

14 November 2022

Dear Petitions Committee,

Thank you for the actions you have already taken concerning our petition “P-06-1235 - *Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales*”, and for sharing the most recent response from Eluned Morgan AS/MS - Minister for Health and Social Services (letter dated 04.11.2022).

First, we would like to take the opportunity to express our gratitude to the petitions committee for facilitating dialogue between our group, Welsh Ministers, and other key parties. On each occasion we have received informative, considered and detailed responses to our queries. Notably, we been very grateful for the engagement evidenced by Eluned Morgan AS/MS and others, including Jo Whiteford, Chief Executive of Betsi Cadwaladr University Health Board. The level of engagement and openness has been truly appreciated, and we have appreciated receiving information about concerted efforts already underway to better support people with acquired brain injury in Wales.

Second, and as hopefully conveyed across our previous correspondence, improving the provision of services and support for people with Acquired Brain Injury (ABI) is a matter of upmost importance and one that we – alongside may hundreds of thousands of people in Wales – care passionately about. ABI is a chronic condition with hidden disabilities and life-long consequences, where many individuals require early and continued access to neurorehabilitation to optimise their recovery and maximise their long-term potential. For this reason, we hope that concerted efforts already made by Welsh Government continue, and that ABI becomes a more prominent consideration across all sectors and departments (e.g., Health, Education, Social Services, and Justice) and at all levels of government policy going forward.

Third, and in response to the most recent letter from Eluned Morgan AS/M, Minister for Health and Social Services (letter dated 04.11.2022) – we have the following questions and/or general comments in response:

Neurorehabilitation: Thank you for confirming that you will continue to collaborate with the Department of Health and Social Care in England on the Acquired Brain Injury Strategy being developed there. This is welcomed news, with collaboration central to equitable implementation of resultant strategy and efforts to address the needs of those affected by ABI in Wales.

ABI Data Dashboard: Thank you for confirming that the ABI dashboard Phase 1 has been released and is available to NHS Wales users. In response, we are currently liaising with our clinical partners and collaborators for obtain additional information. However, and as before, we would welcome a more concrete timeline for this package of work so that we are able to chart its progress against a roll out plan, gain an understanding of the anticipated functionality of the data dashboard at various

points of release, and be aware of planned efforts to evaluate the efficacy and utility of the dashboard in understanding the demand for and impact of services for people living with ABI in Wales.

National Clinical Framework/Quality Statement: Thank you for the further information and we will await the forthcoming publication.

National Rehabilitation Framework: Thank you for confirming that decisions about training staff to deliver services which meet the frameworks principles and expectations is a decision for employers and professionals themselves, and that Health Boards can commission training via Health Education and Improvement Wales (HEIW) if they wish. In response, we will of course contact HEIW to raise our concerns but hope that you – Welsh Government – will also take any available opportunity to reiterate the need for increased awareness and specialist ABI focussed training across all relevant departments and sectors. It is an issue that concerns multiple sectors and agencies (e.g., education, social work, healthcare), and not solely those who work within the NHS.

Rehabilitation Prescription: As articulated previously, we believe that the Rehabilitation Prescription is an extremely valuable tool and we will continue to advocate for it to be given to all individuals with an ABI, not just those who have been in a Major Trauma Centre, on discharge from acute care. Support pathways need to be clear, equitable and available, and we cannot emphasise enough how valuable some form of equivalent rehabilitation prescription would be in other contexts/environments also (e.g., social services, criminal justice). For this reason, thank you for noting our previous comments on this matter and we hope that the Rehabilitation Prescription attracts further discussion in the future, such as when the National Clinical AHP Lead for Rehabilitation reviews the Rehabilitation Framework and underpinning guidance.

Neurorehabilitation Services for Children: Thank you for confirming that provision of services is ultimately the responsibility of the health boards in question, and we sincerely hope that more recent innovations, such as the ABI dashboard, serve to further highlight the critical need for investment and expansion of existing services across Wales.

Education: The recent investment in training new educational psychologists in Wales, as well as the bursary condition to work in Wales for at least two years post award, is very welcomed news. We hope that it will transpire to be a *sustained* investment in the coming years.

Criminal Justice: Thank you for signposting us to alternative contacts regarding our queries and the ‘partnership agreement for prison health’ document. We have several established links with several key organisations within criminal justice, and we will continue to work collaboratively with them to improve training and awareness across that sector.

Sport-Related Traumatic Brain Injury: We continue to work with the United Kingdom Acquired Brain Injury Forum, alongside Chris Bryant MP, on the UK wide commissioning work and ABI strategy. However, should there be further opportunities for us to support efforts at a more local level, please do not hesitate to contact us.

Welfare Benefits System: We are pleased that our comments related to needed improvements to the Personal Independent Payment (PIP) assessment process were informative. Our recommendations reflect the lived experiences of those with ABI, alongside those working to support those with ABI. Given the importance of the recommendations, is there an associated timeline for the DWP paper?

As before, we implore you to advocate on behalf of those with ABI when working with the DWP in the future – it is vital that evidence is sought from other health professionals and support organisations when an assessment is undertaken, and we simply cannot emphasise enough just how crucial it is that ABI has a voice on any consultation panels concerning changes to the welfare benefits system.

Finally, thank you once again for the detailed and helpful information received to date, as well as the opportunity to respond throughout the petitions process. The information received has been informative, considered and detailed, and we are very grateful to all those that have contributed so far. More broadly, we also hope that the dialogue continues and that collaboratively, we can work together going forward to ensure improved provision of services and support for people with ABI in Wales.

On behalf of my fellow petitioners and members of the South Wales Acquired Brain Injury Forum (and the United Kingdom Acquired Brain Injury Forum as a collective), please do not hesitate to contact us should you require further information and/or where representation from our group and associated contacts/networks would be helpful for ensuring that the ABI voice is better represented going forward.

Yours Sincerely,

On behalf of my fellow petitioners and members of the South Wales Acquired Brain Injury Forum

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