

# Response to the HSC consultation on Sixth Senedd Priorities



## Background

The Royal College Mental Health Expert Advisory Group (RCMHEAG) brings together partners from across health and social care services and acts as a source of independent and impartial, evidenced-based expert advice for policy and decision makers.

The group also aims to ensure a sharper focus and understanding on the current and necessary support for the people we collectively represent in social care and in primary, community, and secondary care mental health services.

For 2021/22, The advisory group has established common work areas of Covid Recovery (including workforce wellbeing), the Mental Health Workforce Plan, and Community Mental Health Services as initial priorities. These priority areas intend to offer scrutiny and guidance to compliment areas of national focus. However, this is not exhaustive, and the advisory group will be keen to develop and receive further areas of interest.

## Introduction

We welcome the opportunity to respond to the committee's consultation on its forward workplan.

We recognise and support the assertion that Covid recovery will form the focus of this Senedd's sitting. Within the context of Covid recovery there are complementing challenges over workforce wellbeing, waiting lists, access to services and service capacity that run across the health and social care service. We will support Senedd scrutiny in these common threads of work.

Each of the group's membership will have individual priorities and we would wish to draw the Committee's attention to these responses. For the purpose of this response, we have highlighted a few selected and identified priority areas that are consistent across the group's membership. In determining the focus for individual or short inquiries we would wish that the Committee pay attention to our priority areas as well as the individual views expressed by members.

## Response

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

### The mental health workforce, including scrutiny around the Mental Health workforce plan

This group has identified the mental health workforce as a priority at the outset of its establishment, and we will remain engaged as an independent collective voice and will scrutinise this ongoing work.

The mental health workforce plan presents an opportunity to create sustainable services which ensure that all people in Wales are able to access appropriate mental health support. What's crucial, however, is the need to protect and support our workforce in the immediate challenges that will be imposed upon them in tackling waiting lists whilst managing burnout; mitigating the rates of retirement post pandemic; all whilst planning a longer term workforce that can manage the longer term mental health needs of our population.

We also believe that multidisciplinary working – with a well-trained, supported workforce that is equipped to meet the demands – should be central to the future provision of mental health services for all ages. This should include professionals with specialist training and the mental health workforce must include the full range of allied health professionals and bring in new professions and skill sets.

- Call for the committee to scrutinise the mental health workforce plan to ensure it considers the immediate challenges as well as the long-term vision for the workforce
- Call for the committee to scrutinise the extent the plan will drive change and include a wide range of professions given recruitment challenges in the traditional workforce
- Call for the committee to ensure specialist skills and training are valued across the MDT, and that a full specialist MDT is in place to support patients, this includes specialist mental health speech and language therapists and occupational therapists to aid recovery
- Call for the committee to scrutinise the extent the plan engages and consults across service user and professional groups in its development.

### Workforce wellbeing

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

Research has told us that staff in the NHS, who have worked throughout the pandemic, have experienced a range of emotions that often make it more challenging to seek help and support. This can be guilt, or a feeling of obligation to duties and others. We are concerned about the risk

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

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

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

### Access to COVID and non-Covid rehabilitation services

We would welcome focus on COVID and non-COVID rehabilitation services at the earliest opportunity. Rehabilitation needs (COVID and non-COVID) require an integrated response across health and social care, that focuses on the persons physical and mental health needs. Across the Wales, there are inequalities in care and unwarranted variation in the commissioning of services, compounded by a lack of robust data available on long-term outcomes. Which is an area that the committee should focus on.

Many rehabilitation services are commissioned for single conditions, such as stroke and pulmonary rehabilitation, rather than reflecting need – people living with more than one long term condition.

The drive towards integration is leading to the joining up of services, but further work is needed to ensure systems and services are coordinated and supporting people with:

- Mild rehabilitation needs to keep well in their home or community.
- Moderate rehabilitation needs to remain independent, maintain current function and mobility.

- Specialist rehabilitation to move back down the pathway and reduce or delay their need for long term care.

There will be many affected by the pandemic whose needs manifest across the system and will require intervention, including from the third sector, local government and housing. Rehabilitation then needs to be understood as a whole-system issue.

### Access to mental health services

Access to Mental Health services is a long standing and complex challenge. Ultimately it needs to be understood in context. This includes an understanding of the challenges and opportunities associated with:

- Access to psychological therapies
- The increased utility and availability of digital resources
- The need for specialist intervention, and conversely in ensuring that specialists can operate at the top of their licence
- Availability of care close to home, and suitability of Out of Area care
- The appropriateness of the mental health estate across Wales, amongst many other areas and factors.

### Community mental health services

Community mental health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago. However, the model of care is now in need of fundamental transformation and modernisation.

It's recognised that we need to move away from siloed, hard-to-reach services and move towards joined up care and whole population approaches and establishing a revitalised purpose and identity for community mental health services.

We want to drive a renewed focus on people living in their communities with a range of long-term severe mental illnesses, and a new focus on people whose needs are deemed too severe for some services but not severe enough to meet secondary care “thresholds”.

We also want to ensure that the provision of NICE-recommended psychological therapies is seen as critical in ensuring that adults and older adults with severe mental illnesses can access evidence based care in a timely manner.

Through the adoption of a modernised community mental health service, people with mental health problems will be enabled to:

- Access mental health care where and when they need it, and will be able to move through the system easily
- Manage their condition or move towards individualised recovery on their own terms, surrounded by their families, carers and social networks, and supported in their local community

Contribute to and be participants in the communities that sustain them, to whatever extent is comfortable to them.

In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to: a) health services; b) social care and carers; c) COVID recovery?

#### Neurodevelopmental services/workforce & scrutiny of the demand and capacity review

We would welcome scrutiny of the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. Given current issues within services, it is vital that the review incorporates the views of the broad range of stakeholders and that the findings support the development of long-term solutions. We call for focus to be given to understanding bottlenecks and pinch points within services and for the committee to provide recommendations as to how services may meet demand for all ND services regardless of diagnosis.


The committee should regularly consult with neurodiverse people, representative service user organisations and professional bodies representing the range of health care professionals working in ND teams.

Are there any other issues you wish to draw to the Committee's attention?

#### Severe and enduring mental illness

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

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



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

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

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

### Tackling physical and mental health inequalities

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

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

We need a cross-government approach to tackling inequalities that contribute to avoidable illness: not just in physical health, but mental health, housing, education, transport, rural healthcare, digital access and income, among other social determinants of health. Meaningful progress will require coherent efforts across all sectors and Senedd committees, and will enable committees to consider what action each Welsh Government department is doing to tackle the root cause of health inequalities and put forward recommendations around where improvements are needed.

This response is endorsed by

- [Chartered Society of Physiotherapists](#)
- [Royal College of General Practitioners Wales](#)
- [Royal College of Nursing Wales](#)
- [Royal College of Occupational Therapists](#)
- [Royal College of Physicians Wales/Cymru](#)
- [Royal College of Psychiatrists Wales](#)
- [Royal College of Speech and Language Therapists](#)
- [The Royal Pharmaceutical Society](#)