

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

**HSC PSS 89**

**Ymateb gan: | Response from: Coleg Brenhinol y Seiciatryddion | Royal College of Psychiatrists**

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### **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

#### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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Greater attention to be given to supporting the wellbeing of the health and social care workforce

The wellbeing of the workforce must be a central priority for the Welsh Government and the Health and Social Care committee as we continue to recover from the pandemic.

Research has told us that staff in the NHS who have worked throughout the pandemic have experienced a range of emotions that often make it more challenging to seek help and support. This can be guilt, or a feeling of obligation to duties and others, as well as significant pressure to support patients in light of ever-increasing pressures and growing waiting lists.

We are concerned about the risk of NHS staff who have worked tirelessly throughout the pandemic to burn out, reduce their hours or retire early as a consequence of increasing pressures.



A British Medical Association (BMA) survey found just over a fifth (21 per cent) of doctors working in the health service said they might leave within the next year. Meanwhile, half said they plan to work fewer hours and a quarter said they are “more likely” to take a career break once the pandemic has fully subsided. Workload and the inability to take proper breaks were the main reasons many doctors had thought about leaving the NHS.

As we move forward to tackle the changes of alleviating waiting lists and service backlogs we must work to ensure that the well-being of staff is not further affected.

- All healthcare workers must have access to free and confidential wellbeing support
- All healthcare workers must be permitted to take leave as/when they need it and employers must allow staff to carry over any unused leave
- Extended leave for those who need it e.g. for international medical graduates who may have been cut off from their families during the pandemic should be granted wherever possible
- A safe work environment must be provided (with appropriate personal and environmental hygiene protective measures) to reduce avoidable absence. This also means having sufficient and appropriate staffing to support staff wellbeing, as well as ensure patient safety
- Staff must be given sufficient rest breaks and time off between shifts, with access to safe changing and rest areas, as well as nutritious food and water to allow them to recharge, have restorative sleep and stay healthy.

**A commitment to finding creative and sustainable ways to reduce waiting lists and backlogs, including harnessing digital innovation and other interventions where they have been robustly evaluated.**

We continue to call for equal quality of care, and access to it, between mental health and physical illness. Mental health services were severely stretched even before Covid. The waiting times and barriers to access would have been considered unacceptable in any other area of medicine, and these challenges have been further exacerbated by the pandemic.

To safeguard patient safety and the wellbeing of healthcare staff, a realistic approach to tackling the backlog of non-Covid care is needed. We must work to bolster community and specialist mental health services across the board, for both adults as well as children and young people, with a focus on supporting and retaining the staff needed to run them.

The implementation of digital throughout the health service is a long-term objective of 'A Healthier Wales' and is an enabler to aspirations for us all to work more sustainably. Digital innovation can support in offering services in different ways that ensure increased service capacity and access, and better outcomes for patients in light of increased demand. Teams should feel increasingly encouraged to have time to develop these projects and initiatives and should be encouraged that they will be considered for local and national adoption after evaluation. The College has already played a role in scaling up projects across CAMHS and older adult services, which have helped shape the design of services and how they're delivered.

- We need to take lessons from the response over the last 18 months, and continue to enhance and harness digital innovation where it has been robustly evaluated.

Crucially, we must ensure that necessary priority and investment committed to mental health services is not re-distributed to other portfolios. Addressing the need for investing in other sectors

that are determinants of mental health, must be additional investment and not take crucial funding away from ringfenced money from already stretched mental health services.

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) health services;**
  - b) social care and carers;**
  - c) COVID recovery?**
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### **Gwasanaethau iechyd**

#### **Health services**

**Investment in the mental health workforce and increased scrutiny around the Mental Health Workforce plan**

It's absolutely crucial that we invest in the mental health workforce. There have been historic shortages in several specialisms within psychiatry in Wales. With most specialisms in psychiatry having consistently declined in number since 2009, Wales is now below the OECD average number of psychiatrists per head. A crude calculation would suggest that Wales has 15.3 per 100,000 people compared to the UK average of 18 per 100,000.

The mental health workforce plan presents an opportunity to create sustainable services which ensure that all people in Wales are able to access appropriate mental health support.

What's crucial, however, is the need to protect and support our workforce in the immediate challenges that will be imposed upon them in tackling waiting lists whilst managing burnout; mitigating the rates of retirement post pandemic; all whilst planning a longer term workforce that can manage the longer-term mental health needs of our population.

Furthermore, the prospective implementation of Liberty Protection Safeguards and any reforms to Mental Health Act, will impact resourcing. It's an area that needs absolute clarity, quickly, and ultimately alignment with Covid recovery.

As well as pressing for clarity around how the workforce plan development sits with regard to addressing the immediate challenges facing the workforce in Wales in the context of Covid, we also call for scrutiny around how the workforce is consulted as the plan continues to develop.

- Call for the committee to scrutinise the mental health workforce plan to ensure it considers the immediate challenges as well as the long-term vision for the workforce
- Call for the committee to highlight the importance of specialist roles within the design of the multidisciplinary team, and to ensure specialists can operate at the top of their licence
- Call for the committee to scrutinise the extent the plan engages and consults across service user and professional groups in its development
- Call to make working in the health service in Wales more attractive; This includes opportunities around remote working to make it easier for retired psychiatrists and those taking time off to care for children or relatives to return to work. Other opportunities include new credentials, bringing in support to enable psychiatrists to work to the top of their skill level.

### **A Health and social care committee inquiry into the support available for people with severe and enduring mental illness, including the benefits of IPS**

Historically, provision for people with severe and enduring mental illness has not been held to an equitable level of scrutiny in the Senedd.

In Wales, much recent focus has been given to a broad approach to prevention of mental ill health. This has clear and obvious benefit for large proportions of the population; however, we can't risk further stigmatising those with moderate to severe illness, some of the most vulnerable people in our society.

As an example, Schizophrenia affects 1 in 100 people (approx. 32,500 in Wales) and has some of the worst inequalities and outcomes.

Support and treatment can help someone with Schizophrenia to manage their condition and the impact it has on their life, there are also many examples of successful early intervention and rehabilitation work in Wales.

One such example is the work undertaken in BCUHB into Individual Placement and Support (IPS) which supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.

- We are calling for Health and Social Care committee inquiry into the support available for people with severe and enduring mental illness in Wales, to include and highlight the opportunities for treatment, rehabilitation and early intervention.

### **The sustainability of the Neurodevelopmental Services Workforce**

We are calling for a short inquiry into the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. There is high demand for neurodevelopmental services and long waiting lists exacerbated by the pandemic. Members working in these services have fed back to us significant concerns about the sustainability of services and ability to meet need. This featured strongly within scrutiny of the proposed Autism bill during the last Senedd term. A recent Welsh Government funded [Scoping Study for the](#)

[Alignment and Development of Autism and Neurodevelopmental Services](#) also highlighted significant workforce sustainability concerns.

We would welcome scrutiny of the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. Given current issues within services, it is vital that the review incorporates the views of the broad range of stakeholders and that the findings support the development of long-term solutions. We are calling for a short one day inquiry to understand bottlenecks and pinch points within services, and provide recommendations as to how services may meet demand for all ND services regardless of diagnosis.

We are of the view that such an inquiry should include feedback from neurodiverse people, representative service user organisations and professional bodies representing the range of health care professionals working in ND teams. We work closely with other professional bodies working in this area and would be very keen to discuss and support further.

### **The need to improve provision and support for people with an intellectual disability**

There are a number of areas which need to be explored and considered in order to increase the provision and support available to people with an intellectual disability (ID).

- Need for suitable social service provision and daytime occupation for people with intellectual disabilities as this leads to improved mental health and a reduction in challenging behaviour.
- Need to increase the availability of psychological therapies for people with ID, and ensure that multi-disciplinary team (including social care) support is in place to facilitate progress on/adoption in Wales of STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines).
- Need for better access to specialist mental health services for people with learning disabilities.
- Need to reduce the length of stay in hospital for patients with learning disabilities by ensuring suitable community placements are immediately available.

## **Adfer yn dilyn COVID**

### **COVID recovery**

It has become increasingly clear throughout the pandemic that the impact of Covid on our mental health will be felt for years. Isolation and loneliness, fear of the illness, reduced access to services and economic instability have all had a deeply adverse effect on people's lives. There is also emerging evidence around the potential for mental health problems during or after an acute covid infection, especially for people with long covid.

A traumatic experience with covid, either through having severe illness, or seeing a loved one become very ill and in some cases lose their life, can hit people very hard. There is an increased risk of PTSD, anxiety, and depression after admission to intensive care. Furthermore, Covid has exacerbated existing inequalities, and having an existing severe mental illness (SMI) or a severe intellectual disability can be a risk factor for both contracting Covid and becoming seriously unwell with it—threatening both physical and mental health.

We must resource and plan for action to meet upcoming demand and support our workforce, or services could be stretched beyond their limits. We should address this challenge with open eyes, and we hope this document will be useful to the committee as it considers its future workplan.

## Unrhyw faterion eraill

### Any other issues

#### **C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?**

#### **Q3. Are there any other issues you wish to draw to the Committee's attention?**

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##### **A focus to increase recognition for both physical and mental health inequalities**

Mental illness is closely associated with many forms of inequalities, including reduced quality of life, poorer health outcomes and early death for many people.

People living with severe and enduring mental illness experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population. This is the same life expectancy that the general population experienced in the 1950s, and evidence suggests that the mortality gap is widening.

We need a cross-government approach to tackling inequalities that contribute to avoidable illness: not just in physical health, but mental health, housing, education, transport, rural healthcare, digital access and income, among other social determinants of health. Along with colleagues across the health, social care and voluntary sector in Wales, we are therefore calling for an inquiry across all Senedd committees on tackling health inequalities in Wales. Meaningful progress will require coherent efforts across all sectors to close the gap and an inquiry undertaken by all Senedd committees will enable committees to consider what action each Welsh Government department is doing to tackle the root cause of health inequalities and put forward recommendations around where improvements are needed.

Likewise, patients with intellectual disabilities (ID) have much higher rates of premature and avoidable deaths, which aren't directly related to any underlying physical illness. Ensuring that good quality annual health checks are completed by GPs is key and ensuring reasonable adjustments can be made for patients with an ID to access hospital is vital. There is already a lot of work on this with the ID care bundles but, there's still so much further to go.