS Executive Performance & Assurance Team (previously the Delivery Unit) have been working directly with health boards to review the assessment process, to understand the flow through the services and to identify barriers to improvement which can be addressed through the programme workstreams. They will conclude their work early in the new year. The outcomes of this work will provide the focus of work for children's neurodevelopmental services in 2024-25.

We are taking a whole system approach to improving services, aligned to the NEST/NYTH model for children and young people. We are taking a needs-based and social model approach to improvement. In a previous meeting of the Ministerial Advisory Group members invited Autistic UK to give a presentation on the social model of disability which was well received.

The National Neurodivergence Team (NNT) (previously the National Autism Team) have established a very successful Neurodivergence Community of Practice for ALN Co-ordinators (ALNCo's). This has been well received and well attended. Topics covered include 'Supporting Neurodiversity in the classroom'. All sessions are recorded and publicly available on their website AutismWales.org.

Through our workstreams and working groups we continue to set out a strong vision for the improvement of neurodivergence services, including the provision of early intervention regardless of diagnosis and post diagnostic support. The following diagram illustrates our vision and has been widely shared across the workstreams:



Recommendation 6
The Committee recommends that

In its response to our report, the Welsh Government should provide assurance that work to develop cross-cutting early support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency. This should include setting out what specific actions will be taken and when, and details of when and how evaluation will be undertaken to assess whether people's experiences and outcomes are improving. Consideration should be given to the use of peer support approaches, video buddies and neurodivergent champions.

Original response: Accept
As above, in addition we have commissioned the NHS Delivery Unit to undertake a review of existing ND assessment services and to make recommendations on where improvements can be achieved. The Delivery Unit will also develop an assurance framework to measure the impact of changes in services and support as they are developed.

December 2023 update:
The six-month pilot of the Listening Line has now concluded. This was an invaluable learning opportunity. It has become evident that many neurodivergent people and their families require more support than a listening line can offer. There is a need for information, more expert advice and referral on to local services outside of core working hours. The outcomes of this review have been discussed with our Ministerial Advisory Group and the Deputy Minister for Social Services. A working group will now be established to scope out options for the potential of a helpline pilot.

The NHS Executive Performance & Assurance Team (previously the Delivery Unit) is concluding its work with health board children and young people's ND services. In the new year each health board will have signed off a set of recommendations that they will need to action. The NHS Exec will then provide us with a national picture identifying strengths and any barriers to delivery. This will be shared and discussed with the leads of children's neurodevelopmental services in the new year.

Cross-cutting early intervention for children, young people and their families is a key priority. In particular, we are clearly aligning the Neurodivergence Improvement Programme with the implementation of the NEST/NYTH framework. Further work is required, and a commitment to this is made in the forthcoming NEST/NYTH annual report.

As well as the good practice already identified, such as the Single Point of Access panels for all children's referrals, there is also emerging innovative practice of early intervention in many areas in Wales. For example, Hywel Dda University Health Board's (HDUHB) children's neurodevelopmental services are offering advice and consultation sessions to families prior to referral, learning from the experiences of the Integrated Autism Service; Cwm Taf Morgannwg University Health Board (CTMUHB) has committed to piloting Neurodivergence Community Connectors to link families in with early help and post diagnostic support; North Wales sought to

appoint additional clinical staff in their children's neurodevelopmental service to begin to build capacity to provide pre-diagnosis support.

Following the first phase of the evaluation of the impact of the Autism Code of Practice, recommendations have been made to each local authority area to improve access to information, advice and assistance through their first point of contact or Information, Advice and Assistance Services.

Key to the successful delivery of early support is the upskilling of services from which families often receive support. We have met with Families First Leads and agreed next steps. This includes engagement with the National Neurodivergence Team to train and upskill the Families First workforce, including the development of bespoke training if deemed necessary. The National Neurodivergence Team will also be working with the national Family Information Service to increase their awareness of neurodivergence.

In their recent first face to face meeting in October, our Ministerial Advisory Group provided a helpful insight into what a 'good model of neurodivergence services' should look like. This includes the need for peer led services, community neurodivergent champions, and upskilling of local services.

Many Regional Partnership Boards are transitioning their Regional Autism Strategic Group to Regional Neurodivergence Strategic Groups. These include Swansea Bay University Health Board (SBUHB) and CTMUHB. These areas are widening the representation of stakeholders on this strategic group to begin to address wider issues such as early support. Strong examples of this are the recent neurodivergence 'Hackathon' held by CTMUHB, and the recent SBUHB strategic group acknowledgement that all partners have a part to play in supporting families awaiting diagnosis. (This was provided by the chair - Head of Children's Services).

Improvement Cymru have recently provided Outcome Measures Training to support a culture shift across all neurodivergence services. The training was well attended and benefited from rich learning across Integrated Autism Service, CAMHS, children's neurodevelopmental services and emerging adult ADHD services. Improvement Cymru host a useful website containing these materials which is accessible to all services as a follow up to support implementation into practice.

There is a national roll-out programme across the NHS to better understand people's experiences of services and to use this information to support further improvement. We are engaging with this programme to ensure the needs of the neurodivergent community are understood within the development of these ten core questions or 'Patient Reported Experience Measures'.

Through all of our workstreams and engagement with Regional Partnerships Boards, we are giving a clear message that service improvement needs to be based on evidence, including data and qualitative information from people's experiences and outcomes.

Through the Improvement Programme we are working with regions to pilot different projects, which if successful can be showcased with a potential to scale up to a national model. Cardiff and Vale University Health Board (CVUHB) is working with us, piloting a ‘dashboard’ approach which will provide an overview of the progress across adult and children’s neurodevelopmental services. This is an initial draft with high level reporting information from existing services such as the IAS and innovative projects funded by the improvement programme.

An example of the detail collected by CVUHB is from their Early Years Pathfinder Project which is piloting a community connecting approach to families with children on, or being referred to, the ND waiting list. The project provides information, advice and support to access local services which can provide early help for families. Although only a small pilot in its infancy, the project can report on its first round of evaluation which has found that 88% of people reported a better awareness of available support after the connection sessions.

We are working with adult ADHD services to explore an initial minimum viable data set and what current systems enable them to report on. Many health boards such as Aneurin Bevan, Cwm Taf, Powys and Hywel Dda have made a clear commitment to develop robust data collection processes.

We are currently researching and exploring work from across the UK which includes an innovative approach from Portsmouth. The Portsmouth Neurodiversity Profiling Tool enables identification of a child’s need, matches it with interventions that parents and schools can implement as early intervention. This approach was co-produced with parents and carers in conjunction with Portsmouth University and the local neurodevelopmental team. The local neurodevelopmental team supports this work by providing advice and consultation to families without a diagnosis, host education liaison posts within their teams, and accept the profile as a referral should the child need to go on to explore a possible diagnosis. We have already met with Portsmouth ND team, and we will be asking them to share their work in our next Community of Practice. There is already interest from several health boards in a potential Welsh local pilot of this work.

Recommendation 7
The Committee recommends that

In its response to our report, the Welsh Government should set out a clear timeline for the urgent review of mental health provision for deaf people and commit to providing us with an update on the review, and any conclusions or emerging findings, by July 2023. It should also provide assurances that the review will take account of the issues raised by the All Wales Deaf Mental Health and Well-Being Group in its report, Deaf People Wales: Hidden Inequality, and consider whether the establishment of a national specialist deaf mental health service for Wales is required.

Original response: Accept
We will review mental health provision for deaf people and in doing so take account of the issues in the Deaf People Wales: Hidden Inequality report, although this will be part of work that will look at sensory loss more broadly. A fundamental aim of our work to develop the successor to *Together for Mental Health* will be to reduce inequalities in access and outcomes for ***all*** groups where there is a barrier to accessing support. This will include actions to ensure services meet the all-Wales standards for communication and information, but also language and other protected characteristics. The aim will be to remove barriers to support for each cohort and we will be looking at the evidence around sensory loss more broadly to inform the future plan.

We will do early scoping work by July 2023 but as this will be part of the work of our successor to *Together for Mental Health* this work will be ongoing throughout 2023 and will form part of our draft mental health strategy which will go out to formal consultation at the end of the calendar year.

December 2023 update:
As highlighted in relation to Recommendation 1, we are proposing that the new (draft) Mental Health and Wellbeing Strategy (2024-2034) is underpinned by the principle of equity of access, experience and outcomes without discrimination, and ensuring services and support are accessible and appropriate for all. We are proposing specific actions to support this agenda within the draft strategy, including commitments to:

- Continue to promote the Active Offer and the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss (and the Accessible Information Standard Requirements) across all services, in line with the principles set out in More Than Just Words, and duties under the Equality Act 2010.

- Develop quality statements for mental health that set the standards for what health boards and local authorities are expected to deliver to ensure good quality mental health services. These quality statements will support a person-centred approach and enable equitable access to services for those with protected characteristics (as described in the Equality Act 2010) and preferred language.

There will be further detail on how this work will be progressed within the delivery plan which will accompany the final plan, which will be informed by the ongoing review of mental health provision for deaf people. Some specific work that is ongoing is in relation to developing BSL translation for deaf people contacting 111 press 2 to ensure equity of access. We will also deliver deaf cultural awareness training to staff within 111 press 2 in 2024.

Recommendation 8
The Committee recommends that

In its response to our report, the Welsh Government should provide an update on the implementation of the recommendations made by the Auditor General for Wales in his 2018 report, Speak my language: overcoming language and communication barriers in public services.

Original response: Accept
In our Mental Health Delivery Plan for Wales 2019-2022 we outline our commitment to ensuring support is equitable and accessible, and that services are delivered in line with the all-Wales standard for communication and information for people with sensory loss.

As part of the ongoing work in relation to successor arrangements for our Together for Mental Health Strategy we will consider what further action is necessary to strengthen access to support for those with sight or hearing loss, and for those whose first language is not Welsh or English.

Wales Interpretation and Translation Services (WITS) annual report states that Arabic was its most commonly requested interpretation language and second most commonly requested translation language in 2022. 99.1% of all requests (for all languages, not just Arabic) were allocated for interpretation and translation services. Welsh Government has recently commissioned a research report into the availability and adequacy of foreign language interpretation services in Wales.

The Deaf People in Wales Report will be crucial in informing ongoing work in this area. In February 2021, the British Deaf Association (BDA) undertook an audit of the British Sign Language (BSL) policies and provision in Welsh Government with a view to signing up to their BSL charter. The BDA and Equality Branch officials have worked collectively with Welsh Government Policy leads to establish what we are doing around BSL.

We also continue to make available mental health resources in multiple languages – to support access to healthcare. Most recently, we have translated resources such as the National Centre for Mental Health Stabilisation Toolkit for people who have been exposed to traumatic events.

The Welsh Government also continues to promote the CALL mental health helpline (and has translated information about the helpline into over 20 languages). CALL also uses Language Line – which means anyone calling the helpline can access support and advice in their preferred language.

December 2023 update:
Welsh Government commissioned research into the availability and adequacy of foreign language interpretation services in Wales was funded through the Migrant Integration Wales Project. The study is available to view here. Officials are undertaking the relevant actions from this research in policy making to help reduce barriers to accessing interpretation and translation services.

As highlighted in relation to Recommendation 7, we are proposing to include actions in the draft Mental Health and Wellbeing Strategy to support this agenda.

Work is also being taken forward to develop guidance for primary care and other health settings in relation to commissioning interpretation and translation services, with a view to driving consistency and promoting equity of access.

The Wales Interpretation and Translation Services (WITS) has also developed new on-line training to promote access to translation and interpretation services. In addition, as part of the Welsh Government's Migrant Integration Wales Project, new supporting materials are being developed to promote a person's right to access these services (using a rights-based approach). These will be promoted on the Sanctuary website.

The BDA Audit Report was published by BDA on 14 February 2023. A Written Statement was issued on the publication date welcoming the report and recommendations. A BSL translation of the written statement was also issued.

The Welsh Government welcomes the report and recognises the need to take an intersectional approach in responding to the Audit's recommendations. Taking forward action from the BDA's Audit requires a long-term plan for change and will require sustained commitment and focus. Some of this work can be taken forward by the Disability Rights Taskforce and other elements will be progressed now. A work plan has been developed to progress areas that can be taken forward outside the remit of the Disability Rights Taskforce [5].

[5] For information: On 22 November 2023 a meeting was held between officials and the BDA, during which the BDA was informed that due to budget restraints, work on the BSL Charter has been put on hold.

Recommendation 9
The Committee recommends that

In its response to our report, the Welsh Government should outline what duties are on health boards and other public services to provide interpretation and translation services for languages other than Welsh and English. In doing so, it should provide assurance that the duties in place are adequate, and are being implemented effectively, to reduce the reliance on family members or community volunteers to provide interpretation or translation other than in urgent or emergency cases.

Original response: Accept in principle
In February 2021, the British Deaf Association (BDA) undertook an audit of the British Sign Language (BSL) policies and provision in Welsh Government with a view to signing up to their BSL charter. The BDA and Equality Branch officials have worked collectively with Welsh Government Policy leads to establish what we are doing around BSL. This includes BSL interpreting and translation provision and challenges of the shortage of these registered professionals in Wales.
The initial results of the BSL Audit Report were submitted to the Welsh Government in August 2021. The draft Report summarised an assessment of the Welsh Government's policies and services, with recommendations to inform an action plan and a proposal for ongoing engagement with Deaf communities. Officials have reviewed the contents of the BDA Audit Report and have finalised the report which will be published by BDA shortly. Officials have met with the BDA and are awaiting a confirmed publication date from the BDA. It is anticipated that this will be published in January 2023. A Written Statement will issue on the publication date welcoming the report and recommendations. A BSL translation of the written statement will also be issued.

The Welsh Government welcomes the report and recognises the need to take an intersectional approach in responding to the Audit's recommendations. Taking forward action from the BDA's Audit requires a long-term plan for change and will require sustained commitment and focus. Some of this work can be taken forward within the Disability Rights Taskforce and some can be progressed now. An assessment will take place to develop a work plan to progress areas that can be taken forward outside the remit of the Disability Rights Taskforce.

Wales Interpretation and Translation Services (WITS) provides access to a wide range of registered interpreters covering approximately 120 languages, including BSL. Partner organisations can access the WITS on demand services through their partner agreement. All Health Boards and Trusts in Wales are now partners to WITS. It is the responsibility of the health board to make requests to WITS and inform the patient.

The 'All Wales Standard for Accessible Communication and Information for People with Sensory Loss' sets the direction for Health Boards and Trusts to ensure the communication and information needs of people with a sensory loss are met when accessing our healthcare services. All health boards and trusts are expected to put in place implementation arrangements to deliver on the standards to ensure all services are accessible and available including for the deaf community through the communication medium of choice, such as BSL.

In 2023, Welsh Government Officials will be working with Health Boards across Wales to undertake a review of all Equality Diversity Inclusion reporting mechanisms, including those for vulnerable groups, and developing recommendations for improving collaboration and providing greater assurance that Equality duties are in place and being implemented effectively.

The 2018 Guidance for Health Boards on the Health and Wellbeing of Asylum Seekers and Refugees sets out expectations for health boards in terms of support for asylum seekers and refugees. In 2021, Welsh Government officials wrote to the health boards to remind them of their responsibilities in delivering the priorities set out in the 2018 Guidance on the health and wellbeing of asylum seekers and refugees, particularly in relation to providing access to interpreters and ensuring that language is not a barrier to accessing services.

December 2023 update:
During 2023, the Health and Social Services Equality Team in Welsh Government led a series of workshops with policy leads from across Welsh Government, NHS colleagues, RNIB, RNID, Deafblind UK, the British Deaf Association, Llais and people with lived experiences to explore the barriers faced by people with sensory loss when accessing healthcare.

Recommendations considered included broadening and renewing the All-Wales Standards to include:

- patients whose main language is not English or Welsh,
- patients who have language and communication barriers due to disability, dementia, learning difficulties or autism, and
- parents and carers who have language or communication barriers.

However, in line with a wider approach across Welsh Government, we have taken the difficult decision to pause the work to broaden and renew the All-Wales Standards until we have greater clarity on our 2024-25 budget. We will continue to work on the objectives in the Action Plan which will drive positive changes with the existing Standards.

The BDA Audit Report was published by BDA on 14 February 2023. A Written Statement was issued on the publication date welcoming the report and recommendations. BSL translation of the written statement was also issued.

The Welsh Government welcomes the report and recognises the need to take an intersectional approach in responding to the Audit's recommendations. Taking forward action from the BDA's Audit requires a long-term plan for change and will require sustained commitment and focus. Some of this work can be taken forward by the Disability Rights Taskforce and other elements will be progressed now. A work plan has been developed to progress areas that can be taken forward outside the remit of the Disability Rights Taskforce [6].

[6] For information: On 22 November 2023 a meeting was held between officials and the BDA, during which the BDA was informed that due to budget restraints, work on the BSL Charter has been put on hold.

Recommendation 10
The Committee recommends that

We endorse and reiterate recommendation 1 made by the Equality and Social Justice Committee in its October 2022 report, Gender based violence: the needs of migrant women, that the Welsh Government should consider creating and maintaining a directory of recognised interpreters.

Original response: Accept
The Welsh Government understands the barriers patients face in accessing services without the use of an interpreter and how this can make them hesitant to access services. The Welsh Government has recently received a report on the availability and adequacy of foreign language interpretation services as part of our Migrant Integration Wales Project. We will look at the recommendations and findings of the report alongside this recommendation and the work of our Migrant Integration Framework. Future work will consider how barriers to access can be removed, working with public and third sector organisations. We will also explore new ways of working to ensure access, which could be incorporated into our communications work on the Migrant Integration Wales Project.

December 2023 update:
WITS already exists as bank of self-employed interpreters, and their qualifications are known to WITS, so the most appropriate interpreter can be booked for the job requested.

The work of our Migrant Integration Framework (which is due to be published later this year) includes a short film that is being created to help migrants understand their right to access an interpreter.

Since we responded to the Committee Report earlier this year, further research on the experiences of asylum seekers, refugees and migrants and their access to interpretation and translation services has also been published. Welsh Government officials have been considering the findings from the HEAR 2 Study and are working with Public Health Wales and other stakeholders to address barriers to accessing to services.

Recommendation 11
The Committee recommends that

By July 2023 the Welsh Government should publish the key deliverables and qualitative and quantitative measures for the impact of the trauma-informed framework for Wales and put in place a robust evaluation framework. If the Welsh Government is not able to commit in its response to our report to the work being completed within this timeframe, it should explain why it is not achievable and provide information about the timescales within which the measures and evaluation framework will be completed.

Original response: Accept in principle
The new Trauma-informed Practice Framework will be a key component in the Welsh Government's drive to make Wales a trauma-informed nation. The framework will help inform existing and new policy, including the new mental health strategy and the Adverse Childhood Experiences (ACEs) Plan. It will also contribute towards the broader aims of tackling inequality, improving individuals' life outcomes, and making Wales a more prosperous and equal country.

Led by ACE Hub Wales and Traumatic Stress Wales, the framework was developed with stakeholders from various sectors. The Welsh Government played a key role in facilitating and supporting this work and will continue to work closely with partners on the next phase – the successful implementation of the framework.

The first stakeholder meeting about the framework's implementation and evaluation process took place on 23 January 2023. It is expected an implementation plan, including key deliverables, outcomes measures and evaluation processes will be published by the end of July 2023.

December 2023 update:
Although not a Welsh Government framework, the Welsh Government was an active participant in the development of the Trauma-Informed Wales Framework, and is continuing to provide support, including funding, for its implementation and evaluation.

We asked the directors of ACE Hub Wales and Traumatic Stress Wales, who are leading on this work, to write to the Health and Social Care Committee to set out their plans and timescales for the Framework's implementation and evaluation. They did so in a letter, dated 30 June 2023, and have offered to provide the Committee with further updates in due course.

We continue to follow their progress in implementing the Framework and we have met the directors of ACE Hub Wales and Traumatic Stress Wales on two occasions and have a third meeting scheduled for the spring. Welsh Government continues to work closely with ACE Hub Wales and Traumatic Stress Wales and are represented on the Framework's Implementation Steering Group, which is currently meeting monthly.

Work is currently taking place to co-produce a theory of change for the implementation and evaluation of the Framework. By the spring, implementation of the Framework will include robust plans to deliver a monitoring and evaluation framework, underpinned by the co-produced theory of change, a communication and engagement strategy, and a repository of training materials that support the Framework's four practice levels. Other important developments already supporting the implementation of the Framework include the development of an accessible version, which will help engagement with diverse communities across Wales, and a collaborative piece of engagement work, led by Platfform (working with several children and young people's organisations) to ensure the views of children and young people were captured. Work is also being undertaken to support the inclusion of people with lived experience, including refugees and asylum seekers and those affected by substance misuse. A survey of organisations' understanding and current position with respect to the Framework's principles and practice levels will also be completed soon.

Recommendation 12
The Committee recommends that

The Welsh Government should work with relevant organisations to ensure that appropriate and supportive information on attachment and parent-child relational health is provided to expectant parents and new parents, for example in literature and via antenatal classes. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Original response: Accept in principle
Information to support sensitive and responsive parenting starts at antenatal classes and continues through the pregnancy for mothers and their partners. This support and education continues via a range of personally delivered, written and electronic media in a range of languages through the early years, after midwifery handover to health visiting Services. The work of the First 1000 days project is distilled into key messages for parents to promote attachment and responsive parenting, with specific attention to the child's emotional wellbeing and secure attachment through parental information such as Bump, Baby and Beyond. We will consider what further action we can take to develop parent infant relationship work in planned learning, to include potential areas of learning from the delivery models and approaches being piloted through the early years pathfinder projects, where there is a specific focus on parent-infant relationships and interventions.

We are also considering how the successor to the *Together for Mental Health* Strategy can strengthen support for parent/infant relationship work in Wales.

December 2023 update:
The new (draft) Mental Health and Wellbeing strategy includes a commitment to establish a sustainable approach to ensuring that services support the development of healthy parent infant relationships and infant mental health, including exploring options for specialist teams.

Public Health Wales has a range of resources designed to provide parents with all the essential and important information they need to help the give their children the best start in life. All first-time parents in Wales will get a copy of "Every child: your pregnancy and birth". It discusses many topic areas including how to provide a secure and nurturing environment to give their baby the best start in life. It also signposts new and expectant parents to other reliable sources of information.

Further booklets will be published early next year covering birth to age seven.

Recommendation 13
The Committee recommends that

The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required.

Original response: Accept in principle
This information is already available on the 111 website for national support (NHS 111 Wales - Health A-Z: Mental Health and Wellbeing[7]) and via DEWIS for local/community-based support. The CALL helpline handlers have access to a comprehensive directory of local services (by postcode) to signpost people to local support. We also provide more tailored information for specific cohorts, for instance the Youth Mental Health Toolkit which is hosted on HWB. As opposed to developing a new online directory, our aim is to improve the current information available and to ensure people are aware of how to access resources.

We will continue to do that through the Help Us Help You campaign, and other public awareness campaigns, for instance when we launch 111 press 2 for urgent mental health support nationally.

December 2023 update:
Throughout 2023 we have continued to promote the mental health and wellbeing support and services (available in the community and digitally) through the Help us Help You campaign and 111 press 2. We are also proposing that the new (draft) Mental Health and Wellbeing Strategy for Wales includes a commitment to develop a standardised approach to provide information about mental health services and how to access them (and in so doing – promote the Active Offer for Welsh language and ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly).

[7] Mental Health and Wellbeing (111.wales.nhs.uk)

Recommendation 14
The Committee recommends that

To accompany the publication and ongoing implementation of the social prescribing framework, the Welsh Government should develop and deliver targeted communication campaigns to promote awareness of social prescribing and the new framework among health professionals, services and community groups and organisations to which people could be prescribed, and the general public.

Original response: Accept
A key theme in our recent consultation on the national framework for social prescribing was the acknowledgement that there appears to be significant confusion and lack of awareness both amongst professionals and the public as to what exactly social prescribing can offer.

Furthermore, the consultation acknowledged that for social prescribing services to connect people to community-based support, there needs to be improved awareness of what is available and how accessible it is.

The initial analysis of the consultation responses supports the need for a campaign to build an understanding of social prescribing, its benefits, and to raise awareness of the national framework. As we take forward the development of the national framework for social prescribing, a work programme to raise awareness will be implemented.

December 2023 update:
We launched our National Framework for Social Prescribing (NFfSP), at an online launch event on 7 December 2023.

The National Framework for Social Prescribing (NFfSP) 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.

To help aid a shared understanding of social prescribing, several tools and guidance documents have already been developed, including an explainer short-film, a glossary of terms and a suite of case studies. As we continue to develop the National Framework for Social Prescribing (NFfSP), a work programme to raise awareness will be implemented.

Recommendation 15
The Committee recommends that

The Welsh Government's social prescribing framework should include measures by which the health and social impacts and outcomes of social prescribing schemes at local, regional and national levels can be assessed. The Welsh Government should commit to publishing data as part of the ongoing evaluation of the social prescribing framework to enable us and stakeholders to monitor the impact of both social prescribing and the social prescribing framework.

Original response: Accept in principle
The Welsh Government is committed to ensuring the national framework demonstrates the value and monitors the impact of social prescribing. This requires a mixture of qualitative and quantitative measures that focus on the individual, the community, and health services. How best to capture this data and evaluate the health and social impact and outcomes of social prescribing at local, regional, and national levels, is still to be determined.

December 2023 update:
One of the core objectives of the National Framework for Social Prescribing (NfSP) will be to monitor and evaluate the development of social prescribing as it continues to grow across Wales.

To do this, we will publish guidance which sets out the core data to be collected by organisations whose primary function is to deliver social prescribing, and which will support the effective performance and evaluation of social prescribing. It is expected to be completed by summer 2024.

Furthermore, we will commission an independent evaluation of the National Framework for Social Prescribing (NFfSP) and its impact.

Recommendation 16
The Committee recommends that

In its response to our report, the Welsh Government should outline what actions it will take to develop a more professional structure for the social prescribing workforce, including how it will address variation in pay, terms and conditions, and improve funding sustainability for such roles. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Original response: Reject
Our 'Connected Communities' strategy already commits the Welsh Government to developing a skills and competency framework for social prescribers which will form an integral part of our national framework for social prescribing.

Over the last few months work has been ongoing with Health Education and Improvement Wales (HEIW) leading the development of a skills and competency framework that makes the link between evidence and practice. The skills and competency framework will help those developing services to deepen their understanding of the social prescribing practitioner role. A draft framework has already been developed by HEIW and its partners, including the Welsh Government, which will be issued for consultation soon.

This skills and competency framework will set out the key knowledge and skills needed to successfully perform the social prescribing role and will go some way to developing a more professional structure for the social prescribing workforce. However, given the complexity of the makeup of the social prescribing workforce, with many based in local authorities and third sector organisations, negotiating specific pay, terms and conditions are outside the remit of the Welsh Government and are the responsibility of the employing organisations. For this reason, we are unable to accept this recommendation.

December 2023 update:
A competence framework for social prescribing practitioners in Wales has been developed by HEIW and was launched on 7 December as part of the launch of the National Framework for Social Prescribing. Alongside the competence framework, we aim to launch a skills and knowledge programme containing a suite of training courses and resources, and resources to provide the skills, techniques and knowledge needed to help people who engage with social prescribing.

Recommendation 17
The Committee recommends that

In its response to our report, the Welsh Government should set out how it, working with Health Education and Improvement Wales and Social Care Wales, will monitor the impact of the actions in the mental health workforce plan aimed at improving staff wellbeing. It should also commit to publishing annual reports setting out whether the actions in the plan are having the intended impact, and if not, what will be done differently. The first annual report should be published no later than December 2023.

Original response: Accept
Progress on delivery of the actions in the mental health workforce plan and their impact will be monitored through an implementation board established by HEIW and Social Care Wales, which includes people with lived experience, Royal Colleges, the voluntary sector, the Welsh Government and other key stakeholders. Regular updates will be provided to the Welsh Government's Mental Health Oversight and Delivery Board, National Partnership Board, and to the HEIW and Social Care Wales public boards. An annual, public-facing report will be published detailing progress.

December 2023 update:
A multi-stakeholder Implementation Board was established and has been meeting regularly since the launch of the plan to oversee delivery. A detailed implementation plan was published in April 2023 setting out key activities and outcomes for each workstream. Ongoing progress updates are provided to the Welsh Government's Mental Health Oversight and Delivery Board, National Partnership Board, and to the HEIW and Social Care Wales public boards. We have published several newsletter updates on our website throughout the year. An annual progress report will be published before the end of January 2024, and we have also commissioned an independent assessment of year one implementation activities and impact to inform our next year of delivery. These newsletters are available here. The annual report, when published, will also be available on this link.

Recommendation 18
The Committee recommends that

Once the Welsh Government has published its draft budget for 2023-24, it should confirm which of the actions in the mental health workforce plan have been allocated full funding, which have been allocated partial funding, and which have not yet been allocated funding. It should also provide details of which partially-funded or unfunded actions will be prioritised should further funding become available.

Original response: Accept
The Deputy Minister for Mental Health and Well-being has indicated that support for the implementation of the Mental Health Workforce Plan will be a priority in 2023-24. Between the funding provided for the NHS Wales Education Commissioning and Training Plan (2023-24) and additional funding provided from the mental health programme budget, the Mental Health Workforce Plan will be fully funded in 2023-24.

December 2023 update:
As previously reported the Mental Health Workforce Plan was fully funded in 2023-24. We are now undertaking the budget process for 2024-25 and as such are consolidating activity required within the next financial year to achieve the required actions in the implementation plan to continue to support staff wellbeing, recruitment, retention and training.

Recommendation 19
The Committee recommends that

The Welsh Government should work with neurodivergent people to co-produce training and awareness-raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people's lives, how to support and help them, and developing positive, constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Original response: Accept
The Welsh Government has supported the National Autism Team to develop resources for schools and across other sectors, working in partnership with neurodivergent people and parents and carers. The website autismwales.org provides details of comprehensive training programmes and awareness raising tools in education, for employers and for community services.

December 2023 update:
Our Ministerial Advisory Group continues to be co-chaired by three individuals with neurodivergent lived experience. We are currently exploring participative consultation and co-production with them. The chairs have recently fed back to the DMSS how successful the group is, and how comfortable and supported they were at the most recent face to face MAG meeting.

It is important to ensure that every neurodivergent person has the opportunity to be involved in our work. Therefore, when we go out to consultation on the development of a neurodivergent code of practice, we will ensure our consultation events are conducted in a range of ways to ensure accessibility.

We are working closely with colleagues in ALN to understand some of the barriers facing children and young people in education to improve pathways between health and education.

The National Neurodivergence Team, (previously the National Autism Team) continues to expand its remit across neurodivergence. With the additional posts of a Transformation Project Manager and Family Support Neurodivergence Development Officer the team is co-producing high quality resources, which are equal to the quality of the work they have produced for autism. The work is supported by two Stakeholder Advisory Groups. Initial pieces of work include a film entitled 'What is ADHD', from a lived experience and professional perspective, and resources to support neurodivergent parents.

At our first Children's Neurodevelopmental Services Community of Practice in October, we were pleased to showcase the NHS Wales Award winning work of Aneurin Bevan University Health Board and Parents Voices in Wales. This 'Co-production to support neurodevelopmental services' is supporting the re-shape of children's neurodevelopmental services in Aneurin Bevan. The work will be developed into a case study and will be shared through our Neurodivergence Improvement Programme workstreams and the NEST/NYTH framework work.

We are working with our colleagues in ALN and Professional Learning. A new national offer of professional learning on neurodivergence is under consideration, which would build on the extensive learning and resources available, in partnership with the National Neurodivergence Team.

The National Neurodivergence Team (NNT) has developed a series of training resources developed and delivered in partnership with autistic people, parents and carers and professionals. It is available on 'Hwb'. They increase the knowledge, skills, and understanding of autism for those working in education settings. The NNT has also established an ALN Co-ordinator (ALNCo) online community of practice.

We are working with Health Education Improvement Wales (HEIW) and Social Care Wales (SCW) to understand the training needs of the workforce. We have recently conducted a workforce survey which has provide us with a useful insight and understanding of the current situation. Next steps will be identified with HEIW, SCW and other key partners in the new year.

The National Neurodivergence Service already has a training framework which is under continuous review. As part of this work, two e-learning modules have been co-produced - 'Understanding Autism' and Understanding Effective Communication and Autism'. These modules have been accessed by over 6,000 staff in health and social care. The modules are available via local authority and health board internal systems as well as the website of the National Neurodivergence Team.

The National Neurodivergence Team is now working to co-produce ADHD resources for adults. They have a lived experience stakeholder group advising on this. They are also working in conjunction with the ADHD service in Aneurin Bevan University Health Board to develop a post diagnostic course. To support this, Aneurin Bevan undertook a survey with adults with ADHD seeking advice on what would be useful to include. All this work will support the development of a variety of resources to support adults with ADHD to live well. It will also support the development of training packages and wider awareness raising for communities, employers, health staff etc. Initially, the Neurodivergence Team will develop an adult ADHD e-learning module.

Recommendation 20
The Committee recommends that

The Welsh Government should ensure that the workforce survey to be undertaken across health and social care as part of the mental health workforce plan is undertaken as a matter of urgency, and no later than July 2023. The Welsh Government should work with groups and communities identified through analysis of the diversity data gathered through the survey as being underrepresented in the mental health workforce, and with neurodivergent people, to design and deliver a mentoring and support programme to help them enter the mental health workforce. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Original response: Accept
Workforce surveys will be undertaken across health and social care before July 2023. Inclusion has been identified as one of the fundamental principles underpinning the plan, with a view to "creating a culture of true inclusion, fairness and equity across the Mental Health workforce". HEIW and Social Care Wales are engaging with the Ethnic Minorities Task and Finish Group in the first instance to develop an approach that seeks to increase the recruitment and retention of underrepresented groups into the mental health workforce.

December 2023 update:
Workforce surveys have been completed and the findings are being used to inform key actions relating to recruitment, retention and training as well as supporting a healthy workforce. HEIW and Social Care Wales also remain engaged with the Ethnic Minorities Mental Health Task and Finish Group, where there has been specific engagement regarding designing training and sharing resources for feedback. HEIW is also working with underrepresented communities to understand their experiences of mental health services as well as influencing factors related to choosing a mental health career. We have events planned in the new year to explore this further and continue to consider equalities in all our implementation actions.

Recommendation 21
The Committee recommends that

The Welsh Government should require its civil servants to include, in every submission made to Welsh Government Ministers seeking a decision on policy, legislative, spending or taxation proposals, an assessment of how the recommended course of action will contribute to improving the mental health and wellbeing of the people of Wales.

Original response: Accept in principle
The Welsh Ministers are subject to the sustainable development and well-being duty in the Well-being of Future Generations (Wales) Act 2015, which requires public bodies to carry out sustainable development, and in doing so contribute to the seven well-being goals. Within those goals 'A Healthier Wales' is described as "A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood". In implementing the WFG Act, the Welsh Government has embedded the Act in how it develops policy and

advice to Ministers. This is part of a more integrated approach to the assessment of policy impact which already includes consideration of health and mental wellbeing through incorporating our established health impact assessment practices.

Alongside the Well-being of Future Generations (Wales) Act 2015, Part 6 of the Public Health (Wales) Act 2017 requires the Welsh Ministers to develop regulations which will require a list of public bodies (including the Welsh Government) to carry out a health impact assessment (which includes considering mental and physical health) in circumstances to be specified in the regulations. Work to develop the regulations was paused initially to focus resources on EU Exit and subsequently to supporting the response to COVID-19. However, work to develop the regulations restarted in 2022 and in a response to a letter from the Health and Social Care Committee, the Minister for Health and Social Services committed to publishing a consultation on the regulations (as required by the 2017 Act) in late Spring/early Summer 2023. In terms of developing the Regulations, we will consider the findings of the committee's report and this recommendation in preparing policy proposals for consultation. In terms of implementing the Regulations within the Welsh Government, we will update our impact assessment approach as needed accordingly once the Regulations are agreed.

In addition to considering the mechanisms which require officials to consider the impact of a decision on health, the focus of our efforts is on developing the understanding and capability of policy and decision makers within Welsh Government so that they have the knowledge, skills and behaviours to design and deliver policy effectively.

December 2023 update:
We are proposing that the new (draft) Mental Health and Wellbeing Strategy for Wales includes specific commitments in relation to this recommendation. This includes a commitment to embed the principles of the new strategy throughout the work of Government by ensuring that public bodies undertake health impact assessments that specifically consider the impact on both mental health and wellbeing.

This commitment will be strengthened by our plans to develop regulations under the Public Health (Wales) Act 2017 which require specified public bodies (including the Welsh Government) to carry out a health impact assessment.

A consultation exercise on our proposed Health Impact Assessment Regulations will be going live for a 12-week period in January 2024. During this period there will be a series of engagement events to allow for wider discussion around the proposals and all responses will be considered during the development of the final set of regulations.

Following the publication of the regulations to support the Public Health (Wales) Act 2017, we are also proposing to update our impact assessment approach within Welsh Government and provide additional training to officials to support their policy capability.

Recommendation 22
The Committee recommends that

The Welsh Government should provide us with annual updates on progress made in implementing the recommendations set out in this report. The first annual update should be provided in December 2023.

Original response: Accept in principle
The Welsh Government is very grateful to the Health and Social Care Committee for their consideration of this issue. The Welsh Government will continue to update the Health and Social Care Committee on progress in relation to the recommendations outlined in this report as appropriate.

December 2023 update:
This written response is provided to fulfil the requirement to provide a first annual update.

Recommendation 23
The Committee recommends that

In its response to our report, the Welsh Government should commit to commissioning and publishing independent interim and final evaluations of its new mental health strategy. The interim evaluations should include assessment of the impact of the strategy to date on the mental health and wellbeing of Wales' population, the outcomes it has achieved, and any learning points or recommendations for change. Alongside each interim evaluation report, the Welsh Government should publish details of what actions it will take in response to any learning points or recommendations for change.

Original response: Accept
Plans for ongoing evaluation will be an essential part of the new Mental Health Strategy for Wales. There will need to be specific consideration of learning points and / or recommendations for change as part of any planned evaluations, alongside a focus on progress towards achieving the strategy's planned outcomes and objectives.

December 2023 update:
A 'theory of change' is being developed for the new (draft) Mental Health and Wellbeing Strategy (2024-2034). The theory of change will set out the mechanisms by which the strategy is intended to achieve its outcomes. It will be used as the basis for planning an evaluation of the strategy. It is intended that an evaluation of the strategy will be commissioned in due course.

Throughout the strategy, we have also identified several measurable indicators that that we will monitor as part of the implementation of the strategy. These, and further indicators to be identified, will also support the evaluation of the strategy when commissioned.

Recommendation 24
The Committee recommends that

In its response to our report, the Welsh Government should confirm that the data to be collated and published as part of the mental health core dataset will enable us and stakeholders to see and track progress over time in mental health inequalities relating to access to mental health services and outcomes for different groups and communities. This should include information about what data will be included, how frequently data will be published, what analysis will be undertaken, and confirmation that the data will be disaggregated on the basis of diversity characteristics.

Original response: Accept
A key priority for the Welsh Government and NHS Wales is to ensure that health and mental health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services and to ensure the underpinning of equitable outcomes in service delivery. We already publish a range of activity data, some of which includes ethnicity information, as part of the NHS Benchmarking Programme. The latest NHS Benchmarking information for Wales can be accessed online (nhs.wales)[8].

In terms of the core dataset, this will include patient level information (for instance gender and ethnicity). We have recently strengthened the governance arrangements to drive this work forward and the current focus is working with health boards to agree the core activity data that will be reported. Our intention is to publish this data and we will update the Committee in due course on the data for publication and the frequency of publication.

The activity measures are one of four elements which will make up the core data set. The other measures are:

- *Patient Reported Outcome Measures (PROMS).*
- *Patient Reported Experience Measures (PREMS).*
- *Clinician Reported Outcome Measures (CROMS).*

We have established an Oversight Group and a refreshed Board with a technical group. The Board has a range of stakeholder members. As well as providing the main oversight and governance line of this programme, the Board will also consider the key findings of the Academic Research, looking at what matters to people in Wales.

December 2023 update:
Through the Mental Health Core Data Set, we are prioritising demographic data, such as age, gender and ethnicity which will support our ability to plan services based on the needs and demands of our population.

We understand the need to have data publicly available as soon as practicable and we are working towards having an initial national dashboard on mental health activity as soon as possible, we will then broaden this available data incrementally as the

[8] Events - National Collaborative Commissioning Unit (nhs.wales)

core dataset evolves. We have also agreed a set of patient experience measures to collect nationally.

Training for health boards to strengthen the recording and use of individual patient experience outcomes data continues. Representatives from over 80% of the mental health and learning disability teams in Wales have now received training in how to embed patient reported outcome and experience measures into day-to-day practice.

Through the new (draft) Mental Health Strategy for Wales we will continue to develop a mental health core dataset as part of the new strategy, which will include a focus on developing data that supports the quality reporting process and ensure that this is embedded into the mental health core dataset. We are also proposing to develop a digital and data plan for mental health. This will align work in DHCW, Health Technology Wales and Tec Cymru to improve digital and data in mental health. It will be based on the principle of parity with physical health and will deliver on key areas including electronic records, data sharing, use of digital across services and improved mental health data.

Recommendation 25
The Committee recommends that

Following the completion of the research commissioned from the University of South Wales on measuring clinical and social outcomes, the Welsh Government should set out a timetable for the development and implementation of wellbeing measures to inform the monitoring and evaluation of the impact the new mental health strategy has on tackling mental health inequalities. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Original response: Accept
The Mental Health Outcomes and Measures Board referred to in response to recommendation 24 is considering the outcome of the research as part of developing the outcome measures in the core-dataset. Further information, including timescales, will be shared with the Committee in due course.

The Welsh Government already publishes data on the mean mental wellbeing score for people aged 16 and over in Wales using the Warwick-Edinburgh Mental Well-being Scale WEMWBS) as part of reporting on Wellbeing of Wales: National Indictors[9].

As part of the Well-being of Future Generations (Wales) Act 2015, we have consulted on and set milestones against Indicator 29 ‘Mean well-being score for people’. This measure is collected and reported on as part of the National Survey for Wales for Adults and we will utilise the School Health Research Network for children and young people. This will be one of the indicators that will drive future work around promoting population-wide good mental wellbeing, with a focus on narrowing the gap between our most and least deprived communities.

[9] Wellbeing of Wales: national indicators (gov.wales)

As part of the arrangements to develop the successor to *Together for Mental Health*, we have dedicated resource from Knowledge and Analytical Service in the Welsh Government to support the development of key measures to determine progress against the agreed strategic objectives. The proposed measures will be included in the consultation document which is expected to be available by the end of 2023.

December 2023 update:
As noted in response to Recommendation 23, a ‘theory of change’ is being developed for the new (draft) strategy. Throughout the strategy, we have also identified several measurable indicators that we will monitor as part of the implementation of the strategy.

Recommendation 26
The Committee recommends that

The Welsh Government should work with the police and crime commissioners and the police forces in Wales to identify opportunities to improve access for police officers to ongoing training in mental health awareness, suicide prevention, neurodiversity awareness, learning disability awareness, and cultural competence. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Original response: Accept
Policing is reserved to the UK Government and as such the training of police staff is the responsibility of the Home Office rather than the Welsh Government. However, we do recognise the importance of using our partnership links to support effective criminal justice outcomes, especially where policing interfaces with policy areas which are devolved to Wales.

We will broker a discussion with Policing in Wales on:

- The training which is currently available on these subjects and how it is used.
- How accessibility and awareness of the existing training can be increased.
- Where there might be opportunities for new links or further work.

This work will be taken forward with the Police Liaison Unit and relevant Welsh Government policy leads.

In terms of neurodiversity, the Welsh Government funds the National Autism team which provides expert advice and training on neurodivergence awareness. The team has worked with both South Wales and Gwent police on neurodivergence issues. We are also delivering a neurodivergence improvement programme which includes considering workforce training needs. There is a representative from criminal justice on the Ministerial Advisory Group on Neurodivergence, and the team also work closely with the Ministry of Justice to support the non-devolved areas of their neurodiversity strategy.

Additionally, as part of the Welsh Government Learning Disability Strategy the team has supported the development of the Learning Disability Education Framework and its initial roll-out to health professionals. The team is working with Improvement Cymru to scope out how the Framework can be expanded to other public sector organisations, potentially including the police.

December 2023 update:
Policing in Wales have reviewed the support available to officers in these areas and provided reassurance on this to the Welsh Government. Frontline officers across Wales are receiving training as part of their probationary periods and ongoing programmes are being delivered by both Force Mental Health Leads and by the respective Training departments. This includes training covering topics such as:

- Mental health awareness (types of illnesses, vulnerability, neurodiversity and incidents);
- Helping people in crisis – what to say, what options are available to help them. This includes signposting individuals to 111 option 2,

voluntary attendance to A&E to see the crisis team, safeguarding at home;
- Recognising those in mental health crisis, suicidal behaviour, self-harm;
- How to engage with suicidal people, understanding why people self-harm;
- Mental health legislation;
- Suicide prevention;
- Staff and officer welfare;
- Autism/neurodiversity training; and
- Equality, diversity, inclusion and cultural competence.

Gwent Police have Autism Champions who have received extensive training. These champions will be known as Neurodiversity Champions soon. Gwent Police also have Dyslexia assessors in the force.

This is just a summary of the more detailed work going on in this area across the four forces.

Recommendation 27
The Committee recommends that

In its response to our report, the Welsh Government should provide an update on its discussions with the UK Government on the draft Mental Health Bill. This should include information about whether the Welsh Government has reached a view on whether it supports the UK Government's intention to legislate in the devolved area of mental health, details of the analysis and consultation undertaken by the Welsh Government to inform its view on this matter, and information about the actions taken by the Welsh Government to ensure that the different legislative and policy contexts in Wales and England are being taken into account in the development of the legislation and planning for its implementation.

Original response: Accept
In line with the commitment set out in the Anti Racist Wales Action Plan, we have established an Ethnic Minorities Mental Health Task and Finish Group. When established, the purpose of the task and finish group was to agree tangible actions that can deliver improvements in mental health support and access to services amongst ethnic minority communities, spanning the age range. Originally established for 12 months, the Task and Finish Group will now remain in place for a further two years – and will play an important role in informing the development of the new Mental Health Strategy for Wales. The Task and Finish group will also play an important role in ensuring that new mental health legislation for Wales reflects the needs of minority ethnic communities and will be a key stakeholder in ongoing discussions and work to implement the reforms of the Mental Health Act planned for Wales, and the development of the supporting Code of Practice for Wales.

Following publication of the White Paper outlining proposed reforms to the Mental Health Act aimed at delivering the recommendations of the Wessely Review, Welsh Government officials undertook a series of discussions with stakeholders and partners in Wales, including the Ethnic Minorities Mental Health Task and Finish Group, to determine which of the proposals would be beneficial to Wales. Following those discussions, the Welsh Government wrote to the UK Government Secretary of State for Health to outline our position about which of the proposals we would like to extend to Wales and include in a draft Mental Health Bill. In line with the Sewel Convention, it is likely that a Legislative Consent Motion will still need to be passed in the Senedd once the Bill is introduced, in accordance with section 107(6) of the Government of Wales Act 2006 and the Senedd's Standing Orders. The Welsh Government's final recommendation to the Senedd about whether to pass such a motion will be subject to our being satisfied with the final provisions in the Bill.
The draft legislation has been subject to pre-legislative scrutiny in the UK Parliament, and the relevant scrutiny committee published its report on 19 January 2023. The recommendations in that report are likely to result in changes to the proposed Bill compared to the first draft. Welsh Government officials will continue to work closely with their UK Government counterparts to consider the extent to which Wales should be included in any new or substantively different provisions that emerge as the Bill is developed in light of the committee report.

December 2023 update:
The Welsh Government had agreed that legislation to reform the Mental Health Act 1983 should extend to Wales, with some exceptions such as in relation to Care and Treatment Plans where we already have measures in place in Wales. However, despite reforms to the Mental Health Act being a Conservative manifesto commitment, the UK Government did not include the Mental Health Bill in the King's Speech delivered on 7 November 2023.

While it is clearly disappointing that this legislation will not be forthcoming, as it was going to include areas that are non-devolved, there are many areas where we can meet the policy intentions without the need for primary legislation. Through the new (draft) Mental Health and Wellbeing Strategy, we commit to implementing a programme of work to support the outcomes intended from the Wessely Review and with the view to addressing racial disparities in the mental health system. We also commit to supporting the digitalisation of the Mental Health Act – including the communication of statutory forms and other documents electronically; raising awareness and improving delivery of the Mental Health (Wales) Measure 2010, including care and treatment planning; and continuing to monitor for opportunities where legislation is the most appropriate mechanism to deliver improvements for mental health in Wales.

The Welsh Government has given its support for the introduction of the Member Bill proposed by James Evans MS, and we will be working with the Member to explore how this legislation can support the aims of the Government around improving the experience and care of people suffering with poor mental health.

Document is Restricted

Document is Restricted