

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/LN/2771/22

Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

31 January 2023

Dear Russell,

Provision of written evidence

We are writing in response to your letter dated 24 October 2022, regarding your request for written updates on the Welsh Government's progress in implementing the recommendations made by the Fifth Senedd Health, Social Care and Sport Committee in respect of its inquiries into:

- Loneliness and isolation (2017)
- Use of antipsychotic medications in care homes (2018)
- Mental health in policing and police custody (2019)
- Impact of the COVID-19 outbreak, and its management, on health and social care in Wales: impact on mental health and wellbeing (2020)

For each inquiry we have provided a summary of activity, outlining, where appropriate, when events have been superseded by other factors. The response is also confirming how we intend that any outstanding work is taken forward. This detail is included at annex 1.

We can confirm that the implementation of the actions are being taken forward with a consideration of tackling inequalities.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

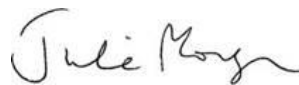
In our written evidence, and subsequent scrutiny session, regarding the 'Inquiry into Mental Health Inequalities' we strived to provide examples of practice from which we were delivering on this work, including a focus on strengthening protective factors which is part of the approach we are undertaking within our current [Together for Mental Health Delivery Plan for Wales](#). We will also ensure that any further work in this area will be informed by the recommendations that are made as part of the Mental Health Inequalities Inquiry.

Please do not hesitate to contact us, should you require further clarification.

Regards,



Eluned Morgan AS/MS
Y Gweinidog Iechyd a
Gwasanaethau
Cymdeithasol
Minister for Health and
Social Services



Julie Morgan AS/MS
Y Dirprwy Weinidog
Gwasanaethau
Cymdeithasol
Deputy Minister for Social
Services



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

ANNEX 1. Update on relevant Health, Social Care and Sport Committee Inquiries.

Inquiry into Loneliness and Isolation 2017.
Summary of work to date
<p>The Welsh Government published “Connected Communities”, its first <u>strategy for tackling loneliness and social isolation</u>, in February 2020. Its vision is for everyone to have the chance to develop meaningful social relationships.</p> <p>The strategy sets out four priorities: increasing opportunities to connect; a community infrastructure that supports connected communities; cohesive and supportive communities; and building awareness and promoting positive attitudes. The key commitments under each priority outline the cross-government nature of the strategy. Where relevant, there are references within other strategies where tackling loneliness and isolation is embedded within their approach.</p> <p>This includes the Dementia Action Plan (2018) which has a theme to raise awareness and understanding of dementia, with actions supporting community-based activities to be accessible to those living with dementia.</p> <p>Within the Strategy for Unpaid Carers published in March 2021, and the Carers Delivery Plan published in November 2021 it recognises the significant negative impact of the Covid 19 pandemic on unpaid carers, including lock down restrictions to protect public health. This led many to experience feelings of loneliness and isolation. The objectives of Priority three, “Supporting a life alongside caring” aim to help all ages of unpaid carer to access short breaks and respite activities which can help individuals’ mental wellbeing. Social activities, as well as opportunities to interact with online and face to face services, can all contribute to reducing feelings of loneliness and isolation.</p> <p>In April 2022 we announced £9m to set up a new national Short Breaks Scheme for unpaid carers. Following a competitive application process, Carers Trust Wales has been appointed as the national coordinating body to take this important work forward. It is working with Regional Partnership Boards to develop new integrated services to support unpaid carers to access a range of short breaks tailored to their individual needs.</p> <p>As part of the development and implementation of the Connected Communities Strategy we have considered the evidence available in assessing the impact of loneliness and isolation on health and well-being and whether people experiencing these issues make increased use of public services and work supporting intergenerational contact.</p> <p>A key commitment in the strategy is the three-year Connected Communities Loneliness and Social Isolation Fund. Launched in September 2021, this £1.5 million fund is supporting front-line, local, grass-roots organisations, which bring people of all ages together, helping them to build social connections in and across communities.</p>
Work considered outstanding
<p>We have not embarked on a specific awareness raising campaign to change attitudes in relation to loneliness and isolation or the stigma associated with it, but are currently engaging with Public Health Wales to ensure that loneliness features in the forthcoming national conversation on mental well-being.</p>

The strategy itself was an important step in building stronger, social connections in Wales and we continue to make good progress in implementing the strategy. In doing so we have worked with external stakeholders such as Mind Cymru, Public Health Wales and Samaritans Cymru, through our Loneliness and Social Isolation Advisory Group, to quality assure implementation of the strategy's 80-plus commitments and to consider what more can be done. We will be reporting on progress of the strategy and how the Loneliness and Social Isolation Fund has benefited communities early next year.

Within 'Connected Communities' sit four key deliverables for social prescribing. These deliverables aim to progress the social prescribing agenda nationally, with a focus on evidence building and governance. These deliverables are being taken forward as part of the Programme for Government commitment to develop a National Framework for Social Prescribing.

Use of antipsychotic medications in care homes (2018)

Summary of work to date

Informed by the work of the inquiry a Short Life Working Group was established in response to the recommendation to look at measuring the prevalence of antipsychotic use in care homes in Wales. This report makes recommendations in relation to the use of routinely collected data to help understand the use of antipsychotic medicines amongst older people who are resident both in their own and in care homes, and more importantly to understand variation in use that, without prejudging its appropriateness, would warrant further investigation. The short life working group noted that there is a National Key Prescribing Indicator in place to measure antipsychotic use in those aged 65 and over and there is limited value in measuring prescribing at care home level. The group agreed that if there were to be a specific need for care home data, audit provides the most detailed and comprehensive feedback regarding prescribing of antipsychotics in care homes. It was therefore agreed that if an audit of antipsychotic use in care homes was warranted, the national Clinical Effectiveness Prescribing Programme (CEPP) audit tool should be used and arrangements should be in place to allow audit data to be reported to a central database from which reports can be generated to facilitate comparative analysis and track progress over time.

We are also developing a prescribing protocol for anti-psychotic medication. The aim of this protocol is to ensure best practice in the use of antipsychotics in people living with dementia, by improving the management of distressed behaviours associated with dementia, and where possible, reduce unnecessary psychotropic prescribing. Colleagues within the prescribing expert group will act as a reference point to inform this work. Where prescribing is required, the aim is to reduce the risk of harm associated with the use of these drugs to improve outcomes for the individual. This document details clear guidance on the appropriate use of medication for managing distressed behaviours people with diagnosed or suspected dementia, in line with NICE guideline Dementia: Assessment, Management and Support for People living with Dementia and their Carers (NICE, 2018).

We have recently provided 18 months funding to 'Developing & enhancing personhood in people living with dementia (PLWD) in care homes through specialist trained HCSWs'. The primary aim of this proposal is to create and implement (and

eventually cascade) a supportive and mutually beneficial relationship between care homes and appropriate dementia services. This is initially being tested in two health board areas (Aneurin Bevan University Health Board and Betsi Cadwaladr University Health Board). This proposal comes from the non-pharmacological task & finish group which reports to the Welsh Government's Dementia Oversight & Implementation Group (DOIIG). It links directly to the need to improve access to and increase awareness of alternative therapeutic interventions with the aim of reducing the use of antipsychotic medications as part of the post Covid-19 pandemic recovery

We commissioned Improvement Cymru to develop a new All Wales Dementia Pathway of Standards that promotes a whole systems integrated care approach which are person centred and align with NICE guidelines. These standards also provide a framework for a comprehensive assessment of the person to be undertaken. To support the implementation of the [Dementia Care Standards](#) we have established five work streams to support this work.

- Workstream One – community engagement
- Workstream Two – Memory Assessment Services
- Workstream Three – dementia connector
- Workstream Four – hospital charter
- Workstream Five A – workforce learning and development
- Workstream Five B – measurement

It has been agreed that 2022/23 is the readiness year for developing regional approaches to dementia care as outlined in the DAP and supported by the dementia pathway of standards.

The Improvement Cymru delivery framework approach promotes a structure of dementia boards and workstreams being in place to support the region to improve dementia care. All regions now have an overarching regional dementia programme lead. Some regions have established their boards and workstreams already with actions plans in place. Others are currently planning their structure and approach. There is an expectation that all Welsh regions will have their dementia boards, workstreams and action plans in place by the end of December 2022.

As part of this work Improvement Cymru are facilitating a National Steering Group, Community of Practice and forums for inpatient, community and memory assessment services to provide clinicians with access to up to date research and information.

Further documentation on how Improvement Cymru are working to support dementia care is below:

[Dementia Care - Public Health Wales \(nhs.wales\)](#)

As you will note a work stream of the dementia care standards includes a focus on learning and development. This work is supporting the implementation of relevant guidance documents that are published, this includes [Good Work Dementia Learning and Development Framework](#) and specific [Guidance](#) and learning outcomes for working with people living with dementia and who have hearing loss, or use British Sign Language.

In addition, we have established a task and finish group who are working to assist learning and development approaches that will support alternative approaches to antipsychotic medication.

The Care Homes DES was amended in 2020 to support actions required during the Covid-19 pandemic. The amendments focused on strengthening support and through weekly discussions with care home managers of patient needs and a direct telephone line between care homes and GP practices for urgent access to clinical advice. The Care Home DES will be reviewed again during 2023 as part of the move to the Unified Contract for GPs, monitoring of antipsychotic medication will be picked up during this review.

The Allied Health Professional (AHP) Dementia Consultant has a remit across all sectors and since it's commencement and the ring-fenced funding in place to support the implementation of the Dementia Action Plan we have seen an increase in AHPs, including speech and language therapists.

A AHP Framework Programme has been established, supported by two AHP Clinical Fellows. One has updated the National Rehabilitation Framework, which includes all population groups, including people with Dementia. The second fellow has developed a [Dementia Framework](#) of good practice to align with it, and looks at how we can maximise the impact of Allied Health Professionals in Wales. We have also established a AHP Dementia Network to support this work.

Work considered outstanding

The work summarised above will be reported as part of the dementia programme to the Dementia Oversight of Impact and Implementation Group (DOIIG). This scrutiny will enable us to identify whether any additional action is required in the future.

Mental health in policing and police custody (2019)

Summary of work to date

Responding to people in mental health crisis requires a multi-agency approach and we have made significant investment and improvement as part of a partnership approach. We commissioned the [Beyond the Call Review](#) to better understand the demand received by emergency services and recorded as mental health. The review looked at 10,000 calls to the Police, Fire and Rescue Service and the Welsh Ambulance Service. The review identified that only 4 out of 10 calls may have needed an NHS response, with most calls needed support for social/welfare issues. The review, led by the National Collaborative Commissioning Unit with a multi-agency steering group including the police, highlights the breadth of needs that people in crisis often present with.

Following the review, and to improve access to NHS mental health support as part of the crisis pathway, we have invested over £6m funding has supported a range of improvement including the establishment of 111 press 2 for urgent mental health. The new service aims to provide rapid access to a mental health practitioner for individuals or professionals that need urgent mental health advice. The service will provide seamless referral into NHS mental health services for those that need it; over the phone intervention to assessment and de-escalate the situation; and signposting into other appropriate support. The service will also provide a dedicated line for professionals, including the police, to provide advice and support. Health

boards are commencing a phased implementation with 24/7 coverage across Wales planned for April 2022.

Hywel Dda University Health Board was the first health board to establish the service on a 24/7 basis and Swansea Bay University Health Board and Aneurin Bevan have also commenced implementation. Local partnership arrangements to support implementation include the police and as part of the implementation, services will be working locally to align service models with existing triage arrangements.

Alongside the implementation of 11, press 2, for urgent mental health support, we have also piloted a national mental health conveyance service. The service which is provided by the third sector aims to compassionately convey patients under the care of mental health service and pre/post admission. The service also provides an alternative to the use of a police vehicle in a crisis situation. The service is 24/7 and aims to provide a response time in 2 hours. During the pilot period, 81% of calls were responded to in the target time during the day and 91% at night. The service has been well-received and has reduced the number of police vehicles used for conveyance. We are now working the National Collaborative Commissioning Unit who have led the pilot to explore options to commission a longer-approach.

Other actions arising following the Beyond the Call Review were included in the [Crisis Care Concordat National Action Plan 2019-22](#)

We have also provided additional funding to health boards to establish alternatives to admissions to hospital. These include sanctuary provision and crisis cafes. We have also agreed funding for four pilots to test the approach for young people as part of the Co-operation Agreement.

Finally, the s135/136 dataset is published at: [Detentions under Section 135 and 136 of the Mental Health Act: July to September 2022 | GOV.WALES](#) and the data is used at a national level and by local partnership arrangements to monitor the impact of approaches and to monitor outcomes.

Work considered outstanding

As part of the process for developing the next Together for Mental Health Strategy, we need to undertake an assessment of progress against the key recommendations set out in the NHS Delivery Units review of NHS Crisis Care services and Health Inspectorate Wales's National Review of Mental Health Crisis Prevention in the Community. This will help identify priority areas to take forward as part of the successor strategy arrangements.

Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales - Fifth Senedd (2020)

Summary of work to date

We continue to provide separate written updates in relation to Mind Over Matter and Everybody's Business and therefore this update does not include these aspects. We have also ensured that the Ministerial priorities list explicitly includes suicide prevention.

We continue to monitor available data and evidence, predicting the true impact of the pandemic (and now the cost-of-living crisis) on mental health needs is complex and this will remain part of our core work as we work to develop the successor strategies to both Together for Mental Health and Talk to me 2, our suicide and self-harm strategy.

Initial modelling, we undertook in preparation for the Welsh Government published in March 2022, suggested a potential increase of between 20%-40% in primary care mental health services and 20%-25% in secondary services (based on NHS benchmarking and published data). This evidence allowed us to secure additional resources to support mental health and well-being with £50m in 2022/23, £75m in 2023/24 and rising to £90m in 2024/25.

Within 2022-23 the £50m has included over £20 million directly allocated to health boards to support mental health services, with the remainder of funding being utilised to support key areas which impact on mental health including substance misuse issues, employability and prevention. This enabled us to ensure we both supported the recovery of services but that we retained flexibility to support the service developments identified with the Together for Mental Health Delivery Plan 2019-2022.

In addition to this 'new' funding mental health continues to be the highest area of spending by the NHS in Wales. In 22-23 the ring-fenced Mental Health budget provided to Local Health Boards is over £760m.

Through the significant budgetary pressures we are now seeing, we are continuing to protect vital mental health funding. The Welsh Government commissioned Social Care Wales (SCW) and Health, Education and Improvement Wales (HEIW) to develop a mental health workforce plan, which includes NHS, local authorities and the voluntary sector. The development of this long-term plan for the mental health workforce is a key action in our Together for Mental Health Delivery Plan to support service improvements and to ensure a stable and sustainable mental health workforce. This plan was formally launched on the 7 November and through the development of this work our aim is to deliver a transformative workforce vision and plan for mental health services, across health and social care.

Through the periods of the pandemic when there was acute pressure on services we established a multi-sector 'mental health incident group' which identified where there were particular pressures that needed addressing, and put plans into mitigate against these. These actions included the development of the digital offer and increased access to universal mental health services that did not need a referral to access them.

In April 2022, the Welsh Government in partnership with the Police, NHS and Public Health Wales implemented the Real Time Suicide Surveillance System in Wales to provide more rapid access to information about probable suicides. This crucial information is now being used to strengthen our preventative work; to ensure support is made available quickly; and to identify trends or clusters. The Deputy Minister for Mental Health and Well-being has also convened a new cross-Government Suicide and Self-Harm Prevention group to drive cross-Government working. Both of these work streams are now informing the future iteration of the Talk to me 2 strategy.

Additional funding secured for suicide prevention will support a new Suicide Bereavement Liaison Service in the new year. The Service will aim to ensure a consistent, timely, and proactive offer of support to people affected by sudden deaths that are unexplained or a suspected suicide. As part of our approach to improve post-vention support, on 28th October we launched the consultation on our new draft guidance 'Responding to people bereaved, exposed, or affected by suicide'. The Guidance is aimed at specialised bereavement support services, and those who come into contact with people impacted by a sudden or unexplained death that could be a possible suicide. The consultation ends on 20th January 2023.

Each health board now has clear and consistent information to help people to access the most appropriate mental health support in their areas and we have put in place a strengthened offer across Wales to support those with non-specialist mental health issues.

The 'Social care approach to respiratory viruses: autumn and winter 2022-2023' published in October 2022 makes it clear that indoor visits to care homes should be the norm when there are no outbreaks. Care homes should take a risk-based approach to supporting visiting during an outbreak. Essential visitors can continue to visit indoors during an outbreak.

During the pandemic we scaled support for NHS and Social Care workforces and have continued to expand and provide a comprehensive independent support service for the workforce. Canopi offers access to free, non-emergency, confidential, mental health and wellbeing support to all NHS and Social Care staff working in Wales. Canopi was formally launched on 26th May 2022 (the predecessor service being Health for Health Professionals Wales). Since its launch Canopi has seen a continual trend towards growth and increased sector awareness in both health and social care staff and have supported 1500 clients from both sectors. Canopi will continue to co-produce the service with people with lived experience, reflect prudent care principles, and adopt a continual service improvement approach. The developing needs of the workforce will be regularly reviewed, assessed, and addressed through strategic collaboration, data analysis and feedback. This service has been contracted by Welsh Government for three years up to 31 March 2025 at £1.5m per annum.

Work considered outstanding

The mental health core dataset remains a core priority for the Welsh Government, and we have strengthened programme arrangements to enable us to move from development to implementation. The mental health outcomes and measures board will focus on agreeing data that will enable measures of activity and outcomes to be reported.

As part of a quality assurance programme for secondary care mental health we are now looking at a digital contacts review which will inform further activity to support the digital offer.

Both of the above areas of work will be reported in progress reports on Together for Mental Health (or its successor). As part of the development of the successor strategy we will also consider what further action is required in this area.