

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2024-25](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2024-25](#).

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Response from: Wales Alliance for Mental Health (WAMH) (English Only)



**Welsh Parliament Finance Committee - A call for information –
Welsh Government Draft Budget proposals for 2024-25**

Response from the Wales Alliance for Mental Health

Introduction

The Wales Alliance for Mental Health (WAMH) is a collaboration of Wales' national mental health and suicide and self-harm charities. Together, we are committed to ensuring that people experiencing mental ill health in Wales are treated with compassion, have their voices heard and can access support services quickly and as close to home as possible.

Mental health is profoundly affected by people's experiences and circumstances. We aim to listen to and identify what matters most to our beneficiaries, where there is most need and how best to approach opportunity for change. We seek opportunities to advocate cross-government approaches, support early intervention and prevention and to embed a positive response to the effects of trauma.

In October 2023, the Alliance met to discuss the questions posed as part of this Call for Evidence on the Welsh Government Draft Budget proposals for 2024-25. Members agreed to respond collectively to some of the six questions outlined in the paper. The Alliance would be happy to discuss and elaborate on any of the evidence below should the committee request any further information.

3. What action should the Welsh Government take to help households cope with inflation and cost of living issues?

How should the Budget address the needs of people living in urban, post-industrial and rural communities and in supporting economies within those communities?

We feel there are several areas where improvement can be made by Welsh Government to address the issues faced by so many people experiencing and struggling from the effects of the cost-of-living crisis. Each of these areas are addressed separately below.

i) Financial support schemes

Adferiad's *Time to Take Control* campaign (launched in summer 2023) has travelled across Wales, highlighting Adferiad's Money Advice Service and encouraging people to take control of their options. The campaign survey results (sample of 110 respondents) reported that 67% felt their mental health had recently gotten worse, with only 28% of people reporting they have accessed support. As such, there is clear evidence that the Welsh Government could be doing more to provide easier

access to advice and advocacy relating to money management and debt, and to market the support available more effectively.¹

In terms of preventative actions, financial support schemes that prevent people from experiencing poverty and financial stress are extremely valuable. For example, the Guarantee Our Essentials Campaign run by the Joseph Rowntree Foundation and Trussell Trust is calling on UK political leaders to support the introduction of an essentials guarantee within the Universal Credit to ensure that the basic rate at least covers the essentials such as food and bills. From their research, food banks are seeing their highest level of need in a six-month period, with around five in six low-income household (receiving UC) going without at least one essential like food, a warm home, or toiletries².

Similarly, we would like to see a commitment from Welsh Government to reviewing and assessing how debt relief schemes are being promoted widely throughout Wales. The Mental Health Foundation's Cost of Living Report³ found that reducing debt has been shown to improve mental health outcomes. The report looks at the effects of a debt relief scheme in Sweden where results has shown that those in high debt but granted debt relief had better mental health than those who had not. We would like to see relevant public authorities commissioning sufficient debt advice in their local areas, assessing the avenues taken to reach the groups who need that advice the most. Promotion of such services could be via advice leaflets distributed to local GP surgeries and housing associations.

In addition, any income support schemes developed or introduced must also be operated in a way which does not provide barriers to access. We know that poverty stigma for example is associated with lower mental wellbeing. Accessibility to these services should be made simpler and more effective (whether this be via an automatic process) to encourage wider engagement from vulnerable groups more likely to experience stigma in accessing the schemes. We encourage greater engagement with Mind Cymru and Adferiad's national mental health anti-stigma campaign, *Time to Change Wales* to grasp a broader understanding of why people do not feel able to access the services.

ii) Continued investment in community infrastructure

We fully support continued investment in community infrastructure and funding valuable groups such as community groups, sports clubs, clubs for children and young people and so forth. Responding to community trauma and providing a safe place for people to go to combat stress without the barrier of cost is invaluable. Community programmes are so important as preventative tools, offering alternative peer support for day-to-day concerns and problems, and a source of therapy for someone who may otherwise seek support from their local GP. WAMH also

¹ [Adferiad's Cost of Living Campaign – Time to Take Control!](#)

² <https://www.trusselltrust.org/get-involved/campaigns/guarantee-our-essentials/>

³ [Mental Health and the Cost-Of-Living Crisis: Another pandemic in the making?](#)

recommends setting aside additional funding to enable fast-track access to these community groups, and any further initiatives which support them.

iii) Care and Treatment planning

We have long campaigned for an improvement in care and treatment planning for patients discharged from inpatient care. The plans should be recovery-focused with the patient at the core of the plan in terms of his/her needs. However, there is clear evidence that care and treatment planning is falling short of the principles set out in the Measure⁴, with plans often seen to be process-driven and written with little input from patients themselves and/or their advocate/families.

In addition to providing support for people in terms of their health needs, we must also recognise that part of the discharge process will involve setting out ways to tackle any financial challenges which they may come across, particularly in the current climate. As such, it is vital that the full scope of the plans are considered to go some way to improving and making a difference for people experiencing poor mental health.

iv) Impact assessments

The evaluation and assessment of any service is critical to understand the impact it is having on people's lives and how it is acting to alleviate any additional strain and stigma within societies. We believe the Welsh Government should commit to ensuring all Government decisions are assessed for their mental health impact. The Mental Health and Wellbeing policy assessment tool currently being developed by the Department of Health and Social Care in England is a good model to use. This should also be linked to the socio-economic duty within the Equality Act which came into force on 31st March 2021, as we know how closely linked financial hardship and experiences of poor mental health are.

v) Compassionate public communication

The Welsh Government must have good and effective communication with energy and other essential service providers to ensure they have procedures in place to respond compassionately and sensitively to customers, and to avoid any additional strain on people's mental health. This could be by signposting callers to mental health and crisis support, enabling a more mental health-aware and trauma informed approach to tackling the issues.

The launch of the recent NHS 111 Press 2 service has been a positive move to support people requiring urgent mental health support. However, we must be clear that behind any system are people who equally need the training and support in place to enable them to give good quality advice to those who need it. Platform has recently been commissioned to deliver that training offer. An adapted version of this training could also be rolled out to all frontline workers in health, social care and

⁴ [Mind Cymru – The Mental Health Measure – Ten Years On](#)

money and debt advice services to ensure a step change in how the public are receiving information on the support avenues available to them.

vi) Accessible public transport

Social isolation is known to be a risk factor for increasing mental health problems. We would like to see the Welsh Government invest in the infrastructure to ensure that transport is accessible and affordable for everyone, particularly for those living in rural areas. People need to be able to maintain social connections, go to work and attend medical appointments. We cannot underestimate the value of face-to-face contact on someone's mental health, particularly during a time where hybrid options are becoming more and more popular due to convenience.

6. The Committee would like to focus on a number of other specific areas in the scrutiny of the Budget. Do you have any specific comments on any of the areas identified below?

Is enough being done to tackle the rising costs of living and support those people living in relative income poverty?

No, collectively, we do not think that enough is being done. We referred earlier in our response to an opportunity for Welsh Government to review the schemes to alleviate the impact of the cost-of-living and financial hardship to ensure those eligible are aware of what's available to them. There also needs to be clearer links made between the funding identified to combat poverty and the achieved outcomes.

There is also an opportunity to explore the socio-economic duty in more detail. The Welsh Government could consider how and what it means for mental health and how budgets can be developed and built around that duty.

How could the budget further address gender inequality in areas such as healthcare, skills and employment?

As individual charities, we have all been working separately to increase our cultural awareness and take steps to becoming anti-racist organisations. We believe the Welsh Government should be making further commitment to race equality, taking advantage of the support available from Diverse Cymru and the organisation's Cultural Awareness scheme. We also need to ensure budgeting that takes into account the challenges faced by minoritised communities of all kinds. Considering gender-based budgeting, addressing under-investment in specific communities, and making practical budgetary commitments to addressing these inequalities is key. Training is part of this, but financial commitment needs to follow.

Is the Welsh Government's approach to preventative spending represented in resource allocations (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early).

To enable a fuller response to this question, WAMH feels the Welsh Government should provide further clarity on the proportion of mental health expenditure on preventative work. We acknowledge that funding of preventative actions often sit outside the health budget.

It is also important to note that prevention in terms of mental health also links with recovery. A patient may be discharged following improvement in their mental health, however, support is needed to prevent someone from relapsing. There is a need to fund early intervention support as well as the support needed during a person's recovery.

How should the Welsh Government explain its funding decisions, including how its spending contributes to addressing policy issues?

WAMH feels there is an opportunity for Welsh Government be more transparent in its funding decisions, also providing a breakdown of how money is being spent and the impact it has made. As detailed in the programme budget returns, more is spent on the mental health budget than what is included in the ring-fence. We feel it would be useful to see Health Board budget allocations to Mental Health Directorates.

We would encourage the Welsh Government to fully consider and acknowledge the continued pressure on third sector organisations in view of contracts being cut. We would recommend exploring the impact of the ring-fence and considering how the investment available is driving improved experiences and outcome for people seeking help.

How can the documentation provided by the Welsh Government alongside its Draft Budget be improved?

How should the Welsh Government prioritise its resources to tackle NHS waiting lists for planned and non-urgent NHS treatments. Do you think the Welsh Government has a robust plan to address this issue?

One opportunity which could be explored further is for Welsh Government to adopt prudent healthcare principles and link expenditure to outcome. However, this should also apply equally to design, commissioning, and delivery of services. It is not enough to expect people to be prudent with their health, if health services do not do the same. That means bringing free and informed choice, community-based services as alternatives to long-stay mental health wards, and investment in areas impacted by poverty and lack of resources.

Greater transparency and detail around NHS waiting times and the length of time people are being held in the system should be a continued priority for Welsh Government. Publication of the core data set has been slow and we are keen to see greater pressure placed on its rollout and publication. Addressing this shortfall in service provision is critical.⁵

⁵ https://www.mind.org.uk/media/7181/too_long_to_wait.pdf

Is the Welsh Government providing adequate support to the public sector to enable it to be innovative and forward looking through things like workforce planning.

We are concerned that the public sector and third sector is not able to engage in workforce planning. In particular, the relationship between the public sector commissioning practices and third sector delivery, needs urgent action. For example, local authorities can be accredited (albeit not by the Welsh Government) as Real Living Wage employers, but there is no way to ensure they *commission* on the Real Living Wage. What is happening increasingly, is that public sector commissioners are expecting the third sector to meet these commitments, which the sector is committed to, without the financial uplift to achieve this. This is creating a vicious cycle within our services, making it harder and harder to deliver services. We would like to understand more on how funding for the third sector is being monitored.

We are also concerned that money for innovation is provided but when funding runs out, and a successful programme is working well, there is an issue around how to sustain the innovation. With funding in Local Health Boards being so challenging, there is a concern that money for tackling issues in a new way could be limited as risk appetites are understandably reduced.

Has there been adequate investment from the Welsh Government in basic public sector infrastructure?

We believe that the pressures on public finances are moving away from infrastructure, and more towards meeting the crisis pressures that face our systems. This is creating the conditions for system collapse, where fewer and fewer preventative services, and less and less infrastructure exist, leaving people flooding our systems in higher and higher levels of need. Increasingly, this infrastructure failure is fuelling these higher levels of need. For example, people in poorer areas are increasingly asked to travel longer distances for mental health appointments, but they do not have the money to travel, they do not own cars, and public transport is infrequent and unreliable. In areas where the third sector works in the mental health system, it is this impossible situation people find themselves in that we struggle to address. As noted above, this face-to-face contact is imperative to combating issues of loneliness and isolation.

A lack of adequate investment from Welsh Government continues to take place regarding the implementation and continued delivery of the Independent Professional Advocacy (IPA) services across Wales as identified within the Social Services and Well-being (Wales) Act 2014.

IPA aims to improve the wellbeing of individuals where there is Social Services involvement. However, the Welsh Government provides no additional budgetary income to local authorities to commission third sector delivery of the service. This has resulted in local authorities across Wales reallocating resources from previously commissioned advocacy services, accessible to all individuals, to fund and provide the IPA service, which is only accessible to those involved with social services.

The failure to provide local authorities with a budget for adult IPA services is a significant oversight especially as providers of IPA are struggling to meet demand on the services due to limited budgets from local authorities. The de-funding of general advocacy service to fund IPA services has likely led to negative consequences for individuals, including the exacerbation of problems they face due to previous advocacy services no longer being available.

Is there enough infrastructure investment targeted at young people?

There needs to be greater investment targeted at those who are not in education, employment, or training (NEETs). We are aware of the funding for the whole-school approach and the new curriculum and we very much welcome this. It has long been recognised that investment support for children and young people has always been less for adults, and this comes at a critical time for our young people who have been deeply affected by the pandemic. The importance of early intervention in child and young person's mental health and the impact this can have cannot be underestimated. Given the link between NEETs and poor mental health and risk of suicide, there needs to be targeted investments through community infrastructure, as well as consideration to expand free and/or concessionary travel schemes for young people.

How is evidence and data driving Welsh Government priority-setting and budget allocations, and is this approach clear?

No, we do not think it is. We understand the impact of continued constraints on public finances, and how that makes it harder to deliver budgets that work for public services. However, we need to see a robust commitment to following the evidence as to what works for systems, services and people. We know that many of the funds that target resources to the third sector are consistently reported as making a positive impact (e.g, Housing Support Grant) in terms of preventing costs to other services such as the NHS, policing or local authorities. However, it is these funding streams which have stagnated or in some cases been cut. It can appear sometimes that the third sector is left to pick up the pieces of a broken system, reaching people who fall through the gap in service provision. However, this is becoming less and less possible.

Several committee inquiries have highlighted the lack of published mental health data available in the public domain. Most of what is available provides information about the number of people who are being seen or waiting, which does not tell us about the impact of the investments being made. Local Health Boards seem to push back on publication of data for fear of being seen negatively in terms of service delivery. Data publication should be viewed positively as it gives us the best indication of how services are being received. It would be interesting to understand more about the Silvercloud programme and to have the detail on how many people are logging on to the platform. Every bit of investment must be seen to be making the biggest difference possible.

We also know that data collection regarding certain groups is not good, so the likelihood of understanding the experiences and impact of certain investments on reducing mental health inequalities is very challenging.

Is the support provided by the Welsh Government for third sector organisations, which face increased demand for services as a consequence of the cost-of-living crisis and the pandemic, sufficient?

We have to say no. The third sector is facing collective pressure unlike anything we have seen in decades. We are seeing the impact in the voluntary sector of the current tight budgets, causing people to fall through the gap in service provision, which is proving critical in terms of reducing inequality. With the decimation of core funding that is available to support the operational functions of charities, we are running the risk of charities simply becoming unable to operate. Coupled with an increasingly competitive and challenging public and corporate fundraising environment, we are concerned about the sustainability of the sector. This will cause the loss of expertise and services that public bodies rely on and are unable to replicate. The third sector provides vital services for some of the most vulnerable and socially excluded across Wales.

We would encourage Welsh Government to re-consider the ring-fence arrangement since the removal of S64 and to assess whether it is working in the best interest of tackling the issues and providing support to beneficiaries. We are interested to learn more about how the Welsh Government is measuring the allocation of money which is being dispersed to the third sector via the Local Health Boards, and it would be good to understand whether there is scope to separate the measurement of money to the third sector and the CVC third sector support. It would be extremely concerning to us if money allocated is not being spent by the Local Health Boards.

We are aware that third sector organisations are sometimes asked to provide training or information on services which are then commissioned internally. It is possible that this funding would be better utilised via third sector allocation to run the service, given the expertise and knowledge we carry in our specific fields. Funding into third sector delivery partners is highly cost-effective as we carry low overheads, fixed capital costs, support a vital population of volunteers and staff salaries are typically below public and private market levels.

Earlier communication on funding would be welcomed, as well as internal cross-department discussions on any key areas for disinvestment which could impact mental health. We are in an extremely precarious situation with the current decrease in charitable giving and corporate fundraising. There is also evidence of third sector organisations being forced to top up costs for services via their own reserves, posing a real risk of closure for some organisations due to a lack of funding.

The Welsh Government should focus preventative resources on delivery of service and interventions, supporting only the minimum viable infrastructure required for coordination of national and regional programmes that will ultimately be delivered by Local Authorities, Health Boards and Third Sector. Flows of spending into research

could also be diverted to statutory and third sector delivery activity, given the scale of demand for vital services and the expertise already available.

What are the key opportunities for the Welsh Government to invest in supporting an economy and public services that better deliver against the well-being goals in the Wellbeing of Future Generations Act?

There needs to be a thriving public services, and an innovative, fast-moving third sector alongside it, as a way of meeting the ever-growing challenges facing Wales. At present, the growing levels of pressure are making it harder – if not impossible – to plan to meet the needs of future generations. We can barely meet the needs of the current generation.

We would be happy to discuss further any aspect of the above response.

Wales Alliance for Mental Health comprises of:

Mind Cymru

Platform

Adferiad

Diverse Cymru

Papyrus UK Suicide Prevention: Prevention of Young Suicide

Samaritans Cymru

Mental Health Foundation

Mental Health Matters.