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# A Multi-professional Capabilities and Training Framework for Inclusion, Prison and Custody Suite Health Services in Wales



Version 1.0

Mae'r ddogfen yma ar gael yn y Gymraeg /  
This document is available in Welsh

Review date: January 2028

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# Executive Summary

## Introduction

This framework sets out key capabilities, knowledge and skills for multi-professional healthcare staff working with people who have severe, multiple, overlapping health and social care needs particularly in Primary Care, inclusion health services, prison and custody suites and in communities in Wales. Inclusion health is a concept that describes services designed for people who experience multiple disadvantage. This can include people experiencing homelessness, refugees, prisoners and those in contact with the criminal justice system, people with substance dependence, and others facing multiple disadvantages. Multiple disadvantage is linked to poorer health outcomes, including shorter life expectancy, higher rates of chronic illness, and increased mental health conditions.

Developed by Public Health Wales, Health Education and Improvement Wales (HEIW) and a multi-agency steering group including front line health inclusion staff and governing bodies. The framework addresses the current gap in formalised capabilities of skills and knowledge for healthcare staff that are required to care for vulnerable groups.

## Purpose and Scope

The framework is designed for multi-professional clinical staff—healthcare assistants, nurses, GPs, pharmacists, and others—working across public, independent, and third-sector organisations, as well as prison and custody suite health services.

It provides structured set of capabilities of skills and knowledge to:

- Navigate complex health needs and social determinants of health.
- Collaborate effectively with social care, justice, housing, and other sectors.
- Deliver equitable, integrated care for vulnerable populations.
- Provide a progression pathway for career development in vulnerable groups health services.

Specialist skills and knowledge are outside the scope of this framework. It does not intend to replicate the capabilities found in any other specific capability or competence frameworks.

## Key Components

Two core capability areas underpin the framework:

### Area A: Recognising Wider Determinants of Health

Understanding how poverty, inequality, and policy shape health outcomes.

### Area B: Engaging with People experiencing multiple disadvantage

Building practical skills to support vulnerable individuals and foster cross-sector collaboration.

### Area C: Five Pillars of Practice

The framework is underpinned by the five pillars of clinical practice



## Framework Structure

- **19 key capabilities** organised across the two core areas and five pillars of practice.
- **Four levels of practice:** Essential, Enhanced, Advanced, Consultant—providing a clear progression pathway from entry-level competencies to strategic leadership.\*
- **Prison and custody suite health services** are recognised as requiring additional and unique capabilities. Therefore, this framework sets out key capabilities that apply universally to all staff alongside additional capabilities which apply specifically to those staff working within prison and custody suite health services.

## Implementation and Users

The framework supports:

- **Clinical staff** in direct patient care, identification of personal development needs and tailored personal development plans.
- **Line managers** in guiding staff development.
- **Service commissioners and organisations** in workforce planning, service design and quality improvement.
- **Education providers** in developing relevant training programmes.

## Conclusion

This framework is a comprehensive resource to build capability across Wales's healthcare workforce. By embedding inclusive practice into primary care and justice health services, it aims to reduce health inequalities, improve outcomes for people who experience multiple disadvantage, and advance person-centred, integrated care.

*\*The level of practice does not reflect paid banding / agenda for change banding levels*

# Introduction and Background

**Everyone in Wales deserves the opportunity for good health. However, some live in poorer health, living shorter lives. Although the building blocks of health are outside of healthcare, primary healthcare provides prevention, early intervention and mitigation of the impacts of the wider causes.**

The concept of 'inclusion health' is based on the recognition that not everyone has equal access to high quality health care. It highlights that people who experience multiple disadvantage often face not only limited access but also poorer healthcare experiences and outcomes. Meeting the health needs of these individuals and their communities remains a challenge. This population has poorer predicted health outcomes and a shorter life expectancy than the average population. Mortality rates are between eight and twelve times higher in individuals experiencing multiple disadvantage, chronic diseases are six times higher and, mental health conditions are five times higher<sup>1</sup>. This complexity can sometimes make staff feel that they do not have the necessary skills and knowledge, and this can inadvertently lead to barriers for those in need of accessing the healthcare they require and they can feel stigmatised. There is a current heavy reliance on secondary and emergency care and less access to prevention including screening, dentistry and immunisation which are all effective and impactful on primary care practices. Recent studies<sup>2</sup> have not found any evidence of government departments or national organisations outlining a plan to ensure that healthcare professionals possess the necessary knowledge and skills to care for vulnerable communities. The evidence published by organisations that employ staff to work with vulnerable groups states that many healthcare practitioners must gain the knowledge and skills to support service users who experience multiple disadvantage effectively.

Public Health Wales, supported by Health Education and Improvement Wales (HEIW) and a group of interested stakeholders including specialist inclusion health, public health practitioners from public health, independent and third sector organisations, Royal college of nursing, Welsh Government and The Queens Nursing institute, advanced clinical practitioners and prisons across Wales established a Steering Group to develop a set of knowledge and skills standards to enable health care staff effectively support services users who experience multiple disadvantage This is the resulting '*multi-professional primary care capabilities training and education framework for inclusion, prison, custody suites and health services in Wales*'.

1 [A national framework for NHS-action on inclusion health](#) NHS England 2023

2 [Inclusion Health: Education and Training for Health Professionals-End of Study Report](#) DOH

## Definition of Inclusion Health

Inclusion health is a concept that describes services designed for people who experience multiple severe and overlapping disadvantage, often finding it difficult to access healthcare despite experiencing extremely poor physical and mental health in comparison to the general population. This can often lead to barriers in accessing health services and poor health outcomes. Individuals and groups who are vulnerable and at greater, or multiple risk of health inequalities, can include (not an exhaustive list):

- people experiencing homelessness including rough sleeping, sofa surfing, and living in temporary accommodation.
- people seeking asylum
- refugees
- vulnerable migrant workers
- undocumented or trafficked migrants
- Roma, Gypsy, Travelling and Boat people
- people engaged in sex work
- victims of modern slavery
- individuals with drug and alcohol dependence
- prisoners, offenders, former offenders, and those in contact with the criminal justice system

An increasing number of bespoke health inclusion services offering primary care to people who experience multiple disadvantage have been set up in Wales alongside prison and custody suite health services.

## Prison and Custody Suite Health Services

Prisons and custody suites are a group included in inclusion health services. It is recognised in this framework that delivery of health services to this group, compared with other inclusion health services, is different and unique. Prisons employ a range of multi-professional clinical practitioners including nurses, healthcare assistants, pharmacists and pharmacy technicians, with visiting GPs, dentists and other health professionals who all need the knowledge and skills to care for this group of individuals.

Within this framework all the key capabilities should apply to all prison and custody suite health staff and additional capabilities have been added which apply specifically to those staff.

## Scope and Purpose

The scope of this framework is to provide appropriate key capabilities of knowledge and skills education pathways for multi-professional clinical staff including health care assistants, working with health inclusion groups and in communities in Wales which have significant socioeconomic deprivation. It includes staff working in prison and custody suite health. Whether working in the public, independent and third sector, it can support those staff to understand more about the capabilities needed. Individuals who work in these sectors can be providing support and assistance, clinical care and/or treatment, for people they meet every day. This may include health, but not limited to social care, justice, education, housing, charities and many more. A range of organisations interact with those who experience multiple disadvantage and so will benefit from an awareness and understanding of the key capabilities needed.

The framework describes the capabilities required to support all ages of people who experience multiple disadvantage. Throughout this document the words 'individual/s and service user/s' are used to encompass children, young people, working-age adults and older people, as well as staff/volunteers and their work colleagues.

Specialist skills and knowledge are outside the scope of this framework. It is not intended to replicate the capabilities found in other specific capability or competence frameworks.

### Who is the framework for and how can it be used?

The framework is intended to support all multi-professional clinical staff providing primary care services and currently working in inclusion and prison and custody suite health settings, whether that is in the public, independent or third sector. It is also intended for staff thinking of a future career in these sectors. Clinical staff can include health care assistants and registered multi-professional clinical practitioners, which the framework aims to provide with the necessary skills and knowledge to undertake their roles. It will also provide an introductory background set of key capabilities for clinical health professionals who provide ad hoc, drop-in, or regular sessions and clinics such as GPs, dentists and pharmacists for inclusion services. It is applicable across a broad spectrum of clinical staff through to staff members wishing to understand more about supporting individuals, including work colleagues, across inclusion health services, through to assisting managers and supervisors to plan training. At a more strategic level, services, organisations and commissioners can use the key capabilities to support the design of services and new roles. The support and training required will depend on the role.



## The Staff Member

This framework can be used to assist you to identify your personal development requirements, when you think about how you support individuals and your colleagues in inclusion, prison and custody suite health services. It is intended to help to improve confidence and identify individual training gaps.

1. On your own, with someone you know, or with your line manager or supervisor, identify which level of practice best reflects the role you currently hold and working through the framework consider:
  - if you have a job description, which capabilities are described as important to your current role?
  - which capabilities do you believe are most needed in your role? (This could be because you regularly interact with people in inclusion, prison and custody suite health services.
  - if you wish to progress your career, are there capabilities which will help you to better support individuals and improve your chance of securing that next step?
2. Collate the capabilities most appropriate to your role in one place and:
  - assess if you have already received training, or have experience, and so feel confident in the capability. You may not need any further development in this capability.
  - identify where you have not received any training and have little or no experience as this could be a development need for you, now or in the future.
  - once you have finished reviewing each capability this should give you a good insight into your strengths, and where you may need more development. In doing so, you will have created your own personal development plan (PDP).
3. It would now be sensible to find someone experienced to help you look at your PDP, providing an opportunity to share your knowledge and experience in a supportive discussion. This person could be your line manager or supervisor and may also be able to support you in identifying training, or someone to help you with further development.



## The Line Manager/Supervisor

As the line manager/supervisor of a member of staff you will know a lot about their role and the context in which they work. This gives you an opportunity to make sure they are fully equipped to meet the demands of their role. This framework will assist you to:

- support staff who may experience trauma in their role and to help build resilience.
- understand up-to-date policy and legislation around supporting equitable health, prison and custody suite health services.
- support staff to remain in work, including having conversations about their own mental health and wellbeing.
- support staff returning to work.
- understand how best to signpost staff to services available.

In addition, the framework can be used to:

- review the education and training an individual might need in their role, or as a result of an emerging theme in the workplace/voluntary setting.
- make amendments and/or update job descriptions and personal specifications to incorporate key capabilities where appropriate to the role.
- evaluate people's current skills and behaviours, supporting the identification of training needs, perhaps as part of appraisal, regular supervision, staff/volunteer check-ins and one-to-one meetings.



## The Commissioner/Organisation/Service

The Framework can be used to support you to undertake a number of workforce development activities to:

- develop a shared language across your team/services when talking about the development of skills and behaviours to support inclusion, prison and custody suite health services. The framework has used the most up to date legislative, procedural and guidance documents.
- design new roles by considering which areas need addressing and the key capabilities the role might need to support your target population. The key capabilities can help guide where a role sits - alongside any other key requirements for the role, such as level of accountability and responsibility, which may also require a professional registration.
- support the development of job descriptions and personal specifications, identifying the key skills needed in the role, and to attract, recruit, and select the right people for the role.
- support individuals to create their personal development plan during appraisal and use the outputs for a broader training needs analysis across a service or organisation.
- aid the establishment of a central education and training hub, to support the delivery of the required key capabilities in the framework, expanding availability, and ensuring consistent standards for the development of a universal and transferable inclusion, prison and custody suite health services workforce.
- provide a basis for service specifications for organisations to demonstrate good and best practice.



## The Education and Training Provider

The framework can help to improve the consistency of education and training delivered through describing the key skills and knowledge required to support individuals working in inclusion, prison and custody suite health services.

As an education and training provider, this framework will assist you to:

- identify any gaps in currently available education and training for staff working in inclusion, prison and custody suite health services.
- design and deliver education and training programmes which will ensure that learning outcomes are aligned to the skills and knowledge required to support the workforce to deliver effective support, care and treatment of service users in inclusion, prison and custody suite health services.
- design and deliver training and development opportunities which focus on the key capabilities that staff need to achieve and maintain, helping to ensure that the most appropriate learning and teaching strategies are employed.
- contribute to the prevention of unnecessary duplication in education and training delivery and strengthen skill mix and team working across services and agencies .

# What are Capabilities?

The framework articulates the **Key Capabilities** necessary for safe and effective care and support.

For the purposes of this framework, we are using the following definition of capabilities:

***Capabilities are the attributes (skills, knowledge and behaviours) which individuals bring to their particular situation. This includes the ability to be competent and beyond this, to:***

- manage change
- be flexible
- deal with situations which may be complex or unpredictable and escalate/refer appropriately to ensure individual's safety
- continue to improve how we support others. (Skills for Health 2020)

In practice, the terms 'capability' and 'competence' are both widely used in educational and people development literature. They have often been used interchangeably, with little clear distinction between the two.

Both capability and competence:

- are about 'what people can do'
- describe knowledge, skills and behaviours
- can be the outcome of education, training or experience.

For the purposes of this framework, we are using the term 'Capabilities' as this describes the ability to be competent, and to be effective in situations which may require flexibility and creativity.

***To note:***

***It must be stressed that multi-professional staff commencing work, or already working in inclusion, prison and custody suite health services are not expected to have already achieved all the capabilities required for the role but will continue to develop the necessary skills and knowledge whilst working in the role, identifying any learning needs with their manager /supervisor and accessing the various available training resources and support.***

## Framework Structure

This framework articulates the capabilities (i.e., the skills and knowledge) needed to provide support, care and treatment, where required, to patients in inclusion, prison and custody suite health services, and are common and transferable across different contexts, types of multi-agency and multi-professional service provision.

The framework is set out with 2 initial 'Areas' which are intended to be the knowledge and skills about inclusion health which apply to all staff working in inclusion, prison and custody suite health services:

## The Key Capabilities

### AREA A

#### Recognise the wider determinants of inclusion, prison and custody suite health

1. Acknowledge the wider determinants of health while recognising the potential inequalities that influence health outcomes
2. Adhere to legislation, policy and strategies relating to inclusion, prison and custody suite health services
3. Recognise how epidemiology impacts on inclusion, prison and custody suite health services
4. Awareness of cultural competence

### AREA B

#### Engage with people who experience multiple disadvantage, navigating the healthcare system and multi-professional and collaborative working

5. Engage with and learn from lived experience of people who experience multiple disadvantage to inform practice
6. Navigate the healthcare system
7. Multi-professional working in partnership and collaboration across organisational boundaries
8. Advocate for inclusion, prison and custody suite health groups and patients accessing the services






### AREA C

#### The framework is underpinned by the five pillars of clinical practice



Within the framework there are a total of 19 key capabilities. The key capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process, or hierarchy.

## Framework Structure

Areas	Key Capabilities
<p><b>AREA A</b></p> <p>Recognise the wider determinants of inclusion, prison and custody suite health</p>	<ol style="list-style-type: none"> <li>1. Acknowledge the wider determinants of health while recognising the potential inequalities that influence health outcomes</li> <li>2. Adhere to legislation, policy and strategies relating to inclusion, prison and custody suite health services</li> <li>3. Recognise how epidemiology impacts on inclusion, prison and custody suite health services</li> <li>4. Awareness of cultural competence</li> </ol>
<p><b>AREA B</b></p> <p>Engage with and learn from people who experience multiple disadvantage navigating the healthcare system and multi-professional and collaborative working</p>	<ol style="list-style-type: none"> <li>5. Engage with and learn from lived experience of people who experience multiple disadvantage to inform practice</li> <li>6. Navigate the healthcare system</li> <li>7. Multi-professional working in partnership and collaboration across organisational boundaries</li> <li>8. Advocate for inclusion, prison and custody suite health groups and patients accessing the services</li> </ol>
<p><b>AREA C</b> <b>Pillars Of Practice</b></p>	
<p><b>Clinical Practice</b></p> 	<ol style="list-style-type: none"> <li>9. Communicate effectively within inclusion, prison and custody suite health services</li> <li>10. Practice professionally, ethically and legally in inclusion, prison and custody suite health services</li> <li>11. Recognise and promote evidence-informed and evidence-based care</li> <li>12. Recognise and promote trauma-informed care</li> <li>13. Support the wellbeing of, and undertake the restorative clinical supervision of, inclusion health service staff</li> <li>14. Awareness of personal safety and any potential risks within inclusion, prison and custody suite health services</li> </ol>
<p><b>Education</b></p> 	<ol style="list-style-type: none"> <li>15. Actively participate in own and others' learning</li> </ol>
<p><b>Research</b></p> 	<ol style="list-style-type: none"> <li>16. Apply data, research, and evaluation</li> <li>17. Enable service development and improvement</li> </ol>
<p><b>Leadership and Management</b></p> 	<ol style="list-style-type: none"> <li>18. Provide leadership</li> </ol>
<p><b>Strategy</b></p> 	<ol style="list-style-type: none"> <li>19. Contribute to local and national strategies, policy design and implementation for inclusion, prison and custody suite health</li> </ol>

## Defining Levels of Practice within the Framework

Within the five pillars of clinical practice the capabilities required for delivering inclusion, prison and custody suite health services are at the levels of practice of:

**Essential (this includes all clinical staff including Health Care Assistants and registered clinical practitioners)**

**Enhanced**

**Advanced**

**Consultant**

The consultant level of practice has been included as a potential career progression as over time advanced clinical practitioners will develop in the four pillars of practice and are likely to take on more national and international roles, and support strategy in health boards and organisations. The development of enhanced, advanced and consultant clinical practitioner roles require significant educational support to enable provision of safe and high-quality care.

These align with the [HEIW Professional framework for enhanced, advanced and consultant practice in Wales](#) (2023), which should be read in conjunction with this framework.

Essential	Enhanced	Advanced	Consultant
<p>Comprehensive, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge specific to this area of practice.</p> <p>Independent learner.</p> <p>Consolidating knowledge and skills in practice under the supervision of enhanced and advanced practitioners.</p> <p>Creatively problem-solve making judgements analysis and interpretation.</p> <p>Actively contribute to service and self-development.</p> <p>May have supervision of other staff and training.</p> <p>Able to use evidence and develop evidence</p>	<p>Enhanced knowledge base, complex decision-making skills, clinical competence, and judgement in their area of specialist practice.</p> <p>Broad autonomy and judgement across specialist area.</p> <p>Critically evaluate complex and complete information.</p> <p>Initiate and lead tasks and processes, taking responsibility, for the work and roles of others.</p> <p>Able to use evidence and develop evidence.</p> <p>Critical understanding of theoretical and practical knowledge.</p>	<p>Advanced knowledge base.</p> <p>Highly complex. decision making and clinical competence and judgement in their area of specialist practice.</p> <p>Broad autonomy and judgement across a significant area of work.</p> <p>Critically evaluate incomplete and complex information.</p> <p>Initiate and provide leadership for complex tasks and processes within their own area of work.</p> <p>Design and manage research and identifies service and quality improvement opportunities.</p> <p>Integrates clinical, education, and research findings in practice.</p> <p>Contributes to creation of strategy.</p>	<p>Expert knowledge base.</p> <p>Highly complex. decision making and clinical competence and judgement in area of specialist practice.</p> <p>Broad autonomy and judgement.</p> <p>Critically evaluate incomplete and complex information.</p> <p>Leadership as a leading practitioner with clinical expertise and influence.</p> <p>Expertly evaluate incomplete and complex information.</p> <p>Design and lead research resulting in significant change.</p> <p>Sets strategy in collaboration with team.</p> <p>Influences and sets local and national agendas, strategy, service planning and delivery.</p>

**To note:**

*Healthcare professionals working in enhanced, advanced and consultant roles in delivering inclusion, prison and custody suite health services are expected to have achieved all the 'Essential' capabilities and then build on these capabilities as they progress at each level of practice.*

*Each capability is the minimum capability to be expected as opposed to the maximum.*

# The Key Capabilities: Knowledge (K) and Skills (S)

## AREA A

### Recognise the wider determinants of inclusion, prison and custody suite health

#### 1. Acknowledge the wider determinants of health while recognising the potential inequalities that influence health outcomes

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>1a.</b> Awareness of the importance of health inequalities which impact on clinical practice. (K)</p> <p><b>1b.</b> Recognise how discrimination, stigma, and systemic barriers contribute to health disparities. (K)</p> <p><b>1c.</b> Recognise the causes of health inequalities in patient services, experience, or outcomes. (K)</p> <p><b>1d.</b> Recognise the impact of socio-economic factors such as education, employment, housing, poverty, and social support on the impact of people's lives and on health outcomes. (K)</p> <p><b>1e.</b> Recognise which individuals and groups are more vulnerable in accessing health services. (S)</p> <p><b>1f.</b> Awareness of the impact of digital inclusion and access to health services and information for people experiencing multiple disadvantage(K).</p>	<p><b>1a.</b> Recognise the impact of social, political, economic, and organisational policies and decisions as potential drivers of inequality in healthcare. (K)</p> <p><b>1b.</b> Awareness of national and local health strategies and how these are implemented to support the health and well-being of people experiencing multiple disadvantage. (K)</p>	<p><b>1a.</b> Able to analyse how social, political and economic policies and drivers impact the design and delivery of services to meet the population's needs. (S)</p> <p><b>1b.</b> Support the design of inclusion, prison and custody suite health services for people experiencing multiple disadvantage. (S)</p> <p><b>1c.</b> Awareness of how the traditional models of care present unnecessary barriers to people experiencing multiple disadvantage, contributing to the erosion of trust and widening health inequalities. (K)</p>	<p><b>1a.</b> Influence the need for the development of inclusion services for communities experiencing multiple disadvantage, prison and custody suite health services. (K)</p>

## 2. Adhere to legislation, policy and strategies relating to inclusion, prison and custody suite health services

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>2a.</b> Awareness of local and national health equity and social inclusion policies, strategies and legislation. (K)</p>	<p><b>2a.</b> Working knowledge of current local, national, and international policies and legislations relevant to health inequalities and inclusion health groups. (K)</p> <p><b>2b.</b> Knowledge of the currently available methods of assessing the impact of policies on health inequalities, such as equality impact assessments and socio-economic duty. (K)</p> <p><b>2c.</b> Advocate for policies that address the specific needs of vulnerable populations. (S)</p>	<p><b>2a.</b> Critically reflect on and suggest how health and public health policies or strategies could be improved to tackle issues relevant to inclusion health groups. (S)</p>	<p><b>2a.</b> Set strategy in collaboration with team for inclusion, prison and custody suite services. (S)</p> <p><b>2b.</b> Influence and set local and national agendas and strategy for inclusion, prison and custody suite health services. (S)</p>

### 3. Recognise how epidemiology impacts inclusion, prison and custody suite health services

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>3a.</b> Awareness of what epidemiology is and how health issues affect marginalised groups across all ages. (K)</p> <p><b>3b.</b> Awareness of population health trends and the social determinants influencing them around mortality and morbidity trends. (K)</p> <p><b>3c.</b> Awareness of the importance of coding health inclusion groups in routine data sets as part of the evidence base for affecting change. (K)</p>	<p><b>3a.</b> Know about the impact of traditional models of health care of the rate of late presentation of serious illness, infectious disease and poor health outcomes. (K)</p> <p><b>3b.</b> Know about the impact of traditional models of health care and the impact on unscheduled care usage. (K)</p> <p><b>3c.</b> Awareness of how a disease or condition is identified within a public health context and how testing or screening within a service can enable the development of equitable pathways. (K)</p>	<p><b>3a.</b> Expert knowledge of the impact of traditional models of health care of the rate of late presentation of serious illness, infectious disease and poor health outcomes on inclusion, prison and custody suite health services. (K)</p>	<p><b>3a.</b> Expertly evaluate information on the epidemiology of health issues affecting marginalised groups across all ages in the development of inclusion, prison and custody suite health services (S).</p> <p><b>3b.</b> Design and lead research in the epidemiology of health issues affecting marginalised groups across all ages for inclusion and prison health services. (S)</p>

## 4. Awareness of cultural competence

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>4a.</b> Know what is meant by <i>cultural competency</i> in how it can help reduce health inequalities and apply in all service delivery. (K)</p> <p><b>4b.</b> Acknowledge and respect diverse cultural backgrounds, beliefs, and practices. (S)</p> <p><b>4c.</b> Awareness of how personal opinions and unconscious bias can affect the interaction with service users from different cultural backgrounds. (K)</p> <p><b>4d.</b> Awareness of how different cultural beliefs can impact health beliefs and behaviours to help avoid misunderstanding to enable practitioners to provide better care. (K)</p> <p><b>4e.</b> Adapt communication styles and treatment plans to suit cultural preferences. (S)</p> <p><b>4f.</b> Awareness of how human rights principles underpin cultural competence. (K)</p> <p><b>4g.</b> Awareness of anti-racism and demonstrate an anti-racist approach (K/S)</p> <p><b>4h.</b> Understanding of intersectionality and its impact on health inequalities (K)</p>	<p><b>4a.</b> Know how cultural competence is applicable to own behaviour but also to organisational systems, processes and culture and the way healthcare is delivered to a diverse population. (K)</p> <p><b>4b.</b> Develop an awareness of cultural nuances and tailored interventions to meet service user and community needs. (K)</p>	<p><b>4a.</b> Lead on the development of cultural competence skills into the broader workforce. (S)</p>	<p><b>4a.</b> Influence and lead on the development of cultural competence skills into the broader workforce for inclusion, prison and custody suite health services. (S)</p> <p><b>4b.</b> Lead and enable a culture of continuous inclusion improvement in inclusion, prison and custody suite health services. (S)</p> <p><b>4c.</b> Provide expert advice on equality, diversity, inclusion and human rights. (K)</p>

**AREA B**

**Engage with and learn from people who experience multiple disadvantage navigating the healthcare system and multi-professional and collaborative working**

**5. Engage with and learn from lived experience of people who experience multiple disadvantage**

<b>Knowledge and skills</b>			
<b>Essential</b>	<b>Enhanced</b>	<b>Advanced</b>	<b>Consultant</b>
<p><b>5a.</b> Effectively engage people from a wide variety of backgrounds who experience multiple disadvantage. (S)</p> <p><b>5b.</b> Engage with communities to participate in health promotion and education. (S)</p>	<p><b>5a.</b> Actively engage with the community and with experts by experience to improve inclusion services. (S)</p>	<p><b>5a.</b> Involve people with lived experience in the planning, development and evaluation of inclusive health services. (S)</p> <p><b>5b.</b> Advocate for active involvement and co production with experts by experience (S)</p>	<p><b>5a.</b> Lead on the development of community engagement, active inclusion of lived experience, collaboration and partnership within own service and wider. (S)</p> <p><b>5b.</b> Develop and facilitate effective networks representing own organisation at a local, regional and national level in order to deliver efficient working practices across the health system for inclusion, prison and custody suite health services. (S)</p> <p><b>5c.</b> Collaborate across boundaries to link organisations to develop and provide cohesive local and national inclusion, prison and custody suite health services and service user pathways. (S)</p>

## 6. Navigate the healthcare system

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>6a.</b> Awareness of how stigma and discrimination can be embedded into systems and can lead to problems with navigating the healthcare system for people experiencing multiple disadvantage. (K)</p> <p><b>6b.</b> Be able to support patients experiencing multiple disadvantage to navigate and access services and referral pathways, including third sector and community services: for example, to housing and homelessness services, sexual health clinics and vaccination programmes. (S)</p> <p><b>6c.</b> Awareness of the role and availability of community, prison and custody suite resources and assets, third sector organisations and wider local support networks to support patients who experience multiple disadvantage. (K)</p> <p><b>6d.</b> Awareness of social prescribing as a means of connecting people who experience multiple disadvantage with local community assets and services. (S)</p> <p><b>6e.</b> Advise patients who experience multiple disadvantage appropriately around their rights to healthcare and services. (S)</p>	<p><b>6a.</b> Enhanced knowledge of how stigma and discrimination can be embedded into systems and can lead to problems with navigating the healthcare system for people experiencing multiple disadvantage. (K)</p> <p><b>6b.</b> Recognise the roles and responsibilities of different agencies in supporting patients who experience multiple disadvantage where gaps may exist, and how these might be overcome. (S)</p> <p><b>6c.</b> Awareness of the rights to housing, housing options and local authority and signposting or referring service users appropriately. (K)</p> <p><b>6d.</b> Awareness of immigration status and rights and application with regards to signposting and referring service users. (K)</p>	<p><b>6a.</b> Demonstrate commitment to promoting healthcare equity by addressing systematic and structural barriers that prevent people with multiple disadvantage from accessing and navigating services. (S)</p>	<p><b>6a.</b> Promote the navigation of health services ensuring staff have the necessary information and training to be able signpost and support patients who experience multiple disadvantage. (S)</p>

<b>Additional capabilities for prison and custody suite health</b>			
<b>Essential</b>	<b>Enhanced</b>	<b>Advanced</b>	<b>Consultant</b>
6e. Awareness of internal referral processes and their limitations due to the nature of prison and custody suite health service structures. (K)			

## 7. Multi-professional working in partnership and collaboration across organisational boundaries

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>7a.</b> Demonstrate effective collaboration across a wide range of organisations, teams and boundaries to deliver effective health care. (S)</p> <p><b>7b.</b> Maintain good interpersonal relationships with other teams and organisations to enhance service delivery, to meet the needs of people experiencing multiple disadvantage, and achieve nationally agreed standards. (S)</p> <p><b>7c.</b> Engage in effective multi-professional and multiagency team working.</p> <p><b>7d.</b> Recognise professional accountability to ensure optimal levels of care that support transitions across health care and other agency boundaries that are smooth and meaningful. (S)</p>	<p><b>7a.</b> Demonstrate partnership approaches when undertaking consultations, fostering a culture of patient-centred practice, promoting the concept of self-care which is patient led where possible. (S)</p> <p><b>7b.</b> Knowledge about the importance of working in close partnership, or as part of an integrated team, with local authority and third sector services for a holistic person-centred approach to inclusion services. (K)</p>	<p><b>7a.</b> Work with the wider health and social care team, third sector partners and others, actively engaging in the planning and delivery of multiagency initiatives which better facilitate recovery in service users and build on community assets within the population to enhance health and wellbeing. (S)</p> <p><b>7b.</b> Actively bring together the learned expertise of professionals with the lived experience of patients, underpinned by shared decision-making and co-production of services to develop and deliver services for people experiencing multiple disadvantage. (S)</p> <p><b>7c.</b> Contribute to the development of multiprofessional focussed, bespoke models of care appropriate to the needs of groups and service users traditionally excluded linking internal and external services. (S)</p>	<p><b>7a.</b> Develop and maintain effective partnerships with key internal and external stakeholders, including local communities and under-served groups, in order to understand how to meet their needs. (S)</p> <p><b>7b.</b> Be able to develop and facilitate a shared vision and strategy across agencies. (S)</p> <p><b>7c.</b> Foster collaboration and co-production, working with others to transform services and meet local inclusion health needs for individuals, groups and the wider community. (S)</p>

## 8. Advocate for inclusion, prison and custody suite health groups and patients accessing the services

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>8a.</b> Advocate for the needs and rights of patients who experience multiple disadvantage whilst undertaking clinical responsibilities. (S)</p>	<p><b>8a.</b> Continuously advocate for the needs and rights of patients who experience multiple disadvantage whilst undertaking clinical responsibilities. (S)</p>	<p><b>8a.</b> Act as a role model and advocate for organisational values and inclusion strategies. (S)</p>	<p><b>8a.</b> Advocate for organisational values and inclusion strategies at local, and national level. (S)</p>
Additional capabilities for prison and custody suite health			
Essential	Enhanced	Advanced	Consultant
<p><b>8b.</b> Advocate for the health needs of the prisoner, both internally and externally on admission and when leaving prison, or the custody suite, to ensure continuity of care. (S)</p>	<p><b>8b.</b> Advocate for the health needs of the prisoner, both internally and externally on admission and when leaving prison, or the custody suite, to ensure continuity of care. (S)</p>	<p><b>8b.</b> Advocate for the health needs of the prisoner, both internally and externally on admission and when leaving prison, or the custody suite, to ensure continuity of care. (S)</p>	<p><b>8b.</b> Advocate for the health needs of the prisoner, both internally and externally on admission and when leaving prison, or the custody suite, to ensure continuity of care. (S)</p>

**AREA C**  
**Pillars Of Practice**



**Clinical Practice**

**Practice professionally, legally and ethically within inclusion, prison and custody suite health services**

**9. Communicate effectively within inclusion, prison and custody suite health services**

**Knowledge and skills**

Essential	Enhanced	Advanced	Consultant
<p><b>9a-</b> Awareness of Trauma- informed communication and how people’s poor experiences of care in the past can impact their behaviour (K)</p> <p><b>9b-</b> Able to respond in ways that reduce stress, fear, or feelings of powerlessness during care (S).</p> <p><b>9a.</b> Demonstrate a range of effective verbal and nonverbal communication skills, modifying these to gain and share relevant and meaningful information and address concerns when planning and delivering care in inclusion health services. (S)</p> <p><b>9b.</b> Communicate health information clearly to various patients who experience multiple disadvantage based on their needs. (S)</p>	<p><b>9a.</b> Demonstrate an enhanced level of effective trauma informed communication and modifying communication in situations involving complex communication and information needs, to gain and share relevant and meaningful information when delivering care, and /or working with inclusion health services. (S)</p> <p><b>9b.</b> Awareness of nonviolent communication (NVC) methods and how it can assist with people who experience multiple disadvantage. (K)</p>	<p><b>9a.</b> Demonstrate an expert level of trauma informed communication, modifying approach in highly complex communication and information needs, to gain and share relevant and meaningful information when planning and delivering care in inclusion health services. (S)</p> <p><b>9b.</b> Demonstrate advanced patient engagement and communication skills and be able to foster therapeutic relationships with patients enabling them to know they have been listened to with respect and compassion. (S)</p>	<p><b>9a.</b> Promote language and behaviours that role-models your organisation’s commitment to inclusion, especially trauma informed communication (S)</p> <p><b>9b.</b> Monitor the language and behaviours used by colleagues to ensure it supports your organisation’s commitment to inclusion. (S)</p> <p><b>9c.</b> Discuss relevant information with appropriate colleagues or service in a concise and systematic way, for highly complex situations related to inclusion and prison health services. (S)</p>

<b>Knowledge and skills</b>			
<b>Essential</b>	<b>Enhanced</b>	<b>Advanced</b>	<b>Consultant</b>
<p><b>9c.</b> Ability to individualise communication and approach with specific groups such as with patients who are neurodivergent including those who have not been formally diagnosed. (S)</p> <p><b>9d.</b> Communicate and share relevant information with other services. (S)</p> <p><b>9e.</b> Take time to listen to people who may have highly distressing personal circumstances and stories to understand their needs. (S)</p> <p><b>9f.</b> Demonstrate empathy and active listening to build trust. (S)</p> <p><b>9g.</b> Record service user communication preferences as part of patient notes. (S)</p> <p><b>9h.</b> Know how to use face-to-face, video and telephone translation services effectively in social and clinical care for individuals who do not speak English as their first language. (S)</p>	<p><b>9c.</b> Apply advanced communication and negotiation skills, which require empathy, reassurance, and compassion, adjusting communication styles accordingly with people who experience multiple disadvantage. (S)</p> <p><b>9d.</b> Use creative problem-solving, influencing and negotiation to enable shared decision-making when developing care, management plans, and anticipatory care involving patients in their plan of care. (S)</p>	<p><b>9c.</b> Anticipate, assess and overcome common communication and therapeutic relationship boundaries with patients such as literacy, language and, embarrassment. (S)</p> <p><b>9d.</b> Recognise the need for different methods of approach to communication and messaging and the need for co-production and engagement when developing inclusion services. (K)</p>	
<b>Additional capabilities for prison and custody suite health</b>			
<b>Essential</b>	<b>Enhanced</b>	<b>Advanced</b>	<b>Consultant</b>
<p><b>9i.</b> Consider the impact of own communication style on colleagues and prisoners to reduce possible conflict. (K)</p>		<p><b>9e.</b> Monitor communication within the team to identify communication styles which may lead to conflict with both team members and patients. (K)</p>	

## 10. Practice professionally, ethically and legally within inclusion, prison and custody suite health services

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>10a.</b> Practice in compliance with respective code of professional conduct and within limits of own competence, scope of practice and job description, being responsible and accountable for decisions, actions and omissions. (S)</p> <p><b>10b.</b> Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, such as, beliefs, values, assumptions, with comprehensive emotional intelligence and being open to change. (S)</p> <p><b>10c.</b> Comply with statutory legislation and practice requirements in your area of work and within the context of inclusion health. (S)</p> <p><b>10d.</b> Be able to challenge any discriminatory practice that may compromise a patients right to dignity, respect, safety and human rights. (S)</p> <p><b>10e.</b> Demonstrate the ability to maintain confidentiality of patients in inclusion services and in custodial settings in line with legal guidance, national and local policies. (S)</p> <p><b>10f.</b> Maintain patient records in accordance with the law and professional and local guidance. (K)</p>	<p><b>10a.</b> Continually develop inclusion service care by reflecting on own behaviour and role, identifying where to improve. (S)</p> <p><b>10b.</b> Commit and contribute to developing and improving others' inclusion health practice in health and across sectors. (S)</p> <p><b>10c.</b> Support colleagues to understand confidentiality guidance and application within inclusion, prison and custody health settings. (K)</p>	<p><b>10a.</b> Share good practices, discuss common concerns and responsibilities whilst promoting awareness of health issues relating to people who experience multiple disadvantage with other practitioners locally and nationally. (S)</p>	<p><b>10a.</b> Comply with, and ensure others comply with, legal requirements, industry regulations, organisational policies and professional codes. (K)</p>

<b>Additional capabilities for prison and custody suite health</b>			
<b>Essential</b>	<b>Enhanced</b>	<b>Advanced</b>	<b>Consultant</b>
10g.Maintain professional boundaries to avoid any potential coercion, bribery or manipulation of staff by prisoners. (S)			

## 11. Recognise and promote evidence-informed and evidence-based care

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>11a.</b> Know how to assess, care for, and manage patients who experience multiple disadvantage at their first contact reflecting patient choice wherever practicable and their involvement in their care. (K)</p> <p><b>11b.</b> Awareness of the impact of health inclusion services and bespoke evidence-based models on health outcomes. (K)</p> <p><b>11c.</b> Know when to refer a patient experiencing multiple disadvantage or a prisoner to another professional or health service, internally or externally (K)</p> <p><b>11d.</b> Recognise and respond to any safeguarding concerns in line with organisational protocols. Safeguarding: <a href="#">Safeguarding Wales</a> PREVENT: <a href="#">Prevent duty guidance: England and Wales (2023) - GOV.UK</a> (K/S)</p> <p><b>11e.</b> Provide relevant health promotion advice to patients who experience multiple disadvantage when they present. (K)</p>	<p><b>11a.</b> Enhanced in-depth knowledge and understanding of health conditions and complex situations commonly presented in people who experience multiple disadvantage and how these impact the delivery of care. (K)</p> <p><b>11b.</b> Awareness of the importance of evidence based NICE recommended inclusion health approaches. (K)</p> <p><b>11c.</b> Ensure patients are involved in co-production and co-designing their care and required support. (S)</p> <p><b>11d.</b> Recognise the impact of frailty on people experiencing homelessness. (K)</p> <p><b>11e.</b> Recognise when to consider and utilise the Mental Capacity Act and the Deprivation of Liberty Standards seeking specialist support within a multi-professional team and performing capacity assessments as needed within scope of own practice. (S)</p>	<p><b>11a.</b> Apply evidence, clinical protocols and professional autonomy to assess and plan treatment and care based on patient need. (S)</p> <p><b>11b.</b> Access and appraise appropriate evidence of effective interventions and evidence-based guidelines to deliver evidence-informed care. (S)</p> <p><b>11c.</b> Recognise the key mental health challenges that may require specialist interventions and specific roles professionals may have in this context. (K)</p> <p><b>11d.</b> Ability to interpret and manage high complex information drawing out themes, issues and the priority of the patient whilst using clinical knowledge to risk assess and manage any urgent clinical priorities. (S)</p>	<p><b>11a.</b> Develop procedures and protocols to promote best evidence-based practice nationally and internationally for inclusion services (S)</p> <p><b>11b.</b> Evaluate inclusion interventions to ensure that they are meeting strategic plans and promoting statutory and legal compliance. (S)</p>

Essential	Enhanced	Advanced	Consultant
<p><b>11f.</b> Demonstrate a broad range of evidence-informed inclusion health clinical expertise that supports high-quality, person-centred care for patients who experience multiple disadvantage across the age range in the local population within your scope of practice. (S)</p> <p><b>11g.</b> Awareness of health conditions which present more commonly with people experiencing multiple disadvantage including sexual health, substance and alcohol use, tissue viability and wound care, recognising blood-borne viruses (BBV) and how and where to refer within scope of practice. (S)</p> <p><b>11h.</b> Recognition of mental health challenges, suicide and self-harm awareness and where to refer patients. (K)</p> <p><b>11i.</b> Undertake a mental health assessment within own scope of practice. (S)</p> <p><b>11j.</b> Ability to recognise identifying factors requiring an emergency response when assessing a patient experiencing multiple disadvantage. (S)</p> <p><b>11k.</b> Collaborate with safeguarding, statutory and third-sector organisations as required to create individualised care plans and as an onward referral process when appropriate. (S)</p> <p><b>11l.</b> Awareness of the protocols and procedure of prescribing and medicines management as relevant to role and scope of practice. (K)</p>	<p><b>11f.</b> Recognise the difference between self-neglect and patients who have neglected their health when assessing capacity. (S)</p> <p><b>11g.</b> Foster a culture of patient-centred practice promoting the concept of self-care and patient-led care where possible, providing appropriate health promotion, education and support. (S)</p> <p><b>11h.</b> Know about the impact of health inclusion services and bespoke evidence-based models on health outcomes. (K)</p> <p><b>11i.</b> Undertake clinical interventions such as wound management as appropriate to own role and within scope of practice. (S)</p> <p><b>11j.</b> Recognise the importance of and implement good medicines management within scope of practice when supporting a patient.</p> <p><b>11k.</b> Recognise the side effects of medication within scope of practice when supporting a patient. (S)</p>	<p><b>11e.</b> Ensure every member of the team is able to recognise vulnerability in patients of all ages and their own responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures. (S)</p> <p><b>11f.</b> Know about dual-diagnosis and the concept of tri-morbidity impacting on poor physical health. (K)</p> <p><b>11g.</b> Able to undertake an in-depth assessment of the patient taking into account potential underlying conditions such as age, gender, ethnicity, the presence of other conditions and wider social determinants such as homelessness and housing which may alter or mask the presentation of symptoms and signs of both physical and mental health needs. (S)</p>	

Essential	Enhanced	Advanced	Consultant
<p><b>11m.</b> Develop a therapeutic relationship with patients being cared for. (S)</p> <p><b>11n.</b> Be able to obtain psychosocial history and factors to provide some context for patients problems/situation.</p> <p><b>11o.</b> Awareness of the increasing number of older patients, the support required due to age and co-morbidities and of palliative and end of life care. (K)</p>	<p><b>11l.</b> Be aware of the co-occurring conditions of both a mental health need and substance and/or alcohol use and interactions between prescribed medication, alcohol and non-prescribed/illicit drugs including legal highs and herbal medicines. (K)</p> <p><b>11m.</b> Be able to support patients with learning, neurodivergence needs and/or physical disabilities, and enable them to access and use specialist and personalised assessment, care, treatment and support recognising that reasonable adjustments may be required in approaches and interventions involving them in their care plans. (S)</p>		

### Additional capabilities for prison and custody suite health

Essential	Enhanced	Advanced	Consultant
<p><b>11p.</b> Provide care based on guidance from relevant legal frameworks and professional bodies, ensuring that care provision meets the same standards as that provided in settings outside criminal justice.</p> <p><b>11q.</b> Support visiting external healthcare providers as required such as during clinics, immunisation and health screening sessions. (S)</p> <p><b>11r.</b> Undertake first night/reception and secondary physical and mental health assessments on admission as required and within scope of practice (S).</p>	<p><b>11u.</b> Know about continuity of care and care plans for prisoners accessing medication when leaving prison. (K)</p>		

Essential	Enhanced	Advanced	Consultant
<p><b>11s.</b> Undertake physical and mental health assessments on release, or transfer, to and from a prison or custodial setting, planning care appropriately and with written referrals to external providers with the consent of the prisoner as required and within scope of practice(S).</p> <p><b>11t.</b> Awareness of the protocols and procedure of prescribing and medicines management in prisons and custodial settings due to the internal value placed on medications by prisoners. (K)</p> <p><b>11u.</b> Awareness of potential challenges for prisoners accessing medication when in prison and when leaving prison. (K)</p> <p><b>11v.</b> Assessment, management and referral of prisoners with mental health (S)</p> <p><b>11w.</b> Recognition, assessment, management and referral of prisoners with substance/alcohol dependency, including those undertaking a detox programme, recognising overdose and responding to withdrawals and seizures (S)</p> <p><b>11x.</b> Assessment, management and referral of prisoners with a sexual health condition. (S)</p> <p><b>11y.</b> Principles, and implementation, of disease and infection prevention in prisons and custodial settings. (K)</p> <p><b>11z.</b> How to respond to an emergency including resuscitation. (K)</p> <p><b>11a.</b> Post operative support for prisoners when applicable.</p> <p><b>11b.</b> Be able to support prisoners during difficult times such as family illness or bereavement. (S)</p>			

## 12. Recognise and promote trauma-informed care

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>12a.</b> Recognise that trauma-informed care, including expressing emotions and identifying underlying needs in a non-judgemental way, is implemented across all clinical practice and interactions people who experience multiple disadvantage (K)</p> <p><b>12b.</b> Awareness of trauma-informed care, realising that trauma can affect individuals, groups and communities (K)</p> <p><b>12c.</b> Recognise and respond to signs and symptoms of trauma in patients in clinical practice. (S)</p> <p><b>12d.</b> Recognise the prevalence of trauma and Adverse Childhood Events among people who experience multiple disadvantage. (K)</p> <p><b>12e.</b> Recognise the importance of understanding a person's past and present situation and experiences. (K)</p> <p><b>12f.</b> Integrate trauma-informed approaches into healthcare and social services, asking 'What happened to you?' rather than 'What's wrong with you?' (K)</p>	<p><b>12a.</b> Recognise and understand the effect trauma can have on an individual's interpersonal relationships, the ability to trust, and the impact this has on interactions with service providers. (K)</p> <p><b>12b.</b> Recognise, understand and address the impact of complex trauma and adverse childhood events through the effective use of trauma-informed approaches as relevant to own role. (S)</p> <p><b>12c.</b> Integrate trauma-informed approaches into care and support services, understanding the potential causes of behaviour and conflict. (S)</p> <p><b>12d.</b> Apply knowledge regarding effective management of people diagnosed with personality disorder or complex trauma when delivering care. (S)</p>	<p><b>12a.</b> Recognise the risk of vicarious trauma and burnout in staff who work closely with people who experience multiple disadvantage and the importance of available psychological support and supervision. (K)</p>	<p><b>12a.</b> Be responsible for ensuring the availability and commissioning of psychological support for staff who work closely people who experience multiple disadvantage who are exposed to trauma and at risk of burnout. (K)</p>

<b>Additional capabilities for prison and custody suite health</b>			
<b>Essential</b>	<b>Enhanced</b>	<b>Advanced</b>	<b>Consultant</b>
<p><b>12g.</b> Recognise the increased possibility of aggression in prisoners due to the impact of complex trauma and adverse childhood events. (S)</p> <p><b>12h.</b> Use trauma-informed approaches to reduce aggression and violence in prisoners. (S)</p> <p><b>12i.</b> Awareness of the prevalence of neurodiversity in people in contact with the justice system and what tools are available to enable assessment (K)</p> <p><b>12j.</b> Able to recognise when to use scientifically validated tools (e.g. ASRS) and how to support people to complete it.</p> <p><b>12k.</b> Awareness of existing referral pathways for further neurodiversity assessments and interventions if required (S)</p>	<p><b>12g.</b> Recognise the increased possibility of aggression in prisoners due to the impact of complex trauma and adverse childhood events. (S)</p> <p><b>12h.</b> Use trauma-informed approaches to reduce aggression and violence in prisoners. (S)</p> <p><b>12i.</b> Awareness of the prevalence of neurodiversity in people in contact with the justice system and what tools are available to enable assessment (K)</p> <p><b>12j.</b> Able to recognise when to use scientifically validated tools (e.g. ASRS) and how to support people to complete it.</p> <p><b>12k.</b> Awareness of existing referral pathways for further neurodiversity assessments and interventions if required (S)</p>	<p><b>12g.</b> Recognise the increased possibility of aggression in prisoners due to the impact of complex trauma and adverse childhood events. (S)</p> <p><b>12h.</b> Use trauma-informed approaches to reduce aggression and violence in prisoners. (S)</p> <p><b>12i.</b> Awareness of the prevalence of neurodiversity in people in contact with the justice system and what tools are available to enable assessment (K)</p> <p><b>12j.</b> Able to recognise when to use scientifically validated tools (e.g. ASRS) and how to support people to complete it.</p> <p><b>12k.</b> Awareness of existing referral pathways for further neurodiversity assessments and interventions if required (S)</p>	<p><b>12g.</b> Recognise the increased possibility of aggression in prisoners due to the impact of complex trauma and adverse childhood events. (S)</p> <p><b>12h.</b> Use trauma-informed approaches to reduce aggression and violence in prisoners. (S)</p> <p><b>12i.</b> Awareness of the prevalence of neurodiversity in people in contact with the justice system and what tools are available to enable assessment (K)</p> <p><b>12j.</b> Able to recognise when to use scientifically validated tools (e.g. ASRS) and how to support people to complete it.</p> <p><b>12k.</b> Awareness of existing referral pathways for further neurodiversity assessments and interventions if required (S)</p>

### 13. Support the wellbeing of, and undertake restorative clinical supervision of, inclusion health service staff

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>13a.</b> Provide mandatory scheduled restorative clinical supervision which is recorded and in line with professional guidance to support staff and reduce the possibility of stress and burnout. (S)</p> <p><b>13b.</b> Provide staff with support through mentoring and coaching. (S)</p> <p><b>13c.</b> Recognise the importance of self-care and resilience in order to promote own personal physical, mental health and wellbeing. (S)</p> <p><b>13d.</b> Recognise and manage own distress at hearing repeated stories of trauma knowing where, and how to, access support (S)</p>	<p><b>13a.</b> Identify members of the team requiring additional support (S)</p> <p><b>13b.</b> Able to support others in their wellbeing and meeting their work and objectives. (S)</p> <p><b>13c.</b> Support staff who may experience trauma in their role and help build resilience. (S)</p>	<p><b>13a.</b> Be responsible for ensuring that mandatory scheduled restorative clinical supervision is planned into team schedules and rotas. (S)</p>	<p><b>13a.</b> Lead and enable a culture of wellbeing for all staff working in inclusion, prison and custody health services. (S)</p>

## 14. Awareness of personal safety and any potential risks within inclusion, prison and custody suite health services

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>14a.</b> Recognise potential risks associated with working in inclusion, prison and custody suite health services and how to seek support. (K/S)</p> <p><b>14b.</b> Demonstrate the ability to maintain personal safety and act in a way that maintains the safety of colleagues and service users. (S)</p> <p><b>14c.</b> Comply with local lone working policies and protocols to ensure own and service users' safety to reduce the risk of harm. (S)</p> <p><b>14d.</b> Be able to apply conflict management skills. (K)</p>	<p><b>14a.</b> Assess, evaluate and articulate risks to service users and staff using various tools, professional judgement and experience. (S)</p> <p><b>14b.</b> Utilise strategies to de-escalate situations as appropriate and manage risk by reducing and managing unpredictable situations. (S)</p>	<p><b>14a.</b> Develop and implement risk management action plans and strategies that take account of people's views and staff safety to prevent avoidable harm. (S)</p> <p><b>14b.</b> Monitor compliance with the local lone working policy to ensure that staff do not put themselves or patients at risk of harm. (S)</p>	<p><b>14a.</b> Take the lead on the development and implementation of risk management action plans and strategies that take account of people's views and staff safety to prevent avoidable harm. (S)</p>

Additional capabilities for prison and custody suite health			
Essential	Enhanced	Advanced	Consultant
<p><b>14e.</b> Awareness of the potential heightened risk of violence, aggression and verbal abuse in prison and custodial settings health and of the protocols for seeking, and when to seek, appropriate support. (K)</p> <p><b>14f.</b> Awareness of the law and local guidance relating to the use of restrictive practices in prisons and criminal justice settings. (K)</p> <p><b>14g.</b> Awareness of, and demonstrate, the procedures used to de-escalate potentially dangerous situations. (K/S)</p> <p><b>14h.</b> Be able to identify the need for, and attend, post-incident debrief sessions. (S)</p> <p><b>14i.</b> Report and record all incidents in line with local policies including incidents of abuse, threatening or aggressive behaviour and harm to individuals. (S)</p>	<p><b>14c.</b> Manage shifts to ensure staff are not placed at risk and the security of service users is maintained. (S)</p> <p><b>14d.</b> Apply local guidance regarding restrictive practices and reports use appropriately. (K)</p> <p><b>14e.</b> Work with the wider prison/ custodial team to provide debrief sessions for clinical staff following use of restrictive practices where required. (K)</p> <p><b>14f.</b> Be able to effectively de-escalate situations. (S)</p> <p><b>14g.</b> Provide opportunities for staff to access debrief sessions following incidents. (S)</p> <p><b>14h.</b> Investigate incidents within prison and custodial health services in line with local policy. (S)</p>	<p><b>14c.</b> Provide a source of support and a role model for less experienced staff in the use of de-escalation techniques. (K)</p>	



## Education

### 15. Actively participate in own and others' learning

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>15a.</b> As an independent learner, be aware of own learning needs and methods to meet them, with support through mentoring, coaching and clinical supervision. (K)</p> <p><b>15b.</b> Engage in a culture of continual organisational learning and evidence-based practice. (S)</p> <p><b>15c.</b> Assist the identification and methods to meet the learning needs learning and methods of others you supervise. (S)</p> <p><b>15d.</b> Participate in learning opportunities within the multi-professional team, learning networks and other training providers. (S)</p> <p><b>15e.</b> Educate local people who experience multiple disadvantage to empower them to access services and increase health literacy and confidence to maximise health and wellbeing. (S)</p>	<p><b>15a.</b> Contribute to a culture of continual organisational learning and evidence-based practice. (S)</p> <p><b>15b.</b> Disseminate knowledge to the multi-professional team. (S)</p> <p><b>15c.</b> Contribute to the creation and implementation of learning opportunities within, and beyond, the multi-professional team about inclusion health. (S)</p> <p><b>15d.</b> Contribute to the development of local inclusion health networks and engage in national learning networks. (S)</p>	<p><b>15a.</b> Awareness of own learning needs across the 4 pillars of advanced practice, and methods to meet them, with support through mentoring, coaching and clinical supervision. (S)</p> <p><b>15b.</b> Lead and inspire a culture of continual organisational learning and evidence-based practice. (S)</p> <p><b>15c.</b> Lead and assist the identification and methods to meet the learning needs learning and methods of others supervised. (S)</p> <p><b>15d.</b> Create and disseminate knowledge across the multi-professional team, organisations and sectors about inclusion health. (S)</p> <p><b>15e.</b> Create, implement and evaluate learning opportunities to meet identified needs of the multi-professional team for inclusion health. (S)</p> <p><b>15f.</b> Develop and support local and national learning networks about inclusion health. (S)</p> <p><b>15g.</b> Educate local and regional people who experience multiple disadvantage to empower them to access services and increase health literacy and confidence to maximise health and wellbeing. (S)</p>	<p><b>15a.</b> Awareness of own learning needs across the 5 pillars of consultant practice and methods to meet them, with support through mentoring, coaching and clinical supervision. (S)</p> <p><b>15b.</b> Create and disseminate knowledge across the multi-professional team, organisations, sectors and nations about inclusion health. (S)</p> <p><b>15c.</b> Create, implement and evaluate learning opportunities to meet identified needs across the multi-professional team, organisations and agencies about inclusion health. (S)</p>



## Research

### 16. Apply data, research, and evaluation

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>16a.</b> Collect and analyse data related to health inequalities to inform evidence-based interventions. (S)</p> <p><b>16b.</b> Participate in clinical and operational audits, collecting data and measuring outcomes to evaluate the effectiveness of the service provided, feeding back to senior colleagues. (S)</p> <p><b>16c.</b> Contribute to developing, collating, monitoring and evaluating data relating to service provision and development, quality assurance and improvement. (S)</p>	<p><b>16a-</b> Awareness of the population health needs assessment and its importance in informing practice .</p> <p><b>16a.</b> Highlight areas of unmet need and adverse trends and develop services to address this priority. (S)</p> <p><b>16b.</b> Identify and participate in research and audit to enhance, evaluate and improve care standards for patients. (S)</p> <p><b>16c.</b> Act on feedback from service users to continually improve services and practices to ensure they meet the needs of people who experience multiple disadvantage. (S)</p>	<p><b>16a.</b> Able to appreciate and modify data gathering, where information is incomplete or contradictory. (S)</p> <p><b>16b.</b> Demonstrate an understanding about systematic research methods to facilitate evidence-based practice. (S)</p> <p><b>16C.</b> Able to identify when a population health needs assessment is required and who can support them to undertake it (S)</p>	<p><b>16a.</b> Audit and analyse workforce and community data to inform the development of improvement plans for inclusion services for service users and the workforce. (S)</p> <p><b>16b.</b> Demonstrate an understanding about the concepts of quality improvement and using a methodical approach, including audit and iterative improvement of services, using innovation where appropriate. (S)</p> <p><b>16c.</b> Demonstrate an understanding of the approaches to evaluating services and measuring impact, including the use of outcomes reported by patients using the service. (S)</p> <p><b>16d.</b> Design and lead on research to generate the required knowledge and evidence for practice. (S)</p> <p><b>16e.</b> Awareness of population health needs assessment methodologies (K)</p> <p><b>16f.</b> Able to contribute to co-development of population health needs assessment methodologies to inform their service planning, design and delivery (S)</p>

## 17. Enable service developments and improvements

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>17a.</b> Demonstrate a commitment to service improvement and transformational change for health inclusion populations to reduce inequality of access to services and integrate health and social care. (S)</p> <p><b>17b.</b> Act on the principles of service quality and improvement. (S)</p>	<p><b>17a.</b> Ensure patient engagement from involvement to co-production regarding service planning, delivery and evaluation to improve inclusion services. (S)</p>	<p><b>17a.</b> Ensure that organisational processes and procedures are in place to uphold quality assurance of inclusion services. (S)</p>	<p><b>17a.</b> Develop and maintain organisational processes and procedures to ensure quality assurance of inclusion services (S)</p> <p><b>17b.</b> Lead and enable a culture of continuous inclusion improvement in inclusion, prison and custody health services. (S)</p>



## Leadership and Management

### 18. Provide leadership

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>18a.</b> Take personal responsibility for own performance and wellbeing, planning, organising and prioritising own work and objectives, accounting for local needs and priorities, with occasional support. (S)</p> <p><b>18b.</b> Participate in effective multi-professional teamwork and participate in compassionate leadership. (S)</p>	<p><b>18a.</b> Support and participate in effective multi-professional teamwork and promote compassionate leadership. (S)</p>	<p><b>18a.</b> Able to work independently to plan, organise and prioritise own and others' work, objectives, and development, accounting for regional and national needs and priorities. (S)</p> <p><b>18b.</b> Support and participate in effective multi-professional teamwork and promote compassionate leadership. (S)</p> <p><b>18c.</b> Continuously reflect on one's biases and assumptions for fostering personal and professional growth in becoming an inclusive and compassionate leader. (S)</p>	<p><b>18a.</b> Able to work independently to plan, organise and prioritise own and others' work, objectives and development, accounting for organisational, regional and national needs and priorities. (S)</p> <p><b>18b.</b> Create and lead effective multi-professional teamwork and establish compassionate and transformational leadership for inclusion services. (S)</p> <p><b>18c.</b> Collaborate with colleagues to ensure an effective, equitable, inclusive and positive working environment for the wider team and inclusion service (S)</p> <p><b>18d.</b> Lead the mainstreaming of inclusion and belonging into own organisations and wider plans. (S)</p> <p><b>18e.</b> Undertake the key leadership responsibility for all leaders on inclusion within own organisation. (S)</p> <p><b>18f.</b> Actively engage in personal and professional development to ensure that latest thinking and outstanding practice about inclusion is integrated into all activities. (S)</p>



## Strategy

### 19. Contribute to local, regional and national strategies, policy design and implementation for inclusion, prison and custody suite health

Knowledge and skills			
Essential	Enhanced	Advanced	Consultant
<p><b>19a.</b> Know about local and national health equity and social inclusion strategies. (K)</p>	<p><b>19a.</b> Know about local and national health equity and social inclusion strategies. (K)</p>	<p><b>19a.</b> Contribute to the development, delivery and implementation of own organisation’s strategic inclusion plans and strategies to improve the access and health outcomes of people experiencing multiple disadvantage. (S)</p>	<p><b>19a.</b> Lead on the development, delivery and implementation of own organisation’s strategic inclusion plans and strategies with team to improve the access and health outcomes of people experiencing multiple disadvantage. (S)</p> <p><b>19b.</b> Influence local and national agendas, strategy, service planning and delivery for inclusion services both locally and nationally. (S)</p> <p><b>19c.</b> Apply a range of change management strategies to respond flexibly and innovatively to changing contexts of care and the need for amended service provision for inclusion, prison and custody suite health services. (S)</p>

# Appendices

## Appendix 1 Key Resources

1. [Wales Inclusion Health Programme for Primary Care - Primary Care One](#)
2. [Health and Inclusion Programme Wales-description of services providing Primary Health Care to vulnerable groups across Wales March 2024](#)
3. [Tool 2: Place based Primary care; Inclusion Health Services](#)
4. [Professional development & training - Primary Care One](#)
5. [Directory of Education and Training Inclusion for Health Professionals 2024-26](#)
6. [Draft inclusion health nurse standards for education and practice March 2023](#)
7. [All Wales urgent care practitioner competency framework](#)
8. [All Wales multi-professional musculoskeletal capability framework for primary and community care linked to the HEIW Portfolio guidance for enhanced, advanced and consultant practice in Wales](#)
9. [Prison nurse - HEIW careers](#)
10. Competence Framework Health and Justice Sector (RCN): [health-justice-competence-framework.pdf](#)
11. [HEIW Professional framework for enhanced, advanced and consultant practice in Wales 2023](#)
12. Inclusion Health: Education and Training for Health Professionals END of STUDY REPORT Enterprise Innovation Partnership [Internet]. Available from: [https://assets.publishing.service.gov.uk/media/5a80ef0040f0b62305b8df8c/NIHB\\_-\\_Inclusion\\_Health\\_education\\_Report.pdf](https://assets.publishing.service.gov.uk/media/5a80ef0040f0b62305b8df8c/NIHB_-_Inclusion_Health_education_Report.pdf)
13. Quality and Safety Framework -learning and improving 2021 - NHS Wales leadership portal HEIW 3 D programme [www.gov.wales](http://www.gov.wales)
14. Six Goals for Urgent and Emergency Care – a policy handbook 2021 – 2026
15. Future Generations report 2025 – Health inequalities (P47)- [Future Generations Report 2025 - Future Generations Wales](#)
16. Wales Safeguarding procedures: [Safeguarding Wales](#)
17. Prevent Duty Guidance: England and Wales (2023) Prevent <https://www.gov.uk/government/publications/prevent-duty-guidance>

## Appendix 2 Checklist for Continuing Professional Development (CPD) and reflective notes

### Framework Structure

Areas	Key Capabilities
<b>AREA A</b> Recognise the wider determinants of inclusion, prison and custody suite health	<ol style="list-style-type: none"> <li>1. Acknowledge the wider determinants of health while recognising the potential inequalities that influence health outcomes</li> <li>2. Adhere to legislation, policy and strategies relating to inclusion, prison and custody suite health services</li> <li>3. Recognise how epidemiology impacts on inclusion, prison and custody suite health services</li> <li>4. Awareness of cultural competence</li> </ol>
<b>AREA B</b> Engage with and learn from people who experience multiple disadvantage navigating the healthcare system and multi-professional and collaborative working	<ol style="list-style-type: none"> <li>5. Engage with and learn from lived experience of people who experience multiple disadvantage to inform practice</li> <li>6. Navigate the healthcare system</li> <li>7. Multi-professional working in partnership and collaboration across organisational boundaries</li> <li>8. Advocate for inclusion, prison and custody suite health groups and patients accessing the services</li> </ol>
<b>AREA C</b> <b>Pillars Of Practice</b>	
<b>Clinical Practice</b>	<ol style="list-style-type: none"> <li>9. Communicate effectively within inclusion, prison and custody suite health services</li> <li>10. Practice professionally, ethically and legally in inclusion, prison and custody suite health services</li> <li>11. Recognise and promote evidence-informed and evidence-based care</li> <li>12. Recognise and promote trauma-informed care</li> <li>13. Support the wellbeing of, and undertake the restorative clinical supervision of, inclusion health service staff</li> <li>14. Awareness of personal safety and any potential risks within inclusion, prison and custody suite health services</li> </ol>
<b>Education</b>	<ol style="list-style-type: none"> <li>15. Actively participate in own and others' learning</li> </ol>
<b>Research</b>	<ol style="list-style-type: none"> <li>16. Apply data, research, and evaluation</li> <li>17. Enable service development and improvement</li> </ol>
<b>Leadership and Management</b>	<ol style="list-style-type: none"> <li>18. Provide leadership</li> </ol>
<b>Strategy</b>	<ol style="list-style-type: none"> <li>19. Contribute to local and national strategies, policy design and implementation for inclusion, prison and custody suite health</li> </ol>

<b>Course title / Capabilities</b>	<b>Capabilities covered</b> (you can code using the knowledge or skill number assigned to the capability area or pillar of practice. For example 1a K)	<b>Date Course/ reading/ reflection completed</b>	<b>Summary of your learning and reflections:</b> <ul style="list-style-type: none"> <li>• Why did I choose this course/ activity</li> <li>• What did I learn?</li> <li>• How am I going to apply this learning to my work?</li> </ul>

## Appendix 3 Conditions presenting in patients who experience multiple disadvantage in inclusion, prison and custody suite health services

The following conditions are more prevalently presenting in socially isolated groups, service users and in prisoners. This is not an exhaustive list:

- Hepatitis
- HIV
- Syphilis
- Sexually transmitted diseases
- Latent and active tuberculosis
- Resistant scabies
- Parasitic infection
- Skin infections, abscesses and ulcer management as sequelae of injecting drug use
- Dermatological conditions
- Deep vein thrombosis as a sequelae of injecting drug use
- Septic emboli
- Sepsis
- Diphtheria
- Aneurysms/Pseudoaneurysms
- Subacute bacterial endocarditis
- Hepatic and gastrological diseases including pancreatitis cirrhosis and alcoholic hepatitis
- Tissue viability and wound management
- Hemochromatosis and other genetic conditions
- Alcohol use including harmful drinking
- Alcohol Related Brain Damage (ARBD)
- Substance use, overdose, detox
- Gynaecological issues
- Intimate partner violence and domestic abuse
- Post traumatic stress disorder and other mental health challenges
- Dental abscesses
- Frailty at a younger age comparing to general population

## Appendix 4 : How the Framework was developed

Development of this framework was guided by a Steering Group who provided specialist expertise, knowledge and experience. Membership included people drawn from a wide range of health organisations involved in delivering and supporting inclusion, prison and custody suite health services, including the public, independent and the third sector. A number of additional individuals involved in delivering and supporting inclusion, prison and custody suite health services in Wales, were interviewed and also provided peer review of the framework.

Based on Steering Group and other feedback on the framework further amendments and refinements were undertaken, leading to a final meeting of the Steering Group in March 2025 to agree the final content.

## Appendix 5: Acknowledgements

### Chair

Dr Kerry Bailey, Consultant in Public Health, Public Health Wales

### Steering Group Members

- Adferiad Mental Health and Addiction Support Services
- Betsi Cadwaladr University Health Board
- Bridgend Council
- Cardiff and Vale Health Inclusion Service
- Cardiff and Vale University Health Board - Physiotherapy
- Cardiff and Vale University Health Board
- Crisis
- Cwm Taf Morgannwg University Health Board
- Deep End
- Gwent Drug & Alcohol Service
- Health Education and Improvement Wales
- HMP Berwyn
- HMP Cardiff
- HMP Swansea
- Health Education and Improvement Wales
- Kaleidoscope Project
- NHS Wales Performance and Improvement - Strategic Programme for Primary Care
- NHS Wales Shared Services Partnership
- North Wales Police
- Public Health Wales - Health Protection Programmes
- Public Health Wales - Pharmacy
- Public Health Wales - Primary care division
- Public Health Wales - Screening
- Queen's Nursing Community Institute
- Royal College of Nursing
- Strategic Programme for Primary Care - NHS Executive
- Swansea Bay University Health Board
- Welsh Government
- Facilitator: Skills for Health - The workforce Development Trust

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ISBN 978-1-83766-797-0

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