

Health and Social Care Committee Evidence Session on Mental Health Inequalities

Public Health Wales' Written Response

June 2022

1 Purpose

The purpose of this submission is to respond to the additional questions raised by the Health and Social Care Committee in relation to mental health inequalities, following Public Health Wales' evidence session on the 19 May 2022.

The submission focuses on three key areas:

- ❖ Availability of resources to deliver the public health approach needed to improve population mental health
- ❖ Where additional resources should be targeted to most effectively tackle mental health inequalities
- ❖ The further action needed to develop effective and sustainable social prescribing approaches

2 Are sufficient resources (financial and staffing) available within Public Health Wales and across the health and social care and wider public sector to deliver the public health approach needed to improve population mental health?

2.1 Public Health Wales' focuses and resource allocation

In 2018, Public Health Wales launched its long-term strategy, 'Working to Achieve a Healthier Future for Wales'. This set out our strategic priorities for the coming years, which were informed by the burden of disease in Wales. They include action focused on:

- ❖ improving mental well-being and resilience
- ❖ influencing the wider determinants of health
- ❖ securing a healthy future for the next generation
- ❖ supporting the development of a sustainable health and care system.

As described at the evidence session on the 19 May 2022, and set out within this supplementary briefing, all of these areas have a key role to play in relation to addressing and mitigating mental health inequalities. As part of the implementation of our strategy, we have sought to align resources, including internally-generated investment, towards the delivery of our priority areas.

Since the publication of our strategy, the COVID-19 pandemic has had significant adverse effects – both direct and indirect – on population health and well-being, including mental health inequalities. It has disproportionately impacted our most deprived communities and exacerbated existing health inequalities.

As a result, our focus as an organisation has been on harnessing our specialist public health expertise and resources on influencing the wider determinants of

health, action aimed at addressing the broader harms from the pandemic (including mental health), promoting and enabling shifts in healthier behaviour on a population level and informing sustainable investment in population health. Our recently published *Strategic Plan 2022-2025*, sets out the action that we will undertake within these areas, along with the resources that we will mobilise to support this agenda over the next three years.

It will see us focus on working with partners to increase the visibility of evidence based work to promote mental well-being, including continued implementation of the framework for a whole school approach to mental well-being, working with the Welsh Government to develop a strategic approach to promoting mental well-being and preventing mental illness, and ongoing work in relation to Adverse Childhood Experiences. Successful action in this area will require system-wide effort from a range of partners.

2.3 Primary care mental health services

A public health approach needs to consider a healthcare public health perspective, particularly in relation to primary care mental health services. Primary care, which is a universal service, provides the first level of contact for individuals, the family and communities with the NHS.

Analysis of data from the Welsh Secure Anonymised Information Linkage (SAIL) Databank highlights that there has been around a 50% increase in local primary care mental health support service referrals from 2014 to 2021. Local primary care mental health support services receive almost 7000 referrals a month, which is around three times higher than their current funded capacity.

The Strategic Programme for Primary Care is working with the Welsh Institute for Health and Social Care at the University of South Wales to understand the impact of deploying services to address mental health issues in primary care, including considering a range of interventions. These include:

- ❖ mobile applications and mental health video consultations
- ❖ Cognitive Behavioural Treatment
- ❖ health coaching and guided self-help
- ❖ joint consultations and collaborative care
- ❖ Mental Health Collaborative Teams
- ❖ CAMHS in-reach to schools.

In addition, it is also recognised that there is an overlap between Tier 0 mental health services and community assets/well-being activities, which can be accessed through facilitated referrals including through social prescribing services. The role of social prescribing in supporting population mental health therefore also needs to be considered. Further detail on social prescribing is provided in section 4.

3 Where should additional resources be targeted in order to most effectively tackle mental health inequalities?

3.1 Public health approaches

Inequalities in both mental and physical health occur fundamentally as a result of the wider determinants of health, such as: income, housing and employment. Most evidence and research shows that changing these factors will have the greatest impact on inequalities. In addition, recognising that mental health problems have their origins in the early years of life means that adopting a life course approach when tackling these issues is also helpful.

As a result, investing in universal approaches that are able to deliver additional early intervention support when needed, is more effective for prevention than highly targeted or specialist services. Adopting this approach in the context of mental health inequalities could include the following.

- ❖ Strengthening a housing-first approach, particularly for the most vulnerable, as a high proportion of those who are homeless will experience mental ill health.
- ❖ Investing in early years services that support parents, particularly those universal services such as health visiting, with a focus on identifying and supporting parents with underlying health problems such as substance use and mental ill health.
- ❖ Investing in school health services and increasing the capacity and capability of school nursing to address mental health problems in partnership with specialist mental health services.
- ❖ Supporting trauma informed approaches, particularly focusing on recovery.

Learning from the impacts of the COVID-19 pandemic on the mental well-being of young people is also important for population mental health. Longer-term impacts requiring consideration beyond short-term mitigation and health services responses include:

- ❖ Tackling inequalities in family employment and incomes, educational attainment, access to fair work and economic security for young people as they become adults.
- ❖ Changes to the working conditions of parents, including a rapid move to more parents working remotely, require monitoring.
- ❖ Investment in, co-design and evaluation of models of education that are resilient and equitable for the long-term.
- ❖ The rapid growth in the use and influence of digital technology, online communication, gaming platforms and social media as result of the COVID-19 pandemic has implications for the mental well-being of young people.

3.2 Future trends

A recent joint report, [Inequality in a Future Wales: Areas for action in work, climate and demographic change](#), between the Future Generations Commissioner,

Public Health Wales and Cardiff University, highlights three key future trends that will impact on inequalities, including mental health, in Wales.

These include:

- ❖ The future of work – the shift to a digital and green economy could widen inequalities without effective policy responses
- ❖ Climate change – impacts on mental health, and potential for the impacts and policy responses to climate change to widen inequalities in mental health without efforts to mitigate
- ❖ Demographic changes - the need to support an ageing population and protect positive intergenerational relationships.

3.3 Social return on investment (SROI)

Public Health Wales has recently undertaken a systematic scoping review on the social return on investment of mental health related interventions, which will be published shortly. The review found that a number of SROI studies show a positive return on investment in relation to the identified mental health interventions.

4 What further action is needed, and by whom/where, to develop effective, sustainable social prescribing approaches in all parts of Wales? What will Public Health Wales' role be in this?

4.1 Developing effective and sustainable social prescribing

Social prescribing involves a deliberate, individualised process that connects individuals to non-clinical services and activities, typically provided by the voluntary and community sectors. The approach adopted in Wales focuses on connecting citizens to community support, to better manage their health and well-being. The model moves away from a medicalised approach, instead proposing social prescribing, where the sources of referral are cross-sectoral and not limited to healthcare/primary care.

The concept of social prescribing has received significant political attention and cross-party support in Wales. The Programme for Government 2021-2026, commits to introducing an all-Wales framework to roll out social prescribing, and the Connected Communities Strategy sets out the intention to support the development of social prescribing schemes across Wales.

In 2021, a collaboration between Public Health Wales, the University of South Wales/Wales School for Social Prescribing Research (WSSPR) and Data Cymru was undertaken to describe the baseline from which a social prescribing model for Wales is to be developed. Our report, [Understanding Social Prescribing in Wales: A Mixed Methods Study](#), identifies four key messages, from which a series of recommendations have been made to advance social prescribing in Wales.

These are:

- ❖ A variation in provision of social prescribing across Wales provides both opportunities and challenges

- ❖ Social prescribing is a 'growth' activity, and expectations of it are high
- ❖ Technology is key to the future of social prescribing
- ❖ Resources, as always, are fundamental to sustaining the social prescribing pathway.

Therefore, we would propose that the actions set out below, which are informed by our recommendations, should be implemented to help develop an effective and sustainable social prescribing approaches in Wales:

- i. The planned national framework should be embedded across Wales to provide a national vision for social prescribing, whilst promoting a standard model, terminology, and structures that support it.
- ii. Local/regional organisational structures and partnerships should consider the role of a social prescribing champion to drive regional social prescribing strategy and coordinate communication throughout the pathway.
- iii. A whole system approach to developing and delivering the social prescribing pathway, which is informed by intelligent commissioning, should be adopted both locally and nationally.
- iv. The role and scope of the social prescriber should be reviewed to understand what should or should not be included within it and its points of referral into other services, such as mental health and social work teams as appropriate.
- v. A professional infrastructure should be developed for the social prescriber, which includes, for example, a suite of job descriptions, salary guide, skills and competency framework, supervision requirements, appropriate and recognised training, and education opportunities.
- vi. An evaluation should be undertaken of the usability of national single digital directories for Wales (such as DEWIS and InfoEngine) and digital platforms used across the pathway (e.g. Elemental) to manage referrals, collect national core service activity, and report individual outcome measures.
- vii. Further consideration should be given to funding models used for social prescribing to promote a sustainable pathway for the future.
- viii. The research study should be repeated in the next 5 - 10 years to further understand the progress made in establishing and developing social prescribing services across Wales.

4.2 System-wide action

To effectively implement the proposals set out above, action is needed by a range of partners across the system, including:

- ❖ Welsh Government – to support sustainable investment in social prescribing services, enabling digital developments and community assets, along with promoting consistent approaches to reduce variation.
- ❖ Regional Partnership Boards - to lead on the development and implementation of the social prescribing model, working with the Public Service Boards and Primary Care Clusters, to ensure that there is clear direction and a co-ordinated approach.

- ❖ Health Boards and Primary Care Clusters – to utilise the evolving landscape of Accelerated Cluster Development and emergence of Pan-Cluster Planning Groups to better understand local population needs, gaps in services and implications of social prescribing pathways in relation to informing prioritisation and commissioning plans.
- ❖ Health Education and Improvement Wales - to develop a national skills and competency framework for the social prescribing workforce in Wales, and to help with the professional infrastructure for the social prescriber, including supervision, training, and education arrangements.
- ❖ WSSPR - to support the continued development of the evidence base and an outcomes framework, as well as supporting with informing the monitoring and evaluation of social prescribing in Wales
- ❖ WCVA and third sector organisations - to provide leadership and support for community assets and well-being activities underpinning the social prescribing model.

We also recognise that Public Health Wales continues to have a key system leadership role in relation to social prescribing. Since 2019, we have been committed to supporting the development of social prescribing as part of our prevention in primary and community care programmes of work. We are currently supporting the implementation of key deliverables identified in the Connected Communities Strategy and recognise the importance of continued system leadership if we are to realise Wales' vision of social prescribing and support it in becoming a more mainstream preventative measure.