

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

For further information contact:

Committee Room 1 – Senedd

Sian Thomas

Meeting date: 21 September 2017

Committee Clerk

Members pre-meeting: 09.15

0300 200 6291

Meeting time: 09.30

SeneddHealth@assembly.wales

1 Introductions, apologies, substitutions and declarations of interest

2 Use of antipsychotic medication in care homes – evidence session 1 – Older People's Commissioner for Wales

(09.30 – 10.15)

(Pages 1 – 33)

Sarah Rochira, Older People's Commissioner for Wales

Break (10.15 – 10.20)

3 Use of antipsychotic medication in care homes – evidence session 2 – Alzheimer's Society Cymru

(10.20 – 11.05)

(Pages 34 – 38)

Sue Phelps, Country Director, Alzheimer's Society Cymru

Break (11.05 – 11.15)

4 Use of antipsychotic medication in care homes – evidence session 3 – Professor Sue Jordan

(11.15 – 11.45)

(Pages 39 – 40)

Professor Sue Jordan

Tim Banner, Consultant Pharmacist



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

Lunch (11.45 – 12.30)

**5 Use of antipsychotic medication in care homes – evidence session
4 – people affected by the use of antipsychotic medication in care
homes**

(12.30 – 13.00)

Suzanne Tarrant

6 Paper(s) to note

6.1 Letter from the Royal College of Psychiatrists following 15 June meeting

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**6.2 Letter from the Chair of the Public Accounts Committee regarding
Governance Arrangements at Betsi Cadwaladr University Health Board**

(Pages 42 – 43)

**6.3 Scrutiny of the Welsh Government Budget 2017–18 – in year financial
scrutiny – letter from the Cabinet Secretary and Minister following 29 June
meeting**

(Pages 44 – 45)

**6.4 Letter from the Royal College of General Practitioners following the report
launch**

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**6.5 Letter from the Chair of the Finance Committee regarding the Welsh
Government draft budget 2018–19**

(Pages 47 – 49)

**6.6 Letter from the Chair of the Children, Young People and Education
Committee regarding the Welsh Government draft budget 2018–19**

(Pages 50 – 55)

6.7 Letter from the House of Commons Health Committee

(Pages 56 – 57)

- 6.8 Letter from the Minister for Social Services and Public Health regarding commencement of sections 2 and 3 (obesity)**
(Page 58)
- 6.9 Letter from the Cabinet Secretary for Health, Well-being and Sport regarding guidance supporting the implementation of the Act**
(Pages 59 – 62)
- 7 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting**
- 8 Use of antipsychotic medication in care homes – evidence session 5 – people affected by the use of antipsychotic medication in care homes**
(13.00 – 13.30)
- 9 Use of anti-psychotic medication in care homes – consideration of evidence**
(13.30 – 13.45)
- 10 Inquiry into primary care – consideration of draft report**
(13.45 – 15.00) (Pages 63 – 132)

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Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Response from the Older People's Commissioner for Wales

to the

Inquiry into the use of antipsychotic medication in care homes

May 2017

For more information regarding this response please contact:

Older People's Commissioner for Wales,
Cambrian Buildings,
Mount Stuart Square,
Cardiff, CF10 5FL

02920 445030

About the Commissioner

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. She works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need.

The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner for Wales:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

Inquiry into the use of anti-psychotic medication in care homes in Wales

Introduction

1. I welcome the fact that the Committee is undertaking an Inquiry into the use of anti-psychotic medication in care homes, an issue I highlighted as part of my Care Home Review. It is deeply concerning that powerful medication is being used inappropriately to control the 'emotional and psychological' behaviours of people living with dementia in care homes across Wales.
2. It is essential to remember that at the heart of this issue are people with dementia who are often experiencing significant changes to their physical, mental, psychological and emotional functioning. These individuals are often trying to make sense of a new environment and coming to terms with a loss of things that are familiar, which provide reassurance, comfort and wellbeing for people living with dementia.
3. In many cases, individuals living with dementia who are being prescribed anti-psychotic medication inappropriately may have lost their ability to communicate and/or understand what people are saying to them, or may find themselves in pain and be unable to describe it.
4. By considering the circumstances in which a person with dementia living in a care home may find themselves (as described above), and the fact that they may be experiencing significant distress, fear and anxiety, it is understandable that they exhibit 'challenging' or 'aggressive' behaviour, which is in fact an individual's distressed response to their circumstances. Unfortunately, however, the medical model of care that prevails within this context looks only at the behaviour itself and how this can be managed, rather than looking at what unmet need may be causing it.
5. It is quite simply unacceptable that anti-psychotic medication is still being used as a primary response to 'challenging' behaviour across many residential care services, a response that contradicts the principles that underpin both the Social Services and Well-being (Wales) Act and the Regulation and Inspection of Social Care (Wales)

Act. Instead, an approach is required that seeks to understand and address the underlying causes of an individual's behaviour to improve their wellbeing.

6. Evidence of the benefits of alternative treatment options to address perceived 'challenging' behaviour can be seen in the work of HammondCare¹, an Australian charity that supports staff in residential care settings to undertake non-pharmacological interventions where the use of anti-psychotic medication has been ineffective. HammondCare states that their interventions often result from a failure of carers and professionals to identify physical pain (mainly dental and arthritic)² and a lack of awareness about the importance of personalised care and the role of family carers in informing care homes about what matters most to their loved one.
7. It is essential that this Inquiry not only considers the impact of the inappropriate use of anti-psychotic medication from a medical point of view, but that it also explores and makes clear the positive impact that other, non-pharmaceutical interventions can have upon the quality of care and quality of life people of people with dementia living in care homes in Wales.

Evidence from my Care Home Review

8. In 2014, I published 'A Place to Call Home?' a review into the quality of life and care of older people in care homes in Wales, the largest review of its kind ever undertaken. As part of the review, I gathered extensive evidence about the day to day experiences of residents, through visits to 101 care homes across Wales and a wide range of written and oral submissions from professionals, third sector organisations and Public Bodies, as well as care home residents and family carers.
9. A number of concerns were raised about the use of anti-psychotic medication in care homes, including the failure to follow NICE

¹ HammondCare. (2017). Dementia Centre. <http://www.hammond.com.au/services/dementia-centre>

² Christie, J. (2016) 'Challenging Behaviour' – Challenging our Practice Lessons from Dementia Support Australia. <http://www.careinfo.org/wp-content/uploads/2016/10/Julie-Christie-Hammondcare-Challenging-Behaviour-Challenging-our-practice.pdf>

guidelines³, an absence of the use of non-pharmacological alternatives, and a lack of required medication reviews. Furthermore, failures were also identified in terms of assessing the potential risks to individuals being prescribed anti-psychotic medication, which can include:

- An increased risk of stroke or transient ischaemic attack (TIA)
- An increased risk of falls (which can cause serious injury or death)
- Sedation
- Parkinsonism (shaking and unsteadiness)
- An increased risk of blood clots
- An exacerbation of other dementia-related symptoms
- An increased risk of death

10. The findings of my review reflected the findings of a 2009 report by Prof. Sube Banerjee⁴, which concluded that the use of anti-psychotic medication was too high amongst patients with dementia. Despite limitations in the numerical data available, the report estimated that 180,000 people with dementia in the UK were being prescribed anti-psychotic medication, which was often used as a first line response to 'behaviour that challenged' medical and care practitioners, despite the fact that fewer than 36,000 patients would benefit from this type of pharmacological intervention.

11. As it was clear that the inappropriate use of anti-psychotic medication in care homes has a significant impact on the lives of older people living in care homes, I included two Requirements for Action within my review report to ensure that action would be taken by health boards to address the issues I identified:

- Requirement for Action 3.5 stated that information should be published annually about the use of anti-psychotic medication in

³ National Institute for Health and Care Excellence (2014) Managing Medicines in Care Homes. <https://www.nice.org.uk/guidance/sc1>

⁴ Banerjee, S. (2009). The use of antipsychotic medication for people with dementia: Time for action. Department for Health. <https://www.rcpsych.ac.uk/pdf/Antipsychotic%20Bannerjee%20Report.pdf>

care homes, benchmarked against NICE guidelines and the Welsh Government Intelligent Targets for Dementia.

- Requirement for Action 4.4 stated that older people should receive medication reviews by a clinically qualified professional upon arrival at a care home, with regular medicine reviews undertaken in line with published best practice.
12. If presented in an accessible way that provides context and sets out what good practice looks like, the availability of data about the use of anti-psychotic medication in care homes has the potential to make a meaningful difference to the lives of residents. Family members and the general public will be able to see for themselves the extent to which anti-psychotic medication is being prescribed to care home residents. This also provides the information that Health Boards, and their Quality and Safety Committees, need to assess the appropriate use of anti-psychotic medication.
 13. Furthermore, regular medicine reviews will help to ensure that individuals are not being prescribed medication that is not effective, or is producing potentially dangerous side effects.
 14. In correspondence following the publication of my review report, health boards provided me with assurance that they would take action needed to deliver the required change.

Care Home Review follow-up work

15. Due to the potential impact that the inappropriate use of anti-psychotic medication can have on an individual's life, I chose to include this as a priority area for the follow-up work linked to my review that began in January 2017.
16. When I requested information from health boards, I was clear that I wanted to see evidence of the impact of the action they have taken in response to my review, rather than simply a list of the action underway or planned.
17. I have analysed the responses from health boards against a judgement framework that clearly sets out what success looks like in terms of creating a culture where the use of anti-psychotic medication

is no longer the primary response to 'challenging' behaviour by care home residents with dementia.

18. The judgement framework includes the following examples of key success criteria:

- The Health Board has taken steps to ensure that adequate training and support in medicines management has been and is provided to relevant care home staff such as senior carers, nurses and care home managers.
- There is evidence that Residents and family members are actively engaged in medication reviews and the principles of patient choice are upheld.
- Evidence that pain relief medication is understood and best practice followed.
- There is evidence that the human rights of residents are upheld and protected.

Key findings from follow-up evidence provided by Health Boards

19. Whilst Health Boards provided a wide range of information to me, setting out the action they have taken since 2015, a number of key cross-cutting findings have emerged based on their responses.
20. All Health Boards have made references to services or projects that have been established to review the prescribing of anti-psychotic medication and/or training care home staff to use non-pharmacological interventions. I particularly welcome the introduction of Multidisciplinary teams (in some areas) that will review current prescriptions and develop non-pharmacological intervention plans following a person-centred assessment.
21. I also welcome the review and reconfiguration of the Community Psychiatric Nurse in-reach service currently underway in one Health Board area, which aims to ensure that there is adequate support for care homes to undertake a six-month review of anti-psychotic medication use, and the plans to further expand this service to meet a target of undertaking medication reviews every 12 weeks.

22. Similarly, I welcome the fact that some Health Boards are now developing services designed to not only support individuals, but also to support care homes in developing individual intervention plans to prevent the inappropriate prescribing of anti-psychotic medication.
23. Evidence provided about training and education for care home staff to enable them to support individuals in a personalised way demonstrates a growing recognition of the importance of person-centred care, which engages with and responds to an individual's needs, an approach that should reduce the need for anti-psychotic medication and deliver measurable improvements in residents' quality of life.
24. However, Health Boards were generally unable to provide evidence about the specific benefits that this action had delivered. Furthermore, much of the activity described was limited, applying only to nursing homes, for example, or being delivered in only one geographical area. There was also a lack of clarity in the information provided about how specialist mental health in-reach services are communicating with other professionals working in care homes, who play an essential role in maintaining the physical, intellectual, emotional and social functioning of residents.
25. Furthermore, given the known triggers for distressed responses, such as communication difficulties (e.g. dysphasia) and a lack of personalisation in the delivery of care and support, I had expected to see evidence of a more holistic approach being taken, using the skills of Allied Health Professionals to innovate and challenge current practice in delivering dementia care.
26. I was also disappointed that little evidence was provided about the impact of interventions by Health Boards on the quality of life of individuals. Responses often made an assumption that by reducing or stopping a prescription of anti-psychotic medication, the risk of harm for individuals must be reduced. Whilst this may be the case, without specific processes in place to measure the improvements achieved for an individual, it is impossible to know for certain whether a positive difference is being made.

27. Only one Health Board provided evidence that demonstrated the prescribing of anti-psychotic medication in care homes was being actively monitored within the corporate governance structure. A lack of oversight at a senior level suggests that there are still significant gaps in monitoring the use of anti-psychotic medication in care homes and the potential harm that may occur as a result of inappropriate prescribing.
28. The majority of responses from Health Boards stated that they follow NICE guidance and the evidence supplied suggests that Health Boards have put in place services and projects to address the use of anti-psychotic medication or are in the process of doing so. Whether this is sufficient to challenge current practice is unclear, however, for the following reasons:
- The impact of any alternative interventions on residents is poorly evidenced.
 - Non-nursing care homes are still not receiving an equitable service.
 - There is a lack of evidence about wider engagement with other professionals.
 - The use of the expertise of family members in medication reviews or non-pharmacological alternatives appears to still be absent.
29. Finally, data providing information about the current levels the prescribing of anti-psychotic medication in care homes is still not being published, despite a commitment by all Health Boards to do so.
30. Based on the evidence provided to me by Health Boards, I remain concerned that there are still significant gaps in terms of data relating to the use of anti-psychotic medication in care homes. There is also little evidence of activities taking place across whole health boards (as opposed to the small-scale pilot projects currently underway or planned) to drive the cultural change needed to move away from prescribing anti-psychotic medication inappropriately towards using alternative (non-pharmacological) treatment options instead.

31. Furthermore, it is disappointing that Health Boards have not fulfilled the commitments they made to meet my Requirements for Action relating to the use of anti-psychotic medication, and that there still seems to be a lack of oversight within governance structures at a senior level.

Recommendations

32. To ensure that progress continues to be made in addressing the issue of anti-psychotic medication being prescribed inappropriately to people with dementia living in care homes in Wales, I would recommend the following action:
- A national mechanism for the collection of prescribing data for anti-psychotic medication within care homes should be developed and implemented by the Welsh Government. Information should then be published annually about the use of anti-psychotic medication in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia.
 - When commissioning care home placements, there should be a requirement on Local Authorities and Health Boards to ensure that alternative (i.e. non-pharmacological) treatment options are available and that staff have the skills they need to enable them to appropriately manage and respond to residents that exhibit distressed responses. There should also be a requirement to ensure that in-reach, multi-disciplinary specialist mental health and wellbeing support is available for older people in care homes, which includes:
 - An assessment of the mental health and wellbeing of residents as part of their initial care plan development and their on-going care planning.
 - Active pain management
 - Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia, and when to make referrals.
 - Explicit referral pathways and criteria for referrals.

- All residents on anti-psychotic medication are monitored and assessed to identify whether these drugs can be withdrawn. Reviews must be conducted in line with NICE guidelines.
- Upon arrival at a care home, older people should receive a medication review undertaken by a clinically qualified professional, with regular medication reviews undertaken in line with published best practice. Anti-psychotic medication should not be routinely prescribed to treat 'distressed responses' or 'behaviour that challenges'.
- Residents and family members should be actively engaged in medication reviews and the principles of patient choice should be upheld.
- In line with NICE guidance, when anti-psychotic medication is required, the lowest dose should be prescribed for the shortest time with regular review by an appropriately skilled medical practitioner as part of a multidisciplinary team.
- Reconciliation of medicines should be undertaken by a pharmacist when a person moves to a care home from their own home (or another care setting) to ensure that their medication record is maintained accurately.
- The Welsh Government should ensure that multidisciplinary team services are made available to all residents in care homes to reduce the tendency to prescribe anti-psychotic medication, improve outcomes for residents, and address current inequalities in provisions for residents and older people living in the community.



Alzheimer's Society Cymru,
16 Columbus Walk,
Brigantine Place,
Cardiff, CF10 4BY

alzheimers.org.uk

Dr. Dai Lloyd AM,
Health, Social Care & Sport Committee,
National Assembly for Wales,
Cardiff, CF99 1NA
seneddhealth@assembly.wales

21st April 2017

Dear Dr. Lloyd,

Re: Inquiry into the use of anti-psychotic medication in care homes

On behalf of Alzheimer's Society Cymru, please find below a response to the Health, Social Care & Sport Committee's [inquiry into the use of anti-psychotic medication in care homes](#).

Dementia can devastate lives. For someone with the condition, as well as their family and friends, dementia means the plans you made, and the future you thought you had, will not be so.

Alzheimer's Society Cymru has a simple vision: a world without dementia. We know that moment will come. Today, too many people with dementia struggle. They cannot access information, help and support. Everyday things people take for granted become difficult.

Our mission is to transform the landscape of dementia forever. Until the day we find a cure, we will strive to create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice.

Summary / recommendations

- a) Alzheimer's Society Cymru welcomes the Committee's focus on the use of anti-psychotics. We are deeply concerned about the inappropriate use of anti-psychotics in Wales, and strongly believe that these drugs should only ever be the last resort.
- b) We support calls by the Royal Pharmaceutical Society Wales (RPSW) and the Royal College of Psychiatrists in Wales for an end to routine prescribing and a reduction in the time and dosage where antipsychotics are required.
- c) We recommend the Welsh Government institute a cycle of national and local audits to improve clinical practice and make sure that multidisciplinary support and regular reviews are available. Non-pharmacological treatment options should be available, supported by training for staff to provide person-centred care.
- d) We believe people with dementia must have a full explanation of the medication prescribed and have meaningful choice in their treatment.

Consultation response

- 1) Alzheimer's Society Cymru welcomes the Committee's focus on the use of anti-psychotics. As we noted in our letter to the Committee in August 2016, we are deeply concerned about the over-use and inappropriate use of anti-psychotics in care homes. Alzheimer's Society Cymru believes this inquiry will help to build the evidence base around this issue.
- 2) We strongly believe that these drugs should only ever be the last resort. Antipsychotic drugs can be used to reduce psychotic experiences such as delusions and hallucinations. However, use of antipsychotics should be limited, for several reasons. These include them showing only moderate benefit, not addressing underlying causes of behavioural and psychological symptoms¹, and links to serious side effects. The use of antipsychotics can result in a number of side effects, such as drowsiness, nausea and constipation. The longer term use of antipsychotics increases the risk of fatal conditions such as stroke (though there is some debate over this in recent evidence²). Fundamentally, there is a danger that pharmacological solutions are too often used as a first, not a last, resort.
- 3) In Wales, caution has been expressed over the use of antipsychotics by the Older People's Commissioner for Wales³ and by the Welsh Government in their National Dementia Vision⁴ and the draft of the Dementia Strategic Action Plan.⁵ Alzheimer's Society Cymru supports calls by the RPSW and the Royal College of Psychiatrists in Wales for an end to routine prescribing and a reduction in the time and dosage where antipsychotics are required. We strongly support the recommendations of the recent *Improving Medicines Use for Care Home Residents* report.⁶
- 4) We welcome the Welsh Government's proposal in the draft Dementia Strategic Action Plan⁷ to reduce the percentage of people with dementia prescribed antipsychotics but want to see more information on how this will be implemented. The Welsh Government should public what they anticipate will be reported to local mental health partnership boards. There should be better data collection and publication of existing levels of prescription of anti-psychotics in care homes, to understand prevalence and patterns of use.
- 5) To improve understanding of the issue and data collection, we recommend that Welsh Government institute a cycle of national and local audits of prescribing antipsychotics in care homes to patients with dementia to improve clinical practice.
- 6) We believe that the provision of alternative (non-pharmacological) treatment options to relieving behavioural and psychological symptoms of dementia (BPSD) are preferable to the use of anti-psychotics. This should be supported by improved

¹ Alzheimer's Society (2014) [Antipsychotic drugs](#), London: Alzheimer's Society, accessed 30th March 2017.

² Howard. R, (2016) [Baseline characteristics and treatment-emergent risk factors associated with cerebrovascular event and death with risperidone in dementia patients](#), *British Journal of Psychiatry*, vol. 209, no. 3.

³ Older People's Commissioner for Wales (2015) [Response from the Older People's Commissioner for Wales to the National Assembly for Wales, Health and Social Care Committee on the actions taken to implement recommendations made in the Committee's report on residential care for older people and 'A Place to Call Home'](#), Cardiff: OPCW, p15.

⁴ Alzheimer's Society (2015) [Diagnose or disempower? Receiving a diagnosis of dementia in Wales](#), Cardiff: Alzheimer's Society.

⁵ Welsh Government (2017) [Draft national dementia strategy](#), Cardiff: Welsh Government.

⁶ Royal Pharmaceutical Society Wales [Improving Medicines Use for Care Home Residents](#), RPS Wales.

⁷ Welsh Government (2017) [Draft national dementia strategy](#), Cardiff: Welsh Government.

training for health and social care staff to provide person-centred care, which itself can reduce the risk of BPSD.

- 7) Behavioural and psychological symptoms of dementia are often a reaction to distress, unfamiliarity with the environment, or lack of ability to communicate and can often be managed without medication by avoiding situations likely to cause upset, avoiding confrontations arising from attempting to 'correct' the person with dementia, and by ensuring care is person-centred from staff who have the time and skills to support people with dementia, not by use of "medical clubbers".⁸ People with dementia should have the opportunity to participate in meaningful activities. This involves tailoring the person's care to their interests, abilities, history and personality to make sure they are comfortable and engaged. It is important to give them the chance to take part in one-to-one conversation and activities that interest them.⁹ Positive interactions and supportive contexts can help to mitigate the impact of particular difficulties or symptoms.¹⁰
- 8) Communication problems often occur for people with dementia and can become increasingly challenging. People with dementia should have access to communication support through speech and language therapy, to assess difficulties in communication and to maximise their ability to communicate. Training should incorporate an understanding of speech, language and communication issues. Education, support and training should set the highest standards for health, care home and agency staff to understand the communication difficulties experienced by people with dementia and identification of the early signs of eating, drinking and swallowing difficulties to ensure people's nutritional needs are met.
- 9) If and when antipsychotics are necessary, as per NICE guidelines only the lowest dose should be prescribed for the shortest time, with regular review by an appropriately skilled pharmacist as part of a multidisciplinary team.^{11,12} This is a particular issue for dementia – according to a 2009 report by Professor Sube Banerjee, *The use of antipsychotic medication for people with dementia*, of 180,000 prescriptions for people with dementia, 140,000 were inappropriate.
- 10) Existing prescribing practices, medication reviews and the importance of informed consent were a strong theme of our engagement events that informed responses from Alzheimer's Society Cymru to the consultation on the draft dementia strategy - a number of people with dementia and their carers told us they weren't aware of the name of their medication or why they were taking it. This is of great concern. People affected by dementia need to be aware of their rights when it comes to deciding to take medication; their individual choice should be supported.
- 11) We recommend that the Welsh Government:
 - End routine prescribing and work towards a reduction in the time and dosage where antipsychotics are required.

⁸ Fenton-May, J. (2017) [Health, Social Care and Sport Committee](#), National Assembly for Wales, 25th January 2017 (para.241)

⁹ Alzheimer's Society, [Treating behavioural and psychological symptoms of dementia](#), London: Alzheimer's Society, date accessed 21/03/2017.

¹⁰ British Psychological Society (2016) [Psychological dimensions of dementia: Putting the person at the centre of care](#), BPS: London.

¹¹ Royal Pharmaceutical Society Wales (2016) [Improving Medicines use for Care Home Residents](#), Cardiff: RPSW.

¹² Older People's Commissioner for Wales (2014) [A Place to Call Home? A Review into the Quality of Life and Care of Older People living in Care Homes in Wales](#), Cardiff: OPCW.

- Ensure people have a full explanation of the medication they may be prescribed and choice in their treatment. We should ensure that people with dementia prescribed antipsychotics have support from carers, loved ones, or advocates.
- Ensure that multidisciplinary support and regular reviews should be available to reduce over-use of antipsychotics. Reviews and reductions of antipsychotics are most effective when nonpharmacological interventions were available to replace antipsychotics.¹³ Non-pharmacological interventions could include occupational therapy, sensory therapy, gardening, talking therapy, art therapy, creative activities (for example, visual arts, music, gallery and museum visits), intergenerational activities, exercise programmes in a social context, and more.
- Ensure health boards work with pharmacists and other medical professionals who deliver enhanced support for care homes to reduce the use of antipsychotics in care homes through ensuring MDT support is available to go into care homes to deliver medication reviews on arrival and at regular intervals (for example every six months).

12) We recommend that the care homes' inspectorate mandates documented evidence of medicines' monitoring for older people prescribed mental health medicines. This monitoring should be shared with prescribers and pharmacists, and evidence of this should be placed in patients' records, alongside other mandatory records, such as those for nutritional status.

13) We also have concerns over polypharmacy, whereby four or more medicines are prescribed for an individual. The proportion of patients receiving 10 or more medicines has increased from 1.9% in 1995 to 5.8% in 2010.¹⁴ Medicines should be reviewed regularly for people with dementia; for many patients, dealing with multiple medicines can be confusing, and this is of particular concern for people living with cognitive impairment such as dementia. Research¹⁵ has shown that between 30% and 50% of other patients fail to take their medicines correctly or are otherwise noncompliant with their prescribed medicines regime. Support in ensuring medication is taken as prescribed is an important factor in maintaining independence for as long as possible. We recommend that:

- It may be appropriate for individuals to receive weekly prescriptions, to have carers support medication taking or to receive medication aids.
- As part of a multidisciplinary review, all care home residents should receive a review of their medication by a pharmacist when they first move into a care home in order to optimise their medication regimen.
- Residents of care homes should receive a minimum of one annual medication review from a pharmacist, with additional support for

¹³ Ballard, C. (2016) "[Impact of antipsychotic review and nonpharmacological intervention on antipsychotic use, neuropsychiatric symptoms, and mortality in people with dementia living in nursing homes: a factorial cluster-randomised controlled trial by the well-being and health for people with dementia \(WHELD\) program](#)", *American Journal of Psychiatry*, vol. 173, no. 3, pp.252-62.

¹⁴ Duerden, M., Avery, T. & Payne, R.. (2013) [Polypharmacy and Medicines Optimisation: making it safe and sound](#). London: The King's Fund.

¹⁵ Royal Pharmaceutical Society (2013) [Medicines Optimisation: The evidence in practice](#). London: RPS.

significant medication changes. For patients with complex medication regimens, this review should increase to every 3-6 months.

- With patient consent, all pharmacists directly involved in patient care should have full 'read and write' access to the patient health record in the interest of high quality, safe and effective patient care.
- The Welsh Government must ensure that people have a full explanation of the medication they may be prescribed and be enabled to make an informed choice about their treatment and medication.

14) There is a great deal of excellent best practice work being carried out in Wales regarding improving the use of antipsychotics for people with dementia. This includes research at Swansea University regarding structured scrutiny by nurses¹⁶ which has "*led to improvements in prescribing practice and pain management and greater awareness of adverse side effects*", as well as the STOPP/START toolkit developed by Dr Victor Aziz of the Royal College of Psychiatrists,¹⁷ both of which demonstrate interesting routes for further inquiry and best practice development. In some Local Health Boards, SLTs provide for triage over the telephone for care homes in managing the communication and swallowing problems of those in their care, removing the need for a GP visit. Cwm Taf Health Board's Care Home Dementia Intervention Team is an innovative project that explores possible reasons for distress, enabling the service to work with care home staff in developing a person-centred care plan. Interventions include reminiscence, music therapy, life story work and doll therapy¹⁸

15) We trust this information is of assistance. Alzheimer's Society Cymru would be only too happy to give oral evidence as part of the inquiry; please contact me if you would like to arrange this or if you have any queries in relation to our submission.

Yours sincerely,



Dr. Ed Bridges

External Affairs Manager (Wales)

¹⁶ Swansea University (2015) [Structured scrutiny could reduce drug side effects for people with dementia](#), Swansea: Swansea University.

¹⁷ Aziz, V. (2015) [Potentially Inappropriate Medications for older people: the STOPP/START tool](#), Cardiff: Royal College of Psychiatrists in Wales.

¹⁸ Cwm Taf University Health Board (2016) [Innovative teamwork in Cwm Taf enables care home residents to live well with dementia](#), date accessed 20/04/2017.

[Via email]

Priorities for Health, Social Care & Sport Committee Consultation

Use of antipsychotic medication in care homes

The Older People's Commissioner and the [Flynn Review \[Opens in a new browser window\]](#) both highlighted concerns about the inappropriate use of antipsychotics to control the behavioural and psychological symptoms of people living with dementia. The Committee could seek to assess the scale of the problem, and examine possible solutions.

We have developed and tested an intervention which has been shown to reduce the use of sedative medicines, including antipsychotics, in care homes. Our intervention is the West Wales Adverse Drug Reaction (WWADR) Profile for mental health medicines (to be sent on request). It lists problems that might be associated with or exacerbated by these medicines, and asks nurses to monitor these and inform prescribers or pharmacists. We have shown in randomised controlled trials and observation studies that structured nurse-led medicines' monitoring using the WWADR Profile benefits patients, for example, by reducing pain and sedation, encouraging behavioural interventions and identifying high risk cardiovascular conditions. Our trials indicate that the intervention does not cause harm, and there is potential for considerable cost saving. The comments of the care home managers, some papers, endorsements and our video are below.

I should like to discuss how our evidence-based solution could contribute to the consultation and be operationalized.

I look forward to hearing from you,

Professor Sue Jordan

Some key open access papers with links Jordan S, Gabe-Walters ME, Watkins A, Humphreys I, Newson L, Snelgrove S, Dennis M. (2015) Nurse-Led Medicines' Monitoring for Patients with Dementia in Care Homes: A Pragmatic Cohort Stepped Wedge Cluster Randomised Trial. PLoS ONE 10(10): e0140203. doi:10.1371/journal.pone.0140203 <http://dx.plos.org/10.1371/journal.pone.0140203>

Jordan S, Gabe M, Newson L, Snelgrove S, Panes G, Picek A, Russell IT, Dennis M. (2014) "Medication Monitoring for People with Dementia in Care Homes: the Feasibility and Clinical Impact of Nurse-led monitoring," The Scientific World Journal, vol. 2014, Article ID 843621, 11 pages, 2014. doi:10.1155/2014/843621. <http://www.hindawi.com/journals/tswj/2014/843621/>

Our video & website

https://youtu.be/E_CPDgsmA4s

<http://www.swansea.ac.uk/wwadr/#>

Care Homes Managers who participated in the RCT (Jordan et al 2015)

- Home Manager said " The profiles are very useful and have enabled us to review and discuss the medications with the GP and CPN. As a result, for example we have stopped some antipsychotic medications that the patient no longer requires". (Wilson, Care Home Manager, Glan Garnant)

- Paula Aplin said " The WWADR profiles are really useful and the staff are more educated and informed about drug reactions. The increase in staff confidence has made a big difference to medication management for the service users in our care ”.
- Aldo Picsek Clinical nurse manager said “The tool increased the nurse knowledge and improved attitudes towards accountability. Increased confidence helped to identify side effects and change medications”.
- Sue Levy the Home Manager said " I use the checklist routinely in my practice and for the few minutes it takes, it provides a patient centred care for the person which makes it worthwhile. It has made me reflect and think of things that I wouldn't have prior to using the profile".

The work is endorsed by Age Cymru. Age Cymru are supportive of this piece of research.

Alzheimer’s Society, Wales will be supporting our research in forthcoming discussions with Welsh Government.

*Sue Jordan
Yr Athro
Coleg y Gwyddorau Dynol a Iechyd
Prifysgol Abertawe
Abertawe SA2 8PP
01792 518541*

*Sue Jordan
Professor
College of Human and Health Sciences
Swansea University
Swansea SA2 8PP
01792 518541*

RCPsych in Wales
Baltic House, Mount Stuart Square, Cardiff, CF10 5FH
Tel: [REDACTED] Fax: [REDACTED]
Email: [REDACTED]



Dr Dai Lloyd, AM
Chair of the Health, Social Care and Sports Committee
National Assembly for Wales
Ty Hywel
Cardiff, CF10 5AL

11 July 2017

Dear Dr Lloyd, AM

Re: RCPsych in Wales' evidence session on Loneliness and Isolation

The College was pleased to provide evidence to the Health, Social Care and Sports Committee on 15 June on Loneliness and Isolation. Dr Victor Aziz, the Old Age Faculty Chair of the Royal College of Psychiatrists in Wales represented the College on this occasion. He is an experienced Old Age Consultant Psychiatrist who is very involved in College activity and has indeed provided oral evidence to the Committee on previous occasions.

In Dr Aziz's evidence to the Committee on 15 June he commented on an increase in the emphasis on policy and strategy by some third sector organisations at the expense of patient care.

The College would like to stress that this is not our official position and would like to apologise for any unintended misrepresentation. On this occasion, Dr Aziz's had expressed his personal view and we would like this to be stated for the record.

I am happy to discuss this matter with you further.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'K. Lloyd'.

Professor Keith Lloyd
Chair, RCPsych in Wales

Dr Dai Lloyd AM

Chair – Health, Social Services and Sport Committee

National Assembly for Wales

Cardiff Bay

CF99 1NA

11 July 2017

Dear Dai,

Governance Arrangements at Betsi Cadwaladr University Health Board): Auditor General for Wales' Report – An Overview of Governance Arrangements

The Healthcare Inspectorate Wales and the Wales Audit Office undertook a further joint review on the actions taken by Betsi Cadwaladr University Health Board (BCUHB) to address the governance concerns identified in 2013, which the Auditor General for Wales published on 29 June.

The Public Accounts Committee considered this Report during the meeting on 10 July and noted the improvements that have been made to the governance arrangements at BCUHB. The Committee was satisfied with the direction of travel and agreed that I send you a copy of the [Report](#) and request that your Committee considers the governance arrangements at BCUHB as part of the regular scrutiny sessions you hold with the Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health.

Yours sincerely,



Nick Ramsay AM

Chair





Llywodraeth Cymru
Welsh Government

Rebecca Evans AC/AM

Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health

Ein cyf/Our ref MA-P-1792-17

Dr Dai Lloyd AM

Chair

Health, Social Care and Sport Committee

18 July 2017

Dear Dai,

Follow-up to evidence on 29 June 2017

Thank you for your email following our attendance at the Health and Social Care Financial Scrutiny Committee on 29 June 2017.

As agreed during the hearing, we promised to provide the Committee with a note outlining the progress of the Inverse Care Law Programme pilots underway in the Aneurin Bevan and Cwm Taf University Health Boards.

The aim of the two schemes has been to test and share the learning from different population based approaches to reduce inequalities in life expectancy for more deprived communities through proactive targeted action to identify people at increased risk of cardiovascular disease and to agree plan with each individual to reduce that risk.

Aneurin Bevan University Health Board has been testing a community based model called "*Living Well Living Longer*" which provides people with a one to one 45 minute assessment in accessible, local community venues. This assessment includes demographic questions about age, ethnicity, lifestyle and family history. It also includes the testing of blood pressure, pulse, carbon monoxide levels, cholesterol and blood sugar levels. Measurements are also taken for height, weight and waist size to assess the risk of diabetes and those at high risk of diabetes have an additional non-venous blood test to confirm whether or not they have this condition.

Results reported to the Welsh Government by the health board at the end of March 2017 show that 9000 people have attended an assessment through 1,475 sessions held in 49

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales
Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

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.

community venues across four cluster areas, covering the registered populations of 25 GP practices.

In 2017-18, the health board is extending the programme to the populations of three further primary care clusters. The health board is developing the programme to include a mental health framework with accredited staff training.

Cwm Taf University Health Board is testing a GP practice based approach with the assessments delivered by trained healthcare support workers. Results reported to the Welsh Government by the health board at the end of March 2017 show that 2,000 assessments have been carried out covering the registered populations of in seven GP practices. In 2017-18, the health board is extending this risk assessment to the registered populations of three more GP practices.

The learning from both pathfinders is positive. In Aneurin Bevan, on average 30% of patients who undertake the health check are identified with health issues which through NICE guideline triggers, require a further appointment with their GP practice in relation to blood pressure, cholesterol and diabetes risk level. In Cwm Taf, 154 patients recorded a raised HbA1c (average blood sugar level) at their health check of which 44 have been diagnosed as diabetic.

We expect the health boards to mainstream this proactive and preventative approach to cardiovascular disease, extending it to other health needs such as mental health where this proves effective.

The learning from these two pathfinders is being shared across Wales to inform service developments. The Heart Conditions, Stroke and Diabetes Implementation Groups are providing £0.3 million per year over three years from 2015-16 to support the rollout and implementation of the programme in the remaining health boards.

Also, as requested, please find attached a link to the National Public Health Outcomes Document. <http://gov.wales/topics/health/publications/health/reports/public-health-framework?lang=en>

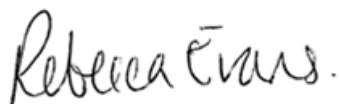
We hope you have found this reply helpful.

Yours sincerely,



Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport



Rebecca Evans AC/AM

Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health



19 July 2017

Dr Dai Lloyd AM
Chair
Health Social Care and Sport Committee
National Assembly for Wales
The Senedd
Cardiff Bay
CARDIFF
CF10 4PZ

Dear Dai

Re: Medical Recruitment Report

I would like to extend my thanks for the opportunity for the College to be involved in the medical recruitment inquiry and we welcome the report.

As highlighted at the launch, RCGP has serious concerns about the use of F3 doctors as locums in general practice. A GP is a skilled and specialised role and a doctor can only become a GP after a minimum 3 year dedicated training scheme.

With the increasing complexity of patients that we see and the transfer of care into the community, it is essential that these standards are maintained. We therefore cannot support doctors who have not been through the training process working unsupervised in general practice.

However, we do support opportunities for doctors in Foundation Years to gain experience in GP under supervision and we are happy to work with HEIW to make this happen.

With kind regards.

Yours sincerely

Dr Rebecca Payne
Chair
RCGP Wales

Royal College of General Practitioners Wales Regus House Falcon Drive Cardiff Bay Cardiff CF10 4RU
Tel 020 3188 7755 Fax 020 3188 7756 email welshc@rcgp.org.uk web www.rcgp-wales.org.uk

Coleg Brenhinol Meddygon Teulu Cymru Tŷ Regus Rhodfa'r Hebog Bae Caerdydd Caerdydd CF10 4RU
Ffôn 020 3188 7755 Ffacs 020 3188 7756 ebost welshc@rcgp.org.uk web www.rcgp-wales.org.uk

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Chair, Children, Young People and Education Committee
Chair, Climate Change, Environment and Rural Affairs Committee
Chair, Culture, Welsh Language and Communications Committee
Chair, Economy, Infrastructure and Skills Committee
Chair, Equality, Local Government and Communities Committee
Chair, External Affairs and Additional Legislation Committee
Chair, Health, Social Care and Sport Committee

20 July 2017

Dear Committee Chairs

Welsh Government Draft Budget 2018–19

At our meeting on 19 July, the Finance Committee agreed its approach to the budget scrutiny. I am writing to all Chairs of subject committees to share our thinking, and to encourage your committees to consider how you can contribute to delivering the most coherent and effective scrutiny of the Government's spending plans.

As you will be aware this is the first year we will be scrutinising the draft budget under the revised Standing Orders and accompanying protocol. I discussed this with the Committee Chairs at the Chairs forum on 12 July.

Budget focus

We have agreed to continue the approach followed in previous years, whereby budget scrutiny is centred on the four principles of financial scrutiny: affordability, prioritisation, value for money and process. The principles are:

- **Affordability** – to look at the big picture of total revenue and expenditure, and whether these are appropriately balanced;
- **Prioritisation** – whether the division of allocations between different sectors/programmes is justifiable and coherent;
- **Value for money** – Essentially, are public bodies spending their allocations well – economy, efficiency and effectiveness (i.e.) outcomes; and



- **Budget processes** – are they effective and accessible and whether there is integration between corporate and service planning and performance and financial management.

Following a stakeholder event in North Wales, we have identified a number of areas which we would like to see the focus of the scrutiny, these are:

- *Financing of local health boards and health and social care services*
- *Approach to preventative spending and how is this represented in resource allocation (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early)*
- *Sustainability of public services, innovation and service transformation*
- *Welsh Government policies to reduce poverty and mitigate welfare reform*
- *The Welsh Government's planning and preparedness for Brexit*
- *How the Welsh Government should use new taxation and borrowing powers*
- *How evidence is driving Welsh Government priority setting and budget allocations*
- *How the Future Generations Act is influencing policy making*

We would encourage you to use some of these areas as the focus for your budget scrutiny.

Draft budget consultation

As has been the previous practice, we will be undertaking a consultation on behalf of all Committees over the summer recess and the responses will be shared with you in the Autumn in order to assist your scrutiny of the draft budget.

Timetable

As you will be aware by now the dates for the draft budget have been agreed and are:

- Outline Draft Budget Laid – 3 October
- Detailed Draft Budget Laid – 24 October
- Deadline for Finance Committee to Report – 28 November
- *Debate on the Draft Budget – 5 December*
- Annual Budget Motion tabled – 19 December



As you will be aware the provisions in relation to the reporting by policy committees has changed, and you are now able to report in your own right (if you so wish), and your reports can be used as a supporting document to the draft budget debate. As a Committee we are considering how we can maintain a strategic, oversight role of financial scrutiny, but in the meantime if you have any questions about any aspect of the draft budget process, please feel free to contact me or the Clerk to the Finance Committee, Bethan Davies, 0300 200 6372, Bethan.Davies@assembly.Wales

Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Thomas'.

Simon Thomas

Chair



Dr. Dai Lloyd AM

Chair, Health, Social Care and Sport Committee
National Assembly for Wales.

3 August 2017

Dear Dai,

Committee scrutiny of the Welsh Government Draft Budget 2018-19

In preparation for Assembly committees' scrutiny of the Welsh Government's Draft Budget 2018-19, the Children, Young People and Education Committee has sent the enclosed request for written evidence to the Cabinet Secretary for Health, Well-being and Sport, Vaughan Gething AM. Given the overlap in our respective committees' remits, out of courtesy, I wanted to make you aware of our request. I hope this will enable us to avoid any unnecessary duplication of effort and share any relevant information with one another.

The Committee has invited the Cabinet Secretary and the Minister for Social Services and Public Health, Rebecca Evans AM, to provide oral evidence in November. I will ask committee staff to ensure that colleagues supporting your committee are provided with all relevant information arising as part of our scrutiny.

As in previous years, we will seek to follow the Finance Committee's lead, basing our approach on the four principles of financial scrutiny: affordability, prioritisation, value for money and budget processes. We will also seek evidence from the Cabinet Secretary for Education, the Cabinet Secretary for Communities and Children, and the Minister for Skills, given the relevance of their work to our remit. In accordance with the new budget procedures, we will report our findings to the Assembly in time for the Plenary debate on the draft budget on 5 December 2017. A copy of this report will be shared with you.

Yours sincerely,



Lynne Neagle AC / AM
Cadeirydd / Chair



Vaughan Gething AM

Cabinet Secretary for Health, Wellbeing and Sport

3 August 2017

Dear Vaughan,

Welsh Government Draft Budget 2018-19

You will be aware that Assembly committees will be undertaking scrutiny of the Welsh Government's draft budget 2018-19 during the autumn term.

Written evidence

To inform the CYPE Committee's scrutiny, we would welcome written information from you on the areas detailed in the Annex to this letter. We would be grateful to receive this information by Thursday 26 October 2017.

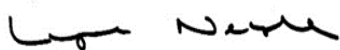
Oral evidence

Members would also be grateful if you could attend a 90 minute oral evidence session on Wednesday 8 November 2017 (11:15 – 12:45). We will also wish to cover matters that are the day-to-day responsibility of the Minister for Social Services and Public Health, Rebecca Evans AM, and on that basis would welcome her attendance. I will copy this letter to her for awareness.

Approach

As in previous years, we will seek to follow the Finance Committee's lead, basing our approach on the four principles of financial scrutiny: affordability, prioritisation, value for money and budget processes. We will also seek evidence from the Cabinet Secretary for Education, the Cabinet Secretary for Communities and Children, and the Minister for Skills, given the relevance of their work to our remit. We will liaise with our sister committees in relation to areas of overlap. In accordance with the new budget procedures, we will report our findings to the Assembly in time for the Plenary debate on the draft budget on 5 December 2017. A copy of this report will be shared with you.

Yours sincerely,



Lynne Neagle AC / AM
Cadeirydd / Chair



ANNEX – REQUEST FOR WRITTEN INFORMATION IN ADVANCE OF DRAFT BUDGET SCRUTINY

The Committee requests the following information:

Commentary on Actions and detail of Budget Expenditure Line (BEL) allocations

- A breakdown of the 2018-19 Health, Well-being and Sport MEG allocations as relevant to children and young people by Spending Programme Area, Action and Budget Expenditure Line (BEL).
- Indicative 2019-20 Health, Well-being and Sport MEG allocations as relevant to children and young people.
- Commentary on each of the Actions within the Health, Well-being and Sport MEG as relevant to children and young people, including an analysis and explanation of changes between the Draft Budget 2018-19 and the First Supplementary Budget (June 2017).

Other information

- Information on how equalities, sustainability, and the Welsh language, as they relate to children and young people, have been considered in Health, Well-being and Sport MEG allocations and any examples where such considerations have directly influenced budget allocations or altered initial proposals.
- What account, as relevant to children and young people, has been taken of the Wellbeing of Future Generations (Wales) Act 2015 in making allocations within the Health, Well-being and Sport MEG.
- Information on allocations (and their location) in the Health, Well-being and Sport portfolio to provide for legislation which has the potential to impact in the financial year 2018-19 as relevant to children and young people, including the Social Services and Wellbeing (Wales) Act, the Public Health (Wales) Act, and the Regulation and Inspection of Social Care (Wales) Act.
- Implications of UK exit from the EU referendum result on the Health, Well-being and Sport MEG as relevant to children and how the Department will manage any predicted impact.
- Information on the methods adopted by the Department to:
 - measure, monitor and evaluate outcomes to demonstrate value for money;



- use evidence as a driver in identifying priorities and setting allocations.
- A copy of the Child Rights Impact Assessment (CRIA) undertaken by the Department to inform the allocations in the draft Health, Well-being and Sport MEG for 2018-19. If a specific CRIA has not been undertaken, please outline the reasons for this and provide a copy of any alternative integrated impact assessment.

Specific areas

Child and Adolescent Mental Health Services

- Information on funding for specialist CAMHS for 2018-19, including the budget for Tier 1 through to Tier 4 service provision.
- The financial implications of delivery of the Together for Children and Young People programme for 2018-19.
- For 2018-19, the proportion of NHS spending on CAMHS.
- The percentage of Local Health Board mental health spending allocated for CAMHS since September 2015.
- Whether the additional, almost £8m, invested in CAMHS will continue to be allocated on an ongoing annual basis.
- An update on the actual expenditure on CAMHS, both the outturns for 2017-18 and predicted spend for 2018-19, broken down by Tier and/or government priorities such as neuro-developmental services, crisis CAMHS response, access to psychological therapies, local primary mental health support services, provision for those children and young people in the criminal justice system and young people who have an early onset of a severe illness, such as psychosis.
- Projected budget for CAMHS services for the financial years 2018-19, 2019-20, and 2020-21.
- Any additional, discretionary monies (a) budgeted for and (b) spent on child, adolescent and young adult mental health.
- Information on how expenditure on CAMHS is being tracked by the Welsh Government and the processes in place to hold Local Health Boards to account for ensuring health board expenditure is in line with the needs of their population requiring CAMHS services and the additional investment in CAMHS since 2015-16.



- An estimate of how much local authorities spend on mental health services to support children, young people and young adults.

First 1,000 days/ ACEs

- An estimate of the proportion of spend on children and young people services from the Public Health Wales budget, specifically the (a) budget and (b) expenditure for the work being done on the First 1,000 days Collaboration and Adverse Childhood Experiences.
- The (a) budget and (b) expenditure for the implementation of the Healthy Child Wales Programme.
- % NHS spend on early childhood learning programmes, family programmes and child poverty programmes.
- % spend on activities which prevent children entering the child protection system.
- % spend on reducing re-offending among children and young people.
- % spend on universal services/ interventions to build resilience in children and young people.
- Projected budget for 2018-19 for services designed to protect children and young people from harm, including violence, abuse, neglect and traumatic experiences.

Perinatal and maternal mental health

- The (a) budget and (b) expenditure for maternal mental health.
- The (a) budget and (b) expenditure for perinatal mental health services, covering specialist community perinatal mental health services for 2018-19 and projected budget for the financial years 2019-20 and 2020-21

Neonatal services

- The budget allocated to meet: the neonatal national standards; the government's priorities for neonatal services for the next 12 months; and how the budget allocation for 2018-19 will help to drive change/ deliver performance improvement.
- Information on how expenditure on neonatal services is tracked by the Welsh Government and the processes in place to hold local Health Boards to account for ensuring that neonatal services have the funding and staffing they need to meet national standards.



Child health inequalities

- How the Welsh Government is planning to tackle child health inequalities and how this is reflected in the budget allocations for 2018-19.

School nursing framework

- The (a) budget and (b) expenditure for the implementation of the revised school nursing framework and how this compares to the previous three years.
- Any assessment of the costs to implement the revised, now statutory, healthcare needs guidance for 2018-19 and future years.

Support for disabled children and the Family Fund

- Information on the funding available to support disabled children, including detail on how spend on disabled children is monitored.
- The (a) budget and (b) expenditure for the Family Fund and how this compares to the previous three years.

Prevention

- Details about the specific preventative expenditure initiatives' aims and projects that demonstrate the Welsh Government's shift to preventative spending by, including:
 - a list of existing prevention-led projects which are examples of early years investment;
 - the Welsh Government's priorities for 2018-19 that impact on children and young people's health and well-being and how they fit into the preventative agenda.
- Details of how the value for money and cost benefits of such preventative programmes are evaluated.

Social Services for children and young people

- Clarification of which Cabinet Secretary/Minister has budgetary and/or policy responsibility for each aspect of social services for children and young people, and an update on how coordination between Cabinet Secretaries/Ministers is working in practice within the new arrangement.





Health Committee

House of Commons London SW1A 0AA

Tel: [REDACTED] Fax: [REDACTED] Email: [REDACTED]

Website: www.parliament.uk/healthcom Twitter: [@CommonsHealth](https://twitter.com/CommonsHealth)

From Dr Sarah Wollaston MP, Chair

Dr Dai Lloyd AM

Chair of the Health, Social Care & Sport Committee

Lynne Neagle AM

Chair of the Children, Young People & Education Committee

10 August 2017

Dear Dr Lloyd and Ms Neagle

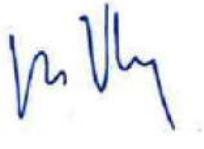
Dr Sarah Wollaston, Chair of the House of Commons Health Committee, has asked me to reply to your letter to her of 1 August.

The Health Committee has not yet been re-established in this Parliament, so we do not yet know what it will be working on in the coming months. However, Dr Wollaston has indicated that she would be happy to meet later in the autumn when the Committee's programme is clearer.

In the meantime, I note that a number of the areas which your committees are working on reflect subjects on which the Health Committee worked in the last Parliament, and to which it may return. I note in particular the Health, Social Care and Sport Committee's work on suicide prevention: I am sure that you will have noted the Health Committee's [two reports on that subject](#) in the last session of Parliament, and its intention to hold a follow-up hearing after there has been opportunity for the Government and other relevant stakeholders to implement the measures set out in the latest progress report (March 2017 report, para 169). I also note the Children, Young People and Education Committee's work on the emotional mental health of children and young people, which has strong resonance with the work the Health Committee did jointly with the House of Commons Education Committee on [children and young people's mental health—the role of education](#): that work was cut short by the general election, but the Committees expressed the hope in their report that their successor Committees would return to the issue in the new Parliament (para 4).

I am grateful for the offer to contact the Clerks of your Committees if we would like to discuss anything in further detail: likewise, I and my team would be very happy to discuss any aspects of our Committee's work with your teams further as required.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'H. Yardley', with a stylized flourish at the end.

Huw Yardley
Clerk, Health Committee
House of Commons
London

[REDACTED]
[REDACTED] (mobile and message services)
[REDACTED]



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-L-RE-0501-17

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

23 August 2017

Dear Dai,

Thank you for your letter of 20 July 2017 regarding the commencement of and timetable for implementing sections 2 and 3 of the Public Health (Wales) Act 2017.

These sections place a duty on Welsh Ministers to develop, publish, implement and review a national strategy on preventing and reducing obesity in Wales. During the scrutiny of the Act by the National Assembly for Wales, I emphasised that the successful implementation of the strategy would require extensive engagement with a broad range of stakeholders throughout its development stage.

My intention is that the commencement order relating to sections 2 and 3 of the Act should be made at the earliest opportunity in October 2017 and that the strategy should be completed within an 18-24 month time period. I believe that this should allow sufficient time for the involvement of key stakeholders in its development, a formal public consultation and debate on this important work in the Siambr.

I have asked the Chief Medical Officer, Dr Frank Atherton, to lead the development work, which will be overseen by a Strategy Development Board with representation from key stakeholders and senior policy officials from across the Welsh Government. I will be pleased to provide updates to colleagues as the work progresses.

Yours

Rebecca Evans AC/AM

Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

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.

Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P/VG/2693/17

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

1 September 2017

Dear Dai

Thank you for your letter of 20 July requesting points of clarification on the guidance supporting the implementation of the Nurse Staffing Levels (Wales) Act 2016 that have been raised with the Health, Social Care and Sport Committee.

Staffing ratios

The previous Committee took evidence from a number of stakeholders on the issue of a fixed nurse staffing ratio on the face of the legislation. The complexities of doing this were discussed in detail and included evidence from the previous Minister for Health and Social Services as well as the Chief Nursing Officer. These discussions are set out in the Committee's report and I thought it would be helpful to reference the comments on the use of CNO and Nurse Directors principle of 1 to 7 nurse to patient (during the day) ratio:

"the ratio is a recommended starting consideration and is not a compulsory requirement in itself [...] While the CNO & Nurse Director principles include the principle of a ratio of 1:7 nurse to patients, this is only a guiding figure to assist local considerations of nurse staffing levels. She emphasised that having a fixed ratio was not particularly helpful for local decision-making, nor was it safe" (P 24)

Page 35 of the Committee's report sets out the Member in Charge's response to this discussion:

Responding to concerns raised about the inclusion of a "minimum" staffing ratio, Kirsty Williams emphasised that safe nurse staffing was not about ratios alone, and referred to the fact that the Bill uses a "triangulated approach" to nurse staffing. She explained that this approach requires three things to be taken into account in order to achieve the overall result of safe nurse staffing levels, namely:

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

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.

- *minimum nurse staffing ratios;*
- *the use of professional judgement; and*
- *evidence based and validated workforce tools (that is, the acuity tools that are used by health bodies at set intervals to determine staffing levels).*

Kirsty Williams stated that safe staffing is more likely to be achieved if these methods are used in combination rather than, for example, using staffing ratios in isolation.

The Minister when giving his evidence specially stated that the legislation as introduced would not be supported by the government without the removal of the reference to a minimum staffing ratio. Recommendation 3 from the Committee supports this view.

In preparing the Statutory Guidance required in section 25D of the Act consideration was given to reference to the CNO and Nurse Director principles issued in 2012. Any reference to a requirement to adhere to them would have undermined the intention of them in the first place, as discussed by the CNO in stage 2, and undermined the triangulated method set out on the face of the Act. Therefore it was decided that these principles, along with other guidance and best practice should form part of the professional judgement of the designated person whom is undertaking the nurse staffing level calculation. Hence the Statutory Guidance states at paragraph 28:

28. The professional judgement of the designated person should be informed by consideration of any relevant expert professional nurse staffing guidance, principles or research.

The guidance cannot undermine the process that the Act requires to be followed in order to calculate a nurse staffing level for a particular ward. The Act sets out a triangulated method of calculating the nurse staffing level. This approach values the professional expertise and integrity of nursing staff and trusts them to use their professional judgement, alongside evidence based workforce planning tools and nurse sensitive patient indicators, to make these calculations. This was the approach agreed by the National Assembly when the Act was amended and passed. The statutory guidance therefore cannot include set ratios or other measures which undermine this fundamental aspect of the legislation.

The responses to the consultation on this issue have been carefully considered and the importance of ensuring that the evidence based workforce planning tool utilises the best available evidence including registered nurse to patient ratios in its algorithms will be reflected in the guidance.

Supernumerary role of ward sister/student nurse mentorship

The statutory guidance that was issued for consultation describes in its definition of the 'required establishment' that this includes "*other functions that reduce their time to care for patients*" (table under paragraph 10). In addition it makes specific reference to the importance of professional judgement. In this section the guidance sets out that this includes:

- *"Services or care provided to patients by other health professionals or other staff (for example, health care support workers), and their qualifications, competencies, skills and experience; in relation to the care that needs to be given, and the requirement for registered nurses to support, delegate and supervise.*
- *The extent to which the nurses providing care are required to undertake administrative functions."* (bullet points 5 & 6 in paragraph 27)

The responses from the consultation on this issue have been carefully considered and the final statutory guidance will be strengthened to make specific reference to the supernumerary status of ward sisters and any regulatory requirements for learners.

Reporting and accountability

The Act is clear about what needs to be included in the guidance; set out under the duties described in sections 25B and 25C. There are no plans to cover other areas in the statutory guidance.

With regard to the monitoring requirements set out in Section 25E, my predecessor the Minister for Health and Social Services, Mark Drakeford, made reference in his evidence during the Bill's progress to the importance of nurses not being pulled away from providing care to complete data capture and the utilisation of existing systems.

I will consider the issuing of separate non statutory guidance to cover monitoring, amongst other areas, aimed at supporting the implementation of the Act across NHS Wales.

Welsh language

The 'More than just words' strategic framework aims to ensure that organisations recognise that language is an intrinsic part of care and that people who need services in Welsh get offered them. This is called the 'Active Offer'. The framework recognises that the use of the Welsh language is not just a matter of choice but a matter of need. It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people suffering from dementia or stroke who may lose their second language or very young children who may only speak Welsh.

The Welsh Language Act 1993 gives the Welsh and English languages equal status in public life in Wales. It places a duty on the public sector to treat both languages equally when providing services to the public. The Welsh Language Act requires public bodies to produce a language scheme to explain which services they will provide in Welsh, how they will do so and when. All health boards and Trusts in Wales have Welsh Language Schemes in place.

In addition the Health and Care Standards set out the Welsh Government's common framework of standards to support the NHS / partner organisations in providing effective, timely and quality services across all healthcare settings. They include Welsh language considerations.

The guidance as consulted on did not seek views on all aspects of the requirements described above, as these standards are already in place. However, to ensure due attention is drawn to these requirements, I will ensure that the published version of the statutory guidance makes clearer reference to the duties Health Boards have with regard to the Welsh Language.

Other settings

As part of the agreement with the Welsh Liberal Democrats, the Welsh Government has committed in this term to ensure "there are more nurses, in more settings, through an extended nurse staffing levels law". Work is being undertaken to develop the robust evidence base needed to demonstrate that new workforce planning tools are fit for use in a Welsh context in these clinical areas.

There is a national work programme for the development of workforce planning tools and work is underway to develop tools for mental health adult inpatient services, paediatric wards, district nursing services, and health visiting services. Exploratory work is also being conducted in care home settings. The tools are at various stages of development and testing in NHS Wales. It is anticipated that staffing principles for district nurse led community nursing service will be issued this autumn to support the Integrated Medium Term Planning round 2018/19.

Next steps post consultation

The consultation on the statutory guidance closed on 7 April. It received 59 responses from members of the public, members of NHS staff, organisations with an interest in the health service, trade unions, local health boards and NHS Trusts. There was a range of views on the guidance and I was very glad to see broad support for the approach taken. It is also clear that a number of the responses contained valuable feedback which will inform the final draft of the guidance.

I am committed to consultations acting as genuine listening exercises and value the engagement with this consultation from the public, NHS staff members and organisations. I was grateful for the responses and value their views.

My officials have conducted a thorough analysis of the consultations responses. This analysis forms the basis of the consultation summary report, which is due to be published at the time of writing this letter. Following publication of the summary report, the final draft of the guidance will be completed ready for publication in the autumn.

Officials will endeavour to incorporate as much of the feedback as possible into the final guidance, some of which has been identified in this letter. However, I know there will be some areas where the changes will not reflect all of the responses, particularly in areas where there is a divergence of opinion amongst responders.

Yours sincerely

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

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