



Llywodraeth Cymru  
Welsh Government

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

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

A handwritten signature in black ink that reads "Lynne Neagle". The signature is written in a cursive style.

**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.