GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Knowledge, Research and Information Committee **Date of Meeting** 15 September 2026 **Agenda item:** 3.5

Strategic Priority 2 – Promoting Mental and Social Wellbeing

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Approval/Scrutiny route:	Executive Lead

Purpose
KRIC to note contents of the report which provides an update on research, data, evidence and evaluation activity related to Strategic Programme 2: Promoting Mental and Social Wellbeing.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Committee is asked to:

- **Receive assurance** that research, data, evidence and evaluation activity is progressing to support Strategic Priority 2: Promoting Mental and Social Wellbeing

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	2 - Promoting mental and social wellbeing

Summary impact analysis	
Equality and Health Impact Assessment	N/A
Risk and Assurance	N/A
Health and Social Care (Quality and Engagement) (Wales) Act	N/A
Financial implications	N/A
People implications	N/A

1. How does the work support the Long-term Strategy?

Work outlined in this paper is focused on progressing Strategic Priority 2 of PHW's Long-term Strategy (LTS): *Promoting Mental and Social Wellbeing*. The work develops our understanding of where to focus our efforts in delivering change, either directly or through influencing the work of partner organisations, and the impact of our activities on population mental and social wellbeing.

Our objectives in the LTS Strategic Priority 2 in relation to Knowledge, Research and Information are that by 2035 we will have:

- Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and systemwide action to promote mental and social wellbeing to reduce inequalities
- Mobilised and enabled evidence-based action to promote and protect mental wellbeing across the system, including in key settings such as education, at work and in communities
- Supported the system to review or evaluate policy or programmes for their impact on mental and social wellbeing and inequalities, taking a life-course approach
- Worked with partners to enable children to achieve optimum social and emotional development

2. How does the work align to the Research and Evaluation Strategy?

- **Open by default:** Our research and evaluation activity is developed collaboratively and findings are shared with key partners and the public in formats appropriate to influence relevant action.
- **Inclusive:** Our work involves those with lived experience to inform action that meets their needs and improves experience and outcomes for people in Wales.
- **Multidisciplinary:** Our work is delivered in collaboration with academic and NHS partners, Welsh Government, education and community organisations.
- **Influential:** We work collaboratively with Welsh Government, NHS and academic partners to highlight areas where further research is needed
- **Joined up:** We work with RDD research and evaluation leads to ensure work developed is of a high standard and develop partnerships to bring together expertise in research, policy and practice.

3. How does the work align to the Digital and Data Strategy?

- **User needs first:** We work to understanding the lived experience and needs of the people in Wales whose outcomes we aim to influence is central to all our work.
- **Accessible and equal:** We publish findings from research we've commissioned or carried out in accessible formats to maximise reach.
- **Open by default:** We are open about findings from our research and evaluation activity in order that others can benefit from the insights we've gained.

4. What did we say we were going to do and what have we achieved so far?

The below sections outline research, data, evidence and evaluation work completed or underway in support of Strategic Priority 2.

4.1 By 2035 we will have: *Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and systemwide action to promote mental and social wellbeing to reduce inequalities*

4.1.1 **Babies, Children and Young People Mental Health Needs Assessment (May 2026):** The report has been published and disseminated to key partners. It brings together evidence on prevalence, risk and protective factors, service utilisation, lived experience and evidence-informed approaches. The work is already being used to shape policy discussion, service transformation and knowledge exchange across Wales.

Key findings highlight a rise in poor mental wellbeing and mental health conditions among babies, children and young people in Wales, with emotional difficulties, self-harming behaviours and eating disorders identified as priority concerns. The assessment estimates that over 135,000 children and young people aged 8 to 24 years in Wales have a diagnosable mental health condition, with increasing prevalence across age group.

The report emphasises the need to strengthen prevention and early intervention, action on poverty, school-work pressure, body image, sleep, physical activity, bullying and trusted relationships.

4.1.2 **Financial well-being advice delivered within the context of social prescribing in the UK and the Republic of Ireland:** A grant collaboration was undertaken with University of South Wales to conduct a scoping review to explore financial well-being

advice and support, delivered within the context of social prescribing in the UK and the Republic of Ireland.

The research found most articles related to financial well-being support targeted at welfare benefits, debt and legal issues, delivered by specialist advisors co-located in healthcare settings. The delivery of targeted support in this manner was reported as having a number of positive outcomes for patients and healthcare staff, and several strategies were identified to increase the efficacy of such support e.g. allowing advisors access to medical records and integrating advisors into the healthcare team. The review was published in Frontiers in Public Health.

While there is potential for social prescribing to play a more integral role in the delivery of financial well-being advice and support, further research is required.

4.1.3 **Mental wellbeing as a protective factor for physical health:** The relationship between mental wellbeing and physical health outcomes is a growing area of research. We worked with Cardiff Metropolitan University to provide a summary of evidence on the impact that mental wellbeing has on cardiovascular health.

Findings from longitudinal cohort studies show better mental wellbeing is associated with lower cardiovascular mortality and lower disease risk. Poor mental wellbeing is associated with higher risk of heart disease and stroke.

4.1.4 **Drugs and Alcohol Health Needs Assessment:** A comprehensive health needs assessment based on a review of data, evidence and stakeholder views was published in April 2026. The needs assessment highlights changing patterns of drug and alcohol use, persistent inequalities and fragmented pathways to support. Recommendations are made to develop a more co-ordinated systemwide approach to strengthen prevention and early intervention and improving outcomes.

4.1.5 **Children and Young Peoples Mental Health and Wellbeing:** A collection of three reports on CYP mental health, wellbeing and experiences of accessing services are being published in mid-September based on research using SHRN, SAIL and engagement with young people.

4.2 By 2035 we will have: Mobilised and enabled evidence-based action to promote and protect mental wellbeing across the system, including in key settings such as education, at work and in communities

4.2.1 **New national Standards for the Welsh Network of Health and Wellbeing Promoting:** The Welsh Network for Health and Well-being Promoting Schools (WNHWPS) national Standards provide a comprehensive framework for developing and embedding health and well-being across the whole school community. Emotional and mental well-being are integral to this framework and the new Standards align closely with the Whole School Approach to Emotional and Mental Well-being. The standards provide an evidence-based approach for schools to review and improve action to support health and wellbeing. They are due to be launched in the autumn subject to Ministerial approval.

4.2.2 **Principles of Community Engagement for Empowerment:** A previously published resource aimed at PHW staff has been refreshed and redeveloped for a wider audience. The updated guidance brings in the latest evidence on approaches for community engagement and empowerment. The updated principles were presented at the National Social Prescribing Conference in March 2026 and the full guidance is due to be published on the Hapus website.

4.2.3 **Healthy Working Wales:** Evidence-based guides for young people and employers have been co-produced and published. The guides aim to improve experiences of and support for young people in work:

- 'Thriving at work - A young person's guide': a support guide for young workers around the 'soft skills' and health and wellbeing aspects of work
- 'Supporting young people at work – An employers guide': a support guide for employers of young people

In addition 'Ready, Set, Thrive' workshops will be delivered over the autumn and winter for 16-24year olds who are about to start their first job or who have recently begun work. The workshops will support young people to feel more prepared for employment, understanding how to look after their health and wellbeing in work and know what advice and support is available.

4.2.4 **Making Every Contact Count - Healthy Conversations:** Evidence based information and generic MECC Level 1 and Level 2 E Learning training modules updated to include specific key messages and signposting for mental health and well-being.

MECC is an evidence-based approach to behaviour change that makes the most of the millions of day-to-day interactions we have with others. Every conversation, big or small, can help someone make healthier choices. MECC gives professionals the tools to use brief, evidence-based discussions to support behaviour change and reduce the risk of chronic disease.

The MECC Level 2 course is designed to build on existing knowledge from MECC Level 1, helping to explore behaviour change in greater depth and was launched in Dec 2025.

4.2.5 **Enhancing knowledge, skills and confidence in the voluntary sector:** Following identification of the need to improve monitoring and evaluation of wellbeing impacts among voluntary sector organisations PHW collaborated with WCVA to deliver a workshop on the use of WEMWBS. This was delivered jointly with Professor Stewart-Brown (Warwick University) in February 2026. The sector has since requested further support and a subsequent series of workshops will be delivered through autumn and winter 2026/27.

4.3 By 2035 we will have: Supported the system to review or evaluate policy or programmes for their impact on mental and social wellbeing and inequalities, taking a life-course approach

4.3.1 **Hapus evaluation:** The Hapus programme aims to increase action to protect and promote mental wellbeing in Wales through a national conversation and partnership working to increase opportunities for people to take action. The RDD R&E Division is supporting a 3-year evaluation of the national conversation and the partnership working.

The Hapus National Conversation one-year post-implementation evaluation found increased reach and digital engagement, but relatively low population awareness, indicating that exposure and salience are the key constraints on impact. Data collection through a nationally representative survey in August 2025 found:

- 5.6% of survey participants recalled seeing or hearing about Hapus and 1.8% recognised the logo.
- Among those who had seen or heard about the campaign in the past month, 41.5% reported taking action afterwards.
- Persistent barriers to action for mental wellbeing, including low motivation, low confidence, cost, time and contextual constraints such as travel, safety and limited local opportunities.
- Findings indicated small improvements in SWEMWBS but not to the level of statistical significance due to relatively small sample size of those seeing the campaign.

The evaluation findings have informed action to strengthen promotion and brand awareness, improving website user journey and increasing opportunities for non-digital engagement. Yr 2 data collection commenced 7th August 2026.

4.3.2 **Health Information for Parents evaluation:** A process evaluation of the HI4Ps (previously Every Child) resources covering pregnancy to age 0-2 has been completed in partnership with the RDD R&E Division. Learning is feeding into future developments to ensure parents have access to the information they need in formats suitable to their needs and an outcome evaluation is due for completion by March 2026.

Books 3 and 4 of the Health Information for Parents offer were published in January 2026, extending the universal evidence-informed offer for parents of toddlers and pre-school children.

An options appraisal for Health Information for Parents identifies (June 2026) highlights variation in use and ordering of printed resources across Wales, limited data on reach and impact, and an opportunity to improve equity and efficiency through a stronger digital offer while mitigating digital exclusion. Options for improvement include a strengthened hybrid model, a dedicated digital platform or integration within the Handi App. Discussions are underway regarding preferred options.

4.3.3 **Evaluation of the Welsh network of Health and Well-being Promoting Schools Programme:** A mixed methods evaluation informed by the RE-AIM framework has commenced which aims to assess the implementation of new Standards for Health and Well-being Schools (due to launch during 2026/27). The Research, Digital and Data Directorate are leading the evaluation. A key aim is to strengthen our understanding of the programme's impact and effectiveness, including in relation to emotional and mental well-being.

4.3.4 **The Healthy and Sustainable Pre-school Scheme:** A review of the delivery of the HSPSS is currently underway, bringing together stakeholder views and an assessment of alignment with the wider early years policy landscape to identify impacts and opportunities to strengthen outcomes.

The Healthy and Sustainable Pre-school Scheme (HSPSS) supports early years settings to embed health and well-being across their whole setting. It contributes to emotional and mental well-being by promoting nurturing environments, positive relationships, play, social and emotional development, and early action to support children and families, aligning with the wider life-course approach to promoting

mental and social well-being. The scheme compliments the national NEST/NYTH framework.

4.3.5 **Cynefin - A Creative Health Review for Wales:** Cynefin is an AHRC funded multi-partner research programme, delivered by Arts Council Wales, the Wales Arts, Health and Wellbeing Network, the Wellbeing of Future Generations Office and Public Health Wales. It explores how placing the arts and culture as a frontline public service could effect a step-change for public health in Wales.

There has been a rapid increase in the evidence base around arts and population health in the past few years. It is now clear that people who engage in arts and culture have better health and wellbeing outcomes across the lifespan: from less hyperactivity and healthier behaviours in youth, to better mental health in adulthood, and even improved cognitive reserve and mobility in later life.

A series of four network meetings are bringing together health and arts leaders to hear the evidence, share learning from real-life projects and listen to lived experience. Cynefin will use insights from the process to shape practical policy recommendations for improving health and wellbeing through the arts in Wales.

4.4 *By 2035 we will have: Worked with partners to enable children to achieve optimum social and emotional development*

4.4.1 **Early Years Framework for Action:** Public Health Wales is working with Welsh Government and partners to align implementation of the Framework with the Early Years Care, Learning and Play Building Block. The Framework is being used to inform discussions on childcare expansion, supporting a whole-system approach that considers the wider impact of policy decisions on child development, health, wellbeing and inequalities. This will help ensure that investment and policy development across the early years system are aligned to achieve the best outcomes for babies, young children and families.

4.4.2 **Review of child development assessment tools to support effective delivery of the Healthy Child Wales Programme:** Public Health Wales has completed a review of evidence and practice relating to early childhood development assessment tools, including professional and parent perspectives. The review concluded that a universal measure of early childhood development is needed in Wales to support consistent assessment and population-level understanding of child development outcomes. In response, Welsh Government has commissioned PHW to advise on the

feasibility and implementation of a proposed national approach, with recommendations to be provided by December 2026.

4.3.6 **Health and Wellbeing Curriculum:** To support schools to implement the health and wellbeing area of learning a number of 'Knowledge Banks' have been developed in collaboration with teachers. Knowledge banks on key topics aligned to promoting mental and social wellbeing have been published:

- **Health-promoting behaviour - Focus on Sleep**
- **Addiction and risk-taking behaviours - Behind the screen: Understanding gaming and gambling harms**
- **Emotional and mental wellbeing – Focus on Healthy Relationships**

4.4.3 **Strengthening system action on child poverty:** Continued delivery of the Public Health Wales Child Poverty Programme includes mapping activity across PHW; development of pathways out of poverty; and alignment with wider determinants, Marmot and prevention priorities. Furthermore PHW has:

- Strengthened the evidence base on the links between child poverty, mental wellbeing, educational outcomes, housing and early years development to support policy and system action.
- Established a Five Nations Child Poverty Collaboration to support shared learning, common narratives and evidence-informed action.
- Supported Welsh Government priorities relating to childcare expansion, free school meals, the proposed Welsh Child Payment (Cynnal), and strengthening accountability through child poverty metrics and outcomes frameworks.
- Embedded lived experience and co-production approaches, including links with Youth Ambassadors and wider engagement mechanisms.

5. What are the gaps in delivery of research, data, information and how are we addressing them?

5.1. **Babies, Children and Young People Knowledge Development and Exchange Group (KDEG):** HWB and RDDD teams are collaborating with partners in the Wolfson Centre to establish the KDEG as part of the Strategic Programme for Mental Health. This will work with academics, clinicians and voluntary sector representatives to strengthen the translation of evidence in to practice and to develop practice-based evidence.

Evidence gathered through the children and young peoples' mental health needs assessment identified gaps in evidence on the drivers of the declining state of young peoples' mental health. Whilst poverty and inequalities, parental mental health and

schoolwork pressures are known to play a role evidence on other factors is less strong. RDDD colleagues have undertaken work to explore the relationships between mental health, mental wellbeing, risk and protective factors and levels of unmet need is due to be published in September. A research bid has been developed to gain funding to enable further explore the relationships between sleep, social connectedness and screentime with mental health outcomes.

5.2. Understanding the impact of service transformation: The implementation of open access models of mental health support could lead to significant benefits for people in Wales. Service developments are based on international evidence which show improved process measures, however less is known about whether this leads to improved patient or population outcomes, and whether the approach is transferable to Wales. PHW supported NHS Performance and Improvement to secure funding from NIHR to evaluate the early implementation of 'Open Access Mental Health Services'. We will continue to work with partners to ensure evaluation findings further strengthen future delivery.

5.3. **Child Poverty:** Key gaps in the evidence base on child poverty in Wales include understanding the depth and persistence of poverty, better integration of poverty, health and wellbeing data, and strengthening evaluation of interventions. Current work is focused on developing child poverty indicators, outcomes frameworks, population modelling and improved use of lived experience evidence to inform policy and delivery.

6. What are the digital and data deliveries and how are we progressing them?

6.1 PHW Web-transformation: Healthy Working Wales and the Hapus website migrated on to the PHW web-estate in 2025/26. We are now working with the digital communications team to implement planned improvements.

6.2 **Health Information for Parents:** Insights from parents have highlighted the need for digital developments for the Health Information for Parents offer. We are engaging with RDD colleagues to explore potential options and timescales for delivery.

6.3 **Open Access Mental Health:** We are working with NHS P&I to advocate for and inform a user-centred design and service-improvement approach for the planned development of a coherent digital self-help and peer-support offer for people in Wales. NHS P&I are developing a strategic case for investment in digital and

community-based mental health support, due to be shared with Welsh Government in December 2026.

6.4 **Child Poverty:** Work is progressing to develop child poverty metrics, accountability measures and population-level modelling to assess the impact of interventions on child poverty, mental wellbeing and inequalities. This includes supporting improved use of linked data and intelligence to better understand outcomes for children and target action where need is greatest.

Recommendation

The Committee is asked to:

- **Receive assurance** that research, data, evidence and evaluation activity is progressing to support Strategic Priority 2: Promoting Mental and Social Wellbeing