

Consultation Response Form

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Question 1: The delivery plan continues to place a strong emphasis on improving mental health and well-being across all ages, would you agree with this approach?

Yes ✓	Partly	No
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Question 2: Could you please provide any further commentary on where you feel the approach works well or where alternative emphasis is required?

Overall, we agree with the approach in the Delivery Plan to focus on improving mental health and wellbeing across all ages. The emphasis on children and young people is acknowledging the continued long-term investment in population health and wellbeing.

The approach of measuring wellbeing based on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for communities is welcomed. The evaluation of interventions designed to promote positive mental health has previously been undertaken using instruments designed to detect mental illness in isolation, so the shift to a more wellbeing-focused scale is welcome. The WEMWBS facilitates a better understanding of mental wellbeing by focusing on positively-focused interventions and key aspects of psychological functioning e.g. optimism, autonomy, clarity of thought, confidence and the extent to which a person feels close to the people around them. While the phrase 'mental health' may be interpreted by some as simply referring to whether or not a person experiences, or has been diagnosed with, a recognised mental health condition (e.g. obsessive-compulsive disorder, or OCD), the WEMWBS is a shift away from this diagnostic-grouping approach.

Mental health conditions often interact with and include biological, psychological, environmental, economic and social elements. The clearest evidence of this is the well-established overlap between those who experience mental health conditions and indicators of poverty e.g. poor housing, low income and poor educational attainment. Evidence from the [Mental Health Foundation](#) shows the percentage of adults that reported being treated for a mental health condition by area was 8% in the least deprived population quintile, compared to 20% in the most deprived population quintile. [Samaritans Wales](#) have suggested that almost a quarter of the Welsh population (23%) live in poverty, and this needs to be set against the fact that between 300 and 350 people die from suicide in Wales every year. In Wales' most deprived neighbourhoods, suicide rates are between two and three times higher compared to the most affluent. Against this background, we feel that renewed policy

frameworks need to take greater account of the fact that many of the experiences and factors that are known to lead to a person developing poor mental wellbeing – e.g. a sense of hopelessness, poor physical health and unemployment – require a cross-governmental and cross-sectoral response. A key part of this process is using language that includes and identifies an environment that respects and protects basic civil, cultural, political and socioeconomic rights. An emphasis on improving social outcomes needs to be included in the Plan.

In addition, it is suggested that the Delivery Plan place greater emphasis on key transition points from youth into adulthood and into old age to ensure greater continuity and a more person-centred approach to the delivery of services. While the Delivery Plan recognises a number of the key challenges around children and young people (as reflected in priority areas five and six), there is no specific mention of the emotional and mental health needs of older people (apart from an occasional reference to the Dementia Action Plan). This is despite evidence from [NHS England and NHS Improvement](#) which suggests that depression affects one in five older people, with this figure doubling for older people who are also in poor physical health and trebles for older people in hospital and care homes. The Delivery Plan should take account of this evidence and acknowledge that the number of people aged 65 and over in Wales is projected to increase by 232,000 (or 36.6%) between 2016 and 2041 (Welsh Government National Population Projections, see [here](#)).

Within the delivery plan there are a number of priority areas for action, these are:

- Preventing poor mental health and maintaining mental wellbeing
- Improving access to support for the emotional and mental health well-being of children and young people
- Further improvements to Crisis and Out of Hours provision for children and adults
- Improving the access, quality and range of psychological therapies across all ages
- Improving access and quality of perinatal mental health services
- Improving quality and access to services whilst developing recovery orientated services
- Supporting vulnerable groups

Question 3: Do you agree with the priority areas identified? Are they fit for purpose?

Yes	Partly ✓	No
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Question 4: Could you please provide any additional information to support your response, relating to why you consider the priority areas to be appropriate or suggesting additional key areas or changes you would wish to see?

- **Priority one: Preventing poor mental health and maintaining mental wellbeing:** We welcome the increased emphasis on adopting a preventative approach to mental health and wellbeing and the recognition that this requires a cross-government and multi-agency approach to addressing the determinants of emotional and mental wellbeing. We would emphasise however that this focus

needs to occur across the life-course and at key transition points, including older age (for the reasons outlined above). Moreover, there needs to be a distinction between improving the general emotional and mental health of local populations and more targeted approaches to those most at risk. Such differences in approach need to be reflected in primary, secondary and tertiary care.

- **Priority two: Improving access to support for the emotional and mental wellbeing of children and young people:** We support the enhanced focus on children and young people that the current Plan provides, particularly as it supports the prevention agenda and the principle of adopting a whole-school approach. However, as mentioned in our response to question two, it is noticeable that while improving access to these services for children and young people is identified as a priority, no such emphasis is placed on accessing services for older people. We feel this needs to be addressed in the Delivery Plan. Moreover, while the Plan recognises the key role that teachers and other education staff play in supporting prevention at an early stage, no reference is made to the Additional Learning Needs and Education Tribunal (Wales) Act 2018, which will come into force in September 2020. The implementation timescales for this legislation align with those in the Delivery Plan, so clearer reference to the Act would be welcomed.
- **Priority three: Further improvements to Crisis and Out of Hours provision for children and adults:** We agree that there needs to be a more consistent and responsive provision to support children and adults when in crisis, and we welcome the proposal to trial innovative care models. These should include home-based assessments, particularly for older people.
- **Priority four: Improving the access to, quality of, and range of psychological therapies across all ages:** We agree that this is an area that requires ongoing development across the pathway and all age groups, including older people. We are concerned however that this priority seems to be focused exclusively on adult services. Greater clarity is needed around how therapies/interventions will be adapted to support parents when their child has additional learning needs e.g. speech and language difficulties.
- **Priority five: Improving the access to, and quality of, perinatal mental health services:** We welcome the Delivery Plan's focus on this key area of need. This reflects a number of the key points we raised in our [written response to the Children, Young People and Education Committee's inquiry into perinatal mental health in May 2017](#), namely that instances where a mother experiences a perinatal mental health condition has a significant impact on the likelihood that her child will develop behavioural, social or learning difficulties. The interrelationship between perinatal, parental and infant mental health means that we should address these challenges holistically.
- **Priority six: Improving the access to, and quality of, services whilst developing recovery-orientated services:** We agree that continued development of recovery-orientated approaches should be a key priority. Recovery should be considered not just as a period of overcoming a state of

physical or emotional harm – it should equally be about supporting and educating people to stay healthy in the long-term to prevent relapse.

- **Priority seven: Supporting vulnerable groups:** The Delivery Plan’s continued focus on supporting people with co-occurring mental health and substance misuse issues is welcomed, particularly the proposal to undertake a detailed analysis to help unlock the systemic barriers that prevent joined-up care for this group.

However, we feel that the general principle of having a ‘vulnerable groups’ section seems rather ‘exclusive’. The Delivery Plan does not recognise a number of areas that NHS Wales organisations consider key priorities e.g. support for people who live with neurodevelopmental disorders and addressing the physical health needs of people who live with a mental health condition.

If it is Welsh Government’s view that the ‘supporting vulnerable groups’ section be preserved in the Plan, then the homeless population needs to be included within this group. Targeted prevention is crucial here as the homeless population experience more acute challenges around accessing healthcare and tend to rely on Emergency Department services at crisis point. Including homeless people within this group will support the move towards multi-disciplinary working between NHS Wales and housing teams who target health, housing and cases of substance misuse not as individual issues, but as part of a wider, person-centred solution.

In addition to the priority areas, we also have a number of overarching work streams which will also need to be prioritised but will continue beyond the life of this plan. These include:

- Implementing the core data set to improve consistency, robustness and the focus on outcomes across all-age mental health services.
- Developing a workforce plan in partnership with the NHS Mental Health Network and Health Education and Improvement Wales (HEIW) to support medium and longer-term services improvements and to ensure a stable and sustainable mental health workforce.
- Strengthening service user and third sector engagement across policy and service improvements.
- Improving access to welsh language mental health services.

Question 5: Do you agree these are appropriate work streams to prioritise?

Yes	Partly ✓	No
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Question 6: Could you please provide any additional information to support your response, relating to why you consider these work streams should be prioritised or suggesting additional work streams or changes you would wish to see?

We broadly agree that the overarching workstreams identified in the Plan are the right ones to prioritise. However, we feel there are a number of additional comments relating to each workstream that need to be made:

- **Data set:** The core data set needs to be person-centred, outcome-focused and process-driven, as highlighted within the Parliamentary Review of Health and Social Care. The Review proposed changes to performance measures and management to steer the health and social care system towards new ways of working and the Quadruple Aim. This is reflected in *A Healthier Wales* and the Welsh Government's commitment to reviewing the outcome frameworks across the NHS, social services and public health. We would like to see this reflected in the Delivery Plan in relation to the data set.
- **Workforce:** Workforce development with Health Education and Improvement Wales (HEIW) should consider the ways in which mental health services recruit, train and manage the people who provide them. HEIW and Social Care Wales are developing a long-term workforce strategy and have recently published the draft strategy for consultation. The Delivery Plan needs to take these challenges into account while emphasising the need to support collaborative working between the NHS and partners, particularly schools, the criminal justice sector and employment services. Equally, there needs to be an increased focus on staff wellbeing and taking steps to branding mental health services in NHS Wales as an attractive, stable and rewarding career prospect. This currently isn't reflected in the Plan's priorities. In addition, the Delivery Plan does not reference the key role that organisational leadership has to play in supporting this process, which is particularly important during a time of transformational change and a shift towards an increasingly integrated system.
- **Engagement:** The proposal to develop national guidance is welcomed. It is felt that this is the next logical step to identifying, promoting and embedding best practice across the system, particularly in relation to putting people at the heart of service design and delivery.
- **Welsh language:** NHS Wales organisations welcome the growing recognition of language needs in the delivery of services and particularly welcome the clear framework provided by the Welsh Language Standards (No. 7) Regulations 2018. Supporting people to access and receive services in their preferred language will be a crucial element to achieving the best possible outcomes for patients.

The state of being unable to express one's feelings in a person's first language can intensify feelings of loneliness and isolation, which could be particularly distressing for people who live with mental health conditions and/or experience communication difficulties. It is important therefore that the Delivery Plan reflects this reality. In the case of a person who receives cognitive behavioural therapy (CBT) with a counsellor, for example, there is a requirement to keep a record of anxiety symptoms to identify triggers for panic attacks. Some patients may wish to engage in this process through the medium of Welsh. If the counsellor in this scenario is unable to provide the service in Welsh, this could

result in a significant delay in the process while a Welsh-speaking counsellor is identified, which could lead to further deterioration of the patient's condition.

Question 7: Within each key theme, we have identified a number of key actions and milestones. Do you feel these are the right ones?

Overall, we feel that the Delivery Plan's actions and milestones are appropriate.

However, we feel that the Plan's actions around the workforce strategy are very high-level and it is unclear how these actions will be delivered in line with the Plan's proposed milestones. Welsh Government will be aware that HEIW and Social Care Wales are developing a joint health and social care workforce strategy for Wales, which will not be tailored or specific to individual services or professions. It would be useful therefore to receive greater clarity and guidance around what mechanisms will be put in place to support collaborative working between Welsh Government and HEIW on these issues. We note also that while the Delivery Plan recognises the acute workforce challenges that mental health services across Wales face in terms of recruitment and retention of staff, the document does not provide detail around what exactly these challenges are or how they will be addressed in a practical way. This seems to be at odds with some of the underlying strategic constraints on service development and delivery across the system.

We welcome the Delivery Plan's commitment to improving data-sharing between Health Boards and Local Authorities through the Welsh Community Care Information System (WCCIS). However, we would emphasise that if we are to achieve a seamless pathway at first presentation for patients, the link between primary and secondary care mental health services needs to be considered within this context. There are opportunities in this space for timely access to data-sharing that proactively and seamlessly connect people to the right care and support local referral agencies and service networks. There is further opportunity in this space to ensure greater consistency in the way that the NHS responds to service users, their carers and their families.

Question 8: If there are any key actions or milestones that we are missing can you tell us what you feel is missing and what you recommend we add?

Addressing health inequalities and improving health checks, particularly for vulnerable groups, should be considered a key priority within the Delivery Plan. Evidence suggests that a patient who has received secondary care mental health services is at a higher risk of developing cardiovascular disease due to the lifestyle factors and effects of anti-psychotic medication that often follow a period in secondary care mental health services. This is an example of a specific population group that could benefit significantly by undergoing an annual physical health check to identify key risk factors.

We would also suggest that rehabilitation and recovery be reflected more strongly under theme six of the Plan (recovery-orientated services). For example, "community mental health teams" should read "community mental health and rehabilitation

services”, and “secure inpatient provision” should read “secure and rehabilitation inpatient provision”. These additions would recognise the increasing number of people on ‘locked’ rehabilitation settings in Wales and England, usually in private sector units that are a considerable distance from people’s homes and local communities.

Question 9: In your view, does the proposed Delivery Plan link well with other relevant policy and service areas?

Yes	Partly ✓	No
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Question 10: Please can you provide further commentary on where you consider the Delivery Plan to link well with other policy and service areas, and tell us how you think the Plan could link better with other areas?

Links to the Well-being of Future Generations (Wales) Act 2015 and the Welsh Government’s long-term plan for health and social care, *A Healthier Wales*, are welcome and support the Delivery Plan’s emphasis on empowering people to take responsibility for their own health and wellbeing. However, while we welcome the Plan’s reference to *A Healthier Wales*, there is limited reference to other key initiatives, particularly the strategic programme for primary care and the National Clinical Plan that is being developed. The principles of prudent healthcare, value-based healthcare and the quadruple aim within *A Healthier Wales* could also be emphasised more strongly.

Question 11: In your view, which elements of the proposed delivery plan are likely to have the greatest impact?

Our view is that all elements of the proposed Delivery Plan have the potential to deliver real improvements if they are well-resourced and supported by a cross-government approach to service planning and delivery.

That said, we feel that improving access to support for children and young people is likely to have the greatest impact in the long-term. While it will take time to embed the Plan’s proposed changes into the day to day business of mental health teams, short-term improvements to Crisis and Out of Hours services have the potential to deliver real improvements in patient outcomes, as well as identifying areas for service and/or system improvement. We would emphasise however that this work needs to be underpinned by principles of prevention and early intervention; quality and effectiveness in service delivery; demand management; and continued integration to achieve continuity of care.

We would like to know your views on the effects that the ‘*Together for Mental Health Delivery Plan 2019-22*’ would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

Question 12: What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

People living with dementia often come into contact with a number of different professionals when accessing mental health services, and it is necessary therefore to offer these services in the patients' preferred language. As emphasised in our response to question six, this needs to be considered a basic clinical need and failure to provide this level of service can lead to avoidable distress for a dementia patient. Failure to deliver these services in a timely manner can also lead to delays in people receiving their diagnosis.

NHS Wales organisations recognise that there are acute challenges in the recruitment of staff with the requisite skills to deliver these services in Welsh. Where there are shortages in particular professions (e.g. psychology), we need to be prepared to look beyond Wales for recruitment opportunities. HEIW has a clear role to play in this process and will be working closely with Health Boards and Trusts following publication of the joint health and social care workforce strategy.

Question 13: Please also explain how you believe the proposed delivery plan could be changed so as to:

- have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language,
- have no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

The Delivery Plan should also include reference to Local Authorities when increasing Welsh language services. Commissioned Welsh language training could be delivered as an incentive to staff who receive Welsh language training to continue to work in Wales following completion of their training course. The Plan should also consider how the needs of people who experience other communication challenges, e.g. sensory impairments, will be met.

Question 14: Do you think the actions contained within the delivery plan will provide a positive impact for people with the following protected characteristics:-

- Disability
- Race
- Gender and gender reassignment
- Age
- Religion and belief and non-belief
- Sexual orientation
- Human Rights
- Children and young people

Yes	Partly ✓	No
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Question 15: Please can you provide further information as to how the actions will provide a positive impact for people with protected characteristics or where you consider improvements could be made?

We do not think that the proposed Delivery Plan will have a meaningfully positive or negative impact on people with protected characteristics. However, as emphasised in our answer to question two, the Plan has a welcome emphasis on children and young people, but this does not extend to the key challenges around transitioning into adult services and older people's mental health services. This needs to be reflected more strongly given Wales' age projections and the anticipated increase in demand on mental health services across Wales.

Question 16: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

The proposed Delivery Plan does not take account of the increasing significance of policy differences between commissioning guidance in NHS England (the 'Who Pays?' guidance) and NHS Wales. A lack of public understanding about these differences is leading to increasing numbers of cross-border issues and disputes. A policy review of existing guidance to align policies on a consistent basis across NHS England and NHS Wales would be extremely beneficial to the public and NHS organisations alike. We suggest that the development of guidance in this area be considered a priority milestone in the Delivery Plan.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: