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Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
Senedd Cymru

6 March 2025

Dear Russell,

I apologise for not attending the Health and Social Care Committee's Draft Budget scrutiny session on 16 January. Thank you for your questions, which I have answered in the order you sent.

Mental Health

Q1 The new *Mental Health and Wellbeing Strategy* and the *Suicide and Self-Harm Strategy* are being developed in the current financial context and 2025-26 Budget – we do not have a budget or indicative spending plans beyond 2025-26. As such, they will provide direction to the wider health and care system, and to partners, about how resources can be targeted to support good mental health and to prevent suicide and self-harm.

Our overarching aim is to improve access to mental health services, throughout the life course and to provide services, which are person-centred, and needs-led. This will be achieved through different models of evidenced based care with a focus on earlier intervention. Further details will be included in the final strategies, which are due to be published in the spring.

We have set out clear expectations in the NHS planning guidance to develop mental health services and, as part of the work to deliver the strategies, we will be developing quality statements for mental health to drive service transformation. The NHS Executive has already developed a service specification for child and adolescent mental health services, which is designed to reduce the variation we currently see across Wales.

We invest in £2.2m annually in the NHS Executive to develop a Strategic Programme for Mental Health and a Patient Safety and Suicide and Self-harm Programme. This provides dedicated resource to NHS Wales to drive improvements in performance, quality and safety. This work will continue to support health boards to meet waiting time standards on a sustainable basis and to reduce variation.

Q2 The ring-fence acts as a spending floor beneath which health boards should not drop. We are also clear that where efficiencies have been made, it is expected that these are reinvested in mental health services. No health board has failed to meet this minimum investment.

Q3 The new *Mental Health and Wellbeing Strategy* is being finalised so has not been published yet. However, we have published the consultation summary report, which confirmed there has been broad support for the draft strategy. The draft strategy gives a clear view about our current priorities and the focus on prevention, earlier intervention and more joined up, seamless mental health provision. The draft strategy and consultation summary are available [here](#).

The final strategy and delivery plan will provide further details about how this will be implemented. The priorities in the strategy have already informed the Strategic Programme for Mental Health, which aims to improve the quality and access to mental health support and reduce variation between health boards. It includes a patient safety programme, which will initially focus on improving inpatient provision.

Q4 Officials meet with health boards every month to monitor the quality and performance of services, including CAMHS. Health boards have trajectories and plans to improve mental health services. We are seeing good progress in reducing waiting times for CAMHS.

We are developing a series of service specifications – as referred to in the answer to your first question – CAMHS will be prioritised. These will set out the core service offer, principles, access requirements and response times, which will provide a template against which health boards are monitored. The CAMHS specification has been finalised, and health boards have been benchmarked against it. Health boards are now developing improvement plans to achieve the specification and the NHS Executive will monitor progress. The *Mental Health and Wellbeing Strategy* will also set out expectation for improved data across mental health services so we will have a wider set of metrics to inform future financial planning exercises.

Children's health

Q1 Children's health has not been de-prioritised. The strategic priorities outlined in the planning framework apply across the age-range. We continue to monitor and support children through the Healthy Child Wales programme, which provides a universal health offer for all families, and targeted support through Flying Start, which is our flagship early years programme. Both play a crucial role in improving health outcomes, promoting child health, and wellbeing for children in Wales.

We have published a new unified operating model to underpin the existing school nursing frameworks in Wales. It will extend the current Healthy Child Wales programme by extending the universal public health offer to all compulsory school-aged children, regardless of setting.

Q2 We are working with the Children's Health Network to develop the *Quality Statement on Children's Health*, which will set out our clear expectations about the high-quality services health boards are expected to deliver. Engagement with stakeholders will take place over the summer and we expect to publish by the end of 2025.

Women's health

Q1 The *Women's Health Plan* has been written by National Strategic Clinical Network for Women's Health, part of the NHS Wales Executive and is a blueprint for enacting the *Quality Statement for Women and Girls Health* and the outcomes of the Discovery phase work. The new funding in the Draft Budget will help to deliver the actions in the plan, specifically the pathfinder women's health hubs by March 2026.

Additional funding has been secured to support women's health research. I am very pleased we have been able to announce a further £3m from Health and Care Research Wales to develop the Women's Health Research Wales centre for excellence.

Q2 The *Women's Health Plan* is an ambitious 10-year plan and I am determined it will drive real improvements in women's health and outcomes; it will advocate for women and girls in the NHS and will empower women to be heard when accessing healthcare. It demonstrates how the NHS will implement the changes needed to meet the *Quality Statement for Women and Girls Health*.

Yours sincerely

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

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Minister for Mental Health and Wellbeing