

## Agenda – Health and Social Care Committee

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Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 9 March 2023	0300 200 6565
Meeting time: 09.00	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### Private pre-meeting (09.00 – 09.30)

#### 1 Introductions, apologies, substitutions and declarations of interest

(09.30)

#### 2 Health Service Procurement (Wales) Bill: evidence session with health bodies

(09.30–10.45)

(Pages 1 – 19)

Huw Thomas, Director of Finance, Hywel Dda University Health Board

Jonathan Irvine, Director of Procurement and Health Courier Services, NHS

Wales Shared Services Partnership

Stuart Davies, Director of Finance, Welsh Health Specialised Services

Committee

Research brief

#### 3 Paper(s) to note

(10.45)

##### 3.1 Response from the Deputy Minister for Mental Health and Wellbeing to the Committee's report: Connecting the dots: tackling mental health inequalities in Wales

(Pages 20 – 41)



- 3.2 Letter to the Minister for Health and Social Service regarding the potential implications of the UK Government's Retained EU Law (Revocation and Reform) Bill for health and social care in Wales**  
(Pages 42 – 45)
- 3.3 Letter from the Minister for Health and Social Service regarding the potential implications of the UK Government's Retained EU Law (Revocation and Reform) Bill for health and social care in Wales**  
(Pages 46 – 51)
- 3.4 Letter to the Minister for Health and Social Services regarding issues emerging from the Committee's scrutiny session with the Chief Nursing Officer for Wales on 26 January 2023**  
(Pages 52 – 56)
- 3.5 Letter from the British Dental Association regarding General Dental Services (GDS) Reform**  
(Pages 57 – 60)
- 3.6 Letter from the Children, Young People and Education Committee regarding medication for mental health concerns**  
(Pages 61 – 62)
- 4 Motion under Standing Order 17.42(ix) to resolve to exclude the public for the remainder of the meeting**  
(10.45)
- 5 Health Service Procurement (Wales) Bill: consideration of evidence**  
(10.45–11.00)
- 6 Forward work programme**  
(11.00–11.30) (Pages 63 – 78)  
Paper 1 – Forward work programme
- 7 Endoscopy services: draft letter**  
(11.30–11.45) (Pages 79 – 86)  
Paper 2 – Draft letter

# Agenda Item 2

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# Agenda Item 3.1

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



Llywodraeth Cymru  
Welsh Government

Our ref: MA/LN/0280/23

Russell George MS  
Chair, Health, and Social Care Committee

20 February 2023

Dear Russell

Thank you for sending me the Health and Social Care Committee's report entitled *Connecting the dots: tackling mental health inequalities in Wales*.

Please find attached our response to the committee's recommendations.

Yours sincerely

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

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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.

# Written response from the Welsh Government to the report by the Health & Social Care Committee entitled *Connecting the dots: tackling mental health inequalities in Wales*

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A detailed response to each of the recommendations is listed below.

## **Recommendation 1**

*The Committee recommends that*

*The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government's new mental health strategy.*

### **Response: Accept**

The current Together for Mental Health Strategy 2019-2022 is cross-Government, multi-agency and includes a specific focus on supporting vulnerable groups and reducing inequalities.

A fundamental principle of the successor strategy will be reducing mental health inequalities.

**Financial Implications** – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

## **Recommendation 2**

*The Committee recommends that*

*Ideally in its response to our report, but at latest by July 2023, the Welsh Government should provide a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh Government, and which are within the control of the UK Government. This appraisal should be accompanied by a realistic assessment of how far the Welsh Government can go in improving the mental health and wellbeing of the population using the levers within the Welsh Government's control, and information about how the Welsh and UK Governments are working together to ensure the levers at the UK*

*Government's disposal are used to best effect to improve mental health and wellbeing in Wales.*

**Response: Accept in principle**

The current strategy is cross Government and is underpinned by a cross Government senior officials' group. Our future mental health strategy will set out how we intend to further improve the mental health and wellbeing of the population. Part of any future strategy will be a focus on understanding measures that can support our desire to achieve improvement on Well-being of Future Generations (Wales) Act 2015 Well-being Indicator 29: Mean mental well-being score. This will focus on population-wide measures to improve and support mental wellbeing and understanding the levers the Welsh Government has to improve that will form part of that work.

It is widely acknowledged that the levers the Welsh Government has to tackle poverty are limited. To substantially reduce poverty levels would require a radical change in the approach taken by the UK Government. The last three years have been unlike any we have had to navigate since devolution.

In line with the broad aims for contributing to the eradication of child poverty in the Children and Families (Wales) Measure 2010, we have continually prioritised and made significant investments in a range of policies and programmes to promote prosperity and prevent and mitigate poverty. Despite this, it remains a pervasive issue and our best efforts have been hindered by decisions taken by the UK Government.

Although the key levers for tackling poverty – e.g. powers over the tax and welfare system – sit with the UK Government, our priority as a Welsh Government remains to protect the people of Wales and to help them through the cost-of-living crisis, while striving to secure a stronger, fairer and greener Wales. Given the effects of the pandemic and the cost of living crisis, the most recent Welsh Government actions on poverty have focussed on mitigating the immediate impact of poverty. This year alone (2022/23) we are spending more than £1.6bn on schemes that target the cost-of-living crisis and on programmes that put money back in people's pockets.

Wales Centre for Public Policy (WCPP) report 'Poverty and Social Exclusion a Way Forward'<sup>1</sup>, published in September 2022, sets out the conclusions of a Welsh Government commissioned review. This includes Mental Load and Mental Health – Addressing the emotional and psychological burden carried by people living in poverty and social exclusion through tackling stigma, (re)humanising 'the system' and treating people with the respect and dignity they deserve. These findings will be taken into consideration as we take forward our commitment to a whole government approach to tackling poverty and inequality and the delivery of Programme for Government commitments through a poverty lens, to meet current need and achieve longer term change.

During 2023, we are involving a wide range of stakeholders, including children and young people, families and communities and the organisations that work with them in

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<sup>1</sup> [Poverty and social exclusion: A Way Forward by Dan Bristow, Anna Skeels, Manon Roberts & Isabelle Carter Published September 2022](#)

a two-phased approach to the development of a co-constructed revised Child Poverty Strategy for Wales. Importantly, this work includes targeted engagement with those with protected characteristics and the organisations that work with them

**Financial Implications** – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

### **Recommendation 3**

*The Committee recommends that*

*By December 2023 the Welsh Government should have commissioned an independent review of the existing evidence, and such further research as may be necessary, to explore the impact of the UK welfare system on mental health and wellbeing in Wales, and what effect the devolution of welfare and/or the administration of welfare could have on tackling physical and mental health inequalities in Wales. The review and research should take into account issues of principle, as well as the practicalities and associated financial implications of retaining the current situation or any further devolution. The Welsh Government should commit to publishing the outcome of the review and research.*

### **Response: Accept in Principle**

The importance of undertaking research into how interaction with the UK social security system impacts on mental health and wellbeing is acknowledged. Since 2013 there have been a variety of studies in this field, particularly on the mental health impacts that are generated by benefit sanctions and through the assessment processes that are used to determine eligibility for disability and incapacity benefits. Work is also being progressed in connection with the Co-operation Agreement to explore the necessary infrastructure required to prepare for the devolution of the administration of welfare.

Health and Social Services research team will collaborate with relevant policy colleagues to explore the need for additional research, determine how long the research would take and how it fits with other priorities and commitments.

**Financial Implications** – Not known

### **Recommendation 4**

*The Committee recommends that*

*The Welsh Government should set out how the new mental health strategy will ensure that people with severe and enduring mental illness will have routine access to physical health checks, and what actions will be taken to minimise the impact of*

*factors such as poverty, disadvantage and diagnostic overshadowing on this group.*

**Response: Accept**

The core contract for GPs as part of unified services requires GPs to record information about people with serious mental illness and have a record of high blood pressure and other physical health conditions / risks.

As part of the work to support the development of the successor to Together for Mental Health, we have already commissioned work to inform our approach to improve the physical health of individuals with mental health issues.

The National Collaborative Commissioning Unit, working in partnership with the Royal College of Psychiatrists, is undertaking a systematic review of the current approach and best practice to support optimum physical health in mental health services.

The current Together for Mental Health Strategy is cross-Government, and this is supported by a cross-Government Senior Officials Group. The Group represents the key policy areas that are protective of good mental health, for instance Tackling Poverty, Employment, Housing and Education. We will be working with this Group to inform the cross-Government approach in the successor plan.

We will also be working with the NHS and wider partners to strengthen the existing approach to Care and Treatment Planning which already includes consideration of outcomes across key life areas including finance, housing, work and family.

One of the aims of the successor strategy to Together for MH is to improve the diagnosis and effects of physical ill health and prevention of diagnostic overshadowing will be included as part of this work.

The approach to each of the elements of this recommendation will be included in the consultation on the successor to Together for Mental Health at the end of 2023.

**Financial Implications** – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

**Recommendation 5**

*The Committee recommends that*

*The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023 and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions.*

**Response: Accept**

A demand and capacity review of all neurodevelopmental condition services was completed in March 2022. In response, in a Written Statement of 6 July the Deputy Minister for Social Services announced a neurodivergence improvement programme



backed by £12million of additional funding. The programme has commenced; an initial £1.4 million has been allocated to Regional Partnership Boards to meet urgent need. The programme has three workstreams, the first, considering early help and support, the second, developing sustainable neurodevelopmental services and the third to ensure cross cutting priorities including data and workforce are progressed. Support for neurodivergent people with co-existing conditions including meeting mental health needs will be developed as a priority area within the programme. The programme will align with the NEST/NYTH framework for children and young people's well-being and will take a whole system approach to developing services. To oversee this work, we have established a Ministerial Neurodivergence Advisory Group, which is co-chaired by individuals who have lived experience of neurodivergence.

In November we undertook a series of public engagement events across Wales to discuss the programme's priorities and seek stakeholder views. The feedback received was positive and was summed up in a bilingual summary report<sup>2</sup>.

**Financial Implications** – An additional £12million has been provided up to March 2025 to secure improvements in neurodevelopmental condition services.

### **Recommendation 6**

*The Committee recommends that*

*In its response to our report, the Welsh Government should provide assurance that work to develop cross-cutting early support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency. This should include setting out what specific actions will be taken and when, and details of when and how evaluation will be undertaken to assess whether people's experiences and outcomes are improving. Consideration should be given to the use of peer support approaches, video buddies and neurodivergent champions.*

### **Response: Accept**

As above, in addition we have commissioned the NHS Delivery Unit to undertake a review of existing ND assessment services and to make recommendations on where improvements can be achieved. The Delivery Unit will also develop an assurance framework to measure the impact of changes in services and support as they are developed.

**Financial Implications** – As above

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<sup>2</sup> [Neurodivergence improvement programme: engagement events November 2022 | GOV.WALES](#)

### **Recommendation 7**

*The Committee recommends that*

*In its response to our report, the Welsh Government should set out a clear timeline for the urgent review of mental health provision for deaf people and commit to providing us with an update on the review, and any conclusions or emerging findings, by July 2023. It should also provide assurances that the review will take account of the issues raised by the All Wales Deaf Mental Health and Well-Being Group in its report, Deaf People Wales: Hidden Inequality, and consider whether the establishment of a national specialist deaf mental health service for Wales is required.*

#### **Response: Accept**

We will review mental health provision for deaf people and in doing so take account of the issues in the Deaf People Wales: Hidden Inequality report, although this will be part of work that will look at sensory loss more broadly. A fundamental aim of our work to develop the successor to Together for Mental Health will be to reduce inequalities in access and outcomes for **all** groups where there is a barrier to accessing support. This will include actions to ensure services meet the all-Wales standards for communication and information, but also language and other protected characteristics. The aim will be to remove barriers to support for each cohort and we will be looking at the evidence around sensory loss more broadly to inform the future plan.

We will do early scoping work by July 2023 but as this will be part of the work of our successor to Together for Mental Health this work will be ongoing throughout 2023 and will form part of our draft mental health strategy which will go out to formal consultation at the end of the calendar year.

**Financial Implications** – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

### **Recommendation 8**

*The Committee recommends that*

*In its response to our report, the Welsh Government should provide an update on the implementation of the recommendations made by the Auditor General for Wales in his 2018 report, Speak my language: overcoming language and communication barriers in public services.*

#### **Response: Accept**

In our Mental Health Delivery Plan for Wales 2019-2022 we outline our commitment to ensuring support is equitable and accessible, and that services are delivered in

line with the all-Wales standard for communication and information for people with sensory loss.

As part of the ongoing work in relation to successor arrangements for our Together for Mental Health Strategy we will consider what further action is necessary to strengthen access to support for those with sight or hearing loss, and for those whose first language is not Welsh or English.

Wales Interpretation and Translation Services (WITS) annual report states that Arabic was its most commonly requested interpretation language and second most commonly requested translation language in 2022. 99.1% of all requests (for all languages, not just Arabic) were allocated for interpretation and translation services. Welsh Government has recently commissioned a research report into the availability and adequacy of foreign language interpretation services in Wales and we hope to be able to publish this soon.

The Deaf People in Wales Report will be crucial in informing ongoing work in this area.

In February 2021, the British Deaf Association (BDA) undertook an audit of the British Sign Language (BSL) policies and provision in Welsh Government with a view to signing up to their BSL charter. The BDA and Equality Branch officials have worked collectively with Welsh Government Policy leads to establish what we are doing around BSL.

We also continue to make available mental health resources in multiple languages – to support access to healthcare. Most recently, we have translated resources such as the National Centre for Mental Health Stabilisation Toolkit for people who have been exposed to traumatic events.

The Welsh Government also continues to promote the CALL mental health helpline (and has translated information about the helpline into over 20 languages). CALL also uses Language Line – which means anyone calling the helpline can access support and advice in their preferred language.

**Financial Implications** – No immediate financial implications.

### **Recommendation 9**

*The Committee recommends that*

*In its response to our report, the Welsh Government should outline what duties are on health boards and other public services to provide interpretation and translation services for languages other than Welsh and English. In doing so, it should provide assurance that the duties in place are adequate, and are being implemented effectively, to reduce the reliance on family members or community volunteers to provide interpretation or translation other than in urgent or emergency cases.*

### **Response: Accept in principle**

In February 2021, the British Deaf Association (BDA) undertook an audit of the

British Sign Language (BSL) policies and provision in Welsh Government with a view to signing up to their BSL charter. The BDA and Equality Branch officials have worked collectively with Welsh Government Policy leads to establish what we are doing around BSL. This includes BSL interpreting and translation provision and challenges of the shortage of these registered professionals in Wales.

The initial results of the BSL Audit Report were submitted to the Welsh Government in August 2021. The draft Report summarised an assessment of the Welsh Government's policies and services, with recommendations to inform an action plan and a proposal for ongoing engagement with Deaf communities. Officials have reviewed the contents of the BDA Audit Report and have finalised the report which will be published by BDA shortly. Officials have met with the BDA and are awaiting a confirmed publication date from the BDA. It is anticipated that this will be published in January 2023. A Written Statement will issue on the publication date welcoming the report and recommendations. A BSL translation of the written statement will also be issued.

The Welsh Government welcomes the report and recognises the need to take an intersectional approach in responding to the Audit's recommendations. Taking forward action from the BDA's Audit requires a long-term plan for change and will require sustained commitment and focus. Some of this work can be taken forward within the Disability Rights Taskforce and some can be progressed now. An assessment will take place to develop a work plan to progress areas that can be taken forward outside the remit of the Disability Rights Taskforce.

Wales Interpretation and Translation Services (WITS) provides access to a wide range of registered interpreters covering approximately 120 languages, including BSL. Partner organisations can access the WITS on demand services through their partner agreement. All Health Boards and Trusts in Wales are now partners to WITS. It is the responsibility of the health board to make requests to WITS and inform the patient.

The 'All Wales Standard for Accessible Communication and Information for People with Sensory Loss' sets the direction for Health Boards and Trusts to ensure the communication and information needs of people with a sensory loss are met when accessing our healthcare services. All health boards and trusts are expected to put in place implementation arrangements to deliver on the standards to ensure all services are accessible and available including for the deaf community through the communication medium of choice, such as BSL.

In 2023, Welsh Government Officials will be working with Health Boards across Wales to undertake a review of all Equality Diversity Inclusion reporting mechanisms, including those for vulnerable groups, and developing recommendations for improving collaboration and providing greater assurance that Equality duties are in place and being implemented effectively.

The 2018 Guidance for Health Boards on the Health and Wellbeing of Asylum Seekers and Refugees sets out expectations for health boards in terms of support for asylum seekers and refugees. In 2021, Welsh Government officials wrote to the health boards to remind them of their responsibilities in delivering the priorities set out in the 2018 Guidance on the health and wellbeing of asylum seekers and refugees, particularly in relation to providing access to interpreters and ensuring that

language is not a barrier to accessing services.

**Financial Implications** – Any financial implications would be considered when developing the recommendations to support duties under the Equalities Act.

### **Recommendation 10**

*The Committee recommends that*

*We endorse and reiterate recommendation 1 made by the Equality and Social Justice Committee in its October 2022 report, Gender based violence: the needs of migrant women, that the Welsh Government should consider creating and maintaining a directory of recognised interpreters.*

#### **Response: Accept**

The Welsh Government understands the barriers patients face in accessing services without the use of an interpreter and how this can make them hesitant to access services. The Welsh Government has recently received a report on the availability and adequacy of foreign language interpretation services as part of our Migrant Integration Wales Project. We will look at the recommendations and findings of the report alongside this recommendation and the work of our Migrant Integration Framework. Future work will consider how barriers to access can be removed, working with public and third sector organisations. We will also explore new ways of working to ensure access, which could be incorporated into our communications work on the Migrant Integration Wales Project.

**Financial Implications** – No immediate implications

### **Recommendation 11**

*The Committee recommends that*

*By July 2023 the Welsh Government should publish the key deliverables and qualitative and quantitative measures for the impact of the trauma-informed framework for Wales and put in place a robust evaluation framework. If the Welsh Government is not able to commit in its response to our report to the work being completed within this timeframe, it should explain why it is not achievable and provide information about the timescales within which the measures and evaluation framework will be completed.*

#### **Response: Accept in principle**

The new Trauma-informed Practice Framework will be a key component in the Welsh Government's drive to make Wales a trauma-informed nation. The framework

will help inform existing and new policy, including the new mental health strategy and the Adverse Childhood Experiences (ACEs) Plan. It will also contribute towards the broader aims of tackling inequality, improving individuals' life outcomes, and making Wales a more prosperous and equal country.

Led by ACE Hub Wales and Traumatic Stress Wales, the framework was developed with stakeholders from various sectors. The Welsh Government played a key role in facilitating and supporting this work and will continue to work closely with partners on the next phase – the successful implementation of the framework.

The first stakeholder meeting about the framework's implementation and evaluation process took place on 23 January 2023. It is expected an implementation plan, including key deliverables, outcomes measures and evaluation processes will be published by the end of July 2023.

**Financial Implications** – The Deputy Minister for Social Services has agreed to provide funding of a minimum of £300k, £350k and £400k for 2022-23, 2023-24 and 2024-25 respectively, to support the implementation of the Trauma-Informed Wales Framework.

The Welsh Government also provides £1.2 million a year to Traumatic Stress Wales, which aims to improve the health and wellbeing of people of all ages living in Wales at risk of developing, or with, post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD).

## **Recommendation 12**

*The Committee recommends that*

*The Welsh Government should work with relevant organisations to ensure that appropriate and supportive information on attachment and parent-child relational health is provided to expectant parents and new parents, for example in literature and via antenatal classes. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

## **Response: Accept in principle**

Information to support sensitive and responsive parenting starts at antenatal classes and continues through the pregnancy for mothers and their partners. This support and education continues via a range of personally delivered, written and electronic media in a range of languages through the early years, after midwifery handover to health visiting Services. The work of the First 1000 days project is distilled into key messages for parents to promote attachment and responsive parenting, with specific attention to the child's emotional wellbeing and secure attachment through parental information such as Bump, Baby and Beyond. We will consider what further action we can take to develop parent infant relationship work in planned learning, to include potential areas of learning from the delivery models and approaches being piloted through the early years pathfinder projects, where there is a specific focus on parent-

infant relationships and interventions.

We are also considering how the successor to the Together for Mental Health Strategy can strengthen support for parent/infant relationship work in Wales.

**Financial Implications** – Not yet known

### **Recommendation 13**

*The Committee recommends that*

*The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required.*

### **Response: Accept in principle**

This information is already available on the 111 website for national support (NHS 111 Wales - Health A-Z: Mental Health and Wellbeing<sup>3</sup>) and via DEWIS for local/community-based support. The CALL helpline handlers have access to a comprehensive directory of local services (by postcode) to signpost people to local support. We also provide more tailored information for specific cohorts, for instance the Youth Mental Health Toolkit which is hosted on HWB. As opposed to developing a new online directory, our aim is to improve the current information available and to ensure people are aware of how to access resources.

We will continue to do that through the Help Us Help You campaign, and other public awareness campaigns, for instance when we launch 111 press 2 for urgent mental health support nationally.

**Financial Implications** – None.

### **Recommendation 14**

*The Committee recommends that*

*To accompany the publication and ongoing implementation of the social prescribing framework, the Welsh Government should develop and deliver targeted communication campaigns to promote awareness of social prescribing and the new*

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<sup>3</sup> [Mental Health and Wellbeing \(111.wales.nhs.uk\)](http://111.wales.nhs.uk)

*framework among health professionals, services and community groups and organisations to which people could be prescribed, and the general public.*

**Response: Accept**

A key theme in our recent consultation on the national framework for social prescribing was the acknowledgement that there appears to be significant confusion and lack of awareness both amongst professionals and the public as to what exactly social prescribing can offer.

Furthermore, the consultation acknowledged that for social prescribing services to connect people to community-based support, there needs to be improved awareness of what is available and how accessible it is.

The initial analysis of the consultation responses supports the need for a campaign to build an understanding of social prescribing, its benefits, and to raise awareness of the national framework. As we take forward the development of the national framework for social prescribing, a work programme to raise awareness will be implemented.

**Financial Implications** – Not yet known

**Recommendation 15**

*The Committee recommends that*

*The Welsh Government's social prescribing framework should include measures by which the health and social impacts and outcomes of social prescribing schemes at local, regional and national levels can be assessed. The Welsh Government should commit to publishing data as part of the ongoing evaluation of the social prescribing framework to enable us and stakeholders to monitor the impact of both social prescribing and the social prescribing framework.*

**Response: Accept in principle**

The Welsh Government is committed to ensuring the national framework demonstrates the value and monitors the impact of social prescribing. This requires a mixture of qualitative and quantitative measures that focus on the individual, the community, and health services. How best to capture this data and evaluate the health and social impact and outcomes of social prescribing at local, regional, and national levels, is still to be determined.

**Financial Implications** – Not yet known

**Recommendation 16**

*The Committee recommends that*



*In its response to our report, the Welsh Government should outline what actions it will take to develop a more professional structure for the social prescribing workforce, including how it will address variation in pay, terms and conditions, and improve funding sustainability for such roles. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

**Response: Reject**

Our 'Connected Communities' strategy already commits the Welsh Government to developing a skills and competency framework for social prescribers which will form an integral part of our national framework for social prescribing.

Over the last few months work has been ongoing with Health Education and Improvement Wales (HEIW) leading the development of a skills and competency framework that makes the link between evidence and practice. The skills and competency framework will help those developing services to deepen their understanding of the social prescribing practitioner role. A draft framework has already been developed by HEIW and its partners, including the Welsh Government, which will be issued for consultation soon.

This skills and competency framework will set out the key knowledge and skills needed to successfully perform the social prescribing role and will go some way to developing a more professional structure for the social prescribing workforce.

However, given the complexity of the makeup of the social prescribing workforce, with many based in local authorities and third sector organisations, negotiating specific pay, terms and conditions are outside the remit of the Welsh Government and are the responsibility of the employing organisations. For this reason, we are unable to accept this recommendation.

**Financial Implications – None**

**Recommendation 17**

*The Committee recommends that*

*In its response to our report, the Welsh Government should set out how it, working with Health Education and Improvement Wales and Social Care Wales, will monitor the impact of the actions in the mental health workforce plan aimed at improving staff wellbeing. It should also commit to publishing annual reports setting out whether the actions in the plan are having the intended impact, and if not, what will be done differently. The first annual report should be published no later than December 2023.*

**Response: Accept**

Progress on delivery of the actions in the mental health workforce plan and their impact will be monitored through an implementation board established by HEIW and

Social Care Wales, which includes people with lived experience, Royal Colleges, the voluntary sector, the Welsh Government and other key stakeholders. Regular updates will be provided to the Welsh Government's Mental Health Oversight and Delivery Board, National Partnership Board, and to the HEIW and Social Care Wales public boards. An annual, public-facing report will be published detailing progress.

**Financial Implications** – Current financial implications are being picked up through existing budgets.

### **Recommendation 18**

*The Committee recommends that*

*Once the Welsh Government has published its draft budget for 2023-24, it should confirm which of the actions in the mental health workforce plan have been allocated full funding, which have been allocated partial funding, and which have not yet been allocated funding. It should also provide details of which partially-funded or unfunded actions will be prioritised should further funding become available.*

#### **Response: Accept**

The Deputy Minister for Mental Health and Well-being has indicated that support for the implementation of the Mental Health Workforce Plan will be a priority in 2023-24. Between the funding provided for the NHS Wales Education Commissioning and Training Plan (2023-24) and additional funding provided from the mental health programme budget, the Mental Health Workforce Plan will be fully funded in 2023-24.

**Financial Implications** – Current financial implications are being picked up through existing budgets.

### **Recommendation 19**

*The Committee recommends that*

*The Welsh Government should work with neurodivergent people to co-produce training and awareness-raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people's lives, how to support and help them, and developing positive, constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

#### **Response: Accept**

The Welsh Government has supported the National Autism Team to develop resources for schools and across other sectors, working in partnership with neurodivergent people and parents and carers. The website [autismwales.org](http://autismwales.org) provides details of comprehensive training programmes and awareness raising tools in education, for employers and for community services.

**Financial Implications** – None

### **Recommendation 20**

*The Committee recommends that*

*The Welsh Government should ensure that the workforce survey to be undertaken across health and social care as part of the mental health workforce plan is undertaken as a matter of urgency, and no later than July 2023. The Welsh Government should work with groups and communities identified through analysis of the diversity data gathered through the survey as being underrepresented in the mental health workforce, and with neurodivergent people, to design and deliver a mentoring and support programme to help them enter the mental health workforce. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

### **Response: Accept**

Workforce surveys will be undertaken across health and social care before July 2023. Inclusion has been identified as one of the fundamental principles underpinning the plan, with a view to “creating a culture of true inclusion, fairness and equity across the Mental Health workforce”. HEIW and Social Care Wales are engaging with the Ethnic Minorities Task and Finish Group in the first instance to develop an approach that seeks to increase the recruitment and retention of underrepresented groups into the mental health workforce.

**Financial Implications** – Current financial implications are being picked up through existing budgets.

### **Recommendation 21**

*The Committee recommends that*

*The Welsh Government should require its civil servants to include, in every submission made to Welsh Government Ministers seeking a decision on policy, legislative, spending or taxation proposals, an assessment of how the recommended course of action will contribute to improving the mental health and wellbeing of the*

*people of Wales.*

**Response: Accept in principle**

The Welsh Ministers are subject to the sustainable development and well-being duty in the Well-being of Future Generations (Wales) Act 2015, which requires public bodies to carry out sustainable development, and in doing so contribute to the seven well-being goals. Within those goals ‘A Healthier Wales’ is described as “A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood”. In implementing the WFG Act, the Welsh Government has embedded the Act in how it develops policy and advice to Ministers. This is part of a more integrated approach to the assessment of policy impact which already includes consideration of health and mental wellbeing through incorporating our established health impact assessment practices.

Alongside the Well-being of Future Generations (Wales) Act 2015, Part 6 of the Public Health (Wales) Act 2017 requires the Welsh Ministers to develop regulations which will require a list of public bodies (including the Welsh Government) to carry out a health impact assessment (which includes considering mental and physical health) in circumstances to be specified in the regulations. Work to develop the regulations was paused initially to focus resources on EU Exit and subsequently to supporting the response to COVID-19. However, work to develop the regulations restarted in 2022 and in a response to a letter from the Health and Social Care Committee, the Minister for Health and Social Services committed to publishing a consultation on the regulations (as required by the 2017 Act) in late Spring/early Summer 2023. In terms of developing the Regulations, we will consider the findings of the committee’s report and this recommendation in preparing policy proposals for consultation. In terms of implementing the Regulations within the Welsh Government, we will update our impact assessment approach as needed accordingly once the Regulations are agreed.

In addition to considering the mechanisms which require officials to consider the impact of a decision on health, the focus of our efforts is on developing the understanding and capability of policy and decision makers within Welsh Government so that they have the knowledge, skills and behaviours to design and deliver policy effectively.

**Financial Implications – None**

**Recommendation 22**

*The Committee recommends that*

*The Welsh Government should provide us with annual updates on progress made in implementing the recommendations set out in this report. The first annual update should be provided in December 2023.*

**Response: Accept in principle**

The Welsh Government is very grateful to the Health and Social Care Committee for their consideration of this issue. The Welsh Government will continue to update the Health and Social Care Committee on progress in relation to the recommendations outlined in this report as appropriate.

**Financial Implications** – None

**Recommendation 23**

*The Committee recommends that*

*In its response to our report, the Welsh Government should commit to commissioning and publishing independent interim and final evaluations of its new mental health strategy. The interim evaluations should include assessment of the impact of the strategy to date on the mental health and wellbeing of Wales' population, the outcomes it has achieved, and any learning points or recommendations for change. Alongside each interim evaluation report, the Welsh Government should publish details of what actions it will take in response to any learning points or recommendations for change.*

**Response: Accept**

Plans for ongoing evaluation will be an essential part of the new Mental Health Strategy for Wales. There will need to be specific consideration of learning points and / or recommendations for change as part of any planned evaluations, alongside a focus on progress towards achieving the strategy's planned outcomes and objectives.

**Financial Implications** – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

**Recommendation 24**

*The Committee recommends that*

*In its response to our report, the Welsh Government should confirm that the data to be collated and published as part of the mental health core dataset will enable us and stakeholders to see and track progress over time in mental health inequalities relating to access to mental health services and outcomes for different groups and communities. This should include information about what data will be included, how frequently data will be published, what analysis will be undertaken, and confirmation that the data will be disaggregated on the basis of diversity characteristics.*

**Response: Accept**

A key priority for the Welsh Government and NHS Wales is to ensure that health and mental health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services and to ensure the underpinning of equitable outcomes in service delivery. We already publish a range of activity data, some of which includes ethnicity information, as part of the NHS Benchmarking Programme. The latest NHS Benchmarking information for Wales can be accessed online ([nhs.wales](https://nhs.wales))<sup>4</sup>.

In terms of the core dataset, this will include patient level information (for instance gender and ethnicity). We have recently strengthened the governance arrangements to drive this work forward and the current focus is working with health boards to agree the core activity data that will be reported. Our intention is to publish this data and we will update the Committee in due course on the data for publication and the frequency of publication.

The activity measures are one of four elements which will make up the core data set. The other measures are:

- *Patient Reported Outcome Measures (PROMS).*
- *Patient Reported Experience Measures (PREMS).*
- *Clinician Reported Outcome Measures (CROMS).*

We have established an Oversight Group and a refreshed Board with a technical group. The Board has a range of stakeholder members and as well as providing the main oversight and governance line of this programme, the Board will also consider the key findings of the Academic Research, looking at what matters to people in Wales.

**Financial Implications** – Current financial implications are being picked up through existing budgets.

**Recommendation 25**

*The Committee recommends that*

*Following the completion of the research commissioned from the University of South Wales on measuring clinical and social outcomes, the Welsh Government should set out a timetable for the development and implementation of wellbeing measures to inform the monitoring and evaluation of the impact the new mental health strategy has on tackling mental health inequalities. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

**Response: Accept**

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<sup>4</sup> [Events - National Collaborative Commissioning Unit \(nhs.wales\)](#)

The Mental Health Outcomes and Measures Board referred to in response to recommendation 24 is considering the outcome of the research as part of developing the outcome measures in the core-dataset. Further information, including timescales, will be shared with the Committee in due course.

The Welsh Government already publishes data on the mean mental wellbeing score for people aged 16 and over in Wales using the Warwick-Edinburgh Mental Well-being Scale WEMWBS) as part of reporting on Wellbeing of Wales: National Indicators<sup>5</sup>.

As part of the Well-being of Future Generations (Wales) Act 2015, we have consulted on and set milestones against Indicator 29 'Mean well-being score for people'. This measure is collected and reported on as part of the National Survey for Wales for Adults and we will utilise the School Health Research Network for children and young people. This will be one of the indicators that will drive future work around promoting population-wide good mental wellbeing, with a focus on narrowing the gap between our most and least deprived communities.

As part of the arrangements to develop the successor to Together for Mental Health, we have dedicated resource from Knowledge and Analytical Service in the Welsh Government to support the development of key measures to determine progress against the agreed strategic objectives. The proposed measures will be included in the consultation document which is expected to be available by the end of 2023.

**Financial Implications – None**

### **Recommendation 26**

*The Committee recommends that*

*The Welsh Government should work with the police and crime commissioners and the police forces in Wales to identify opportunities to improve access for police officers to ongoing training in mental health awareness, suicide prevention, neurodiversity awareness, learning disability awareness, and cultural competence. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.*

### **Response: Accept**

Policing is reserved to the UK Government and as such the training of police staff is the responsibility of the Home Office rather than the Welsh Government. However, we do recognise the importance of using our partnership links to support effective criminal justice outcomes, especially where policing interfaces with policy areas which are devolved to Wales.

We will broker a discussion with Policing in Wales on:

- The training which is currently available on these subjects and how it is used.

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<sup>5</sup> [Wellbeing of Wales: national indicators \(gov.wales\)](https://gov.wales/wellbeing-of-wales-national-indicators)

- How accessibility and awareness of the existing training can be increased.
- Where there might be opportunities for new links or further work.

This work will be taken forward with the Police Liaison Unit and relevant Welsh Government policy leads.

In terms of neurodiversity, the Welsh Government funds the National Autism team which provides expert advice and training on neurodivergence awareness. The team has worked with both South Wales and Gwent police on neurodivergence issues. We are also delivering a neurodivergence improvement programme which includes considering workforce training needs. There is a representative from criminal justice on the Ministerial Advisory Group on Neurodivergence, and the team also work closely with the Ministry of Justice to support the non-devolved areas of their neurodiversity strategy.

Additionally, as part of the Welsh Government Learning Disability Strategy the team has supported the development of the Learning Disability Education Framework and its initial roll-out to health professionals. The team is working with Improvement Cymru to scope out how the Framework can be expanded to other public sector organisations, potentially including the police.

**Financial Implications** – No immediate implications

### **Recommendation 27**

*The Committee recommends that*

*In its response to our report, the Welsh Government should provide an update on its discussions with the UK Government on the draft Mental Health Bill. This should include information about whether the Welsh Government has reached a view on whether it supports the UK Government's intention to legislate in the devolved area of mental health, details of the analysis and consultation undertaken by the Welsh Government to inform its view on this matter, and information about the actions taken by the Welsh Government to ensure that the different legislative and policy contexts in Wales and England are being taken into account in the development of the legislation and planning for its implementation.*

### **Response: Accept**

In line with the commitment set out in the Anti Racist Wales Action Plan, we have established an Ethnic Minorities Mental Health Task and Finish Group. When established, the purpose of the task and finish group was to agree tangible actions that can deliver improvements in mental health support and access to services amongst ethnic minority communities, spanning the age range. Originally established for 12 months, the Task and Finish Group will now remain in place for a further two years – and will play an important role in informing the development of the new Mental Health Strategy for Wales. The Task and Finish group will also play an important role in ensuring that new mental health legislation for Wales reflects the



needs of minority ethnic communities and will be a key stakeholder in ongoing discussions and work to implement the reforms of the Mental Health Act planned for Wales, and the development of the supporting Code of Practice for Wales.

Following publication of the White Paper outlining proposed reforms to the Mental Health Act aimed at delivering the recommendations of the Wessely Review, Welsh Government officials undertook a series of discussions with stakeholders and partners in Wales, including the Ethnic Minorities Mental Health Task and Finish Group, to determine which of the proposals would be beneficial to Wales. Following those discussions, the Welsh Government wrote to the UK Government Secretary of State for Health to outline our position about which of the proposals we would like to extend to Wales and include in a draft Mental Health Bill. In line with the Sewel Convention, it is likely that a Legislative Consent Motion will still need to be passed in the Senedd once the Bill is introduced, in accordance with section 107(6) of the Government of Wales Act 2006 and the Senedd's Standing Orders. The Welsh Government's final recommendation to the Senedd about whether to pass such a motion will be subject to our being satisfied with the final provisions in the Bill. The draft legislation has been subject to pre-legislative scrutiny in the UK Parliament, and the relevant scrutiny committee published its report on 19 January 2023. The recommendations in that report are likely to result in changes to the proposed Bill compared to the first draft. Welsh Government officials will continue to work closely with their UK Government counterparts to consider the extent to which Wales should be included in any new or substantively different provisions that emerge as the Bill is developed in light of the committee report.

**Financial Implications** – No immediate implications

**Lynne Neagle MS**  
**Deputy Minister for Mental Health and Wellbeing**

# Agenda Item 3.2

Y Pwyllgor Iechyd a  
Social Cymdeithasol

## Health and Social Care Committee

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Eluned Morgan

Minister for Health and Social Services

Welsh Government

26 January 2023

Dear Eluned

**Retained EU Law (Revocation and Reform) Bill: request for information regarding potential implications for health and social care**

On 11 January 2022 the Health and Social Care Committee discussed correspondence from the Legislation, Justice and Constitution Committee in respect of the above Bill, including correspondence received by the LJC Committee from health and social care stakeholders. While the LJC Committee is leading the Senedd's scrutiny of the legislative consent memorandum on the Bill and the broader implications of the Bill, we agreed to write to you to seek information about the potential impact of the legislation on health and social care in Wales.

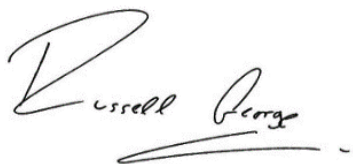
The UK Government's Retained EU Law (REUL) dashboard shows 137 pieces of REUL made by the UK Government that relate to health and social care, covering important areas such as food and drink labelling; medical devices; medicines regulation; blood safety; clinical trials; tobacco products; infant and follow-on formula; hygiene requirements for food businesses; food nutrition and health claims; protections against ionising radiation; substances of human origin for human application; and health and safety at work.

Other pieces of REUL are also closely related, including those relating to the environment (for example regulation of chemicals, and air and water quality); food and agriculture (for example food

regulation, and food allergens information; and employment (for example workers' rights, health and safety at work and the recognition of professional qualifications).

We would be grateful for a response on the issues outlined in the annex to this letter **by 23 February 2023**.

Yours sincerely

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

Russell George MS  
Chair, Health and Social Care Committee

cc Huw Irranca-Davies MS, Chair, Legislation, Justice and Constitution Committee

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

## **Annex: Retained EU Law (Revocation and Reform) Bill: request for information regarding potential implications for health and social care**

We would be grateful for a response on the following issues by 23 February 2023.

### Overarching issues and identification of REUL

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1. What are your views on the impact of the Retained EU Law (Revocation and Reform) Bill on health and social care in Wales.
2. We note that the UK Government's REUL dashboard only includes REUL made by UK Ministers. Could you provide us with a list of REUL made by Welsh Ministers that relates to health and social care.

### Decisions on REUL

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3. The Counsel General told the LJC Committee on 5 December 2022<sup>1</sup> that the Welsh Government intended to implement a triage process to inform its decisions in respect of REUL. Could you identify which pieces of REUL, or which policy areas affecting health and social care (for example public health or food labelling) the Welsh Government intends to prioritise for consideration within the triage process.
4. Could you confirm whether the Welsh Government plans to use the powers in the Bill to preserve the standards relating to health and social care that are within competence.
5. How would you respond to the concerns raised by stakeholders such as the Welsh NHS Confederation, the WVCA and the Food Standards Agency that important standards and protections relating to issues such as public health and food labelling could be lost in Wales if regulations are not saved or reformed.
6. Could you set out how the Welsh Government will consider the long term implications for population health and wellbeing when making decisions in relation to REUL.

### Stakeholder engagement

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7. Can you outline how the health and social care sectors in Wales will be involved in the processes of triaging REUL, and reaching decisions in relation to whether pieces of REUL should be saved, reformed or removed in line with the 31 December 2023 deadline set out in the Bill.

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<sup>1</sup> Legislation and Justice Committee [RoP](#), 5 December 2022

8. Will you commit to engaging stakeholders and considering their views throughout this process.

#### Intergovernmental working

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9. Could you provide information about any discussions you or your Deputy Ministers have had with other governments in the UK about the impact of the Bill on health and social care, or about how any changes to relevant REUL would be coordinated if the Bill is passed.
10. What is your view on how the Bill might interact with other post-Brexit arrangements which affect health and social care, such as common frameworks, the Internal Market Act 2020 or trade agreements.

#### Impact on the Welsh Government's legislative programme

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11. Could you explain whether any elements of the Welsh Government's legislative programme relevant to health and social care (for example the Clean Air Bill) will be affected by the Bill, and if so how.



Llywodraeth Cymru  
Welsh Government

Russell George MS  
Chair  
Health and Social Care Committee

[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

27 February 2023

Dear Russell,

Thank you for your letter of 26 January in relation to the potential implications of the UK Government's Retained EU Law (Revocation and Reform) Bill for health and social care in Wales. I shall answer your questions in the order in which they were asked.

### **Overarching issues and identification of REUL**

#### ***Question 1: What are your views on the impact of the Retained EU Law (Revocation and Reform) Bill on health and social care in Wales?***

I share the Welsh Government's overall opposition to the approach being taken by the Bill. REUL generally operates effectively and provides crucial protections across different aspects of Welsh life, including workers' rights, environmental protections and public health safeguards. The Bill poses a significant distraction at a time when governments across the UK should be focused on matters of greater importance such as the cost-of-living crisis.

REUL forms an important part of the legal framework underpinning a variety of issues relevant to my portfolio. The general concerns about the potential implications of the Bill are therefore applicable to a health and social care context. Of particular concern is the deadline set by the Bill to review REUL before the sunset date of 31 December 2023, which sets an unnecessary and arbitrary timescale for reviewing an entire body of law and runs the risk of important legal protections being removed from the statute book on this date, without appropriate scrutiny.

For health and social care, REUL provides important protections which have been built up over a significant period of time. In responding to the Bill over the coming year my priority will be to ensure that key standards and protections are maintained as far as possible.

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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.

**Question 2: We note that the UK Government's REUL Dashboard only includes REUL made by UK Ministers. Could you provide us with a list of REUL made by Welsh Ministers that relates to health and social care?**

The dashboard published by UK Government includes REUL relating to a number of health policy areas, including regulation of medicines, medical devices and substances of human origin, as well as a high concentration relating to food standards and safety. It is also important to note that UK Government's identification of REUL is an iterative process and therefore its dashboard is subject to ongoing review. The current list comprises examples of both reserved and devolved REUL, and my officials are continuing to work with counterparts in UK Government on this analysis and to develop more granular detail about whether instruments apply to Wales within devolved areas.

In addition to the REUL which falls to the Department for Health and Social Care (DHSC) as the lead UK Government department, it is important to note that REUL in other areas such as environmental regulation will also be of interest to my portfolio. We will look to engage in key developments from other parts of Government where there is a clear health and social care policy interest.

We recognise that significant work is also needed to ensure we identify all relevant REUL which has been made in Wales (and is therefore not captured in UK Government's dashboard). This will mostly comprise statutory instruments made by Welsh Ministers to transpose EU Directives into Welsh law. Work is progressing to identify such REUL, drawing on a variety of sources and including support from the National Archives. A full list is not yet available but I will be able to provide further information on this in due course.

### **Decisions on REUL**

**Question 3: The Counsel General told the LJC Committee on 5 December 2022 that the Welsh Government intended to implement a triage process to inform its decisions in respect of REUL. Could you identify which pieces of REUL, or which policy areas affecting health and social care (for example public health or food labelling) the Welsh Government intends to prioritise for consideration within the triage process?**

REUL currently provides important protections across a range of regulatory issues. Whilst the arbitrary timescale imposed by the UK Government's Bill means there will be a need to prioritise, I am also mindful that each specific piece of REUL performs an important function in its own right. In approaching this issue my intention will be to minimise the risks of important protections being lost and to do everything we can to ensure that standards are not reduced.

Until the work referred to under Question 2 above is completed, it is too early to single out particular policy issues which will be given priority consideration. We will be in a position to prioritise effectively once we have a fuller picture and all the relevant information in place, including detail of UK Government's intentions for where it will be looking to remove or amend specific pieces of REUL. However, at this early stage I can confirm that REUL which is identified as being most closely linked to public safety will be uppermost in my mind as this work progresses over the coming months.

***Question 4: Could you confirm whether the Welsh Government plans to use the powers in this Bill to preserve the standards relating to health and social care that are within competence?***

In considering the REUL which is within devolved competence, my overall priority will be to ensure that we minimise risks of important legal protections falling off the statute book at the end of this year. My starting position is that the majority of REUL should be preserved / assimilated as far as possible, with clear evidence needed to justify any plans for changes. I have no plans to reduce standards in important areas of devolved regulation. Whilst I am minded to be in favour of preservation, the mechanics of precisely how that would be achieved needs to be worked through.

Notwithstanding this clear starting position, in considering individual pieces of REUL it is also important to note that Wales does not operate in a regulatory vacuum. It will therefore be important to take account of the approaches being taken in other parts of the UK. Where changes to the status quo are being considered outside Wales, it will be important to understand as far as possible the implications of either aligning with, or diverging from, positions being taken elsewhere. Whilst our ability to do this work is limited by the timing constraints imposed by the Bill, it remains an important consideration in ensuring that legal frameworks remain fit for purpose and are able to operate effectively in the future.

***Question 5: How would you respond to the concerns raised by stakeholders such as the Welsh NHS Confederation, the WCVA and the Food Standards Agency that important standards and protections relating to issues such as public health and food labelling could be lost in Wales if regulations are not saved or reformed?***

I broadly recognise and share the concerns raised by key stakeholders. The risks of important protections being lost, either unintentionally or as part of a wider UK Government 'deregulation' agenda, are a major part of the rationale for the Welsh Government's strong opposition to the Bill.

For health and social care, our response will be focused on mitigating the types of risks raised by stakeholders. Our intention to preserve / assimilate devolved REUL as outlined earlier in this response will be a key component of this. For the REUL which does not clearly lie within devolved competence, our preference is to maintain the REUL that applies to Wales unless there are very good reasons for not doing so, and we will continue to put forward that position in our engagement with UK Government.

In looking to minimise the risks as far as possible, we will be keen to work closely with key partners and stakeholders, for example to ensure that all the Welsh REUL within the scope of the Bill is identified and considered. The Food Standards Agency (FSA) in Wales is already actively engaged in this work due to the significant amounts of REUL within its areas of responsibility, and FSA and Welsh Government officials are continuing to work closely on the development of a specific programme of work in this policy area.

***Question 6: Could you set out how the Welsh Government will consider the long term implications for population health and wellbeing when making decisions in relation to REUL?***

Whilst I believe REUL generally works effectively, I accept that there may be some instances where future changes will be appropriate. However, in considering any potential changes or reforms, it is important to first have a full understanding of the implications, both in the short and long term. The timescales imposed by the UK Government's Bill as currently drafted do not sufficiently allow for this detailed work, and therefore in my view changes being driven through at speed risk having unintended consequences.



My preferred approach of initially maintaining REUL as far as possible seeks to mitigate this risk whilst also providing the flexibility to consider areas for potential future reform in a more responsible way. Consideration of regulatory reforms should not happen to an arbitrary timescale but should instead take place in a managed way and to a timescale which allows for full analysis of the potential implications to take place, with appropriate consultation with affected stakeholders.

### **Stakeholder engagement**

***Question 7: Can you outline how the health and social care sector in Wales will be involved in the processes of triaging REUL, and reaching decisions in relation to whether pieces of REUL should be saved, reformed or removed in line with the 31 December deadline set out in the Bill?***

As indicated earlier in this response, my priority in responding to the UK Government's Bill will be to maintain devolved REUL as far as possible in order to reduce risks of important protections being lost from the statute book at the end of this year. This will be a pragmatic response which effectively means maintaining as much of the status quo as we can, whilst giving us the flexibility to consider future reforms over a longer period.

The timescale imposed by the UK Government's Bill is likely to constrain the amount of proactive engagement which we can undertake, and by seeking to maintain the status quo as far as possible we will be focusing on mitigating what we consider to be the greatest risk in the short term. We will of course engage with stakeholders from the Welsh health and social care sector as far as we are able to in the time available. Where we will be considering priorities for future changes, our intention would be for this to be done over a more realistic timescale which allows for much fuller involvement with the sector.

***Question 8: Will you commit to engaging stakeholders and considering their views throughout this process?***

My intended approach of maintaining the REUL which applies in Wales as far as possible aims to preserve as much of the status quo as we can, at least in the short term. This mitigates the greatest short-term risk of losing important protections from the statute book at the end of this year.

The timescales imposed by the UK Government Bill will inevitably constrain the amount of engagement which can take place at this stage. However, I am very happy to commit to engaging key stakeholders as far as the time available allows. Where future changes or reforms are being considered over a longer timescale, stakeholder views will be sought more fully as part of general policy development processes.

### **Intergovernmental working**

***Question 9: Could you provide information about any discussions you or your Deputy Ministers have had with other governments in the UK about the impact of the Bill on health and social care, or about how any changes to relevant REUL would be coordinated if the Bill is passed?***

Outside of health, discussions are continuing between Welsh Government and UK Government on the overall concerns with the Bill in its current form. I expect these discussions will cover issues such as coordination and consent mechanisms as UK Government's intended approach becomes clearer.

Discussions to date with the UK Government's Department for Health and Social Care have focused at official level, and have included discussion around the identification of relevant REUL and consideration of the balance between reserved and devolved responsibilities. I would expect that discussions at Ministerial level will also be needed at certain points in the process.

I can also confirm that responsibility for matters relating to the FSA in Wales (which has responsibilities related to a significant volume of REUL) rests with the Deputy Minister for Mental Health and Wellbeing.

***Question 10: What is your view on how the Bill might interact with other post-Brexit arrangements which affect health and social care, such as common frameworks, the Internal Market Act 2020 or trade agreements?***

There are a range of potential interdependencies between REUL and other arrangements. This again demonstrates the complexity around these issues and underlines the risks of the Bill unintentionally undermining other aspects of the broader legislative, policy and regulatory landscape. These complexities reinforce my general view that substantial changes to REUL should only be considered over a longer timescale than the current UK Government Bill provides.

A number of the health policy areas with REUL currently in place are covered by UK common frameworks which were developed by the four nations following the UK's exit from the EU. Notable examples cover aspects of nutrition policy, food and feed safety, and substances of human origin. I remain fully committed to the effective implementation of these agreements, and they should provide structure for discussions between different parts of the UK about the developing approaches to REUL in these areas, including managing possible future divergence. I would emphasise that it will be crucial that the frameworks are implemented in the collaborative spirit in which they were developed, in order that all countries of the UK are equal partners in discussions.

In relation to the Internal Market Act 2020, the Counsel General has expressed concerns that the effects of this Act could have further impacts should regulatory divergence occur (for example through the UK Government amending or repealing REUL in England). This could have implications for the ability to maintain and improve standards, in effect, in REUL in Wales. These concerns have been relayed to UK Government.

A further potential interdependency relates to the international trade agreements being negotiated by the UK Government. Any obligations entered into as part of new trading relationships will need to be cognisant of existing and planned legal obligations. As a Government we continue to press UK Government to ensure that key protections and standards are not undermined through its trade negotiations.

### **Impact on the Welsh Government's legislative programme**

***Question 11: Could you explain whether any elements of the Welsh Government's legislative programme relevant to health and social care (for example the Clean Air Bill) will be affected by the Bill, and if so how.***

It is too early to tell whether, and to what extent, the Bill will impact on the Welsh Government's wider activity. It is however clear that the Bill in its current form has potential to distract resources and focus from other important activity. As we respond to the Bill we will also work tirelessly to protect the delivery of our Programme for Government and legislative programme.

I hope you will find the information in this response 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

Eluned Morgan MS  
Minister for Health and Social Services  
Welsh Government

28 February 2023

Dear Eluned

At its meeting on 26 January 2023, the Health and Social Care Committee held a scrutiny session with Sue Tranka, the Chief Nursing Officer for Wales (CNO), and Gill Knight, Nursing Officer for Workforce, Regulation, Nurse Staffing and Service Development, to discuss the CNO's priorities and issues affecting nurses and nursing in Wales.

A transcript of the meeting is available on our [website](#) but there were some issues arising that the Committee wanted to bring to your attention:

### **The nursing workforce**

The CNO told us this was a particularly difficult time for the nursing sector:

*"I think it's really challenged. I think it's really very difficult currently. We have a growing number of vacancies, and I think there is work to be done. I'm not sure I would necessarily label it as 'crisis', but I think I would certainly say it is perhaps the most challenged position I have seen in my 31 years as a nurse."*

### **Recruitment and retention**

Concerns about nurse recruitment and retention are not new. The nursing shortage is a global issue. Other countries are also seeing high numbers of vacancies, and a growing reliance on international recruitment to fill posts.

Gill Knight advised that £260 million had been allocated in 2022-23 for healthcare professional education and training, providing the highest ever number of training opportunities in Wales.

However, the CNO confirmed that there was still a lot of work to be done in terms of attracting people to take up all those training places.

While we need to ensure that sufficient numbers of new nurses are being trained, improving nurse retention to keep experienced nurses in the workforce is one of the most important challenges to address. The CNO told us:

*"...we have a workforce who are making decisions about the working conditions they are currently under, and making decisions to choose not to stay in nursing."*

### **Flexible working**

The CNO told us that staff are increasingly looking for flexible working, opportunities for training and development, time to take breaks, and the right facilities and environment to enable this to happen. When asked if it was possible to change contracts in such a way as to provide flexibility to nurses to vary their working patterns, the CNO said that she believe it was already within the gift of health boards to enable flexibility within the provision of services:

*"And there comes the balance, I think. There is a provision of service for patients that must be sustainable and has to be available, and I think in making those very difficult decisions, flexibility has to be built into that. I don't think it requires a contract change..."*

She went on to talk about generational incentives to work in the NHS and the importance of understanding the different requirements of the different generations:

*"...the younger generation that are coming through are very different to those of us that started in nursing 30, 40 years ago. They want something completely different. Their flexible working has a different meaning, and we have to be able to work with our newer generations to understand what they require. They want digital technology at their fingertips, and they want it in the workplace..."*

The CNO said she was keen to retain the older workforce because they have such a richness of experience, so she was working with HEIW to develop a 'retired nurse network' to retain that expertise in the system:

*"When they want to retire they can, but we bring them back to help us, on their terms and their conditions, and they can help the newer generations to settle in, to bed in to the new way of working, and to support them through either a mentor or a coach system."*

## Use of agency staff

The CNO said there were a variety of reasons why nurses were choosing to work in other sectors, particularly the agency sector, including caring responsibilities, financial reasons and because it offered a different type of flexibility that the NHS was not yet able to offer.

She said she was concerned about the amount being spent on agency staff, however:

*"That bill that you just mentioned a minute ago [£140 million] is exceptional. It's possibly the highest we have seen in Wales. Prior to the pandemic, the Welsh Government officials had done an incredible amount of work in reducing the agency bill."*

Gill Knight subsequently confirmed that the annual expenditure for nursing and midwifery on agency staff was £53,846,000 in 2016-17 and £51,431,000 in 2017-2018.

The CNO advised that an 'effective use of resources' group had been set up to oversee efficiency and productivity work around agency, bank usage, looking at enhanced rates for our workforce, looking at the use of an all-Wales bank, and many other productivity measures:

*"I think this is a really important one for us to consider and to also work out from the intelligence how we can bring those agency nurses back into the workforce. Because there is a way, and I think we have to be able to have some conversations that are open, honest, but also perhaps a little difficult in understanding what is it that will encourage our agency nurses back into our workforce."*

## Wellbeing of the workforce

According to the CNO, since the pandemic, the workforce had been experiencing significant mental health, physical health and general health conditions:

*"I think that is post-traumatic stress, moral injury and distress, and current circumstances will only lead you to have a look and see that nurses have made decisions about their own health in the workplace."*

She said that a survey of nurses undertaken by Public Health Wales had shown that people felt they had to come to work if they weren't feeling well, and it was important that they knew they were not expected to come into the workplace if they were unwell. She also highlighted the importance of nurses being able to take a breaks and having a place to do so.

She went on to say that health boards were working on a number of things to ensure that nurses' health and well-being are being focused on:

*"But my expectation is that health boards have early supported discussions with the workforce, that they are undertaking to signpost their workforce to the right places for support and help, that we identify quite early on when nurses require additional support from a mental health perspective or a different perspective, and that we are signposting our workforce to those places."*

## **Nurse Staffing Levels (Wales) Act 2016**

The CNO said that compliance with the Act "remains high", but that there is variation across Wales:

*"...what we are seeing is that there is a greater number of vacancies in some parts of the country than others, and north Wales is one of those organisations with a greater number of vacancies, not necessarily within the 25B wards, but across the entire organisation."*

When asked about her ambitions for extending the Act further, the CNO highlighted that we're now operating in a "very different landscape":

*"There is certainly, I think, scope to continue to monitor and get health boards as compliant with the Act as possible. I think it important also to say at this point that the Act, when developed nine years ago or so, I think was developed for a time and place and point in time, perhaps. I think the landscape is so very different now."*

She said that while we always need compliance with legislation, she was not convinced that compliance with the Act was the sole requirement:

*"...I think we need to think bigger and broader around how we actually use the Act to staff our wards in a way that is smart, that is different, that is multiprofessional in nature, because the Act is quite uniprofessional, as you can appreciate, and that is not how patients use our services nor how their care is delivered. So, I think there is a bit of work for us to do to consider the 'what next' with the Act."*

## **Data**

According to the CNO:

*"...data is the thing that drives us all forward, data is what we base our improvements on and data is what we're looking for."*

It is therefore disappointing that Wales is the only place in the UK that currently doesn't publish data on nurse vacancies.

The NMC register does not provide disaggregated retention data so it's not possible to identify whether there are particular specialties or health boards that are experiencing difficulties. We also heard that while health boards hold retention data for their own area, it is not collated and held centrally by the Welsh Government.

The CNO told us:

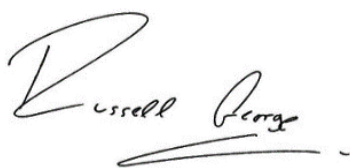
*"...there is no reason why that data is not available other than we currently have a technological issue with getting that data through to us, and that is where the Minister has been really clear, and so have I, that not having transparency of data from a health board level on vacancies and retention in the way in which we would like to see it is not an acceptable position for us in Wales. We have to be able to address that, and we are currently working with HEIW to understand how we can get that data through on an all-Wales level."*

We also heard that no data was collected on the age profile of agency nurses, or the areas in which they're employed.

We welcome the commitment in the National workforce implementation plan (published 1 February 2023) that, by June 2023, Welsh Government will publish NHS Wales vacancy data for the directly employed workforce. This data will assist us in our scrutiny work, as well as being of interest to health and social care stakeholders.

The issues we discussed with the CNO are important, and we will continue to consider them, and monitor progress, as we maintain our focus on the health and social care workforce throughout this Senedd.

Yours sincerely

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

Russell George MS  
Chair, Health and Social Care Committee

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

cc Sue Tranka, Chief Nursing Officer for Wales





26 February 2023

Via email: [Russell.George@senedd.wales](mailto:Russell.George@senedd.wales)

Russell George MS  
Chair, Health & Social Care Committee  
The Senedd

Dear Mr George

### General Dental Services (GDS) Reform

I trust this finds you well.

Further to our various recent communications, I wish to thank you for the committee's report on dentistry and to give you an update on developments.

The health committee's report has been broadly welcomed by the BDA and we are grateful for the work undertaken by the committee to understand the complexities surrounding NHS dentistry in Wales. The Welsh General Dental Practice Committee is due to meet soon and will be discussing your committee's recommendations in detail. I will write a full response subsequently.

Meanwhile, I wish to bring to your attention latest findings by BDA Cymru. (See **Appendix 1**) We undertook a rapid survey of high street dentists to gauge their views of the political climate regarding dentistry and their views of contract reform – particularly their plans for the forthcoming FY 2023-24. The responses are unequivocal. While we are mindful that sentiment, intention, and action are not always perfectly aligned, the strength of feelings and the scale of imminent actions make for sobering reading.

The picture is clear and one that we have been painting for many months, that NHS dentists are perilously close to **breakpoint**. It is highly regrettable that our warnings have been repeatedly disregarded by government officials, as we exposed in our [open letter to the CDO](#) last month. Unfortunately, this has been met with nothing other than disapproval by government officials and certainly with no sign of appetite to engage.

Our messages have also been deeply buried whenever government answers are given to questions in the Senedd Plenary debates. The tone of the government's replies has been growing noticeably colder towards dentists over the last year, but the recent declaration regarding clawback by the Health Minister was the final straw for many. Dentists were deeply offended by the tone and the lack of insight displayed. Moreover, they refute the

widely broadcast claims by Welsh Government that the reform programme is working – almost all responses were in disagreement, the vast majority strongly so.

As a result, this Monday there is likely to be media coverage of our findings, giving dentists the right of public reply and an opportunity to put the record straight. Your office has probably been approached by the BBC for comment.

Although this is an important moment in the public debate, our goal is to spark dialogue in a constructive manner with all parties. We have the same aim, which is to improve the NHS dental service, but we seem further away now than ever in finding mutually agreeable solutions. In fact, maintaining the provision that we have is looking increasingly in jeopardy.

You may be aware that the BDA has been invited to commence formal contract negotiations regarding the GDS contract. We are encouraged by this development, but have considerable reservations about the intended timescale, and the timing of the invitation. When I write again, I may be able to update you on progress.

While the legislation needs reform, we don't see that as the most pressing concern. The current experimental reform volumetrics and the unverified reconciliation mechanisms need an urgent overhaul and we have called for eleventh-hour talks with government officials. The prospect of clawback will be the breakpoint for many practices and the deciding factor to withdraw from NHS dentistry.

The immediate financial investment in NHS dentistry and dentists is a crucial issue. This is true across the UK. The aftermath of the pandemic, galloping inflation and an uplift to the contract of only 4.5% in this high inflation year are taking a heavy toll on practices.

It is dire news indeed, therefore, that the UK government has just announced a **cap of 3.5%** for the next round of DDRB negotiations. (See **Appendix 2**) This news will probably cause an even greater exodus from the GDS than is already indicated from our survey findings and the evidence in [our report to the DDRB](#). Certainly, where it is directly applicable in England this news has been met with deep dismay, and with the UK in recession it seems futile to imagine it could be a different outcome in Wales.

We have a meeting scheduled with Baroness Morgan in three weeks' time and will be making the same arguments then.

I look forward to an opportunity to discuss this with you.

Yours sincerely



Dr Russell Gidney  
Chair, WGDPC

## Appendix 1

250 General Dental Practitioners (GDPs) responded to our survey:

We asked for thoughts on the health minister's recent comments on clawback in the Senedd:

**15:56:04** "... Of course, when you introduce something new, there is a little bit of difficulty and tension in the system. Obviously, if we're going to pay people to do a job, they need to deliver on that job, and if they don't deliver on that job, yes, we are going to claw back money. I'm not going to apologise for that, because we are the guardians of the taxpayers' money as well. That is the deal. You pay for a service, if you don't deliver the service, you're not going to get paid. So, they [dentists] may not like that, but I'm afraid that is the situation...  
...So, I'm not going to apologise for the contract that we've put in place... We're trying to achieve this in the face of very severe financial constraints where we have to maximise the ability of the taxpayer to get as much as they can from the system. **Eluned Morgan MS, 31 January 2023**

and 96% disagreed:

- "I found this infuriating to read, and I am disgusted the minister has such little regard for the profession. Such belittling comments from someone who has absolutely no clue what it's like day to day doing NHS dentistry - it's insulting to read this."
- "... We are at saturation point now, which means dentists will simply leave if clawbacks are enforced without very good reason with the contract so heavily stretched as it is."
- "This is truly offensive to dentists who have worked tirelessly in the last 12 months to meet targets that are completely made up and have no relevance on the needs of the patients walking through the door."
- "My practice may not have a future. I am a young practice owner. The health minister should be encouraging people like me to stay in the system. She is doing the absolute opposite. Running costs have become extortionate. If claw back happens it will be catastrophic."

Minister Eluned Morgan told the BBC last month:

*"The system has changed. It's working. Of course, there may be frustrations from some dentists who may not like the new system, but it's very, very much a minority."* **Eluned Morgan MS**

And 96.8% disagreed:

- "... I have yet to meet a happy dentist under this contract. Of the 10 dentists I work with 4 are leaving due to this contract. I suspect this is what she wants. So that NHS dentistry no longer needs to be funded when there are no more dentists left willing to work for it."
- "Totally out of touch!! Every dentist I've spoken with who works in the NHS has expressed unhappiness of the current system."
- "Everyone working on NHS has had enough. I earn less than 15 years ago. Private work props up the NHS. The system has been ruined for years. UDAS were terrible. ACORNS add a new layer of nonsense to the profession. I struggle to fit in all my regular patients without now having a metric for new patients."

We asked whether dentists support the **current reform measures and volumetrics**. Responses were in overwhelming **disagreement (90%)**. Comments included too much pressure to see high volumes of patients which results in *poorer levels of care*, too many *metrics that are impossible to meet* and *mental wellbeing in the worst state* it has ever been in.

Looking at our options ahead for 2023-24 the picture is deeply troubling for the sustainability of NHS dentistry:

Over 70% of practice owners in the **reform programme** are expecting clawback this year. Not surprisingly only 39% intend to stay in the reform program in 2023-24. A further 15% intend to revert to the UDA-only default position. Nearly a third intend to reduce the contract value for 2023-24 and on current projections around 13% intend to hand back contracts at the end of this financial year.

The prospects viewed by practice owners on the **UDA-only contract** are hardly any better. Clawback is expected in over 63% of practices and a similar number (61%) expect to stay with UDAs next year. Over a quarter will reduce their contract value and approximately 18% will hand back contracts at the end of this year.

The figures are provided below:

Q. Please select all options below that are likely for your practice (Sub sample 203 GDPs identifying as practice owners working in contract reform).

- My practice will be subject to clawback for 2022-23 by the LHB **70.9% (144)**
- My practice will stay with the reform volumetrics in 2023-24 **39.4% (80)**
- My practice will revert to UDAs in 2023-24 **15.3% (31)**
- My practice will reduce the value of its GDS contract for 2023 **31.5% (64)**
- My practice will hand back its GDS contract by March 2023 **12.8% (26)**

Q. Please select all options below that are likely for your practice (Sub sample 33 GDPs identifying as practice owners working UDA only contracts).

- My practice will be subject to clawback for 2022-23 by the LHB **63.6% (21)**
- My practice will stay with UDAs in 2023-24 **60.6% (20)**
- My practice will take up the reform volumetrics in 2023-24 **12.1% (4)**
- My practice will reduce the value of its GDS contract for 2023 **27.2% (9)**
- My practice will hand back its GDS contract by March 2023 **18.2% (6)**

## Appendix 2

*The Department of Health and Social Care's [written evidence](#) to the Doctors' and Dentists' Remuneration Body (DDRB) for the pay round 2023 to 2024 - Published 21 February 2023*

### Affordability

“Through the current financial settlement provided by HM Treasury to the department and reprioritisation decisions, funding is available for pay awards up to 3.5% for the relevant staff groups within DDRB remit this year. Pay awards above this level would require trade-offs for public service delivery or further government borrowing at a time when headroom against fiscal rules is historically low and sustainable public finances are vital in the fight against inflation.”

Russell George MS

Chair of the Health and Social Care Committee

28 February 2023

### **Medication for mental health concerns**

Dear Russell,

As you may know, we are currently carrying out an inquiry into services for care experienced children. Our inquiry has been driven by the voices of children and young people. We are determined that their views and experiences will shape our final report and its recommendations.

During the autumn we carried out informal engagement visits throughout Wales to talk to birth parents (parents who have had/are in the process of having a child removed from their care) about their experiences and views of the care system. On 26 January we held a stakeholder event with birth parents to complement our engagement visits to give as many young parents the opportunity to feed into our work as possible. The vast majority of these young parents had experience of being in care themselves with many telling us they had experienced significant trauma in childhood.

Many of the things that the young people told us were deeply distressing and concerning. I would like to raise one of their concerns with you specifically: some birth parents described to us how they are scared to talk to their GP about the negative side-effects of medication prescribed to improve their mental health. They fear that raising concerns about side-effects could be interpreted by social workers as a reluctance to take steps to improve their mental health, which could, in turn, contribute to negative judgements made by social workers or others about their capacity to provide adequate and appropriate care to their baby or child.

**Example 1:** One birth parent told us that she struggles with poor mental health and anxiety. Her doctor prescribed her anti-depressants. However, she has stopped taking the anti-depressants because they made her feel worse and behave erratically. When we asked her whether she had spoken to her GP about her concerns, she told us that GPs tend to increase the prescribed dosage of

anti-depressants if patients experience side effects like hers. She worries that the side effects may get worse with a higher dosage, and that, if so, it would make it harder for her to look after her child.

**Example 2:** One birth parent told us that her anxiety and depression means that she struggles to sleep. Her GP prescribed her sleeping tablets. However, she has stopped taking the tablets because they are so strong that they made her struggle to wake up in the morning. She felt that the tablets made her miss important appointments and meetings, and even struggle to wake with her child.

In both of these cases the young women stopped taking their prescribed medication due to the impact of the side-effects on their capacity to care for their children. They have not told their GPs about the side effects for fear that the GP will either increase the dosage or prescribe other, stronger medication. Neither have they told their GPs that they have stopped taking the medication. Even though they felt that the medication made them *less* able to care for their children, they were deeply concerned that social services may have access to their medical records and take a negative view if they refused a prescription for medication intended to improve their mental health.

We will be publishing summary findings of both our engagement work and our stakeholder events shortly, which will set out these concerns in more detail.

However, due to the inquiry timetable, we will not be able to give this critically important issue the time and attention it deserves.

I therefore hope that you find this information useful and that you are able to consider it as part of any work you undertake relating to medication for mental health problems. If you have any questions about our work please contact our clerks directly, who would be happy to provide additional briefing material on our findings to date.

Yours sincerely,



Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

# Agenda Item 6

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# Agenda Item 7

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