

Agenda – Health and Social Care Committee

Meeting Venue:

For further information contact:

Remote via Zoom

Helen Finlayson

Meeting date: 4 May 2022

Committee Clerk

Meeting time: 09.00

0300 200 6565

SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv.

Private pre-meeting (09.00–09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Mental health inequalities: evidence session with the Centre for Mental Health and Society at Bangor University, Platform and Psychologists for Social Change

(09.30–10.45)

(Pages 1 – 29)

Professor Rob Poole, Professor of Social Psychiatry – Centre for Mental Health and Society at Bangor University

Ewan Hilton, Chief Executive – Platform

Dr Jen Daffin, Community Clinical Psychologist – Psychologists for Social Change

Research Brief

Paper 1 – Centre for Mental Health and Society at Bangor University

Paper 2 – Platform

Paper 3 – Psychologists for Social Change



3 Paper(s) to note

(10.45)

- 3.1 Letter from the Chair to the Minister for Health and Social Services with follow up questions on winter planning following the meeting on Thursday 10 February**
(Pages 30 – 32)
- 3.2 Response from the Minister for Health and Social Services to the Chair regarding follow up questions on winter planning following the meeting on Thursday 10 February**
(Pages 33 – 35)
- 3.3 Letter from Hywel Dda University Health Board to the Chair regarding funding for the continuation of service delivered by Care and Repair Cymru**
(Page 36)
- 3.4 Letter from the Chair to the Minister for Health and Social Services regarding funding from health boards for the continuation of service delivered by Care and Repair Cymru**
(Pages 37 – 38)
- 3.5 Response from the Minister for Health and Social Services to the Chair regarding funding from health boards for the continuation of service delivered by Care and Repair Cymru**
(Pages 39 – 40)
- 3.6 Letter from the Chair to Chair, Equality and Social Justice Committee regarding the role of health boards in safeguarding women and children who may be experiencing or at risk of domestic abuse**
(Page 41)
- 3.7 Response from Chair, Equality and Social Justice Committee to the Chair regarding the role of health boards in safeguarding women and children who may be experiencing or at risk of domestic abuse**
(Page 42)

- 3.8 Letter to Senedd Committee Chairs from Chair, Finance Committee regarding its programme of engagement for the forthcoming Welsh Government's Draft Budget 2023–24**
(Pages 43 – 45)
- 3.9 Letter to Senedd Committee Chairs from Chair, Equality and Social Justice Committee regarding annual scrutiny of the Future Generations Commissioner**
(Page 46)
- 3.10 Letter from the Chair to the Minister for Climate Change regarding disabled facilities grants**
(Page 47)
- 3.11 Response from the Minister for Climate Change to the Chair regarding disabled facilities grants**
(Page 48)
- 3.12 Letter from Chair, Children, Young People and Education Committee to the Deputy Minister for Mental Health and Wellbeing regarding eating disorder services in Wales**
(Pages 49 – 50)
- 4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting**
(10.45)
- 5 Mental health inequalities: consideration of evidence**
(10.45–11.00)
- 6 Forward work programme**
(11.00–11.30) (Pages 51 – 74)
- Paper 4 – forward work programme
Paper 5 – scoping paper on dentistry
Paper 6 – scoping paper on stroke
Paper 7 – scoping paper on women’s health

Document is Restricted

Senedd Consultation on Mental Health Inequalities

The role of the social determinants of mental health has attracted an increasing level of attention over the past 10 years, particularly with respect to psychosis. Robin Murray, FRS, is an international expert on schizophrenia whose research has had a strong biological emphasis, but he has acknowledged that social factors are far more significant than has previously been recognised. Evidence of significant social causation opens the possibility of policies that promote primary and secondary prevention of mental ill health across the full spectrum of severity.

General comments on the impact of inequality

Inequality has a broad adverse effect on societal wellbeing, as has been demonstrated across a range of measures, including health, life expectancy, crime, and mental health amongst others. Inequality has an impact on society as a whole, and not just on discrete disadvantaged groups.

The consultation document implies that inequality can be seen to impact on categorical disadvantaged groups, but instead inequality should be seen rather as a continuous variable. All sectors of society would experience tangible benefits from reductions in inequality.

Contrary to the rhetoric of the current Westminster government, inequality cannot be reduced through so-called levelling up. Wealthier sections of society will have to give up some resources and privileges. Julian Tudor-Hart, a South Wales GP, argued in 1971 that funding for social and health care varied inversely with the needs of the population being served. The Inverse Care Law still applies and tackling inequality means that funding will have to be reallocated to disadvantaged areas from those that are currently relatively advantaged.

General comments on targeting

Universalist policies are preferable to those targeted at specific groups for several reasons:

- First, the social gradient in risk of physical and mental illness means that increased risk is not confined to those at the bottom. A population attributable risk perspective implies that we should be aiming to reduce risk across the whole social gradient. Targeting only those at highest risk misses much of the problem.
- Second, targeting implies labelling with all of the attendant hazards of stigma.
- Third, individual level preventative interventions put too much focus on individual autonomy, failing to recognise the interactions between broader social inequities that affect personal choices and which are a key factor leading to high rates of severe mental health problems amongst the Black population and those living in urban poverty.
- Fourth, a health service for the poor is a poor health service; an education service for the poor represents poor education. In Britain, most of the population have a stake in the

National Health Service, which is a universal service. Were there to be a special health service for the poor, the middle classes would have less interest in it, and its quality would suffer. Experience of the impact of austerity policies in England has shown that the mental health projects that were targeted at deprived populations under New Labour were the first to be cut when budgets tightened.

- Fifth, targeting through First Episode Psychosis and Early Intervention services, whilst effective for those who meet their criteria, has the perverse effect of neglecting those with long-term and chronic conditions, who now experience poorer clinical and social outcomes than was the case 20 years ago.

Overall, targeting is likely to be counter-productive in achieving primary and secondary prevention. We acknowledge that people at high risk may indeed need special attention, but this is best achieved through proportionate universalism—universal programmes and services with resources distributed in proportion to need. There is a need rather to focus on what Marmot has referred to as “the causes of the causes” of health inequalities, such as housing, infrastructure and education. A further advantage of a population approach is a reduction in medicalisation. It is important to recognise that, in general, the greatest population benefits are seen from interventions aimed at reducing the risk of the whole population rather those targeting high-risk individuals. The same principles apply to reduction of population rates of mental illness as was successfully applied to the reduction of population rates of tuberculosis.

Experiences of people who are disproportionately affected

In recent times, there has been some improvement in effective and productive engagement with service users and carers. In order to fully address their needs, and their current difficulties in accessing appropriate care, more engagement and capacity building is needed, including in the domains of policy-making, research, and the co-production of care and treatment.

In addition to the limitations that arise from thinking exclusively in terms of the disadvantaged, as we have indicated in the sections above, it is important to note that so-called disadvantaged groups experience multiple intersecting disadvantages, commonly referred to as intersectionality. For example, members of ethnic minorities experience racism, less advantageous employment, poor quality housing, worse physical health, and so on.

We note that not all disadvantaged groups have been identified in the consultation document, with one conspicuous omission being people involved in substance misuse, who are known to be at high risk of mental illness and death from suicide and overdose. Substance misuse provides an illustrative example of some of the key issues that need to be considered. These include the complex relationship with other disadvantages, the frequent impenetrable barriers to care as individuals are bounced between services, and the interactions with issues of appropriate prescribing. They are also a key exemplar of the way in which those who are most at risk are often regarded as undeserving or responsible for their own situation.

Barriers to access

Geography

Rural areas in Wales are associated with significant barriers to access, due to a scarcity of statutory services, scarcity of Third Sector organisations, inadequate housing, limited internet connectivity, and difficulties with transport. The farming community experiences particularly high rates of suicide, and the degree of isolation amongst rural communities is known to affect suicide rates.

Access to Primary care and Third Sector organisations:

The majority of mental health problems are managed within primary care, but Wales as a whole, and North Wales in particular, are experiencing significant difficulties. Some practices in North Wales only have locum medical cover, which means that services can be unreliable and lack continuity of care. These conditions militate against adequate services for people with common mental health problems. Historically, training for GPs in the recognition and treatment of mental health problems has been imperfect, and this remains a problem.

Third sector services are based in urban hubs, and not in rural communities. This creates barriers for access, and leads to inadequate links with local communities, carers, and service users. Some groups are evidently reluctant to use third sector facilities, and not enough is understood about the reasons.

Primary care and Secondary care interface

There are referral criteria in place that restrict referrals from primary care to secondary care, and this remains an important barrier to access. There is a widespread perception that such criteria have become more restrictive as an unintended consequence of the Welsh Mental Health Measure.

Barriers to care despite being within the service

Functionalised models of care are a major barrier to accessing appropriate care. They create multiple service interfaces with associated rigorous policing of boundaries, the continual “bouncing” of patients between services, and encouragement of attitudes around the notion of “this is the wrong kind of patient for us”. These problems disproportionately affect patients with multiple problems, who are more likely to belong to marginalised and deprived populations.

The interface between mental health and social services has deteriorated over recent years. Mental health teams often have no dedicated social care members, and there is evidence of the withdrawal of social workers and social services staff from mental health settings. Tight budgets have exacerbated these problems. This fact militates against integrated care plans that deal with social and mental health problems in a single individualised care strategy.

The situation exacerbates a lack of understanding across different services, as to what each service can provide. At the level of individual staff members, it leads to a lack of joint working across services.

Factors affecting the sustainability and quality of services

There is fragmentation of overarching care provision, with an over-emphasis on health care. There has been recognition for many years that tackling the needs of deprived populations demands a greater emphasis on Local Authority, Health, Third Sector and Police co-working and joint planning, especially in order to develop better approaches to mental health and welfare crises, but there is limited progress.

Funding models make it difficult to plan ahead for service development, especially in Third Sector organisations. This impacts on developing and training staff, and hence on retaining them. We see little or no evidence that competition between third sector organisations for funds is helpful. On the contrary, it appears to be disruptive and counterproductive. There is a lack of joint commission, and most crisis care funding goes to health, which leads to hospital based crisis services, when the population most at risk would benefit from community based services.

There are substantial problems with mental health staff recruitment and retention in Wales. Staff often feel disempowered, for a variety of reasons, including a pervasive top-down approach throughout services, a culture of blame, and managerial defensiveness. There is a long-standing problem related to the lack of training opportunities for staff. Training and staff development, including involvement in research, are early casualties when services are under pressure, as has been the case during the Covid pandemic. However, these are often the times when staff skills need to be upgraded.

Services need to do more to measure the quality of care and treatment provided. The only measure that seems to be assessed regularly is whether the Care and Treatment Plan has been completed on time. There is insufficient attention paid to the content of the plan, whether it was delivered, and what the outcome was.

Finally, there is a lack of sharing of good practice across different sectors.

Leaving the service

NHS mental health services collect insufficient information about social circumstances on assessment, and neglect social outcomes and social inclusion, as opposed to symptomatic recovery, in relation to current service provision. Hence, the social aspects of service users' lives are neglected both at the assessment and follow-up stages. In contrast, service users place the highest priority on social outcomes such as employment, finances and leisure activity, exactly those parameters that are most neglected by statutory services.

There is insufficient access to employment and training opportunities for service users with mental health problems.

Further Reading

Causal role of social factors in mental illness

Poole R, Higgs R, Robinson CA (2014) *Mental Health and Poverty*. Cambridge: Cambridge University Press. ISBN-13 978-0521143967

Impact of the political economy on outcomes of schizophrenia

Huxley P, Kraybill A, Poole R, Prendergast L, Aryal S, Warner R (2021) Schizophrenia outcomes in the 21st century: A systematic review. *Brain and Behaviour* 2021;00:e02172. <https://doi.org/10.1002/brb3.2172>

Impact of the pandemic-related inequalities on mental health

Poole R, Nafees S (2021) The social determinants of mental health, the pandemic and social justice. *Arab Journal of Psychiatry*, 32 (1),16 – 20. doi:10.12816/0058761
<https://www.arabjournalpsychiatry.com/wp-content/uploads/2021/05/May-2021.pdf>

Intersectionality and Mental health

Bowleg L (2021) Evolving intersectionality within public health: from analysis to action. *Am J Public Health*. 2021;111(1):88–90.
<https://doi.org/10.2105/AJPH.2020.306031>

McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of women in culture and society*, 30(3), 1771-1800.

Functionalised services

Burns T (2010). The dog that failed to bark. *The Psychiatrist*, 34(9), 361-363.
<https://doi.org/10.1192/pb.bp.110.030254>

Begum M, Brown K, Pelosi A *et al.* (2013) Survey of patients' view on functional split of consultant psychiatrists. *BMC Health Serv Res* 13, 362 <https://doi.org/10.1186/1472-6963-13-362>

The Inverse Care Law

Tudor Hart J (1971) The Inverse Care Law *Lancet*, 297 (7696), 405-412,
[https://doi.org/10.1016/S0140-6736\(71\)92410-X](https://doi.org/10.1016/S0140-6736(71)92410-X)

Co-production in research

Livingston, W and Perkins, A. (2018) Participatory Action Research (PAR) Research – Critical methodological considerations. *Drugs and Alcohol Today* 18(1):61-71.
<https://doi.org/10.1108/DAT-08-2017-0035>

Professor Sir Robin Murray on social factors

Murray RM (2017) Mistakes I Have Made in My Research Career *Schizophrenia Bulletin*, 43 (2), 253–256, <https://doi.org/10.1093/schbul/sbw165>

Inequality and social determinants of health in general

Pickett K, Wilkinson R (2008) *The Spirit Level: why more equal societies almost always do better*. London: Allen Lane. ISBN-13: 978-1846140396

Marmot M, Goldblatt P, Allen J, et al. (2010) *Fair Society, Healthy Lives: the Marmot Review* <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020). *Health Equity in England: The Marmot Review 10 Years On* <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

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About CFMHAS

The Centre for Mental Health and Society is a research centre within Bangor University. It is co-directed by a social scientist (Peter Huxley) and a psychiatrist (Rob Poole). It has a

substantial portfolio of research focusing in social justice and clinical issues affected deprived and marginalised populations. It draws an associate membership from a wide range of other universities and health organisations. Website: <https://cfmhas.org.uk/>

Re: Consultation response on Mental Health Inequalities

Platform is the charity for mental health and social change.

We are a platform for connection, transformation and social change. We're driven by the belief that a strengths-based approach is the foundation to sustainable wellbeing for everyone. We do not believe that people or communities are "broken" or in need of fixing.

Our work takes a trauma informed approach to understanding mental health and emotional distress, and we see the current mental health, and wider health, social care and public sector systems as no longer fit for purpose. Based on illness and deficit models, they deny people the hope and agency to heal.

Our response to the consultation is as follows:

Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

The groups disproportionately affected by MH are predictable and obvious. Poverty, racism, lack of access to green spaces, poor housing etc are all factors linked to MH. This is well-documented and the committee should already be aware of this.

Factors that can worsen MH within these groups include poverty, racism and other forms of collective trauma. However, it would be worthwhile for the committee to consider the effects of re-traumatising systems within public services. Examples of such re-traumatising includes:

- The DWP and in particular the culture of sanctions, conditionality, and the requiring people to undertake tests that have the intention of seeking to reduce entitlements such as the work capability test.
- Institutional racism, particularly in services that have the power to control and institutionalise people such as the criminal justice system, psychiatric units, and social care.
- Excessive and intrusive rules that prohibit people making choices and having control over their situation. For example, professionals assuming they know best and not working with people to find out what they want.
- Lack of services and resources that create lack of choice.
- Deficit based labelling of people and writing them off.
- Poor equalities practices that exclude people from accessing services and facilities.

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For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

The inverse care law is already understood and accepted within the Health service, but remains an important concept in explaining the barriers to support. In practice, it means a lack of choice for people accessing MH support, with medication over-relied upon because long waiting lists for talking therapy make meaningful choice unrealistic. The reality is that people who can afford to pay for counselling will not wait long, and people who are unable to pay for counselling will wait for a long period of time, often beyond the point at which it would have made a significant difference.

There are also specific shortages in counsellors able to provide counselling through the medium of Welsh, British Sign Language, or able to support people with neuro-diverse needs.

But there are also additional barriers that can be created following somebody being given a psychiatric diagnosis. Many services are risk adverse and will exclude people who receive such a diagnosis. This is illustrated well in support services for people who have experienced violence and abuse. We are aware of many occasions where women who have experienced abuse and violence have received psychiatric diagnosis of “borderline personality disorder” (BPD) or “emotionally unstable personality disorder”. We would question the suitability of such diagnosis, instead noting that the common symptoms associated with such a diagnosis are actually normal responses to a traumatic situation.

This is not a trivial matter. The over-reliance on medical models of mental health in the criminal justice system is a factor in how that system can re-traumatise people. It is used as a weapon by perpetrators of abuse to throw doubt on their stories, make the survivor feel they are at fault for experiencing abuse, and perpetuates gaslighting. In the family courts system, the use of the BPD label can potentially be used in custody battles, which has a subsequent effect on children. That’s why we are calling on the Welsh Government to commission a review of the use of BPD and its suitability when it comes to women who have experienced violence and abuse. We would also note that perpetrators of abuse can often choose their victims precisely because of their vulnerability, knowing that the person will not be believed because they have a psychiatric diagnosis.

This is not the only example of where people can be re-traumatised because of the over-medicalisation of trauma. People can also be excluded from support services such as refuges and counselling services with such a diagnosis, or if there are other responses to trauma such as substance use. There are lots of

Continued

services that are very risk averse and will exclude people considered to be too “complex”. This is not trauma-informed, yet is still occurring.

We would therefore emphasise that one barrier to people accessing Mental Health services is the over-reliance on medical models and labels that have the effect of excluding people from other essential public services. This would be an interesting avenue for the committee to explore.

Another barrier is the climate in which staff within public services operate. Sometimes staff in public services can also experience trauma and burnout which increases the likelihood of a service not being trauma informed. Staff themselves can often find their professional judgement sub-ordinated to bureaucratic processes, meaningless targets, or micro-management of their activities. This can create compassion fatigue and increase the chances of labelling and viewing people they are working with as cogs in a machine.

This can have an enormous negative effect on staff members, shaping and reconstructing identity from ‘I am a compassionate, caring person who is here to help others’ to ‘Just get me through one more day’. Using power to manage extreme behaviours can cause service users to fear and distrust staff, resulting in poor engagement and thus potentially frustrated and dissatisfied staff who rely even more heavily on power and control.¹

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps? What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Current WG policy acknowledges the inequalities in MH and -unlike the Westminster government - appears to be increasingly aware of the impact on MH that racism and structural inequalities cause.

However, there are a few gaps we wish to highlight:

- (1) A major gap is the lack of acknowledgement that an overly medicalised approach within MH services needs to be addressed, and choice expanded. We would like to see a focus on more alternatives to institutionalisation (such as Platform’s crisis homes in Cardiff and Newport) for people experiencing a crisis, and a greater range and availability of talking therapies and coaching. We would also like to see the asset/PTS and other asset based coaching styles of working with people (asset based rather than deficit based) expanded and more

¹ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6088388/>

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awareness of this approach within the NHS and the advantages it offers over other approaches.

- (2) Linked to this is that the Policy response underplays the importance of non-medicalised ways of supporting and maintaining recovery. For example: Practitioners need to consider how to tackle loneliness and isolation, encourage people to participate in social activities (arts, culture, community etc). This has been difficult to do so within the context of the pandemic as many community and cultural activities have been unable to go ahead, but has always been a neglected factor within the Policy response.
- (3) As part of the covid recovery plan, the Welsh Government needs to acknowledge the collective trauma that has been experienced as a result of the pandemic (albeit an experience that has impacted poorer and marginalised groups more than others). It is not suitable to adopt a medical model of Mental Health for these circumstances and neither is it appropriate to deny there is a problem that requires a skilled and differentiated response that listens to people rather than makes assumptions about the cause of the problems. We would suggest learning from the disaster recovery framework about collective trauma and recovery from such trauma, noting that in cases such as Hillsborough and the Grenfell fire, a failure to be honest or transparent over mistakes can exacerbate the trauma.

We would welcome the opportunity to discuss further.

Yours Sincerely

James Radcliffe
Head of Public Affairs and Influence

Building a Nurturing World

Psychologists for Social Change Cymru

The world is complex, and the whole of the environment affects people. To thrive, people need to live in a world which is nurturing and sustaining. This means having sufficient resources, secure relationships and equal access to power to be able to develop a meaningful life. Tackling inequality, housing problems, lack of opportunity, and creating a more nurturing and cohesive world helps to nourish people through the lifespan. Mental health is fundamentally about social health. It is not a DIY project.

Belonging and Connection

Having a sense of belonging, feeling safe and connected, having meaning, trust, and good relationships within our families, friends and communities.

Whole System Approaches

To build individual wellbeing and resilience, whole system approaches to place and community are needed.

Strong Foundations

To grow and develop well, people need strong and stable foundations and a robust safety net to build their capabilities from.

Early years are crucial

Families and children need stability, resources and support through investment in childcare, housing and employment.

By creating a psychologically healthy world based on agency, security, connection, meaning and trust mental health can flourish

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

AND

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?



The first thing to clarify is that we understand 'poor mental health', including 'mental illness' to be the result of unaddressed/unhealed adversity, distress and trauma (across a spectrum - <https://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia>).

The current system does not cater for the 'missing middle'. There are adult missing middle groups too that the current system excludes just like in children's services.

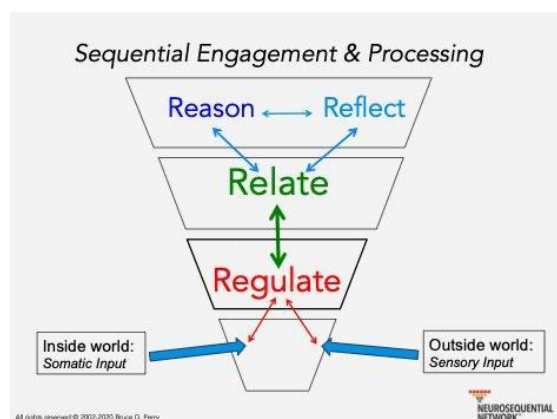
Current policy and practise do not reflect a trauma based understanding. This perpetuates mental health inequity as obscures the necessary solutions from view. The use of the non-evidence based medical diagnostic system (the DSM/ICD) in mental health does not currently account for this adequately. The work by James Davies in his book *Sedated* which talks to the issues around long term medication use and disability as well as to problems with a medical rather than a holistic (mind body and circumstances) model on people's long term outcomes.

Limitations of diagnostic categories

Whilst some trauma is represented under the term 'complex PTSD' the attached symptomatology is limited and cannot account for childhood neuro/developmental trauma or other chronic trauma exposures. It bars many people from accessing necessary support. There are a number of issues in children's services as well linked to inadequate diagnostic criteria. There is not clarity in CAMHS services whose business it is to address neuro developmental trauma. Meaning many issues go unaddressed resulting in knock on impact on numbers of people in the criminal justice system, homelessness, alcohol and drug use, domestic violence and unemployment etc.

Many of the diagnostic terms used, given their lack of evidence, are based on social views of the time. Many hold within them inherent discrimination. The term 'personality disorder' and its use against women is an example that Dr Jess Taylor speaks to in her new book *Sexy but Psycho*.

Without recognition of the impact of circumstances (https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/) the system currently will always fall short of applying the necessary interventions at the right time. The trauma recovery model should also be consulted. <https://www.trmacademy.com/> - FACTS Bridgend NHS service.



The current system is therefore unable to make prudent use of resources. This means many people arrive to 'therapy' or mental health service unprepared to make best use of the support on offer. Dr Bruce Perry's neuro sequential model should be consulted for this and services should be reorganised around this model. His book with Oprah Winfrey has a number of recommendations about how to better embed support into communities.

The 6-8 session model does not allow for trust or regulation to occur. The lack of continuity and bridging of relationships between services means people lose their 'secure base' in this handover and often become dysregulated in this transition.

Often many months if not years of work is lost here. This also causes people to bounce around the system needlessly.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

A Psychosocially Informed Public ‘Mental’ Health response

But more than this the advice of the UN sp. rapt. on mental health should be applied. The report said –

“The urgent need for a shift in approach should prioritize policy innovation at the population level,” he writes, “targeting social determinants and abandon the predominant medical model that seeks to cure individuals by targeting ‘disorders.’”

<https://www.madinamerica.com/2017/06/united-nations-report-calls-revolution-mental-health-care/>

We need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in.

(Desmond Tutu)



We need a public mental health response to address mental health inequity. The current system is not fit to do this but nor should we expect it to.

Following the Mind over Matter report this response should unlock expertise embedding the skills of applied practitioners such as [Neighbourhood Psychologists](#) into communities. As per the work of Save the Children Cymru in Bettws, Newport (Early Learning Community).

Integrating Poverty and Mental Health Approaches in Prevention and Early Intervention

Alongside this approach integrating poverty and mental health support will be key. For example, by embedding psychologist expertise within families first services as across the Gwent footprint. This allows both for the sharing of knowledge and practice but also bridging across sectors.

Contact Details

Dr Jen Daffin, Community Clinical Psychologist and Chair of PSC Cymru.

This response is on behalf of Psychologist for Social Change, Cymru

Please include Jen Daffin/PSC's name alongside this response.

Non confidential material enclosed.

Agenda Item 3.1

HSC(6)-11-22-ITN-01
Pwyllgor Iechyd a
Gofal Cymdeithasol

Health and Social Care Committee

Eluned Morgan MS
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2 March 2022

Dear Eluned

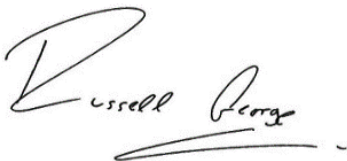
Follow up questions on winter planning after scrutiny session on 10 February 2022

Thank you for attending our meeting on Thursday 10 February and responding to our questions.

Following the evidence session, Members agreed write to you with follow-up questions on the issues outlined in the annex to this letter.

We would be grateful for a response by 25 March 2022.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: follow up questions on winter planning after scrutiny session on 10 February 2022

Following the scrutiny session on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment and the Welsh Government's Health and Social Care Winter Plan 2021 to 2022 on 10 February 2022, we would welcome further information on the matters listed below. We would be grateful to receive your response by 25 March 2022.

Vaccination programme

During the evidence session, we asked what plans were being made to resource the vaccination programme going forward, particularly in terms of reducing disruption to services through redeployment of staff. You said that it had been necessary to be reactive, particularly in mobilising quickly to administer the booster programme and that there were still some uncertainties around the vaccination of children under 12 and the effect of waning. Since the evidence session, the Welsh Government has announced the expansion of the vaccination programme to children aged five to 11 who are not considered to be at clinical risk.

1. Can you tell us what impact this is likely to have on the vaccination programme and how it will be resourced. Also, can you tell us what, if any, contingency plans are in place, should there be the need for another rapid roll-out.

Review of winter plans

Your paper stated that 'a wider review and evaluation of winter arrangements will be undertaken, [...] and will seek to identify and learn from areas of notable practice in addition to the challenges experienced by RPBs in implementing plans'. Judith Paget told us that the details for this review had not yet been firmed up but that she expected it would happen around April or May.

2. Are you now in a position to confirm how this review will be carried out, who will be involved and when it will take place.

Impact of short-term funding for winter pressure

We raised with you the concerns of stakeholders about the impact of short-term funding for winter pressures, particularly on the ability to recruit and train staff. We also raised the possibility of not having a winter plan, but rather an annual plan where more elective surgery is carried out in the spring and summer, leaving the autumn to winter period more free for work on winter pressures.

3. You said that this was something that should be considered. We would welcome your further thoughts on this suggestion.

4. Can you provide assurance that the health boards' IMTPs include adequate planning for seasonal impacts (including winter pressures and the potential impact of summer heatwaves).

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

Agenda Item 3.2

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
Senedd Cymru

SeneddHealth@senedd.wales

21 March 2022

Dear Russell,

Thank you for the Committee's letter on 2 March 2022 following my session on 10 February 2022. Please find below a response to your action points in the order raised in your letter.

Vaccination programme

Since my committee appearance, we have published the latest [COVID-19 Vaccination Strategy](#), which sets out how the vaccination programme will continue to play a significant part in keeping the people of Wales safe in 2022, with a focus on the vulnerable and elderly.

As we transition beyond the emergency pandemic response, we continue to be led by the latest clinical and scientific evidence from the Joint Committee on Vaccination and Immunisation (JCVI) and the Chief Medical Officer (CMO) for Wales. COVID-19 has not gone away and we must learn to live with this virus just as we live with many other infectious diseases.

While we are all hoping for a smooth transition into a Covid Stable scenario where there will be new waves of infection, but they are not expected to put unsustainable pressure on the NHS, we also need to be ready to respond quickly to any future outbreaks or new variants. We have a responsibility to learn from the pandemic and ensure there is sufficient resilience in the system to stand up a Covid Urgent response should it be needed. The COVID-19 Strategy stresses the continued need for the NHS, with its highly skilled and experienced workforce, to respond promptly and effectively, and demonstrate the agility and flexibility to scale up, or scale down resources and delivery, depending on need.

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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.

Health boards have been asked to continue to deliver primary and booster doses, including the spring booster, in line with the current schedule and to plan on the basis of a core 'most likely' scenario including provision for an autumn booster, as well as planning for a COVID urgent scenario of a 'surge' in response to a variant of concern, akin to that delivered in late 2021 in response to the Omicron variant.

Health board's plans for COVID-19 vaccinations will be included in their IMTPs in response to the Planning Framework. They will be expected to provide narrative in their IMTP to outline their proposed service models and schedule as well as their plans in relation to maximising uptake, equity, surge capacity and workforce. We are expecting to receive those plans for scrutiny by the 31st March. In addition, health boards will be expected to report on their progress which will enable the sharing of good practice and innovation.

In terms of a universal offer of vaccination to all 5-11 year olds, health board vaccine SRO's have already planned for this scenario, including securing paediatric trained vaccinators and child-friendly vaccination centres. They have built on their learning from the vaccination of clinically at risk 5-11-year-olds and 12-15-year-olds and have considered carefully how to ensure equity from the outset. There is work in train to ensure the necessary immunisation and clinical guidance is in place, and there is factual and trusted information on the Public Health Wales website for children and parents to help inform their decision. Health boards will start to deploy this programme from mid-March and throughout April and May. The priority remains to protect our most vulnerable and elderly, as we have throughout the pandemic. The spring booster began roll out from Monday 14 March.

I have provided assurance to the NHS that funding will be made available to support their important work, including funding to secure venues, workforce and consumables; though there is the expectation that health boards will explore every opportunity to secure a more sustainable workforce and adapt the delivery models to be as efficient as possible, demonstrating value for money.

Review of winter plans

There has been regular dialogue with Regional Partnership Boards since the submission of their planning documents in November 2021. Feedback from the RPBs has informed the planned review process.

The winter planning process and impact will be reviewed formally during April and May 2022 when the full impact of actions undertaken to support winter resilience will be known.

This review will comprise a number of components:

- Review of actions undertaken by regions to assess the impact in terms of outputs and outcomes (where these data are available). This will be undertaken through the processes used for the Regional Investment Fund for which each Regional Partnership Board submits a quarterly return.
- Feedback from key stakeholders on the process of developing and implementing the winter plan. This will include:
 - RPB leads and health and social care colleagues;
 - Welsh Government policy leads across the Health and Social Services Group.
- The review will gather notable practice and challenges experienced by each region to facilitate learning.

The review will be facilitated by Welsh Government officials and there will be an opportunity for both internal and external colleagues to provide feedback anonymously to ensure colleagues are able to provide full and frank feedback.

A winter learning event may be considered to facilitate dissemination notable practice and seek views from key stakeholders.

A review report will be prepared which will set out key findings and recommendations for further planning cycles.

Impact of short-term funding for winter pressure

The review of winter planning will incorporate consideration of the challenges to delivery, including the ability to deploy short-term funding to support winter schemes.

Alongside allocations of funding to RPBs to support winter, there was significant investment during 2021 to support the recovery of health and social care and to support resilience of services experiencing ongoing impacts of the pandemic and wider system pressures.

The Integrated Medium Term Planning process covers a three-year period with a detailed focus on year one. The expectations of this process are that it takes into account seasonal variations in demand for services and the robust deployment of resources to align with these variations. This process is supported by both national modelling for COVID demand and local modelling of all types of service demand.

The forthcoming process of submission and assessment of IMTPs for 2022-23 to 2024-25 will include a focus on the management of seasonal pressures.

I hope I have provided clarity on the areas set out in your letter but if you would like further information please let me know.

Yours sincerely,



Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Ein cyf/Our ref: CEO.8273
 Gofynnwch am/Please ask for: Katie Jenner
 Rhif Ffôn /Telephone: 01267 239730
 Dyddiad/Date: 14 April 2022

Swyddfeydd Corfforaethol, Adeilad Ystwyth
 Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
 Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
 Hafan Derwen, St Davids Park, Job's Well Road,
 Carmarthen, Carmarthenshire, SA31 3BB

Russell George MS
 Chair,
 Health and Social Care Committee
 By email: SeneddHealth@senedd.wales

Dear Chair

Re: Funding for the continuation of service delivered by Care and Repair Cymru

Thank you for your letter of 17 February 2022 in relation to the continuation of funding for the *Hospital to a Healthier Home* (H2HH) service during the 2022/23 financial year. Please accept my apologies for the delay in my response whilst I awaited confirmation of a review being conducted by our Finance Team.

I am pleased to confirm that by working in collaboration with Local Authority partners, we have continued to support the H2HH service delivered by the Care and Repair Team within our region. The Health Board will continue to discuss the long-term requirements with Care and Repair Cymru, enabling us to effectively provide appropriate services across our Health and Social Care system.

I trust this response provides some clarity.

Yours sincerely

Steve Moore
Chief Executive

Swyddfeydd Corfforaethol, Adeilad Ystwyth,
 Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,
 Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

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Cadeirydd /Chair
Miss Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
 Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

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Eluned Morgan MS

Minister for Health and Social Services

Welsh Government

17 February 2022

Dear Eluned

Hospital discharge and its impact on patient flow through hospitals

As part of our inquiry into hospital discharge and its impact on patient flow through hospitals, we took evidence from representatives of Care and Repair Cymru at our meeting on 14 February 2022.


During the session, we heard about the innovative *Hospital to a Healthier Home* (H2HH) service and the vital role it plays in ensuring that older people are discharged from hospital into a home fit for their needs. We understand that the Welsh Government has commissioned the service nationally until the end of this financial year, and that subsequent funding for the continuation of the service in each health board area is a local decision for individual health boards.

Care and Repair told us that, as at 14 February, only one health board has committed to fund the service in its area in the next financial year, and that unless it receives confirmation of funding from other health boards soon, it will need to begin making arrangements to decommission services, including putting staff on notice of redundancy.

We believe this vital service should continue and that it is not acceptable that the charity is left with this uncertainty so close to the end of the current funding arrangements. We want to see sustainable long term funding for such good practice schemes. We therefore ask you to do what you can to ensure that health boards provide clarity on their funding intentions as a matter of urgency.

We have also written to health board Chief Executives in this regard.

Yours sincerely

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal stroke underneath.

Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

c.c. Chris Jones, Chief Executive, Care & Repair Cymru

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/EM/0966/22

Russell George MS
Chair, Health and Social Care Committee

22 March 2022

Dear Russell,

Thank you for your letter of 17 February about the Health and Social Care Committee's inquiry into hospital discharge and its impact on patient flow through hospitals, and the *Hospital to a Healthier Home (H2HH)* service delivered by Care and Repair Cymru. I should like to thank the committee for their time in considering this important topic.

Since the Welsh Government funded *H2HH* service was introduced across Wales over winter 2018/19, we have observed encouraging evidence of the benefits to patient and staff experience. Although there is variation across Wales, the service does appear to have facilitated safer and quicker discharges for vulnerable older patients who have benefited from rapid home adaptations and solutions.

The *H2HH* service was originally intended to be a winter pilot, with the expectation that Health Boards would continue to fund the service long-term if deemed suitable for their local population needs. However, it was recognised that due to the challenges faced by the pandemic, engagement between Care and Repair and the Local Health Boards had been limited and restrained due to the priority in dealing with the pandemic and tackling system pressures.

Additional Welsh Government funding was made available for a further year to continue delivery of the *H2HH* service for 2021/22. A letter was issued to Health Boards on 3 March 2020 to confirm this funding extension, where it was explained Health Boards would need to make their own planning and funding assumptions for the service from 2021/22 and beyond. Health Boards were directed to determine whether the service offered sufficient value to local populations and decide locally whether to fund on a sustainable basis.

Engagement meetings have taken place with representatives of Health Boards, Care and Repair, and Welsh Government officials throughout 2021/2022 to explore future funding solutions. However, due to a lack of communication from Health Boards, Nick Wood, Deputy Chief Executive NHS Wales, wrote to Health Board Chief Executives and Chief Operating Officers on 9 February asking for an update from their organisations.

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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.

We have since received confirmation from all of the five Health Boards using the *H2HH* service that they intend to continue the service through local funding. Cardiff and Vale University Health Board has decided to incorporate the *H2HH* service into the existing Local Authority independent living service contract with Care and Repair.

I hope this information is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Jenny Rathbone MS
Chair, Equality and Social Justice Committee

18 February 2022

Dear Jenny

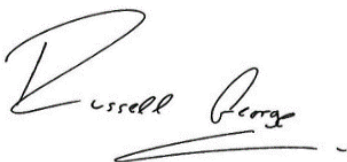
Role of health boards in safeguarding women and children who may be experiencing domestic abuse

During a discussion of our forward work programme on 13 January, one Member raised the important issue of the role of health boards in safeguarding women and children who may be experiencing or at risk of domestic abuse.

We are aware that the Welsh Government has been consulting on the next violence against women, domestic abuse and sexual violence national strategy for 2022-26, and that your Committee is considering undertaking an inquiry into domestic violence, women's safety, and gender-based violence. We understand that you will be holding a roundtable discussion with stakeholders on 14 March to define the focus of your inquiry, and would be grateful if you could raise the role of health boards in this respect with stakeholders during your discussions.

I look forward to hearing from you.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English

**Equality and Social Justice
Committee**

Russell George MS
Chair, Health and Social Care Committee

1 April 2022

Dear Russell

Role of health boards in safeguarding women and children who may be experiencing domestic abuse

Thank you for your letter of 18 February in relation to our proposed inquiry into violence against women, domestic abuse and sexual violence (VAWDASV) and in particular your comments regarding the role of health boards in safeguarding women and children who may be experiencing or at risk of domestic abuse.

As you are aware, we held a roundtable discussion with stakeholders on 14 March 2022 in order to inform our approach to this work. Following this session, and as a result of the feedback we received, we have agreed to take forward our work in two stages: first, we have launched a short **inquiry** into VAWDASV – looking specifically at the experiences of migrant women, which we will carry out over the summer term; and second, we will revisit the broader piece of work once the Welsh Government has published its new VAWDASV strategy, expected in April 2022, to consider where we can have best impact and to allow time for meaningful engagement with women with lived experience. Your comments on the role of health boards will feed in to this latter piece of work, and we will keep you informed of any outcomes. Should you or Members of your Committee wish to be involved in any of this work then I would be happy to explore opportunities to do so.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Chair, Children, Young People, and Education
Committee
Chair, Climate Change, Environment, and Infrastructure
Committee
Chair, Culture, Communications, Welsh Language,
Sport, and International Relations Committee
Chair, Economy, Trade, and Rural Affairs Committee
Chair, Equality and Social Justice Committee
Chair, Health and Social Care Committee
Chair, Legislation, Justice and Constitution Committee
Chair, Local Government and Housing Committee

11 April 2022

Dear Committee Chairs



Welsh Government Draft Budget 2023-24: Engagement

At our meeting on 25 March 2022, the Finance Committee (the Committee) considered its programme of engagement for the forthcoming Welsh Government's Draft Budget 2023-24, ahead of the Committee's Plenary debate on spending priorities, provisionally scheduled for 13 July. I am writing to Chairs of subject committees to share our thinking.



The Committee has agreed to undertake a number of engagement activities prior to the publication of the Draft Budget, in the autumn. These include, a stakeholder event, focus groups held with the general public, and working with the Youth Parliament.



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Stakeholder Event

Following the restrictions over the past two years, the Committee is delighted to be able to return to holding an in-person stakeholder event to hear directly from interested organisations/individuals on the expected draft budget proposals, as well as the Welsh Government's approach to setting the budget and prioritising resources.

Cross-Committee engagement with stakeholders on the budget is crucial to effective scrutiny and therefore I would like to invite Committee Chairs or a Member of your Committee to join the event which will take place on the morning of Wednesday 15 June at Llanhilleth Miners Institute, Abertillery, Blaenau Gwent. If Chairs or Members are interested in attending, please contact the clerking team seneddfinance@senedd.wales by 1 June 2022.

Focus groups with the Welsh public

On behalf of the Committee, the Senedd's Citizens Engagement Team will be holding a series of focus groups on the Draft Budget with the Welsh public. The team undertook a similar exercise last year and will facilitate focus sessions over the summer term, asking the same or similar questions posed last year. The aim of this work is to improve public understanding and engagement with the Welsh Budget process. In addition, over the longer-term we hope to form a longitudinal study to allow the Committee to monitor perspectives and attitudes over time. Participants will be sourced through similar partner organisations to cover the same demographics as last year, and groups will be organised to focus on particular policy areas.

The Citizens Engagement Team will circulate the dates of sessions to all Committees, should any Members wish to participate. This will allow an opportunity for Members to hear first-hand from the citizens of Wales where spending should be prioritised.

Youth Parliament

To further complement our engagement work, the Committee has agreed to work with the Youth Parliament. Members of the Youth Parliament will be invited to take part in their own focus group session before the summer. It is hoped this will allow the best opportunity for Youth Parliament Members to influence the Welsh Government spending priorities.

Finance Committee Plenary Debate on the Welsh Government spending priorities

As mentioned above, the Committee intends to hold a Plenary debate on Wednesday 13 July on the Welsh Government's spending priorities for 2023-24. The outcomes of our engagement work will inform and feed into this debate. We



believe this debate allows the best opportunity for Members to potentially influence the Welsh Government's spending priorities prior to the formulation of the Draft Budget in the autumn.

Approach to Budget scrutiny

I will shortly be writing to Chairs, with regard to the Committee's approach to budget scrutiny, including information on the consultation and timetable. Whilst the Finance Committee's core function is to undertake financial scrutiny of the Welsh Government and associated public bodies, financial scrutiny should be embedded into the scrutiny work undertaken by all Committees. Therefore, I would welcome suggestions from Chairs to explore ways of working collaboratively to ensure the most effective financial scrutiny of the Welsh Government.

If you have any questions about any aspect of the Draft Budget process, please feel free to contact me or the Clerk to the Finance Committee, Owain Roberts, 0300 200 6388, seneddfinance@senedd.wales.

Yours sincerely



Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Equality and Social Justice Committee

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Chair, Children, Young People and Education Committee
Chair, Climate Change, Environment and Infrastructure Committee
Chair, Committee for the Scrutiny of the First Minister
Chair, Culture, Communications, Welsh Language, Sport, and
International Relations Committee
Chair, Economy, Trade and Rural Affairs Committee
Chair, Finance Committee
Chair, Health and Social Care Committee
Chair, Legislation, Justice and Constitution Committee
Chair, Local Government and Housing Committee

11 April 2022

Dear Chair,

Annual scrutiny of the Future Generations Commissioner: update report

The Equality and Social Justice Committee held its annual scrutiny session with the Future Generations Commissioner on 7 February 2022. Following the session, we agreed to publish a short report highlighting some of the key themes that arose during our scrutiny, which is available online.

We have set ourselves the objective of championing equality, social justice and the well-being of future generations across the Senedd, including its Committees. Our intention is to request a Plenary debate on the issues raised in our report, but in the meantime we would like to draw it to your attention as some of the issues raised warrant further consideration by Members in their scrutiny work.

Yours sincerely,



Jenny Rathbone

Chair, Equality and Social Justice Committee



Julie James MS
Minister for Climate Change
Welsh Government

31 March 2022

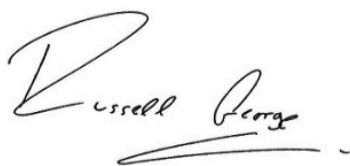
Dear Julie

Disabled Facilities Grants

During a scrutiny session with the Minister and Deputy Minister for Social Services on 24 March, Mike Hedges suggested we write to you to seek information on the number of people in each local authority waiting for disabled facilities grants to be approved and implemented.

We would therefore be grateful if you could provide details on the above by **Friday 22 April**.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref

Russell George MS

25 April 2022

Thank you for your letter of 31 March about Disabled Facilities Grants (DFGs), following a scrutiny session with the Minister and Deputy Minister for Social Services on 24 March.

The administration of DFGs is the statutory responsibility of local authorities. The Welsh Government collects data about housing adaptations **completed** across Wales, including the overall waiting times for small, medium and large adaptations. However, monitoring returns do not drill down to the level of information you are requesting. Bearing in mind the different management systems and methods used by local authorities, it is unlikely robustly comparable data from each authority could be collected.

In order to obtain this information, you would either need to approach the Welsh Local Government Association (WLGA) or make a request of individual local authorities.

For your information, I attach a copy of the latest *High-level analysis of data on Housing Adaptations 2019-20* which was published on the Welsh Government website in July 2021. This report summarises the results of an analysis of the data for adaptations completed within the period 1 April 2019 to 31 March 2020. The data for 2020-21, significantly affected by the impact of Covid of course, will be published in June.

[Housing adaptations: analysis 2019 to 2020 | GOV.WALES](#)

Yours sincerely

Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change

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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.

Lynne Neagle MS
Deputy Minister for Mental Health and
Wellbeing

22 April 2022

Eating Disorder Services in Wales

Dear Lynne,

The Committee discussed its forward work programme on 31 March. As part of this discussion, we agreed to write to you to seek an update on eating disorder services in Wales.

We noted the recent report published by Beat "[The Welsh Eating Disorder Service Review: 3 years on](#)". Beat set out some clear recommendations to improve services and ensure greater equity of support across Wales, including the need for a new national service model with clear timelines and a stronger focus on early intervention,

As you will be aware this report noted the progress that has been made since the Eating Disorder Service review three years ago. However, it also noted that progress has been "very uneven" and that there continue to be inequities in service provision across Wales. It identified a number of factors that may have impacted on progress, ranging from the time it took the Government to respond to the initial review, through to funding and broader resourcing issues, and, of course, the pandemic. We note that in response to a question about this issue in Plenary on 19 January 2022, you committed to using the report to inform work going forward. We would appreciate if you could provide us with your response to these recommendations, and how you seek to address the issues raised by the report.

You also highlighted in Plenary that the national lead had left their post and that you were "looking at a new model" to ensure improvements are delivered on a national basis. The Beat report talks of the importance of having a National Lead in place. Please can you provide us with an update on your

thinking around this new model, including the issue of how it would be led, and when it is likely to be implemented?

I am copying this letter to the Health and Social Care Committee and Beat.

I would be grateful for your response no later than Friday 27 May 2022.

Yours sincerely



Jayne Bryant MS,

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

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