Agenda – Health and Social Care Committee

Meeting Venue:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom
Meeting date: 28 September 2022
Meeting time: 09.15

For further information contact:
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Committee Clerk
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Private pre-meeting (08.45 – 09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Mental health inequalities: Evidence session with the Deputy Minister for Mental Health and Wellbeing and the Deputy Minister for Social Services

(09.15–10.45) (Pages 1 – 74)

Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing
Julie Morgan MS, Deputy Minister for Social Services
Tracey Breheny, Deputy Director of Mental Health & Vulnerable Groups – Welsh Government
Ed Wilson, Deputy Director, Public Health, Improvements & Inequalities – Welsh Government
Julie Annetts, Head of Autism Policy, Welsh Government

Research brief
Paper 1 – Online advisory group: meeting one
Paper 2 – Mental health inequalities: Engagement summary: Workforce
Paper 3 – Welsh Government

3 **Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting, and from items 1,2 and 3 at the meeting on 6 October 2022**
(10.45)

4 **Mental health inequalities: Consideration of evidence**
(10.45–11.00)

Agenda Item 2

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Welsh Parliament
Health and Social Care Committee

Mental health inequalities

Engagement Summary: Workforce

September 2022

1. Background

1. In January 2022, the Senedd's Health and Social Care Committee launched an inquiry into mental health inequalities in Wales. The Citizen Engagement Team facilitated a series of focus groups with groups of people who were impacted by these issues.

2. During the first phase of the inquiry the Committee gathered a significant body of evidence, highlighting both issues that were more specific to particular groups or communities, and those that may be experienced across the board.

3. One of the key themes emerging from the evidence was the role of the healthcare and wider workforce. This included: awareness across the whole workforce, training needs, joined up working within the health service or with other organisations, and the role of GPs as the 'front door' to mental health services.

4. The Committee asked the Citizen Engagement Team to conduct further focus groups with relevant areas of the workforce to explore their lived experience.

5. This report summarises the Citizen Engagement Team's findings.

2. Participants

6. Alongside committee members and commission staff it was decided that to hear from relevant participants within the workforce we would approach specific organisations who could support us to source relevant individuals.

Organisations:

7. We worked with the following organisations to source participants for focus groups:

- Royal College of Occupational Therapists
- Royal College of Speech and Language Therapists
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Royal College of Podiatry

3. Methodology

8. Between 1 August and 31 August 2022, the Citizen Engagement Team facilitated four focus groups with relevant participants from across Wales. All four focus groups took place virtually, with 29 participants in total contributing to the discussions.

9. The objective of the engagement was to gather the views and lived experiences of people from relevant areas of the healthcare and wider workforce in Wales.

10. The format of engagement was largely comparable between sessions but varied slightly to meet participants' needs. Some focus groups were attended by members of the Committee and the senior researcher for the inquiry.

11. Participants were asked to discuss the following:

- How well is the workforce able to meet the mental health needs of diverse communities?
- How well-equipped staff are with training to recognise and meet diverse needs?
- Do you feel as a workforce that you are meeting people's broader needs?

- Is there a focus on prevention and promoting good mental health rather than just treating mental health problems?
- What are the barriers to more effective working (e.g., structures/systems)?
- What are the mental well-being needs of the workforce itself?
- What else is needed to address recruitment and retention challenges?

4. Key Themes Emerging

12. There were key overarching themes that emerged during the focus groups – notes from each session are available on request.

Role of the workforce

13. During all focus groups there was an in-depth discussion around the role that the workforce played or could play in supporting the mental health needs of diverse communities.

14. Many people spoke about the wider health and social care workforce being at a crisis point and unable to cope with the increasing demand which, in turn, led to poor results for patients:

> *"What the nurses are telling me is that we are in a crisis situation and that we haven't got a workforce that can cope with the demand. There's been a lack of investment, a lack of support and people are talking about it in very generic terms and that isn't going to address the needs of people with severe mental illness."*

> *"I don't know if any of you have been in your local A&E recently. I go in there quite regularly and it's absolute chaos at the moment. It's like the opening scenes of 'Saving Private Ryan' in there, and when I was in Cardiff yesterday, it looked like something in the depths of a bad winter crisis, which, given that it's August, leaves me rather worried about what it's going to be like when we're actually in winter – how will the workforce react to that? It's a crisis. Imagine being a 16-year-old in a mental health crisis has to go there…"*

> *"There are no beds and so patients are being sent home when they are high risk. I don't think there's enough airtime given to the seriousness of what the workforce is trying to contend with out there right now and people are quite*

frightened. They feel it's unsafe and the demands that the changes to the Mental Health Act are going to have are going to further put pressure on the workforce. We know that there is going to be an increased need for responsible clinician roles and approved clinicians. And yet we haven't invested in these roles"

15. There was also a clear theme emerging that certain areas of the workforce, in particular allied health professionals, felt that their roles were not always understood within the wider workforce. This caused frustration, as well as meaning that patients were not getting timely interventions.

"As a profession, speech and language therapy isn't always understood but has a huge contribution to make to this population. I mean, we know people who've got challenges with their mental health, have significant communication deficits, and there's a lot of evidence and research around that – I think the lack of knowledge plays a big role in our lack of ability to input at the right time when people need us"

"There is a limited understanding of OT [occupational therapy] in some leadership settings in Mental Health. This significantly impacts the ability to develop clinical pathways and the workforce. We need to be right at the beginning of people's journeys. The workforce is competent but not in the right place"

"Occupational therapy is still predominantly accessed through secondary and tertiary services and tends to focus on individuals, rather than on populations. Access to occupational therapy services needs to be early and easy, across the lifespan, preventing the development of long-term difficulties and addressing some of the wider social determinants of health. Services should be both universal across all aspects of life, and targeted - shaped and placed according to the needs of local population groups"

16. Some participants were very clear that there was a lack of recognition for the work that they did. This wasn't pinpointed at particular organisations but rather spoken about in broad terms.

"Managers don't want to spend money. Commissioners don't want to spend money; they want to save money. So as soon as you start saying, well, this is going to cost you, you either have to be very clever and say this is the cost-

saving which is very hard to quantify or it's a closed door. The recognition isn't there"

"We've talked about the value of the workforce and us feeling undervalued. I think there is a shift towards valuing Co-production and self-management anyway. And I think there is an issue possibly for us to take the lead in that because it's so consistent with the philosophy of Occupational therapy anyway and the whole philosophy about Co-production."

"I would appreciate more recognition in the profession from the lead mental health workforce planners where I don't think that is there at the moment. But I would like to see that kind of recognition everywhere. Welsh Government stuff, HEIW (Health Education and Improvement Wales), all of those areas. I think we need to be kind of pushing say what we can do as a workforce and where we can support and offer variety and enable the wider mental health workforce to meet a diverse range of needs, which you will do better with a more diverse workforce"

Workforce wellbeing and retention of staff

17. Another issue that emerged during discussions was the poor well-being of the workforce in general. It was felt across the board that wellbeing was seen as a 'tick box' exercise and much more needed to be done to support it.

"Our workforce, the whole NHS workforce is creaking under the strain of having gone through COVID. Managing and supporting the wellbeing of the workplace I think is a key issue for the NHS and it needs urgent solutions."

"I think we're quite good at wellbeing within OT because we provide, really good access to supervision and support. I feel like I've been taken care of and that I've got an opportunity to speak to my manager. But I know that my nurse colleagues just don't feel like that"

"Nursing has got such bad press at the moment, so nobody wants to come, there's so much that needs to be looked at, right from the structures of how we train our staff and then into the organisations and what is there within the organisations to support our staff"

18. The cost-of-living crisis, challenging and sometimes traumatic work circumstances and issues with pay structures were all mentioned as being key issues which contribute to the poor wellbeing of the workforce as well as causing issues with recruitment and retention of staff.

"With regards to the mental health and wellbeing needs of the workforce itself. I think a lot of it is fairly straightforward stuff. Decent pay and decent working conditions. Specific services like counselling and wellbeing services have their place, but they shouldn't be used as a sticking plaster for not having a well-functioning, well-supported workplace. It's no good sending somebody working in a toxic workplace to a counselling service"

"I've got people wanting to leave community posts to go and work in specific sites so they don't have to travel or there might be a way they can get to the hospital, so they haven't got to run a car. I dread to think about the wider impact that energy bills will have on our workforce in the winter"

"In terms of recruitment – it's hard – I think it's the level of behaviour and distress you see in these roles. The job isn't for everybody – I have had people apply and then admit they are out of their depth. In terms of students, I think they can be scared of coming on placement, they need reassurance and it's a wider issue"

"We're never going to recruit and retain anyone when staff are constantly saying I can work, earn more working in Aldi's and not have half the pressure of what I'm having to deal with. So how are we going to attract people to make it look as if this is still a great career, which I believe it is"

19. Although participants were keen to point to the issues that affected the workforce's well-being and ability to recruit and retain staff, several people were also keen to point out the positives of working within the NHS. The need to sell these positives to potential workers alongside acknowledging the difficulties of the role was mentioned on several occasions.

"Despite all the doom and gloom that we mentioned, I must point out that nursing is still a fantastic profession to be in and I work in CAMHS (Children and young people's mental health services). How many terrible headlines have you heard about CAMHS? But right now, I find CAMHS to be a really exciting place to work. There's a lot of service development going on there"

"We do need to highlight all these issues around pay conditions and so forth, but do we also need to be selling those positives as well and selling the idea of nursing, that this is still a very exciting and very rewarding career"

"I love my job and it needs to be highlighted how rewarding it is, but it's not for everyone. This needs to be recognised if we are going to improve. This

doesn't just apply to speech and language therapy, it's for all staff working within mental health. There used to be a recognition of how difficult it is and how much toll it takes on. I'm in my 60s now and I've still got to work longer hours and with difficult situations supposedly, but I can't deal with this level of challenge at my age now, so there is a bit of a life span and the people who are older in the service they struggle to cope with the demands. You get burnt out and that needs acknowledging"

Training

20. The training needs of the workforce and the lack of focus given to this area were discussed thoroughly in all focus groups. It became apparent that lack of time played a big factor in the workforce being unable to complete training that would be crucial to support diverse communities.

"Our members struggle to do their mandatory training – it would be a luxury if they were given 20% CPD time like some medical colleagues. We all have certain standards we have to meet, but we need the time to do extra training. Why can't we lead it as well? OTs know the whole person and can work to specific needs"

"I think the workforce pressures are such now that those sorts of training opportunities just don't exist anymore because you can't release enough people on a day-to-day basis to be able to attend things like that, even though they are crucial to the development of the workforce"

21. It was clear in discussions that staff felt like more training was imperative for the development of the workforce to be able to meet the needs of diverse communities.

"So, I think if you were to ask, you know, staff, how do you feel? How well equipped are you? I think they'd all say they would benefit from access to more training to be able to better support our patients and their families"

"I would relish more training from a mental health perspective – in palliative care, we don't have psychologist support so where do we get that support? Because they are end of life, the main problem is seen as the end-of-life care, not their mental health, but their mental health has such a profound impact on their end-of-life care"

"We do also see quite a few people from marginalized communities. For example, we see a lot of young transgender people and I do think we are

getting better in terms of the way we respond to gender identity. Do we always do it well all the time? Not necessarily. You know, we've had a young person who's from that community quite recently, and it highlighted how little awareness we have of the cultural issues within that particular community. So, in terms of training needs, I think that would probably highlight there are areas we are lacking when working with these communities."

22. There were also discussions around the need to tackle training more dynamically with more of a focus needed on supervision structure and professional accountability. And while mental health training could be improved for all clinicians, there's still a need for more specialist roles. For example, you'd have a mental health nurse rather than a community nurse in place to support someone's mental health.

"How can we embed and support in a more dynamic flexible way? I've had experiences of running training days and staff don't use those skills for another six months because they don't have admissions with those needs. So, you've kind of got to go back and revisit that and support in situ and in the moment, and having the resource to be able to do that is what's needed to have really positive outcomes for individuals"

"I think all speech and language therapists need to improve their mental health literacy across the board but there are roles which are specialist mental health services. You wouldn't have a community nurse supporting somebody with mental health problems. You'd have a mental health nurse supporting somebody in the community. And it's the same thing whereas people just think I'll just refer someone to SLT, and it will all be fine"

Prevention and early intervention

23. Several participants, in particular, SLTs and OTs spoke about the need to flip the current model so that more resources were available on the preventative side of a patient's journey. There was also frustration that some successful projects which looked at prevention were not rolled out across the country.

"I don't think there is a focus on prevention at the moment. I think we are too far back in secondary care. There are some really good projects that have happened where we can kind of do some of that preventative work, and get involved earlier on in the process, but they're not universally taken up. So, I

think there's a lot of successful work out there that for some reason just isn't rolled out"

"I mean obviously, it's (prevention) a direction that they want us to go in. It's just it's very challenging without any extra resources to flip your service around the preventative end of the service. Ultimately as we stand today, we don't have enough SLTs in primary care – and until those changes..."

24. An area that was discussed in great detail around prevention was the need for more education and focused programmes within schools and communities. Several participants mentioned the need for early intervention work with at-risk children.

"I would say this as a CAMHS nurse, but I think that the focus has to be on childhood, particularly, reduction of child poverty, having robust set child safeguarding, having good wellbeing support in schools, almost taking a public health approach because the less adverse childhood experiences"

"I think that the early intervention prevention thing just doesn't happen at all. Prevention is about that whole community support, a whole public health message. More needs to be done in schools, in the local community, in libraries, in our social services - it's how we look after ourselves and you know, what's been great to see over the last few years is the destigmatizing of asking for support. So, I think again it's a really big task for the Welsh Government, not just for the NHS, to support that prevention and early intervention agenda"

"I think there should be a focus on prevention and promoting good mental health but it's about having the right workforce, isn't it? One that isn't under pressure all the time, that has opportunities, I think for, you know, timeout and team building and building resilience"

Structures and Systems

25. A lack of investment in the workforce and wider funding were issues which arose frequently during the discussion. Several participants pinpointed the issues around investment as a clear barrier faced by the workforce when trying to progress.

"When you're talking about structures and systems, when you talk to mental health and nurses, again - what we've been hearing a lot is how there's been a lack of investment into mental health, nurse training, education. So, whereas we had significant departments previously and there would be a

focus on the work of mental health nurses, again, that's become far more generic"

"I think it must be 10 years since the minister asked for the spot checks of older persons, and mental health services, which was quite a damning report which found the environments of care outdated and there were lots of recommendations that the staffing levels were very poor. But if you go and talk to these nurses, nothing changed in all of that time. There is still not been an investment as it should be in the older adults' mental health services"

26. The lack of suitable facilities to treat patients was another source of concern, as well as the opportunities out there for more community solutions. This included a need for more services to be in community settings (incl. e.g., empty high street shops), not just in specialist, clinical settings which would enable more patients to seek support.

"Facilities are another thing. It makes me laugh when it's said consistently, we are going to have equal access to physical and mental health – then you rock up to a mental health building to a decrepit building not fit for purpose"

"Services should be both universal across all aspects of life, and targeted - shaped and placed according to the needs of local population groups"

"We should be out in the community, in town centres, using spaces that are just abandoned. Using community settings like this would make such a difference in my opinion for patients who are looking for support"

27. The need for more joined-up working, and more flexible services for patients was mentioned during focus groups. Several participants mentioned that patients often get bounced around services where mental health support might not be accessible.

"It's about enabling that whole workforce to work with that individual. Someone might think 'I would just refer to speech therapy and its job done but actually there are so many things to enable that workforce whether that's mental health nurses, psychology, psychiatry to manage that person's day-to-day communication or eating and drinking problems. There's so much support we need to be able to offer them that you have to work within the system. It comes down to the need for more joined up working"

"Structurally the biggest issue of concern for me is sick 16 and 17-year-olds, particularly crisis service for 16 or 17-year-olds because they do fall between

the gap and not only are we looking for an adult bed for them, but they have to go to the adult A&E. We need more joined up and flexible services"

"It feels like people get fit into boxes all the time and depending on their primary diagnosis can be passed around services. Services need to be less siloed as it's not a good experience for patients currently to be bounced from one service to another"

Social prescribing

28. Social prescribing and community solutions were discussed in detail during all of the focus groups. Some participants were concerned that social prescribing was seen as a 'magic bullet' by Welsh Government and whilst most participants agreed it was an important part of the system, some were wary of the focus being put on it as a main solution.

"I worry that social prescribing could become a 'cheap' alternative to employing OTs in primary care and third sector"

"Social prescribing, I get concerned when politicians talk about it like it's some magic bullet to solve all things about prevention and stuff. It's a tool and it's a useful tool there. But it's a non-Med closed approach and it needs to stay a non-Med closed approach as well. So, knowing there is a big focus on it does slightly worry me a without the lack of governance and where they fit into the process."

"If you really want to look at that prevention then get out in the community and get help by finding them instead of them trying to come to us. Open access is a very middle-class solution to be honest because your average working-class man wouldn't come into a service, you have to go and find them."

5. Groups of extra concern

29. During the focus groups, several participants mentioned particular groups of people that were of particular concern to them currently. Participants acknowledged that while the list of audiences experiencing mental health issues was vast, there was a clear need to focus more attention on specific areas of the population.

- Prison Population
- 16-18 year-olds

- Transgender people
- Older people
- Young Parents
- People suffering from substance misuse

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

Llywodraeth Cymru
Welsh Government

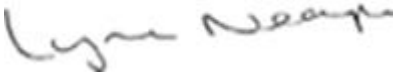
Russell George MS, Chair
Health and Social Care Committee

22 September 2022

Dear Russell,

Please see attached our response to the Inquiry into Mental Health Inequalities scheduled for 28 September.

Yours sincerely



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

Written Response by the Welsh Government to the Health and Social Care Committee Inquiry into Mental Health Inequalities

The Welsh Government recognises that the causes and consequences of mental health and well-being inequalities are complex and cut across a number of Ministerial portfolios. The importance of effective cross-government working in this area is key and there are a range of mechanisms to support this. Our cross-government strategy Together for Mental Health, published in 2012, recognised the importance of the wider determinants of mental health and that we need to ensure that mental health support is embedded across policy areas. For example, there are a number of cross-government working groups or plans focused on key issues such as housing, employability, poverty and equalities that will have improving mental health as a key objective. The Welsh Government has sought to support improved mental health as a key Programme for Government cross-cutting theme, as illustrated by the approach taken to the recent Welsh Government budget whereby departments were expected to assess the impact of spending proposals on mental health & well-being. Some groups within our societies can be at greater risk of poor mental health and we therefore target activity with at-risk groups alongside population level activity on the determinants of good mental health.

1. Mental health and society: the wider determinants of mental health, and the role of society and communities in promoting and supporting mental health.

We aim to improve mental health and well-being by reducing inequalities through a focus on strengthening protective factors. There is a specific focus on this approach as part of the current Together for Mental Health Delivery Plan for Wales. This was a particular focus when we refreshed the plan in October 2020 as we strengthened those areas that are protective for good mental health. This is underpinned by a range of commitments being taken forward across different Welsh Government departments, such as improved access to financial inclusion and advice services and programmes that support people with mental health conditions into employment or to remain in work. This work is monitored through the Welsh Government's Mental Health and Substance Misuse Programme Board. Membership of the Programme Board includes officials from relevant Welsh Government Departments.

Examples of activity to address some of the underlying causes of mental health inequalities include:

- **Supporting income security**: Welsh Government has invested significantly in a range of policies and programmes to promote prosperity, and to prevent or mitigate poverty. These efforts have become all the more important in the context of the cost-of-living crisis. Since November 2021, we have announced £380m funding to help Welsh households manage the cost-of-living crisis. Our 2021/22 Winter Fuel Support Scheme offered a one-off £200 payment to support households with their fuel bill. Funding has been allocated for a further scheme with expanded eligibility for 2202/23. £152m of the package has been provided to fund a £150 cost-of-living payment to all households living in properties in council tax bands A to D, and to all households who receive

support through our Council Tax Reduction Scheme, irrespective of which council tax band their property is in. A further £25m is available to local authorities to provide discretionary schemes to help with the cost-of-living. They can target this additional funding to help households in their areas who are struggling with their living costs. Working collaboratively with local authorities in Wales, we have developed and published a Best Practice Toolkit which identifies 'what works' in helping to simplify and streamline the application process for devolved benefits, making them more accessible**.** We have also worked across government to ensure that information and advice on mental health support is embedded in debt advice.

- **Improving living conditions.** As an example, we are investing over £180 million over three years through the 'Housing with Care Fund' to provide specialist housing, as well as a range of intermediate care accommodation in the community. The investment is delivered in partnership between local health boards, local authorities and housing associations. The beneficiaries are people with higher care needs, including older people, people with dementia, people with a learning disability or other neurodevelopmental conditions, people with mental health needs, and children and young people with complex needs. We are supporting specialist housing for people with care needs, providing an enabling environment for improved health and well-being.

- **Improving access to health and well-being services.** An upstream focus has been to reduce the stigma of mental health and encourage people to talk about their mental health and seek support when necessary. The Welsh Government has recently confirmed a further three years of funding for Time to Change Wales, the campaign to end mental health stigma through a collaboration between Mind Cymru and Adferiad-Recovery. Phase 4, running from 2022-25, will have a focus on tackling stigma amongst our BAME communities and communities with higher levels of deprivation, where we know mental health inequalities exist. We have streamlined access points into mental health services. Section two below sets out more detail on community support and the work being done to support access to community well-being services. More broadly, we are also investing £180 million over three years in integrated health and care centres in the community, and £145 million of revenue funding each year to support health and social care integration and implementing new models of care.

- **Promoting good employment.** Employability is a key part of the wider determinants of mental health inequality, and this is recognised through several Welsh Government programmes, as highlighted in Stronger, Fairer, Greener Wales, a plan for employability and skills.

  Two European Union funded schemes are to be fully funded from this year by the Welsh Government as EU funding is withdrawn. The European Union funded Out of Work Service ended on the 31 August 2022, and a successor scheme, funded by the Welsh Government, will continue to support people recovering from mental ill-health and/or substance misuse who are aged 25 and over and long-term unemployed, or economically inactive, or people aged 16-24 who are Not in Education or Employment (NEET).

The EU funded In-Work Support Service ends on 31 December 2022 and will be fully funded by the Welsh Government from January 2023. The service provides rapid access to occupational support for people with mental and physical health conditions who are at risk of becoming absent from work due to a mental or physical health condition, and those on a sickness absence to return to work more quickly. The current service is delivered in North Wales and South-West Wales, but the new, fully Welsh Government funded service will be expanded to an all-Wales service from January 2023.

The Healthy Working Wales (HWW) programme aims to support and encourage employers to create healthy working environments, take action to improve the health and well-being of their staff, manage sickness absence well and engage with employees effectively – all of which can help to achieve a range of positive business and organisational outcomes. This service is delivered by Public Health Wales on behalf of the Welsh Government and seeks to promote communication and open conversations by raising awareness of health and well-being issues and reducing stigma.

As noted above, we are also focusing activity on improving the health and well-being offer of particular groups or populations at risk of poorer health outcomes. As an example, Welsh Government is piloting a Basic Income for care leavers. Starting in the summer of 2022, care leavers who reach their 18th birthday between 1 July 2022 and 30 June 2023 will each receive a Basic Income payment of £1280 per month (£1600, pre-tax) for a duration of 24 months from the month after their 18th birthday. Basic Income is a direct investment in this group of young people, giving them the space to thrive whilst securing their basic needs. The Basic Income will look to support care leavers to achieve a successful transition into adulthood with an objective to reduce their vulnerability to poverty and their likelihood to experience issues such as homelessness, addiction, and mental ill-health and improve / enhance their general well-being.

The Anti Racist Wales Action Plan highlights that we have established a joint task and finish group with the Wales Alliance for Mental Health which is looking at ways to improve access to, and the quality of mental health support and services for, Black, Asian and Minority Ethnic people. Recognising the unique needs of asylum seekers, refugees and migrants, we have also separately established a task and finish group (chaired by the Wales Strategic Migration Partnership and Traumatic Stress Wales) to develop proposals to address the unmet mental health needs of these people. We have also provided additional funding to Diverse Cymru to support the delivery of their cultural competency scheme across Wales. Alongside this, Time to Change Wales (TtCW), our programme to help people to talk about mental health and to end discrimination, has appointed Ethnic Minorities Youth Support Team Wales (EYST) as a delivery partner to focus on issues facing Black, Asian and Minority Ethnic people.

One of our goals is that Black, Asian and Minority Ethnic people will have confidence that action is being taken to address health inequalities, and that their voice is heard in shaping decisions which affect them. As part of the successor arrangements to Together for Mental Health we will look to further support key actions that are being taken forward (in relation to mental health) to ensure the needs of Black, Asian and

Minority Ethnic people are considered when developing new strategies and legislation for Mental Health.

Health officials are also reviewing the recent consultation responses to the 'Improving Health Outcomes' chapter of the LGBTQ+ Action Plan.

2. Community solutions.

Our communities, be they our local environs or a community of people to which we belong, have an enormous potential to support our mental as well as physical well-being.

In 2020, the Welsh Government launched the Connected Communities Strategy, which aims to build community connections and tackle loneliness. We continue to make good progress in implementing 'Connected Communities' and will publish the strategy's first two-year progress report later this year. The strategy focuses on increasing and promoting opportunities for people to connect and highlights the positive impact on mental and physical health of being active, feeling part of a community and volunteering.

Tackling loneliness and social isolation, fostering social networks and engaging and participating in our own community are important for reducing inequality in mental health. One way to encourage this is through social prescribing, which in essence seeks to connect people to assets in their own communities, in turn allowing them to better manage their health and well-being. There are some examples of excellent practice across Wales, from Wrexham to Pembrokeshire, where a link worker or community connector engages with individuals to understand what could work for them and then support them to engage with appropriate community-based activities, in a non-medicalised way.

Our Programme for Government commits to the creation of a national framework for social prescribing. The framework does not seek to dictate how these services should be delivered in individual communities across Wales, but instead to support their development and identify where the Welsh Government can best add value on a once for Wales basis. The Deputy Minister for Mental Health and Well-being has chaired a task and finish group that has engaged with a wide range of stakeholders to design a draft Welsh model and framework, which is currently out for consultation. The consultation opened on 28 July and will end on 20 October. It can be found here

During the task and finish group, many groups raised the challenges posed by short-term funding settlements, making it difficult to embed the sustainability of community assets and the staff that support them. As of April 2022, the Regional Integration Fund (RIF) has allowed bids for a longer, five-year period, giving successful projects longer term assurance. One of the models of integrated care under the RIF is 'Community Based Care – Prevention and Community Coordination'. Examples of support under this model of care can include those that help people connect with services and well-being opportunities in their community that help them stay well and help prevent the need for higher level health and social care services including admission to hospital. For example, this could include social prescribing services, community level well-being

and self-care opportunities, re-connecting people to their own social networks, befriending, information and advice, and community connector/navigator services.

3. The impact of mental health inequalities on people with neurodiverse conditions:

On 6 July in a Written Statement on Improvements to Neurodevelopmental Condition Services, the Deputy Minister for Social Services published the summary outcomes of the independent Review of the Demand, Capacity and Design of Neurodevelopmental Services and announced a new three-year improvement programme backed by £12m up to March 2025. To support the programme for neurodevelopmental (ND) services in Wales, the Delivery Unit (NHS Wales Improvement and Monitoring) have been asked to develop mechanisms for assurance and oversight which will also include the interface between MH and ND services.

4. Role of the healthcare and wider workforce

The Minister for Health and Social Services issues statutory directions to the NHS each year via the NHS Planning Framework. The NHS Wales Planning Framework is issued each autumn and sets out the ministerial priorities against which the NHS is expected to plan. The Framework for 2023-26 is expected to be issued in October. The Framework directs the NHS to work collaboratively and in partnership across NHS and care boundaries to deliver the right care and support for patients, including social care, primary care etc.. Reducing inequalities is central to how NHS organisations and partners must operate. We hold them to account on the work they are undertaking to tackle inequalities across their areas of responsibility, as part of our regular scrutiny and engagement with Health Boards and NHS bodies. This will be further strengthened with the establishment of an NHS Inequalities group, co-chaired by the Chief Executive of Powys Local Health Board and the Welsh Government's Director of Health and Wellbeing, which will begin meeting later this year.

The Welsh Government also commissioned Social Care Wales (SCW) and Health, Education and Improvement Wales (HEIW) to develop a mental health workforce plan, which includes NHS, local authorities and the voluntary sector. Following extensive engagement with stakeholders, HEIW /SCW have now submitted the final costed plan to the Welsh Government to consider formally, and we will be providing a response to HEIW / SCW in due course. We understand that the Committee has received a written response from HEIW and Social Care Wales outlining progress on the development of a new Mental Health Workforce plan for Wales, including how the Plan will address mental health inequalities as highlighted during the Committee's inquiry.

5. Overcoming silos and barriers.

Programme for Government

Cabinet is responsible for the overall strategic approach to the government's programme, ensuring cross-portfolio input and half termly monitoring of progress. In addition, there is a monthly Programme for Government Cabinet Sub-Committee, which provides more direct oversight of the delivery of Programme for Government

commitments, with a particular focus on those commitments which are cross-cutting in nature.
Our Programme for Government takes a cross Government approach to tackling inequalities and improving the outcomes of vulnerable groups. Specific commitments in our Programme for Government include: delivering better access to doctors, nurses, dentists and other health professionals; reforming primary care – bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector; prioritising investment in mental health; prioritising service redesign to improve prevention, tackle stigma and promote a no wrong door approach to mental health support; the roll out child and adolescent mental health services 'in-reach' in schools across Wales; and introducing an all-Wales framework to roll out social prescribing to tackle isolation.

Improving mental health and well-being and reducing inequalities through a focus on strengthening protective factors also remains a specific priority in our Mental Health Delivery Plan for Wales. This priority is underpinned by a range of commitments being taken forward across different Welsh Government departments, which are monitored through the Welsh Government's Mental Health and Substance Misuse Programme Board. Membership of the Programme Board includes officials from relevant Welsh Government departments.

Cross-Government working and the focus on reducing inequalities is also being taken forward through governance arrangements for delivery of the Anti-Racist Wales Plan. The Anti-Racist Wales Action Plan Internal Support and Challenge Group includes a specific focus on mental health and supporting better access to mental health services among minority ethnic communities.

Welsh Government officials have established a Mental Health Ethnic Minorities task and finish group, which is jointly chaired by the Wales Alliance for Mental Health. Welsh Government officials leading on policy areas that contribute to this priority have also attended the task and finish Group – with the view to ensuring early engagement, and addressing the barriers faced by minority ethnic communities.

There is also cross-government working to support developments such as the Trauma Informed Wales Practice Framework published by the ACEs Hub and Traumatic Stress Wales, and the NEST / NYTH Framework. The Trauma Informed Wales Practice Framework has been developed to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales. The NEST / NYTH Framework is a planning tool for Regional Partnership Boards that aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales. All RPBs now have a focus and a plan specifically for children's provision and are actively making changes towards a 'no wrong door' approach, with governance structures in place dedicated directly to children's issues.

6. What is the Welsh Government doing to identify and address barriers to joined up working between health, social care and other public services.

Our new Programme for Government includes commitments to further strengthen integration and regional working. Our Regional Integration Fund (RIF) builds on the success of the Integrated Care and Transformation Funds in supporting the development of a number of preventative and integrated services.

Our new Programme for Government includes commitments to further strengthen integration and regional working. As previously mentioned, our Regional Integration Fund (RIF) builds on the success of the Integrated Care and Transformation Funds in supporting the development of a number of preventative and integrated services. This five-year fund provides a real opportunity to accelerate, embed and mainstream them within an integrated health and social care system. Projects funded through the RIF Promoting Good Emotional Health and Well-being Model of Care have a focus across the lifespan and the priority population groups including, for example:

- The role of unpaid carers' breaks in promoting emotional resilience (West Wales RPB).
- West Glamorgan RPB is focusing, through one of their projects, on investing in the voluntary sector to provide support to individual and groups with emotional health and well-being needs as well as projects for priority population groups (e.g., learning disabilities).
- Befriending Services are being developed by Powys RPB to reduce loneliness and social isolation and promote improved emotional well-being.
- North Wales RPB is extending the iCan model which looks to implement a more integrated system and culture to effectively respond to acute mental health needs and to avoid crises. New strands being funded through the RIF are, for example, training and development, community support activities and developing the role of Community Well-being Officers.
- Cwm Taf Morgannwg RPB is focusing on developing a Resilient Families Service which will provide ongoing community-based support and interventions for families to engage, participate and contribute to reduce the need for crisis mental health interventions.

Cardiff and Vale RPB, similar to Cwm Taf Morgannwg, has a focus on prevention and well-being for children, young people, and families.

Data and modelling

7. How the Welsh Government and NHS Wales assess the level of unmet mental health needs in Wales, including people who have presented to health services and are on waiting lists, and people who have mental health needs but who have not yet presented to health services.

Over the period of the pandemic, we routinely monitored a range of surveys and information in Wales and from across the UK to understand how Covid-19 and the restrictions have impacted mental health and well-being. We also review the available data through the Mental Health (Wales) Measure to assess what any changes may be

indicating, and work with our NHS colleagues to consider what is 'happening on the ground'. These collective findings have shaped our recent mental health policy response, for instance the strengthening of open access provision and wider work across government.

In addition, over this period, our Knowledge and Analytical Services team and the National Collaborative Commissioning Unit undertook a piece of work on mental health demand, which underpinned our successful bid for extra mental health resources in the Welsh Government Budget.

We will continue to develop this approach as part of our work to develop the successor to Together for Mental Health Strategy and will be informed by the independent evaluation of the strategy that has been commissioned.

8. The Welsh Government's modelling indicates the level of unmet need to be, and what assessment has been made of the financial and staff resources required to respond to such needs.

As referenced in section four, the Welsh Government commissioned Social Care Wales (SCW) and Health, Education and Improvement Wales (HEIW) to develop a mental health workforce plan. This plan considers, from the data available, what we need to put in place to ensure a stable and sustainable mental health workforce.

Since the pandemic we have strengthened our response to tier 0/1 provision which is open access support to meet increased demand. Within the context of greater demand for services across the population it is vital that all additional investment is targeted to meet evidenced need and – crucially – avoids duplication. We have therefore undertaken a comprehensive mapping exercise across primary care to better understand gaps in support in relation to mental health and enable us to better target support to meet individual needs.

Our policy aim remains to work 'upstream' to prevent those with a mental health related need requiring specialist care whilst at the same time improving access to specialist care when that is clinically needed.

9. What assessment has been made of the costs of failing to meet such needs.

As we develop the successor to Together for Mental Health we will be undertaking a comprehensive review of mental health services and well-being support. This work will be informed by the independent evaluation commissioned from ORS. The draft of our successor strategy will be subject to formal consultation and impact assessment.

10. What work the Welsh Government has done on the relationship between unresolved trauma and addiction (including substance misuse), and whether any assessment has been made of the costs to the NHS and other public services of addiction that is linked to unresolved trauma.

Taking a trauma informed approach to supporting people and improving health outcomes is a priority for the Welsh Government, in line with the recently published Trauma Informed Wales Practice Framework.

In addition, the WG spends over £60m annually to support substance misuse services with our 7 Area Planning Boards expected to assess local need, including those affected by trauma resulting in substance misuse”

11. Please provide an update on the mental health core dataset, including when it will be available, what it will contain, whether it will include demographic data (including information about socioeconomic disadvantage), and how it will ensure a focus on outcomes rather than outputs

The draft core mental health dataset has been impact-tested with health boards and we are considering the report. We have strengthened programme arrangements and we will be providing a timetable shortly on how this work will be delivered over the coming months. This will be shared with our stakeholder groups. I can confirm that it will include demographic data and will include a focus on outcomes; however this work will be phased over time.

Training for health boards to strengthen the recording and use of individual patient outcomes data continues, although this has also been delayed. This work will support health boards to adapt services to improve patient outcomes.

Alongside this, the University of South Wales has been commissioned to work with health boards and other stakeholders to develop outcome measures for mental health services.