

Written Response by the Welsh Government to the report of the Health, Social Care and Sport Committee report entitled Covid-19: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 2 – Impact on mental health and wellbeing

Detailed Responses to the report's recommendations are set out below:

Recommendation 1 The Committee recommends that The Welsh Government must make the implementation of the recommendations in the Everybody's Business and Mind over Matter reports a priority during the remainder of this Senedd.

Response:

Accept.

Improving the mental health of our children and young people, and preventing suicide and self-harm remain key priorities for the Welsh Government. We will continue our programme of work to implement the recommendations as set out in our responses to Committee. However, the Committee will understand that the implementation of the breadth of recommendations is a significant programme of work and needs to be balanced with the implementation of our responses to other related Committee reports and the commitments set out in the *Together for Mental Health Delivery Plan*. It should be recognised that the programme of work to deliver the improvements runs beyond this term.

Financial Implications – None additional.

Recommendation 2

The Committee recommends the Welsh Government must provide a written update before the end of this Senedd, detailing the progress made in delivering the recommendations of our Everybody's Business report, and setting out clear timescales for the delivery of any outstanding actions.

Response:

Accept.

We will provide a written update by the end of the Senedd period.

Financial Implications – None additional.

Recommendation 3

The Committee recommends the Welsh Government must ensure that both the short and longer term mental health impact of the pandemic is a central consideration in its response to the pandemic and recovery planning, and that its decision-making processes in this area engage all necessary mental health expertise and evidence. We request details of the structures that are in place to support this.

Response:

Accept.

At the onset of the pandemic we moved quickly (in March 2020) to convene the Welsh Government/NHS Mental Health Incident Group (MHIG) to support mental health services in managing and delivering services during this difficult time. This group, which is led by Welsh Government comprises senior representation from the NHS, Social Care Wales, Health Inspectorate Wales and Care Inspectorate Wales and has been meeting regularly since the beginning of the crisis. Importantly, the MHIG also includes officials from Knowledge and Analytical Services to ensure that decisions or recommendations by the MHIG have, and continue to be, informed by the latest evidence.

To support the work of the MHIG we continue to meet twice a month with the health board Covid-19 Mental Health leads, CAMHS clinical leads and also very regularly with the Wales Alliance for Mental Health. These arrangements provide a rounded picture to the MHIG of service issues, pressures, service user experience and wider intelligence.

In December 2020 the Minister for Mental Health, Well-being and the Welsh Language announced the establishment of a *Together for Mental Health Ministerial Delivery and Oversight Board* for Wales. This board will improve co-ordination and pace of this work as well as providing greater clarity on roles and responsibility, creating a tighter 'programme management' approach to the overall arrangements.

Importantly the functions of the board will include the entirety of the cross government Together for Mental Health Strategy, Talk to me 2 Suicide and Self harm Strategy and the mental health response required as we recover from Covid-19.

A strong feature of the Board will be its ability to consider and take account of the latest analytical and wider evidence of the measures needed to prevent and support mental health at both a population level and within mental health services. Therefore, the membership of the board will include knowledge and analytical colleagues along with a clear link with academia to ensure our approach during and following the pandemic continues to be based on evidence.

The Board will meet for the first time in February and we will share the Terms of Reference with the Committee once agreed.

Financial Implications – None additional.

Recommendation 4

The Committee recommends the Welsh Government should, with immediate effect, publish an updated list of ministerial responsibilities for the Minister for Mental Health, Wellbeing and Welsh Language which explicitly includes suicide prevention.

Response:

Accept.

The First Minister has confirmed that suicide prevention is included in the portfolio for the Minister for Mental Health, Well-being and the Welsh Language and that a

separate line to confirm this will be included the next time the Ministerial list of responsibilities is updated.

Financial Implications – None additional.

Recommendation 5

The Committee recommends The Welsh Government should work with the National Advisory Group to ensure that any emerging impact on suicide and self-harm rates is closely monitored as we move through the pandemic. The work of the task and finish group on suicide prevention data surveillance, set up by the Welsh Government, must be progressed as an urgent priority, and the Welsh Government must provide this Committee with further details of the remit of this group and the timescales it is working to.

Response:

Accept.

The prevention of suicide and self-harm remains a priority for the Welsh Government and we are taking a number of actions to support this. This is underpinned by our 'Talk to me 2', Suicide and Self-Harm Strategy.

At the outset of the pandemic we commissioned the NHS Delivery Unit to work with Public Health Wales and Professor Ann John, chair of the Suicide and Self Harm National Advisory Group, to review deaths by probable suicide and incidents of self-harm between 2015-2020 in young people. This was directly in response to concerns about the potential impact of Covid and the restrictions on young people. We have committed to continue more focused surveillance during this period.

We also continue to review emerging evidence to inform our approach and a recent paper in the British Medical Journal highlights that whilst it is still too early to conclude what the overall effect on suicide rates will be, data that are available provide some reassurance. Our focus is firmly on taking preventative action for risk factors likely to be exacerbated by the pandemic, for instance by accelerating the post traumatic stress improvement initiative and through the range of cross-Government commitments set out in the revised Together for Mental Health Delivery Plan to tackle the socio-economic impact of the pandemic. We have also provided additional funding to the third sector to strengthen support particularly for training, raising awareness and bereavement support and strengthened national and regional co-ordination arrangements.

The Minister for Mental Health, Well-being and the Welsh Language is engaging with her Cabinet colleagues to highlight the socio-economic impact of the pandemic and its impact on mental health. This reflects the role of cross-Government actions to

tackle those risks factors that will impact on mental health, for instance, debt, job loss or housing issues.

In relation to real time suicide surveillance, it has been agreed that the existing group will merge with a Policing led group to form a joint health and policing Real Time Surveillance Project Group. The first meeting took place on 21 January and more information will be provided in our update on the Everybody's Business Committee report. Whilst this work is being prioritised, it needs to be recognised that achieving a real time surveillance system is complex and sensitive. It requires agreement and commitment across a number of agencies, and timescales will need to reflect that. However, there are existing multi-agency regional forums where data relating to suspected suicides is shared and where key themes are identified. This information is used locally inform collaborative actions for prevention.

Financial Implications – None additional.

Recommendation 6

The Committee recommends the Welsh Government must take urgent steps to understand why there is such a big disconnect between health boards' assurance about the provision of mental health services during the pandemic, and the significant problems accessing services reported by patients and frontline services. The Welsh Government should provide evidence to the Committee of the action it is taking to ensure the robustness of reporting and accountability arrangements between health boards and Welsh Government. Further, it should provide evidence that 24/7 access to age-appropriate crisis care will be available in a consistent way across Wales during the pandemic.

Response:

Accept in principle.

During the period when formal performance reporting was stood down due to the pandemic pressure, we put in place robust mechanisms to secure information from LHBs about the availability of 'essential' mental health services. It is recognised, however, that there can sometimes be a difference in the assurance we receive from health boards regarding service availability and feedback from partners about individual service user experience which needs to be considered collectively and within the wider context. Firstly, it must be recognised that NHS services have and continue to be under unprecedented pressures and it has to be expected that, on occasions, there may be delays or difficulty accessing services due to a wide range of factors including the restrictions, changes to service models, staffing levels and the complexity of needs for some patients. This also needs to be considered in the context of the volume of patients accessing mental health services. In terms of scale in 2019-20, almost 7000 people accessed support from either Local Primary Mental Health Services or specialist CAMHS each month. We continue to meet regularly with our third sector partners to ensure that we consider service user experience alongside the performance and other information received from health boards.

I have also asked all health boards to provide clear and consistent information to help people to access the most appropriate mental health support, particularly if service models need to change due to the restrictions. I am pleased that this information is now available on each health board website.

We have also worked to make national support for low level mental health issues more accessible and this information is now included on the 111 website: <https://111.wales.nhs.uk/encyclopaedia/m/article/mentalhealth>.

In terms of the robustness of accountability, routine performance reporting was re-established in November 2020 is taking place and health boards are held to account through this process. There are a range of other mechanisms utilised to hold LHBs to account on performance and which includes mental health. This includes the Joint Executive Team process, chaired by the NHS Wales Chief Executive and also Delivery & Performance boards. During 2020 mental health policy officials introduced six-monthly pre-Joint Executive Team meetings with all LHB mental health leads to discuss performance and other issues. The *Together for Mental Health Ministerial Delivery and Oversight Board* for Wales which will meet for the first time in February will add value to these existing mechanisms and provide a stronger programme management function for the breadth of the mental health work programme.

We have made good progress in improving crisis care which has been supported by £3.4million of funding over the last 3 years (£1m 2018-19, £1.4m in 2019-20 and £1m in 20/21) with a further planned investment of £2.4m in 21/22. Improving crisis care will continue to be priority for the next 3 years, as set out in the *Together for Mental Health Delivery Plan 2019-22*. This funding is supporting a range of approaches including testing models of telephone triage, conveyance and crisis cafes. The learning from these approaches is being used to inform our longer-term approach with partners.

The Mental Health Urgent Access Review was commissioned to better understand the needs of people presenting in crisis. Whilst the multi-agency review was delayed due to Covid-19, the final report was received on 22nd October. The review highlights the broad range of needs of people presenting in crisis including social and welfare issues. It highlights the need for an all age multi-agency pathway and a subgroup has been convened to coordinate this work and met for the first time in December and met again on 21st January. Work has already commenced in the NHS, for instance to develop a mental health pathway via 111 and we will continue to prioritise crisis care in the revised *Together for Mental Health Delivery Plan*.

Financial Implications – None additional.

Recommendation 7

The Committee recommends the Welsh Government must ensure that mental health services are not deprioritised during, and in recovery from, the pandemic. As per Recommendation 1, implementation of the actions called for in Everybody's Business and Mind over Matter will drive greater parity between mental and physical health. We

particularly draw the Welsh Government's attention to Recommendation 6 in Everybody's Business.

Response:

Accept.

We continue to position mental health services as 'essential' services and this has not and will not change during the pandemic. However, we also recognise at the current time, as with the rest of the NHS and social care system, mental health services are under unprecedented pressure due to Covid 19 and officials continue to be in discussion with NHS colleagues about the best means of maintaining mental health services at this time.

Further updates will be included in planned updates to the Committee for both Mind Over Matter and Everybody's Business recommendations.

Financial Implications – None additional.

Recommendation 8

The Committee recommends The Welsh Government must ensure that the standardised, national mental health core dataset is fully rolled out by end 2021.

Response:

Accept in principle

Within the *Together for Mental Health Delivery Plan 2019-2022* we are committed to working with NHS Wales Informatics Service (NWIS) and partners to implement a nationally standardised mental health and learning disability core dataset, the roll out of which will be supported by the Welsh Community Care Informatics Service (WCCIS) computer system. Whilst we intend to ensure an agreed dataset is in place by the end of 2021, its roll out will continue throughout 2022.

Financial Implications – None additional.

Recommendation 9

The Committee recommends the Welsh Government and public services must be as proactive as possible in signposting the public to sources of mental health support and resilience-building resources, and relevant advice services (such as financial advice). This is particularly important in the face of potential further lockdown restrictions and a prolonged period of economic uncertainty.

Response: Accept

Promoting the resources available at both a national and local level to support mental health and wellbeing has been a key priority. During the pandemic we have provided an additional £2.7m of funding to support tier 0/1 support in the community, which has

included funding for initiatives such as the CALL Mental Health Helpline, Silvercloud, ACTivate your Life and a number of projects funded through Mental Health Recovery Funding. We have also ensured that we have raised awareness of this support with Covid-19 advice and information, included in communications with those people who are shielding and the letter drop that went to every household in Wales.

In October 2020 we also released a refreshed Together for Mental Health Delivery Plan 2019-22 to take into account the impact that Covid-19 has had on the mental health and well-being of the population and the increasing demand for mental health services. The refreshed plan sets out those areas that are important protective factors to support mental health and wellbeing. Support and resilience in these areas is a critical part of a system wide response to lessening the socio-economic impact of the pandemic on well-being and reduce the need to access mental health services. This includes the Debt Task and Finish Group, which has been established to recommend policies that will help people across Wales who are struggling to maintain their financial commitments to find sustainable pathways out of debt. The Group is exploring how to strengthen the link between money management/debt advice services and the wide range of mental health support services that are available.

We have worked asked all health boards to provide clear and consistent information to help people to access the most appropriate mental health support, particularly if service models have needed to change due to the restrictions. I am pleased that this information is now available on each health board website.

Between 28 October – 24 November, we ran a bilingual campaign featuring a film montage of young people from across Wales, answering the question “how are you feeling?” and signposting to CALL. It ran across TikTok, Instagram, Snapchat and Facebook (the latter aimed more at parents) the campaign reached over 500,000 people. The Facebook/Instagram campaign generated 13,657 click throughs to the website which outperforms the industry standard click-through rate, the aim on Snapchat was to get 1,600 “swipe ups” to the website, and we achieved a total of 6,609. The TikTok campaign reached 319,522 people and generated just under 10,000 clicks through to the website.

Financial Implications – None additional

Recommendation 10

The Committee recommends the Welsh Government must rigorously pursue the development of a national framework for bereavement care to ensure services are in place to meet the increasing needs of those bereaved during this pandemic. The Welsh Government should provide the Committee with an update on the work of the group, including timescales and how it will take into account the challenges presented by the pandemic.

Response: Accept

The pandemic has shown, perhaps more clearly than any recent event, the scale and complexity of bereavement and the importance of good care for those experiencing it. This experience has driven the pace and has influenced much of the detail of the work to develop a national bereavement framework.

This work is continuing to progress well and is being overseen by the National Bereavement Steering Group. The draft framework includes core principles, minimum standards and a range of actions that the Steering Group needs to take to support regional and local planning and implementation of the framework. It also recognises that there will be long lasting effects from the pandemic and includes a section about learning lessons from Covid-19.

Two members of the Steering Group from Cardiff University are leading an ongoing UK wide longitudinal study investigating bereavement experiences, support needs and support provision during the pandemic, and are feeding back in 'real time' key findings to the Group. (See study website www.covidbereavement.com). The Group will also keep this matter on their agenda as they monitor implementation of the framework post Covid-19.

In addition, the criteria being developed by the Steering Group for the additional £1m of bereavement support being provided by the Welsh Government from April 2021 will reflect the importance of learning lessons from Covid-19. Lessons will also be learned from how the £900k of additional Welsh Government funding provided to our hospices and bereavement providers throughout the pandemic to increase the level of bereavement support has been utilised.

The draft framework will be issued for consultation before the end of this Senedd term'.

Financial Implications – None additional.

Recommendation 11

The Committee recommends the Welsh Government must ensure that the remote, digitally-supported mental health services introduced as a result of the pandemic are evaluated as a matter of priority to ensure they are fit for purpose and are responsive to the needs of service users. The voices of service users must be central to any such evaluation.

Response: Accept.

The NHS also recognises the need to learn from how it delivers digital delivery and this is integral to their current work plan. For example, in response to recommendation 9 we highlighted SilverCloud as one of the digital resources being made available and alongside that we have commissioned an independent evaluation by Tec Cymru which will report in 2021 to inform future provision.

Financial Implications – None additional.

Recommendation 12

The Committee recommends the Welsh Government's Budget for 2021-22 must demonstrate a strong commitment to improving public mental health in Wales, with clear evidence of a cross-governmental approach to mental health and wellbeing and how it is addressing the social determinants of mental health and wellbeing.

Response: Accept.

Within the draft budget for 2021/22 we have allocated a further £42m to support Mental Health services. In addition, other investments relating to Mental Health can be seen across Government, in line with our approach to prevention and protection of mental health and well-being, including employment support, debt advice, housing support, sports and access to green spaces, as set out in Together for Mental Health Delivery Plan.

Financial Implications – None additional.

Recommendation 13

The Committee recommends the Welsh Government must work with relevant stakeholders to ascertain the needs for mental health and wellbeing support amongst all those who participated in key frontline working, and to ensure appropriate, easily accessible support is in place as a matter of priority. Support for frontline staff must be adequately resourced and available for the longer term.

Response: Accept

Health for Health Professionals Wales provides all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. Doctors can self-refer and are assessed by a doctor adviser, qualified in physicians' health, before being referred for face to face counselling. Cardiff University has been contracted to deliver the service.

Welsh Government accessed UK Government funding announced on the 11 March 2020 for a number of measures to assist the NHS, public services and businesses with the preparation and response to COVID-19 and an additional funding amount of £1.047m was agreed for 2020-21 to enhance service delivery of HHP and upscale psychological support and extend outreach across **the whole of the NHS workforce**. Additional funding has now been awarded to continue service delivery into 2021-22, expanding the newly developed model to the Social Service Sector. There were, and still are, significant risks and a number of psychological factors which may manifest and have a significant impact upon the mental health of the workforce. The HHP Wales expansion has created an established provider service that has demonstrated itself to be reliable, responsive and trustworthy

Welsh Government has worked with social partners within NHS Wales employers and trade unions to make available a multi-layered wellbeing offer for health and social care workers in Wales in addition to the expanded Health for Health Professionals

service; this includes a confidential Samaritans listening support helpline, funded by Welsh Government, which is dedicated to all health and care workers in Wales, as well as a number of free-to access health and wellbeing support resources and apps such as Mind, CALL, Sleepio & Daylight and SilverCloud.

The plethora of national and local resources available to staff can be accessed through a helpful playlist on HEIW's webpages along with signposting to help individuals identify the appropriate type and level of support for themselves, whether that is self-lead, guided or direct one-on-one intervention. We have recently issued a Welsh Health Circular (WHC) to NHS organisations setting out how they are expected to support the health and wellbeing of their staff during the COVID-19 pandemic.

Anonymised management information collected from many of the provisions already in place is helping us learn and adapt the staff wellbeing offer as we continue to work with partners to build resilience into the workforce so that we can sustain the exceptional efforts of NHS staff, the social care workforce and all those who have answered the call to arms to join the service in the fight against this disease.

Following a review of Occupational Health services across Wales, commissioned by health boards, we will be working with partners to consider an appropriate OH solution for Wales, based on the review recommendations. I understand that a partnership group looking has been established to look at this work, including representation from unions, employers and WG, however the group has been postponed while preparation work is undertaken.

Financial Implications – none additional

Recommendation 14

The Committee recommends the Welsh Government should continue working with partners to develop longer term innovative approaches to facilitate indoor visits to care homes.

Response: Accept

The Welsh Government's Coronavirus Control Plan provides guidance on what each Alert Level means for care home visiting. This is available at:

<https://gov.wales/coronavirus-control-plan-alert-levels-in-wales-for-social-care-services-for-adults-and-children>.

Under the current Alert Level 4, risk-assessed visits within a visitor pod or similar structure (which includes a complete physical barrier between the visitor and resident), are permitted for designated visitors. This will ensure visits to loved ones can continue through the winter period, where safe to do so. Indoor visits in exceptional circumstances including, but not restricted to end of life, remain permitted under Alert Level 4, as they have been throughout the pandemic.

The Welsh Government's pilot to provide temporary visitor pods to adult care homes continues, and a total of 69 visitor pods were delivered to care homes prior to Christmas. We have now secured an additional order of visitor pods from a supplier and expect to be able to supply a total of 101 visitor pods through this pilot, as per the aim of the pilot.

We will be collecting feedback from those homes supplied with a pod as part of the evaluation of the pilot- this will help inform our next steps in terms of continuing our support to care homes to ensure safe visiting.

Alongside the pilot scheme the Welsh Government allocated up to £1 million funding in this financial year for providers who have sourced their own visiting pods, outside of the Welsh Government pilot scheme. This will enable providers to claim reimbursement of upfront hire costs, and any additional insurance costs for visitor pods they have sourced themselves. The scheme launched on 15 December and officials are currently reviewing claims from providers. Monies will be paid to homes through the existing Local Government Hardship Fund mechanism, alongside existing claims for the national uplift and any voids.

While public health advice is key to informing our visiting policies, we also recognise the importance of the views of people living in care homes in informing our approach. As part of the 'care home residents' wellbeing' element of the care homes action plan we have asked Age Cymru, All Wales People First and Voices from Care to engage with people living in care homes around what in particular has supported their wellbeing during the pandemic. Any feedback received during the course of this work relating to visiting arrangements will be considered as we continue to keep our visiting policy under review.

Financial Implications – none additional

Recommendation 15

The Committee recommends the Welsh Government must deliver the improvements identified in 'Mind over Matter' at the pace needed to ensure that the foundations of the whole-system approach called for are in place by the end of this Senedd.

Response: Accept in principle

Please see response to Recommendation 1. **Financial Implications – None additional.**