

Consultation Response Form

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Association

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Question 1: The delivery plan continues to place a strong emphasis on improving mental health and well-being across all ages, would you agree with this approach?

<input checked="" type="radio"/> Yes	<input type="radio"/> Partly	<input type="radio"/> No
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Question 2: Could you please provide any further commentary on where you feel the approach works well or where alternative emphasis is required?

We support the need to continue to place a strong emphasis on improving mental health and well-being across all ages. There has to be an ambition to bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages as we know that it is at the points of transition between services that care and treatment can break down. As part of this we need to ensure that transfers between services are based on need and not on artificial age boundaries. Taking this approach also recognises that we need people of all ages to know how to stay mentally healthy and have access to up-to-date information on how to take care of their mental health, though we would emphasise the need for any services to be age appropriate.

Whilst we support the all age approach it is vital to ensure that a needs-led approach is adopted rather than a service led process, appreciating that people of different ages and people in different circumstances may require their needs to be met in different ways, which will also need to consider ways which are culturally appropriate. We need to further develop the approach from focusing on mental ill health to helping everyone stay mentally well, providing community support, addressing stigma and helping people continue with their lives. Fundamentally, good mental health is good for our society and our economy.

The high-level outcomes and the Quadruple Aims outlined in the Plan are a useful continuation of the previous delivery plans. They go some way to ensuring parity between physical and mental wellbeing. The Cross-Government Approach helpfully recognises that many of the levers to improve mental health and wellbeing sit outside of the health sector. However, the draft Plan could place greater recognition on the contribution local government services make to positive and good mental health and wellbeing.

The Plan has taken quite a clinical and interventionist approach to what could be considered as social issues (for example: loneliness, social isolation, a sense of belonging and low self-esteem); meaning the delivery point may already be higher than the required point of access. While a medical approach may be appropriate for people experiencing escalating mental

health needs, the broader social aspects of health require a greater balance of how local government pro-actively brokers a culture of wellbeing and happiness in their areas.

Councils play a significant role in the mental wellbeing of our communities, with council services, from social care to parks to open spaces to education to housing, helping to make up the fabric of mental health support for the people in our communities. With mental health such a fundamentally important issue for the country, and with councils playing such a key role, it is essential that the role of local government features more strongly in the national dialogue about how to improve mental health. Announcements have been piecemeal, focusing on either the health service, schools, or employment. What is needed, for the mental wellbeing of the country, is to look at how the whole system around mental health works, and could work better, with councils playing a key role in a reinvigorated drive to improve our nation's mental health.

Recognising the value of councils in mental health; councils do need to have adequate resources so they can use all their levers, leadership, oversight role and responsibilities to really support our communities to be mentally well. Despite national initiatives to fund specific sections of the mental health system, there are substantial waiting lists for children and young people's mental health services and demand for mental health services keeps increasing. All players in the system need to work together, with our communities, to create mentally well places, with better co-ordination of those initiatives that are already being planned, or are in place.

Within the delivery plan there are a number of priority areas for action, these are:

- Preventing poor mental health and maintaining mental wellbeing
- Improving access to support for the emotional and mental health well-being of children and young people
- Further improvements to Crisis and Out of Hours provision for children and adults
- Improving the access, quality and range of psychological therapies across all ages
- Improving access and quality of perinatal mental health services
- Improving quality and access to services whilst developing recovery orientated services
- Supporting vulnerable groups

Question 3: Do you agree with the priority areas identified? Are they fit for purpose?

<input checked="" type="radio"/> Yes	<input type="radio"/> Partly	<input type="radio"/> No
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Question 4: Could you please provide any additional information to support your response, relating to why you consider the priority areas to be appropriate or suggesting additional key areas or changes you would wish to see?

We broadly support the priority areas identified but offer the following comments on them:

- **Preventing poor mental health and maintaining mental wellbeing**

We welcome the intention to improve awareness of Adverse Childhood Experiences (ACEs) and supporting the public sector workforce to become trauma-informed. The whole-school approach is welcomed but there is limited information about how this will be delivered through the plan. It is important for the whole school approach not to be seen as a silver bullet and to be clearer on how it fits with the Whole System Approach. For example, there is mention of a 'multi agency whole school approach' in the Plan – in order to be multi-agency there needs to be greater recognition and involvement of the wider community. The plan will need to specify how it intends to prevent poor mental health and wellbeing for children and young people who are not in school or have already left school. Greater recognition of the importance of the school counselling service, school nurses and the early years in the Plan would also be beneficial.

We welcome the alignment with the Fusion programme and the consideration to improve availability of local sporting and cultural activities. However, further detail is required. The key milestone to “discuss the role of culture and sport in promoting mental health and wellbeing with each of the PSBs” during Year 2 appears too late in the plan and remains limited in achieving a tangible outcome. Alignment to the Fusion programme also needs further clarification, with the current programme running to the end of 2019 and so sustainability of this model needs further exploration.

There is a growing body of evidence highlighting the important role local government cultural, leisure, arts and sports services (CLASS) play in sustaining and improving people’s physical and mental health and wellbeing (whether they be brokered with the third sector or provided directly by local government). The preventative elements of the plan could focus on the universal aspects of promoting positive mental wellbeing more strongly. This will include taking a strengths-based approach and understanding the availability and sufficiency of community-based assets – for example, broadening the use of parks and green space, championing wellbeing in new planning requirements, supporting adult learning, improving access to leisure centres and sports facilities, or improving community links with local artists and cultural events.

Despite a decade of disproportionate austerity measures, each of these services continue to make important preventative, protective and therapeutic contributions to people’s mental wellbeing and the overall life of their communities. Greater investments are needed in these areas to fully unlock the preventative potential of the services and the plan should give assurances that wider budget setting processes will re-align preventative monies back to local government services.

- **Improving access to support for the emotional and mental health well-being of children and young people**

In relation to Adverse Childhood Experiences, the narrative provides a helpful starting point but says little about the expectations of stakeholders to break the cycle of harm. All local authorities recognise the importance of fulfilling children’s rights and many are moving towards developing rights-based approaches to drive up improvements in wellbeing. Recognition of the United Nations Convention on the Rights of the Child in the

document will be a useful starting point to articulate how the proposed actions provide a holistic system of support to children, giving further effect to:

- Article 2 – Non-Discrimination
- Article 6 – Survival and Development
- Article 12 – Respect for children’s voice in decision-making
- Article 13 – Freedom of expression
- Article 15 – Freedom of association
- Article 19 – Protection from violence and abuse
- Article 23 - Children with disabilities
- Article 24 – Health and health services
- Article 29 – Goals of Education
- Article 31 – Culture, Leisure, Arts, Sport and Play
- Article 39 – Rehabilitation of child victims.

We also welcome the reference to the Youth Support Grant but these are already being carried out as part of existing arrangements. There is little acknowledgement of the new Youth Work Strategy for Wales that was launched earlier this year. A draft delivery plan for this strategy is anticipated for consultation in October 2019 – sufficient alignment will need to be secured.

- **Further improvements to crisis and out of hours for children and adults**

One of the key issues is crisis/out-of-hours services and the challenge of accessing appropriate services and ensuring there is enough capacity. This often means that cases are picked up through 999 calls, mostly to police. The Action Plan contains very limited detail on how health will be required to work with policing and other blue light services to address this issue. For example, no reference is made to the Welsh Emergency Department Frequent Attenders Network (WEDFAN) project and how this could be upscaled.

- **Supporting vulnerable groups**

In terms of the changing state of wellbeing, there is little evidence the draft plan has taken the latest wellbeing data in account. To remove the bottleneck and the stem the growing demand on public services the plan must recognise the specific needs and vulnerabilities of particular groups, particularly our most marginalised and disadvantaged. Without an Equality Impact Assessment (EIA) published alongside the consultation proposal, it is difficult to determine to what extent the public sector equality duty has informed the development of this plan. In terms of actions outlined in this section, there is limited information about how it intends to support the people’s mental health and wellbeing on the basis of their protected characteristics.

There are three key themes identified within the ‘supporting vulnerable groups’ priority area: Improving support for Eating Disorders; Improving support for people with co-occurring mental health and substance misuse issues; and improving support for offenders. It is not clear why other groups have not been included, for example it would be helpful if the Plan made reference to the needs of veterans with mental health needs

and the Veterans Mental Health Service. Similarly, research highlights that 40% of autistic people will have anxiety and 70% depression so it would be useful to also include support for autistic people. It might be worth considering instead having a key theme of 'people who are experiencing gaps in service', which would be able to capture a wider number of groups of people who are currently struggling to access appropriate services.

In addition to the priority areas, we also have a number of overarching work streams which will also need to be prioritised but will continue beyond the life of this plan. These include:

- Implementing the core data set to improve consistency, robustness and the focus on outcomes across all-age mental health services.
- Developing a workforce plan in partnership with the NHS Mental Health Network and Health Education and Improvement Wales (HEIW) to support medium and longer-term services improvements and to ensure a stable and sustainable mental health workforce.
- Strengthening service user and third sector engagement across policy and service improvements.
- Improving access to welsh language mental health services.

Question 5: Do you agree these are appropriate work streams to prioritise?

Yes	Partly	No
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Question 6: Could you please provide any additional information to support your response, relating to why you consider these work streams should be prioritised or suggesting additional work streams or changes you would wish to see?

We broadly agree these are workstreams that need to be prioritised, however, rather than seeing them as separate entities within the plan it might be more beneficial to embed them within the existing key themes and actions – for example ensuring that service user engagement is firmly identified within the actions and how it will be done, rather than having it as a separate workstream seen just on its own.

The workstream in relation to developing a workforce plan to support medium and longer-term services improvements and to ensure a stable and sustainable mental health workforce makes reference to Health Education and Improvement Wales (HEIW), but it also needs to link with Social Care Wales (SCW) – SCW and HEIW are currently consulting on their joint long term health and social care workforce strategy and so it is essential that any other workforce plans are linked to this and consider not just the health workforce but the social care workforce as well, crucially with parity of esteem given to both.

We recognise the importance of improving access to Welsh language mental health services but would also add the need to consider other languages and how access is facilitated. The Welsh Government's 'Nation of Sanctuary – Refugee and Asylum Seeker Plan' recognises the

need to; “ensure the health needs of refugees and asylum seekers are assessed and the results are fed into service planning”; to “ensure barriers to healthcare for refugees and asylum seekers are reduced”; and to “reduce the prevalence of mental health conditions experienced by refugees and asylum seekers and support more effective diagnosis and treatment.” A person-centred approach which ensures that individuals are supported to achieve integration, regardless of their background or circumstances needs to be continually promoted. This should prevent ‘one-size-fits-all’ approaches which can leave some communities behind.

Question 7: Within each key theme, we have identified a number of key actions and milestones. Do you feel these are the right ones?

- As highlighted earlier in our response there is a need for the Plan to better reflect the important role that local authority services play in improving people’s mental health and wellbeing. For example, under the key theme of ‘improving mental health and resilience’ (1.1i) focus is placed on the role that Public Health Wales can play in ‘increasing the visibility and priority of work to promote mental well-being through investment and co-ordinated cross-organisational programmes’. Whilst there is role for Public Health Wales here it is vital that the significant contribution that Council’s make to the mental wellbeing of their local communities is recognised. Councils have key statutory and non-statutory duties that are an integral part of the mental health services landscape. To improve services and the mental health of our communities, a whole-system review that looks at the future of all mental health services, including the voluntary and community sector, is needed.
- There is a need for the Plan to better reflect the current structural tensions (regional vs. local, RPB vs. PSB etc.) that can make delivery extremely problematic. For example, (2.2i) sets an action for ‘Welsh Government to provide funding to Regional Partnership Boards (RPBs) to support the development of local approaches to improve access to community based services.’ It would be helpful to better define what is meant by ‘local approaches’, but it may be more appropriate for PSBs to lead on this work, or at the very least be clear throughout the plan on the role and expectations of PSBs in helping to deliver this Plan, particularly given the wider organisational membership of the PSBs, all of which will have both an interest and an important role in supporting people’s mental health and wellbeing.
- Whilst the key theme ‘Improving access and support in the community for children and young people as part of the whole system developments’ recognises the enhancement to the Youth Support Grant (2.2ii), it fails to recognise the wider community services available to children and young people in preventing issues of mental health and negative emotional wellbeing, for example leisure and recreational facilities, which local authorities are finding increasingly difficult to maintain, let alone develop. The WG local authority Youth Service Audit <https://statswales.gov.wales/Catalogue/Education-and-Skills/Youth-Service> shows a pattern of reduced Youth Work provision over recent years, for example.

- (2.1iii) - If introducing Mental Health and Emotional Wellbeing training to Initial Teacher Training, why not the wider education workforce too?
- Under the key theme 'Further developing Community Mental Health Teams (CMHT)' reference is made to health boards needing to implement improvement plans from the joint CIW / HIW review of CMHT (6.4i). CMHT's involve local authorities working in partnership with health boards and so the role of local authorities also needs to be recognised. The review itself also included actions for local authorities and Welsh Government and so it is important that these actions are also considered and the focus is not solely on health boards.
- Under the key theme 'Improving support for offenders' reference is made to health boards and Her Majesty's Prison and Probation Service (HMPPS) to develop approaches and improve support available to offenders (7.3i and 7.3ii). It would be helpful to recognise the significant role of local authorities in this as well, especially as under the Social Services and Wellbeing (Wales) Act 2014 local authorities must support children and adults with care and support needs in the secure estate in Wales just as they would for someone in the community. The joint WLGA and ADSS Cymru response to the Health, Social Care and Sport Committee's Inquiry into the provision of health and social care in the prison estate recognised that while progress has been made in meeting the social care needs of prisoners, local authorities continue to highlight areas for action or improvement, these include needing to:
 - improve access to, and continuity of, services including preventative services, between secure estate and community. This includes services addressing substance misuse, mental health issues, and sexual health, in adults and young people
 - strengthen multi-agency preventative services, including providing family stability and support, for example through Families First and addressing Adverse Childhood Experiences (ACEs);
 - continue to improve partnership working, e.g. networking, communication, joint working where appropriate;
 - improve wider 'community services' (e.g. District Nurses) to enable additional resources to be deployed 'inside the gate' when the need arises (e.g. the management of palliative patients) and maintain the principle of 'care closer to home'.
 - develop treatment pathways for those using novel psychoactive substances;
 - make counselling more widely available for prisoners serving longer sentences.

Our response also highlighted that given the significant existing financial pressures that local authorities continue to face we believe that it would be an opportune time to examine the funding levels that have been identified to meet these new responsibilities in relation to the secure estate and whether they are adequate or not in order to meet prisoners social care needs, especially given the need to invest in additional areas in order to support and improve service provision.

- Substance Misuse: The key aim of improving support for people with co-occurring mental health and substance misuse needs is supported. Further detail is required in the Plan, however, in terms of how this will happen and what the expected outcomes will

be. There also needs to be a clear link to the Substance Misuse Delivery Plan which also contains commitments for action in this area.

- Offenders: Similarly, the aim of improving support for offenders is welcomed and should include offenders in custody and those released, as post-custody support is vital in order to reduce re-offending. Again, further detail is required in terms of how this will be progressed and what the expected outcomes are. There also needs to be a recognition of the role of local authorities and social care services in this area. Furthermore, there is a need to reference the recently published blue prints for women and young offenders. It may also be helpful if the Plan was informed by the findings of the Health, Social Care and Sport Committee's Inquiry into Mental Health in Policing and Police Custody.

Question 8: If there are any key actions or milestones that we are missing can you tell us what you feel is missing and what you recommend we add?

The Plan helpfully sets out the important role that housing plays in being able to make a significant contribution to improving mental health and wellbeing outcomes for people, however, other than a couple of specific actions the role of housing is not identified in many of the 'what needs to be done' sections.

Action (2.2iii) identifies the need for Health boards to work with local authorities to make specialist CAMHS more accessible for those children and young people on the edge of care who are assessed with a need but would not access secondary care through the usual routes - this is to be informed by the T4CYP Early Intervention and Resilience Work stream that has focused on children and young people on the edge of care. This is the only reference to the T4CYP programme in the Plan - with the programme due to come to an end in October it would be useful to set out what will happen next and how the work that has been started will continue? Will there be a report on T4CYP's impact as a programme and something that sets out the next steps?

The Plan currently makes no mention of Service children (defined as either: a child who has one or both parents currently serving in the armed forces; a child whose parent/s have served in the armed forces within the last six years (Veteran); a child whose parent/s are currently serving as Reservists). There are a number of challenges / barriers that these children and young people face, including:

- Living a long distance from extended family/grandparents for support
- Making new friends and moving on from previous ones
- Keeping in contact with family/friends from a distance
- Separation – changes to family life – recurring for different reasons
- Managing emotions – when their friends leave before them/after them
- Coping with feelings – negative and positive - managing these and behaviour
- Children with ALN/Behaviour/SEMH need their needs met as soon as transition happens

- Difficulties in making commitments to relationships with peers/adults and schools as a whole – feeling disaffected
- Support for mental health and well-being
- Ability to settle and join in new activities
- Staff in school not understanding the needs and possible challenges that a Service child may face.

The Supporting Service Children in Education (SSCE) Cymru project, hosted by WLGA, is currently undertaking a survey of schools in Wales. A report is due by the end of September but early findings suggest that a number of schools have had to put specific interventions in place to support a Service child with specific needs. Examples of these interventions include:

- Extra tuition
- Targeted teaching in core subjects
- ELSA support for emotional wellbeing
- MOD Intervention groups with a designated officer
- 1:1 support
- Nurture/THRIVE support
- Anxiety support.

And some schools have indicated that they encounter issues in meeting prioritisation thresholds for mental health and wellbeing support for a Service child. Examples of the issues include:

- Action for Children age restriction of 11
- Limited number of Education Psychologist slots available each term
- Not having enough information from the previous school
- Moving school while on a waiting list and not being assessed.

It would be helpful if the Plan also made reference to Service children and the importance of ensuring that their needs are included in the future planning and delivery of services, building on any lessons and findings from the school survey that is due to be published shortly.

The plan also currently makes no mention of autistic people. There are a number of challenges / barriers that autistic people across the age range experience, including:

- An increased prevalence of mental health conditions, including anxiety, obsessive compulsive disorder and depression
- Differences in social interaction and communication
- Restricted repetitive and stereotyped patterns of behaviour, interests and activities
- Unusual sensory responses
- Vulnerable to exploitation and often experience stigma, abuse or hate crime, Co-occurring depression and anxiety symptoms can exacerbate core symptoms of autism across development, leading to reduced communication, social withdrawal, and increased psychomotor agitation, stereotypical and obsessive behaviour

The NICE (2012) guidelines also recognise the presence of comorbid mental health disorders and associated need for appropriate intervention.

Question 9: In your view, does the proposed Delivery Plan link well with other relevant policy and service areas?

Yes	Partly	No
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Question 10: Please can you provide further commentary on where you consider the Delivery Plan to link well with other policy and service areas, and tell us how you think the Plan could link better with other areas?

As already highlighted we welcome the Cross-Government Approach that is set out in the plan which helpfully recognises that many of the levers to improve mental health and wellbeing sit outside of the health sector. However, as currently drafted the Plan still has a focus on a clinical and interventionist approach and needs to consider more non-medicalised responses and place greater recognition on the contribution local government services make to positive and good mental health and wellbeing.

Whilst the Plan recognises the importance of areas such as housing, this then does not appear to flow down into the actions to take the Plan forward. It would also be useful to make far greater reference to and be clearer about the role that PSBs can play. In addition, the Plan needs to be clearer on the links to other work that is already on-going, such as: the Inquiry into health and social care provision in the secure estate; the Substance Misuse Delivery Plan; and the Inquiry into Mental Health in Policing and Police Custody.