



Together for Mental Health

Gwent Local Partnership Board Annual Report 2012 – 13



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1.0 INTRODUCTION FROM THE LOCAL PARTNERSHIP BOARD CHAIR

On behalf of the Gwent Mental Health and Learning Disability Partnership Board, I am pleased to present the very first annual report against the National Strategy 'Together for Mental Health'.

Whilst this is the first formal report, Partners in Gwent have been working together through a Partnership Board for over two years to jointly formulate and implement a common vision for mental health services in the area. Our Partnership has been strong, and will continue to be so in coming years.

We developed a Gwent Integrated Mental Health Strategy during 2011, which we formally launched in 2012. The strategy was based on two service user listening events that took place during 2010, and takes a cradle to grave approach, which focuses equally on good mental well-being and the treatment of poor mental health. The strategy has been the guiding framework for the development of mental health services since this time.

We were pleased to contribute to the development of the National Strategy, 'Together for Mental Health' and to see the age appropriate, needs led approach adopted in Gwent mirrored at the National level.

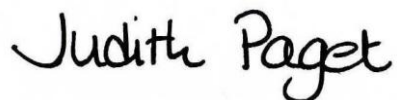
Our approach to strategy development and implementation has been one of co-production. We started from listening to the views of people who receive our services, and as a result, set 8 strategic priorities that the 5 Local Governments across Gwent as well as the Aneurin Bevan Health Board formally adopted :

- Communicate and work alongside service users, carers, staff and communities on the planning, monitoring and provision of mental health services
- Develop a wide range of services that support community well-being
- Enable the provision of a wide range of accommodation options
- Ensure services based in the community offer support, advice and where necessary assessment and treatment within this environment
- Provide specialist services that are available to people when they need them.
- To facilitate an appropriate response from across organisations to the needs of people with dementia.
- To ensure the best use of mental health resources.
- To work across the 7 organisations to establish a set of rules and a structure that supports our working together, to plan and deliver excellent mental health services (governance).

Our Partnership Board has representation from a much broader range of stakeholders than those statutory partners already mentioned, a service user, Community Health Council representative, GP and housing representative as well as the chairman of the mental health voluntary sector alliance. We want to further strengthen this, inviting public health, police and more service user and carer involvement in the coming months.

The coming years will undoubtedly present many challenges but also opportunities to the Partnership Board, we are of course in austere times, and as organisations, will need to work far more closely together to ensure our financial constraints do not adversely impact the care of people with a mental health problem. Moreover we should use the position as one which creates a platform for innovation and redesign. We are too facing a considerable change to the workforce locally, as a long established staff group all leave the service within the next few years. Once again, our pursuit of integration is an opportunity born of this challenge, and should take us forward in a new direction, building on the successes of the many dedicated staff who have gone before.

Within this report we offer evidence of our progress in the 2012/13 year. So much has been achieved during this time, that the report will not be exhaustive, but will capture the key service innovations and particular areas Welsh Government have requested reporting upon. It also restates our strong collaborative approach both to the position we are in today, but also our commitment to deliver against the National and local strategy for the people who live in Gwent.



Judith Paget
Chair of the Gwent Mental Health & Learning Disability Partnership
Board

2.0 MENTAL HEALTH AND WELLBEING IN GWENT

2.1 LOCAL MENTAL HEALTH AND WELLBEING NEEDS ANALYSIS

The 'Together for Mental Health in Gwent' strategy is applicable to people living in Gwent, which includes the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. These areas cover a population base of approximately 577,000, representing 19% of the population of Wales. Whilst Aneurin Bevan Health Board also provides services to the population of South Powys, this report does not include reporting against the Powys Vision (a separate annual report will be developed for the Powys area).

Whilst the following issues are not exhaustive, they offer the reader an insight to the life experiences of the people in Gwent, and are determining factors to good emotional well-being and prevalence of mental ill health.

- There are a mix of post industrialised as well as rural and urban communities, with some of the most deprived areas in Wales alongside some of the most affluent
- Levels of deprivation are correlated with health status and there are large and significant inequities in health across the Gwent area. The gap in healthy life expectancy (years of life in good health) between those living in the most and least deprived areas is 20 years for males and 19 years for females.
- Car ownership is relatively low in some areas with lack of public transport and issues of rurality in some areas are recognised as a challenge in accessing services.
- By 2031, the resident population in the Gwent area is projected to increase by 9% from 2006 to 2031, typically 2,000 people per year. In the same period the numbers of people aged 75 and over will have almost doubled to over 82,000.
- Economic inactivity ranges from 29.9% in Blaenau Gwent to 20.6% in Monmouthshire.

In addition, there are some specific population groups to note who may have greater mental health needs:

- Newport has the largest minority ethnic community population in Gwent and is a Home Office distribution area for Asylum seekers. Young men from Asian and African countries make up a large proportion of these.
- There is a prison population in the Monmouthshire locality at HMP Usk/Prescoed.

2.1.1 Prevalence of mental health problems and dementia

Mental health problems in children and young people

Data is not collected on actual prevalence of mental health problems in children and young people. The best available data we have is the predicted numbers of children

and young people aged 5 – 15 with any mental health problem, based on applying estimated UK prevalence to population projections (data extracted from the Daffodil system).

The prevalence of mental health problems appears to be greater in boys than girls and appears to increase slightly with age. The predicted number of children in ABHB aged 5-15 with any mental health problem is 6,957 in 2015 and this figure remains relatively stable through to 2030 when it is predicted to be 7,374.

Statistics from CAMHs services, suggest that 20% of the population of under 18s will at any one time have a mental health difficulty, and that 10% will have a diagnosed difficulty. In the Gwent area, this equates to 22% which is higher than the National average. Coupled with this profile is a staffing ration which is less than 50% of that recommended to deliver a service to this client group.

2.1.2 Population free from common mental disorder

The main source of data offering a perspective about mental health and illness in the area is the **Welsh Health Survey**. Readers should note that as these are self reported figures, the actual experiences are likely to be much higher. Overall in Wales, a greater percentage of females than males report being treated for a mental illness, and females also report poorer wellbeing than males.

The Mental Health Inventory 5 (MHI-5) scale is derived from five questions in the SF-36 questionnaire in the Welsh Health Survey. Answers are combined and transformed to produce a score on a scale of 0-100, with higher scores indicating better mental health. A cut point of 60 has been used to identify cases of a common mental disorder within a given locality.

Table 1 shows that in ABHB 71% of adults are free from a common mental disorder, which is significantly lower than the Wales average. This varies across the five localities with Blaenau Gwent and Caerphilly both having a significantly lower proportion of the population free from common mental disorder than the Wales average, whilst Monmouthshire has a significantly greater proportion.

Wales	75
Aneurin Bevan Health Board	71 -
Blaenau Gwent	65 -
Caerphilly	69 -
Monmouthshire	80 +
Newport	72
Torfaen	71

¹ Source: Our Healthy Future National Indicator set, published 3rd April 2013 by Public Health Wales Observatory. <http://www.howis.wales.nhs.uk/sitesplus/922/page/55005>

Welsh Health Survey, 2009-2010, age-standardised, persons aged 16+ (+’ denotes values significantly higher than Wales, ‘-’denotes values significantly lower than Wales)

2.1.3 Population currently being treated for a mental illness

Table 2 shows that overall in the Gwent area, 12% of adults report being treated for a mental illness. This varies across the five localities, with the percentage in Blaenau Gwent being significantly higher than the Welsh average.

Wales	11
Aneurin Bevan Health Board	12
Blaenau Gwent	15 +
Caerphilly	12
Monmouthshire	9
Newport	11
Torfaen	12

Welsh Health Survey, 2010-2011. Age standardised, persons aged 16+ (+’ denotes values significantly higher than Wales ‘-’denotes values significantly lower than Wales)

Dementia

Data is not collected on actual dementia prevalence. The best available data we have is predicted numbers of people with dementia and early onset dementia to 2030, generated by applying estimated UK prevalence rates to population projections (data extracted from the Daffodil system).

The prevalence of early onset dementia is relatively low (less than 1% in males and females). The data shows that in 2015, 149 people aged 30-64 in ABHB area are predicted to have early onset dementia. Predicted numbers to 2030 are relatively stable.

The prevalence of dementia in the 65 and over population increases steadily with age, from 1.5% (males)/1% (females) in the 65-69 age range, to 19.5% (males)/25% (females) in the 85+ age range. The total numbers of over 65s in ABHB predicted to have dementia increases from 7,696 in 2015 to 11,885 in 2030. This rise is linked to increasing life expectancy leading to a higher proportion of older people in the population.

Summary

Overall the data indicates that adults in the ABHB area have generally poorer mental health and wellbeing than the rest of Wales, and this is correlated with deprivation in common with many other health indicators. There are more than twice as many adults self-reporting poor wellbeing (interpreted as ‘common mental disorder’) than

reporting being treated for a mental illness, indicating a need for low level support and population wide mental health promotion.

Early detection of and intervention for children and young people with mental health problems will be important to ensure good outcomes into adulthood.

The substantial increase in predicted numbers of the population with dementia in the next 20 years also needs to be noted, and services will need to respond to this increasing need.

2.1.4 Service Usage

A comprehensive system of data capture across the whole service is not available in the Gwent area at this time. The following however offer an indication of service demand and activity.

- **Primary Care Mental Health Service**

In the first nine months following the inception Part One of the Mental Health Measure (October 2012 - June 2013), Gwent's Primary Care Mental Health Support Services (PCMHSSs) have seen 4,669 people for assessments. This equates to an average of 519 people being seen each month for a comprehensive assessment of the mental health and wellbeing needs, across Gwent's five PCMHSSs. The waiting time for assessment was under 28 days for over a third of referred service users (36%), and was under 56 days for 81% of referred service users.

Following assessment, 36% of service users were discharged from the PCMHSS following an intervention. 59% of service users were discharged with information, advice, referral or signposting to other services. (excluding secondary services). A much smaller proportion of service users (0.7%) were referred to secondary mental health services following their assessment.

Adult

- **Adult Community Mental Health Services**

During 2012/13 8,000 patients were seen in a community service (eg CMHTs, Assertive Outreach Teams) attended Adult Mental Health Out-patient clinics across Gwent, 3557 of which were new patients.

- **Crisis Resolution Home Treatment Services**

During 2012/13 2,171 referrals were made to Crisis Resolution Home Treatment teams across Gwent. 2,078 Crisis assessments were undertaken by the Crisis teams. Following these assessments 571 patients were admitted to Adult In-Patient units and 552 patients went on to received home treatment provided by the Crisis teams. The remainder were a) seen by CMHTs or b) discharged back to referrer as not appropriate for crisis intervention. .

- **Veterans Service**

The All Wales Veterans Health & Wellbeing Service in the Aneurin Bevan University Health Board was launched in November 2011 and is funded by the Welsh Government. Since July 2011 176 referrals have been made to the service. Of these 176 referrals 101 assessments have been undertaken. The remainder would have been triaged and signposted to more appropriate services. The current case load for the service is 29 which is at capacity.

- **Adult In-Patient Services (2012/13)**

There are a total of 131 Adult in-patient beds across Gwent, the type, occupancy and average length of stay is detailed below :

Type	Beds	Occupancy	Average LOS
Adult Acute in-patient beds	89	82%	15 days
Psychiatric Intensive Care beds	5	66%	30 days
Adult Forensic Rehabilitation Beds	37	80%	220 days
	131		

A comparison of admissions between the first quarter of 2012 and that of 2013, show an increase of 200 admissions into adult acute beds.

- **Out of Hours Admission & Assessment Unit**

In 2012 work was commissioned to design an Out Of Hours Mental Health assessment and over night admission service (OOH) in Talygarn inpatient unit. The service is for functional mental health. The OOH services were defined as being in operation between the hours of 5.00pm to 9.00am Monday to Friday and 9.00am to 9.00am for weekends and Bank Holidays.

Between the hours of 5.00pm and 9.00pm all assessments are undertaken via the Locality Home Treatment Teams (HTT). Between 9.00pm and 8.00am, all assessments and admissions are be managed via OOH service.

Since the OOH service commenced in August 2012 to the end of July 2013 727 patients have been referred for assessment, of the 727 patients assessed 456 required an in-patient admission. The majority of the referrals made to the OOHs service have been made between midnight and 8.00am.

Older Adult

- **Older Adult Community Mental Health Services**

During 2012/13 4,750 patients were seen in an Older Adult community service across Gwent, 2,251 of which were new patients to the service.

- **Memory Assessment Service**

Memory Clinics have been implemented in all localities in Gwent. A reduction in the number of Day Hospital Services has enabled opportunities to develop memory Assessment Clinics. Referrals to the memory clinics in 2012/13 are 1,830.

- **Older Adult In-Patient Services (2012/13)**

There are a total of 92 Older Adult in-patient beds across Gwent. The type, occupancy and average length of stay is detailed below :

Type	Beds	Occupancy	Average LOS
Dementia Assessment	65	87%	89 days
Dementia Respite	4	44%	10 days
Functional Assessment	23	87%	54 days
	92		

2.2 SERVICE DELIVERY MODEL

Partners in Gwent have agreed the following vision for Mental Health Services in Gwent

To enable all people facing a mental illness or poor psychological well-being living within Gwent and South Powys to lead fulfilling lives and have the same opportunities as others in society.

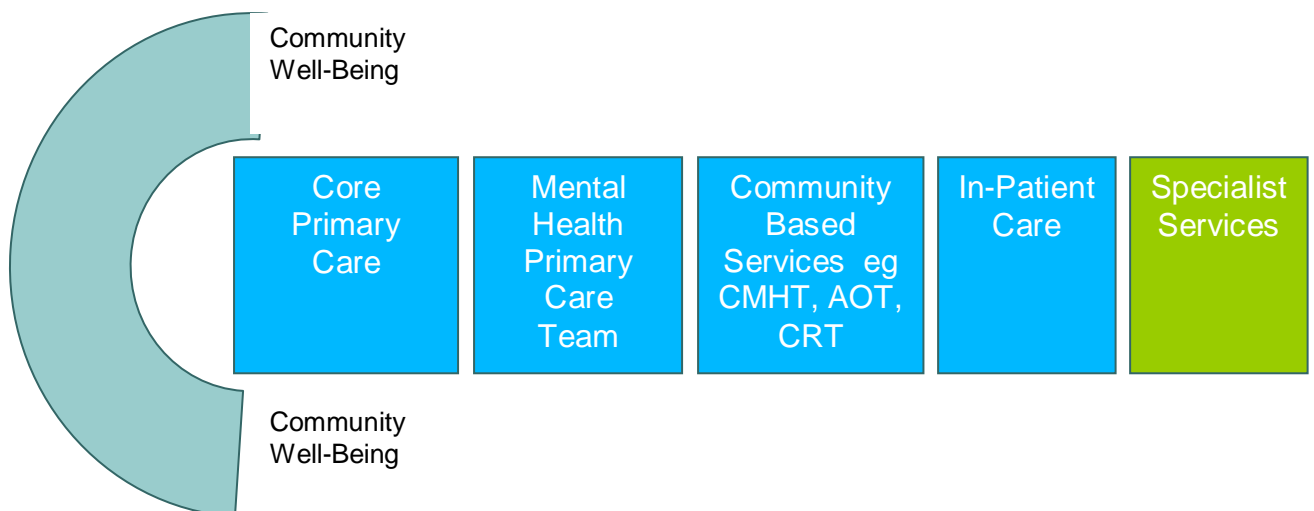
Individuals with a mental health problem and their carers will be able to access services that support their daily living needs such as housing and employment and have access to the full range of health and social care services, provided by a mix of professionals according to their need.

The vision is underpinned by a range of guiding principles that all partners in the area have agreed, and which are the cornerstone of any service development :

- **Comprehensive** range of high quality mental health services
- Community services should be delivered as **close to service users' homes**, families and social networks as is possible.
- The right services should be accessible and delivered **when** and **where** they are needed.
- Services should **intervene as early as possible**
- Services must be **acceptable**
- Sensitive to the **diversity of the population**
- Services must support service users to feel they can be an **equal member** of the community and can **recover** their place in the family, community and workplace after a period of illness.
- access to up to date, easily understandable **information**
- **Working in partnership** to use scarce resources efficiently.

- Services should aim to provide services using taxpayers' money as **efficiently and effectively** as possible with minimal waste

Our model of the future is one which is needs led, and not age defined. It is one which is first and foremost based in the communities where people live their lives, and only where absolutely necessary one which is provided from acute in-patient settings. The Service model being pursued, is one which sees a focus on the promotion of mental well-being, and where possible, the prevention of poor mental health. There is however a recognition that some people will require support from health and social care service providers (statutory, voluntary and independent) and that where possible, this response will be managed at a community level. Investment in community teams therefore has been a strong feature of recent years, as there has been a stronger emphasis on ensuring in-patient and specialist services are retained for those who need them most. This growth in community based services has already had a significant impact on the bed usage within the Health Board area. We believe too that it is vitally important that peoples transition between services is clear, and managed. We will strive to ensure that organisational, professional and service boundaries do not present a barrier to good service delivery and service user satisfaction and ensure good quality care planning and a comprehensive assessment of clinical risk. The basic service model is outlined below:



Fundamentally partners in Gwent believe that the future model of mental health in Gwent is one which is based on the individual, their needs and the relevant pathway that aids their recovery, support or treatment. We believe it is delivered through integrated teams, that respond to the individual needs of people requiring support. More detail on this can be found in later sections.

3.0 DELIVERING TOGETHER FOR MENTAL HEALTH

3.1 PROMOTING BETTER MENTAL WELLBEING AND PREVENTING MENTAL HEALTH PROBLEMS

3.1.1 Partnership Vision

Wellbeing is positively associated with a range of positive health and social outcomes. Individuals who report higher levels of wellbeing tend to be more involved in social and civic life, to have better family and social relationships and to be more productive at work

The Gwent Mental Health and Learning Disability Partnership Board has adopted a broad approach which emphasises the importance of positive mental health as an integral part of overall health and wellbeing. Action is therefore focussed on building resilience, protecting and promoting mental health at an individual and population (community) level, at each stage of the life course. Emphasis is also placed on ensuring the early identification of those at risk of poor mental health and early identification of and intervention for those with a mental illness.

This approach will support resilient communities which help people to 'feel good and function well', the two elements of wellbeing as defined by the New Economics Foundation (2008).

With this in mind, there is an emphasis to ensure that as much activity as possible related to community well-being takes place in communities, streets, and natural social gatherings at a community level (ie allotments). Our Vision is one which sees the wide range of community activities that are already underway through communities first, housing associations, voluntary activities etc, including aspects of mental well-being (eg 5 ways to well-being, tackling stigma) or indeed just recognising how being an active member of the community and meeting an individuals own aspirations for this has a significant contribution to make to individual well-being.

3.1.2 What are the key challenges facing us?

Issues regarding local demography as outlined in the Local Mental Health and Wellbeing Needs Analysis present key challenges as regards promoting better mental wellbeing and preventing mental health problems in Gwent. Each of the five local authority areas have very different profiles, each with very different needs. These include deprived valley communities, inner city Newport (with a black and minority ethnic population of 4.8%, considerably greater than the Welsh average of 2.1%) and rural Monmouthshire with issues relating to isolation, poor access to services and an older population.

Nearly a quarter (24%) of the Lower Super Output Areas (LSOA) within the Gwent area are amongst the most deprived fifth in the whole of Wales. Blaenau Gwent is one of only two LA areas in Wales with 41%-50% of their LSOAs in the most deprived fifth. There is a strong association between low income and poor mental

health, each contributing to the other. The welfare reforms currently being implemented by the Government will impact adversely on the most deprived individuals and communities in Gwent and represent a significant challenge, with increasing numbers of people experiencing low levels of wellbeing and at risk of developing mental health problems.

3.1.3 What have we achieved in the last 12 months?

A Community Well-being group has been established within the last year, to take forward the prevention and promotion agenda as related to both National and local strategies.

The focus of the group has been in three main areas :

- The general mental well-being of the population
- The mental well-being of those at risk (first year focus – children entering and leaving the care system)
- The mental well-being of existing service users.

The group has had representation from a wide range of community stakeholders including, education, communities first, employment, voluntary sector and public health. The group is chaired by the Director of Public Health from the Aneurin Bevan Health Board area.

Links have also been established with Housing Associations and existing community infrastructure in the area as a means of working with tenants, residents and staff to enhance well-being and recognise the contribution of existing community based activities to the mental health agenda.

Some specific achievements are :

- **Improving Mental Well-Being - Five Ways to Well-being & Time to Change Wales**

Five Ways to Well-Being

Five Ways to Wellbeing provides a framework for mental health promotion in the Gwent area. A virtual network has been established, initially with a focus on adults but expanded to include children and young people. Organizations are supported to promote a range of activity on the three broad levels identified by NEF (2011). These are integration of Five Ways to Wellbeing into policy/strategy, integration into existing projects/services and organizational activity and as a way of encouraging individuals to promote their own wellbeing. Applications of the programme include:

- Incorporation into Communities First Cluster Plans
- Incorporation into the ABHB and LA Corporate Health Standard Programmes
- Incorporation into ABHB Making Every Contact Count Programme

- Incorporation into a multi topic brief intervention training package for primary care staff. 181 individuals trained to date, including GPs health visitors and practice nurses.
- Incorporation into SIP delivery plans
- Incorporation into for Community Wellbeing Champions Programme

Time To Change Wales (TTCW)

Senior level commitment within ABUHB has been established in relation to the Time to Change Wales Programme. A programme of anti-discriminatory volunteer educator training has been planned for delivery within ABHB and TTCW leads have been identified in each Local Authority to progress the campaign here. Initial discussions have also taken place with some housing associations in the area.

- **Mental health awareness training – Mental Health First Aid, ASIST and Wider Community Awareness**

There has been a strong emphasis on the cascade of Mental Health First Aid and Asist training in Gwent. A wide range of providers deliver the training, (eg all MIND organisations in Gwent, ABHB via a third sector provider) with the following offering an indication of activity in recent months :

- 16 sessions held (13 for adult MHFA and 3 for youth MHFA) 162 individuals trained regarding MHFA (131 adult and 31 youth)
- 8 sessions held and 145 individuals trained regarding ASIST

In order to drive this commitment further forward in 2013/14, and to meet the aspiration of exemplar employers contained within the National Strategy, the approach in Gwent will be to target the largest employers (the 5 Local Governments, ABHB, Police and several Housing Associations in the area) to offer training and support to staff to engage with the training.

Housing Associations have a key role to play and are already leading many activities at the community level that are contributory to mental well-being. Examples are 'Crafty Women' a craft group for women who may have experienced or at risk of experiencing domestic abuse (Monmouthshire Housing Association), Community asset mapping and community/staff development (United Welsh Housing) and Young mums shopping and cooking project (Tai Calon)

Awareness through Super Markets

Staff appointed to the Primary Mental Health Measure Teams in some geographical areas have been raising awareness of mental well-being through supermarkets in Gwent – this is an initiative we hope to roll out further through the 2013/14 year.

Communities First Mental Health Posts (Caerphilly Borough only)

Promotion and support for positive mental well being is a key component through all Communities First (CF) delivery. Project delivery across all priorities will promote mental well being and aim to improve both individual and community resilience. The mental health officer will work closely with the wider CF team to engage with individuals, families and groups across all areas of delivery providing support to people who are experiencing or who are recovering from mental illness or distress. They will work closely with the wider Communities First team to ensure individuals with mental health problems are enabled to actively take part in their community. In addition, They will work closely with Primary Mental Health Teams to ensure community level support is provided and access to statutory services is facilitated where necessary. Referral process are being established with GP's, social services and service providers for clients to access community activities that will benefit their recovery and well being.

In addition be-spoke activities are being developed directly from consultation with community members and groups and service providers. For example peer support groups and self help sessions have been established as well as mental health awareness sessions delivered that aim to provide information on different mental health conditions and how individuals affected and their families can get support. These projects will develop over time through increased contact with service users, providers and the community to ensure they meet identified need.

- **Resilience Building in Children & Young People**

There are a wide range of National initiatives underway aimed at improving resilience in children and young people eg Healthy schools, school based counsellors, Flying Start, Families First etc. In addition to these programmes, the following have been developed and are being implemented in Gwent :

Looked After Children Project

A programme of work has commenced to explore/review the mental/emotional health needs of Looked after children (LAC). Within the past year, a literature review has been completed and a consultation event with key stakeholders undertaken. Consultation with LAC has commenced. An assessment of health needs is also currently being carried out.

Development of a Youth Health Toolkit

The Health & Wellbeing Youth Worker Toolkit has been developed by the five Youth Services in Gwent and Public Health Team in partnership. The toolkit covers 6 key health topics, including emotional health and wellbeing and is designed to provide youth workers with session ideas and information to enable them to undertake health-related work within their role. The emotional health and wellbeing section focuses on promoting good wellbeing using the Five Ways to Wellbeing.

The toolkit is currently being piloted across Gwent, which is due to finish in September. After any amendments it will then be rolled out across all youth services, accompanied by resources and a training programme.

Development of an Early Intervention Service

Psychosis can be a debilitating illness with life changing consequences for the individual and their family. Between 50 - 75% of incidences emerge during adolescent and early adulthood. This means that the condition can affect all aspects of life e.g. relationships, education, vocation, and social functioning, at a key stage in the formative years. The Aneurin Bevan University Health Board's Early Intervention Service aims to facilitate the early detection of possible psychoses and to provide early medical and psychosocial interventions to increase the young persons resilience, to minimise the implications, and to promote recovery.

- **Suicide and self harm**

Within 2012, Partners have been seeking to better understand the profile of suicide and self harm within Gwent. They have established that whilst just under 30% of people who commit suicide in Gwent are known to mental health services, that over 70% are not. This suggests that the majority of awareness and support should be provided in a community based setting, and as such all of the above initiatives are contributory to our overall approach to suicide and self-harm prevention across Gwent.

3.1.4 What are our service innovations?

Service Innovations over the past year include :

- The use of Five Ways to Wellbeing as a framework for promoting mental health throughout the ABHB area. Also, incorporation of Five Ways to Wellbeing into a multi topic brief intervention training programme.
- The establishment of mental health specific posts to work at a community level via Communities First Programme (one Borough only)
- Work in supermarkets
- Looked after children work

3.1.5 Our priorities for the next 12 months

Areas from the 2013 **National** Delivery Plan where progress is required are :

- Continued roll out of multi topic brief intervention training programme
- Continued roll out of Community Wellbeing Champions Programme
- Continued promotion and roll out of MHFA and ASIST training programme
- Complete consultation with LAC

- Delivery of volunteer educator training programme (TTCW)

Areas of **Local** priority are

- Enhanced community based activity as linked to Housing Associations etc.
- Maximising existing opportunities for community cohesion and capacity building

3.2 CHAPTER 2 - A NEW PARTNERSHIP WITH THE PUBLIC

3.2.1 Partnership Board Vision

The person that knows us best, is ourself. Next are the people that surround us, our families, carers, neighbours, friends and other people in our communities. At times, we reach out to services, and at these times we need to ensure that those services whether provided by independent (eg GPs), statutory, voluntary or private providers listen to us and those that know us best.

We know that where people feel ownership of any change in their lives, that it has more opportunity for success, we know too that peoples sense of purpose, place in community and hope for the future contributes significantly to their mental well-being both for people who have experienced a mental illness, and those who have not.

Our vision then is one that sees mental well-being as a shared responsibility, that sees a strong voice from people and their loved ones who have used our services, and one which is truly committed to real involvement from all who have a stake in good mental health. Ours is an approach of co-produced mental well-being, co-produced care planning and co-produced outcomes. Our ambition is strong, and in this first annual report, we are still working through how it can fully be achieved, we have strong partners; communities, service users, carers and providers – particularly the third sector who lead the field in a lot of this work.

3.2.2 What are the key challenges facing us?

There is a lot of engagement already underway in Gwent. Some of this relates to sharing information, some relates to feedback about services, and some to the possibilities of service redesign and development (influence). The challenges to the Partnership Board on this front are twofold :

- (1) A key challenge for the Partnership is to harness the feedback that is already received by various providers and translate this into service improvement
- (2) To ensure that people feel listened to, that there is a feedback mechanism and demonstrable action linked to the feedback.

We also want to ensure engagement across the whole spectrum of our strategy locally and will in the next reporting year have developed a comprehensive framework for this.

3.2.3 What have we achieved in the last 12 months?

Our local strategy was born from service user and carer listening events in 2010. The last year has seen the on-going commitment to listening to service users via the Gwent Wide Service User forum, which has met on no less than 4 occasions to address particular issues and offer views and perspectives on how we are progressing. During this time, we have continued to fund two service user involvement and development officers from GAVO. In the coming year, we will seek

to strengthen engagement, using more innovative ways to engage, and building upon the range of activities that are already on-going.

Other service user engagement initiatives have included :

- The development of a library of digital stories
- Planning within the past year to set up a series of focus groups using the Delphi technique to find out people's views, experiences

Welsh Government has requested specific feedback in the following areas :

- ***Reducing Inequalities in vulnerable groups***

By the very nature of mental health, it could be assumed that those experiencing a mental health issue are vulnerable within our society. As such we have sought over the last year to build consistency of service delivery across all areas in Gwent. Areas of example are :

- Extension of community based services to all areas in Gwent to ensure equality of access (eg crisis teams and memory clinics)
- Via commissioning processes to enable third sector providers to change their constitution and share good practice across geographical areas, once again enabling a more consistent approach to service availability and equality of access.

More specifically, good contacts have been made with Diverse Cymru, and there is existing activity through the Newport based Mechanic group (specific to BME communities). Specific areas of focus within the year have been :

- A task group to consider the mental health needs of people within the deaf community
- Asylum seekers - Profiles and health needs assessments for asylum seekers and refugees, gypsies and travellers, EU migrants who are homeless or vulnerable to homelessness and substance mis-users commenced
- Looked After Children needs assessment
- Homeless people - Profile and health needs assessment for homeless people developed.

- ***Provision for Welsh Speakers***

All organisations that comprise the Mental Health & Learning Disability Partnership are compliant with the requirements for Welsh Speaking. Partners in Gwent however recognise that the number of people identifying themselves as having a first language as welsh speaking is relatively small. Moreover that there are many other languages that will need to be recognised, particularly in the Newport area which is the distribution centre for people seeking asylum, and where other languages may be dominant, and for those who are deaf where British Sign Language (BSL) may be their first language. Partners will seek to respond to the language needs of individuals as they arise, drawing on expertise across the area to support this (ie local translators).

- ***Local Information for Service Users***

In the first year of reporting, the Partnership Board can report as follows :

- A local directory of services is under development
- Some Primary Mental Health Services have begun to populate a google based platform of service availability at a local level (Caerphilly specific)
- All third sector organisations have developed fliers, information leaflets and often web based accounts as to the services they offer
- Statutory services provide information, however this is specific to the providing organisation and not a Borough based resource

- ***Implementation of Care and Treatment Plans***

Our commitment to co-produced care planning and co-produced outcomes is particularly relevant here. Our approach has been to ensure service users are key partners in the development and execution of their care plans. Our compliance with care planning is high, and we have been identified as a site to pilot the outcome measures for care and treatment planning.

- ***Development of Carers Strategies***

Partners across Gwent have contributed to the implementation of the Carers Measure (Wales). There are a number of carers groups in Gwent which partners would recognise and seek to ensure better engagement with. This has not been achieved in the first year of reporting, but is identified as a priority in the next year, and it is hoped the carers development officers employed as part of the measure will further support this.

- ***Service User Engagement arrangements, including on Local Partnership Boards***

The Gwent Mental Health and Learning Disability Partnership Board has been in existence for over 2 years. At its establishment it was at the forefront of Partnership Board development and secured a service user voice very early on. Following the establishment of the Gwent delivery framework to implement the Gwent strategy, each group (community well-being, community services, accommodation and specialist services) also had a designated place for a/some service user reps. Developments over recent years would seek to build on the original approach and commitment and seek wider service user involvement into 2013/14.

3.2.4 What are our service innovations?

Particular innovations/good practice to share with colleagues are :

- Asylum seekers and homelessness needs assessment
- Early adoption of the Partnership Board and service user model
- Well established Gwent service user forum and locality based user groups that feed into it.

3.2.5 Our priorities for the next 12 months

There are no National requirements that are not already being addressed. At a **local** level, the following are identified as priorities :

- Developing the continuum of engagement
- Harnessing activity that's on-going and ensuring it drives service development and improvement

3.3 Chapter 3 - A Well Designed, Fully Integrated Network of Care

3.3.1 Partnership Vision

As a Partnership Board we are clear that the future services we provide should have a new approach, that ensure service users are truly at the centre of their own care receiving evidence based interventions at the earliest possible stage which are easily accessed and delivered in a timely, flexible and responsive manner. Services by all providers in the Gwent area should be simplified and integrated, arranged around people and not organisations, and therefore provided across the public, third sector and independent organisations.

The design principles of our future service are simple. They aim to:

- recognise the dignity of individual service users, respecting and valuing their diversity as well as acknowledging their major role in the process of planning and developing services
- be grounded in respect for all those people who engage with these services, not only those using them but also their supporters and carers
- provide practical advice and information for service users and their carers need as well as developing a consistently high quality, comprehensive package of care and support which minimises bureaucracy
- make sure that the best and most effective treatments are widely and consistently available
- be open to everyone providing age-appropriate care and support. It responds to people on the basis of need not age, ensuring that people with mental health problems are not discriminated against and have their mental health needs met
- be delivered through a person centred approach. This value base will be consistent across all service areas
- be based on the best evidence and be informed by (as well as informing) relevant research and development
- be of high quality, safe and with clear processes for safeguarding
- be focussed on interfaces between parts of the service to ensure this is smooth for the service user accessing them

We see the provision of services to people with poor psychological well-being or mental illness as a single system, regardless of provider. We also aspire to enhanced collaboration between organisations at a population level that have an impact on good mental well-being ie housing, education etc, and therefore position our services in the wider system of community health and development.

Delivering health and social care is complex, however, needs to be thought of as a whole system of care. On the other hand it has to be easy to understand and easily accessible for those that use the services.

Through working with communities and all partners to achieve this vision, we believe service users and their carers can expect:

- More emphasis on good mental health and well-being in communities
- More community based services (eg primary care mental health services, home treatment services, crisis resolution services, memory clinics and Early Intervention Services)
- More focused hospital based services (beds being used in a different way, based on need and not on age)
- Strengthened relationships between general and mental health services
- Integrated teams delivering your services
- A service that responds to your needs not your age

The key components of our model have been earlier outlined, and as such we will feature here on particular examples that illustrate our pursuit of a fully integrated network of care in the past year. Readers should note that third and independent providers are integral to discussions in the areas outlined below.

3.3.2 What have we achieved in the last 12 months?

A considerable amount has been achieved, Welsh Government have specifically asked for reports in the following areas :

- **Integrated pathway planning**

- There has been a longstanding commitment to the integration of mental health services in Gwent. Any future visioning of how services should look therefore is entirely inclusive of all partners in the design and development.

The Partnerships vision for integration is :

Delivering integrated services to those that need them through services that are organised around individual needs. Ideally this requires an integrated delivery and management framework with a single budget and single IT system.

There is agreement that the future mental health service will be integrated, and will be managed from within health. There will be an integrated delivery structure within each locality, and a centralised management arrangement at an all Gwent level. The service will be managed via a section 33 agreements between the 5 Local Governments and Aneurin Bevan Health Board.

The model sees a lead employer, a 5 Borough Delivery model, a single budget, single manager, governance framework and information systems supported by a governing partnership and a section 33 agreement.

There are multiple layers to our programme of integration. These are:

- Integration of the service at a delivery level
- Integration of the management structures
- Integration of policies and procedures that support the above.
- Developing the professional frameworks to support integration

A number of future service modelling workshops have been held. These reflect the shift towards a needs led service and have focussed on both functional and organic pathways. The workshops have been led from clinical, social care and managerial leaders in both the functional mental health and cognitive impairment pathways. The visioning work done through the pathways above, as well as alongside the visioning work done by the Partnership Board has set the context for the service components outlined below :

- **Implementation of the Primary Mental Health Care Service**

Partners in Gwent were ambitious in the model that they developed for the introduction of the Primary Mental Health Service. The new service resulted in the redesign of the whole front end of mental health services in Gwent, through the redesign and re-designation of the following teams to comprise the new Primary Mental Health Service :

- First Access Teams
- Memory Clinics
- Primary Care Counselling
- Tier 1 CAMHS services

The model spans all specialities including CAMHS and Learning Disabilities and is a generalist rather than a specialist model. (Activity numbers have been shared within the service usage section of this report).

Within the year, early work has started with third sector providers in each of the 5 areas in Gwent to consider how they can best align with the Primary Mental Health Service, and how they can establish a working relationship that sees both statutory and voluntary sector organisations as equal providers of care.

A lot of work has been undertaken with Third Sector organisations to understand how they can be seen as equal providers of care at a locality level and be aligned with primary mental health services in each unitary authority area,

- **Community Based Services**

The introduction of the Mental Health Measure and the changing profile of where patients are being seen, means that a review of other community based services will be required. The first to be considered will be the future role and function of Community Mental Health Teams.

- **Secondary Care (Care and treatment planning and ability to re-refer)**

Part 2 of the Mental Health Measure requires all service user in secondary care to receive a Care and Treatment Plan. This plan enables the service user wherever

possible to have full involvement in agreeing the care they receive. The development of a care and treatment plan is based on a thorough risk assessment (this is referred to below) and in addition to this wherever possible service users are engaged in developing meaningful relapse prevention indicators. To date a compliance rate of 87.5% has been seen across Gwent.

Part 3 of the measure enables service users to refer themselves back to the service. Within the Gwent area, between June 2013 and May 2013 - 97 self assessments were undertaken and 53 people were accepted back into services.

- **Unscheduled Patient care**

Unscheduled patient care presents itself in two ways in Gwent, via A&E or through Mental Health Out of Hours services.

The reduction in senior house officers (SHOs) has been a lever to think differently about Out of Hours services in Gwent. A centralised assessment service has been developed. This service has experienced considerably high demand over the past year (increases of 30/40%), and work is on-going to determine the reasons for this.

Within the last year, a Liaison Team has been introduced to the Royal Gwent and Neville Hall Hospitals. These services have been well received and enable service users presenting with Mental Health problems in the A&E department to be screened in a timely manner.

- **Specialist Services**

Forensics : During 2012/13, work commenced on the Gwent Forensic Strategy. This is the first strategy of its kind in England and Wales. Partners look forward to implementing it in the 2013/14 year.

Personality Disorder : Work has also commenced on the personality disorder pathway which is a joint project between health and probation across Wales.

Eating Disorders : There is an excellent relationship between the CAMHS and Eating Disorder services. A virtual team has been established that works across the two specialities, to support young people with an eating disorder, and is able to provide person centred packages based on a general CAMHS day centre model.

- **Continuing Health Care (CHC) focus and development**

The Mental Health Division now has a dedicated CHC team that covers both Adult Mental Health and Learning Disabilities. This has related in the development of a number of local repatriation initiatives, local bespoke packages and more efficient use of resources that support individuals in receipt of CHC.

One good example of this is the development in the last year of a female only unit for forensic patients. This was identified as a service need due to the high number of female patients from the area, however with no local provision. A female only unit was developed to accommodate 6 patients. This has enabled a number of patients

to be repatriated to the area that they live in and have their care and support provided locally. It has also enabled a reduction in costs for these clients. q

- **Managing transitions**

Delivering health and social care is complex, however, it needs to be thought of as a whole system of care, whilst being easy to understand and assessable for those who use the services. As a Partnership Board we believe it is critical that people's transition between services is clear and managed. We strive to ensure that organisational, professional and service boundaries do not prevent barriers to good service delivery, service satisfaction and good quality care planning and a comprehensive assessment of clinical risk.

- **Psychological Therapies Developments**

One of the key functions of Local Primary Mental Health Support Services under Part 1 of the Mental Health Measure is the provision of brief, evidence-based, recovery- and outcome-focused interventions. In Gwent's Primary Care Mental Health Support Services (PCMHSSs), an audit conducted in October 2012 showed variable levels of skills in practitioners in the provision of psychological interventions. To address this issue, training has been provided to PCMHSS staff including in solution-focused therapy, delivering group psychological interventions / courses (*Mood Master* and *Living Life to the Full*), and using Cognitive Behavioural Therapy (CBT) to help people with post-traumatic stress disorder and obsessive-compulsive disorder. A programme of training for PCMHSS is being developed for the 2013 year. This will include training in CBT, training in systemic therapy, and a programme of training on delivering psychosocial interventions in primary care that is based on the Agored Cmyrnru-accredited All Wales Curriculum for Primary Mental Health Workers.

The Psychological Therapies Management Committee (PTMC) was reconstituted with a new terms of reference in the summer of 2012. It meets bi-monthly and has overseen the development of a supervision register that will be of particular use to staff working in the Primary Care Mental Health Service. Consideration is currently being given to service user and carer representation.”

- **CAMHS**

The CAMHS service recognises that there are established benefits to an environment that supports children and families through pregnancy, childbirth and the first years of life. Moreover that adolescence and emerging adulthood, is a time of social, emotional and physical transition, which can be challenging for the young person and their family. This is often the time where experiences of mental illness peak. It is therefore essential that service users and their families are prepared for any changes in services, and that strong pathways of care are developed to enable a seamless transition from CAMHS into adult mental health services.

Tier one CAMHS services have since October 2012, been embedded as part of the Primary Mental Health Support Services. Ensuring that children and adolescents presenting at primary care have a clear route to early intervention and early

assessment/intervention. Pressures on this service are however high with demand far exceeding current available capacity.

A CAMHS transition protocol has been developed and has been formally adopted by the 5 local authorities and Aneurin Bevan Health Board in Gwent. A Transition Board has also been established for the area.

There is a requirement within the National Strategy for LHB's and LA's to ensure appropriate pathways and the provision of specialist inpatient and Community CAMHS for children with mental health problems. An age appropriate bed has been established in Ty Cafanol which responds to the needs of children with a mental health problem and is part of the overall CAMHS pathway.

- **Dementia**

A Dementia Board has been established in the Gwent area which has representation from across Local Government, Health, Third Sector, CHC and Carers. The Dementia Board has developed a number of priority areas to take forward which have been driven by a series of patient stories. The themes that the Dementia Board are progressing are:

- Primary Community Services (inc diagnosis, and Dementia Friendly Communities)
- In-patient Care
- Palliative Care
- Training and Development
- Carers
- The Environment

The Partnership continues to make good progress against the dementia intelligent targets, and is currently working to develop and strengthen a fully integrated network of care for dementia, which places the person with dementia at the very centre of individual care packages. An initial workshop has been held in the Monmouthshire area in order to establish what an integrated pathway for people with Dementia could look like and how services would need to be better configured to respond. Much closer working relationships with the older people and frailty teams are likely to be the outcomes of this work.

- **Working within care homes**

Following the publication of the NICE/SCIE guidelines for antipsychotic prescribing in dementia (2009) and the subsequent Welsh Government Intelligent Target Driver (Community Care, focussing on care homes and anti psychotic prescribing) significant progress has been made across all the boroughs in Gwent and South Powys to audit and implement action plans to improve prescribing and monitoring, reduction and discontinuation (when appropriate) of antipsychotic medication. In-reach nurses have been appointed for care homes across all the boroughs and have started to work with primary care, community pharmacy and care homes staff to devise local ways of implementing the guidance. There is emerging evidence which

clearly demonstrates the financial savings to be made by implementing this approach.

- **Veterans**

The All Wales Veteran Health and Wellbeing Service (AWVHWS) in the Gwent area is now well established. It is a specialist service that sits in Primary Mental Health Care under Part 1 of the Mental Health Measure. The ABHB service is one element of an All-Wales service based on a Hub and Spoke model with the Hub being located in the Cardiff and Vale UHB. The Hub and spokes of the All-Wales service work together to ensure good practice across Wales, uniformity of service across the Health Boards, and a co-coordinating role for statutory and other veteran specific organizations. A National steering group meets on a quarterly basis to steer new developments, to unite organisations working with veterans in the purposes of the service, to establish new elements to the service that resolve unmet needs, and to define, establish and promote a common pathway of care for veterans.

Specific achievements in the last year are :

The development of a clinical network meeting - The local Mental Health Clinical Network (LMHCNM) meeting in ABHB held its first meeting on July 1st 2012. Terms of reference have been devised for this outlining the purpose, membership and objectives. The meeting has representatives from ABHB veteran service including the local veteran service lead and executive and non-executive board members with a veteran champion role (Denise Llewellyn and Brian Mawby respectively). Each have been instrumental and supportive in developing the clinical network. Representatives to the clinical network also include Soldiers, Sailors, Airmen and Families Association (SSFA), Combat Stress, Royal British Legion (RBL), Service Personnel and Veterans Agency (SPVA), Gwent Specialist Substance Misuse Services (GSSMS), Primary Care, CHC, local community alcohol services and clinical psychology. The meeting presently has 2 functions; firstly, to act as a clinical network for the mental health needs of veterans, secondly, to act as the fore runner for the further development of the AFF. The LMHCNM continues to be shaped and developed and now meets quarterly.

Develop an Armed Forces Forum (AFF)The over-arching aim of the AFF is to provide a clear pathway which binds services together and enables the individual to move seamlessly between whichever provider best meets their needs. This recommendation, again supported by Welsh Government, has also been achieved within the ABUHB area. The form in the ABUHB area had its first meeting during May 2013.

3.3.3 What are the key challenges facing us?

The key challenges that are facing the Gwent Mental Health and Learning Disabilities Partnership Board in pursuit of developing a well designed fully integrated network of care can be summarised as follows:

Integration – Whilst there has been a long commitment to integrate services across the health and social care spectrum within Gwent, developing the culture which supports this will present a challenge in coming years. Partners are developing some programmes of support that will be delivered through the programme of integration and onward as integration embeds.

Engaging Service Users – Whilst every effort is being made by partners across Gwent to engage service users in the planning and development of services, there is a need to strengthen this engagement moving towards meaningful influence and involvement. A framework for involvement is currently being developed which seeks to engage people from across communities, services and workplaces and which will be used as the driving force for further development at a local level.

Outcomes Measuring – Partnership Board are keen to move towards a measurement framework which is based on outcomes rather than outputs. It is firmly committed to understanding the experiences of people, particularly how this adds value to an individual's life. The measurement of outcomes of course is very rarely attributable to any one organisation or intervention and therein will be a challenge in moving towards an approach which reflects a shift from attribution to contribution.

Generalism Verses Specialism – There are many changes for the workforce in mental health at the current time. One of the main challenges that is presenting itself currently is a shift from specialist working to more generalist roles as the service transformation takes place. This has been a particular issue in relation to the establishment of the Primary and Mental Health services.

Leading towards a Needs Led Service – Both national and local strategies for mental health require organisations to move from an age defined approach to a needs led approach for mental health. There is absolute commitment to the concept of this and ensuring that individuals have the service that they require regardless of their age, however there are likely to be some professional challenges in respect of changing staff roles.

Austerity - The ability to deliver the same quality of service in times of austerity. This will require organisations working much more efficiently together to use a combined pool of resource to deliver services across the network of care. This will need to include all providers and services across statutory, third, private and independent sector.

Workforce - There are significant workforce challenges facing partnerships across Gwent where a substantial amount of experienced staff are due to leave the service within the next 2 – 5 years. It should be noted this outflow has already commenced and presents challenges to the service in respect of organisation memory and capacity.

CHC - There are increasing costs associated with Continuing Healthcare and growth which partners regularly scrutinise and respond to however it is projected that this area will grow in coming years increasing financial pressure upon these services.

3.3.4 What are our service innovations?

- Development of a liaison service
- Development of a prison in-reach service
- Development of an Early Intervention Service
- Development of a dedicated mental health team for Continuing Health Care
- Development of a female only low forensics unit
- Virtual team across CAMHS and Eating disorder services
- Strong Veterans service

3.3.5 Our priorities for the next 12 months

The National Delivery Plan requires the following to take place within the 2013/2014 year².

- Develop plans to manage Transition for young people effectively by November 2013.
- Each Substance Misuse Area Planning Board and local Mental Health Partnership Board to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the service framework meeting the needs of people with a co-occurring substance misuse and mental health problems by March 2013.
- Develop guidance to ensure early identification and an effective response by Mental Health and Substance Misuse services to new and emerging trends or drug usage by March 2013.
- Respond to the All Wales Review of Prison Mental Health Needs Assessments and the Welsh Government policy implementation guidance for Prison Mental Health Service
- Implement safeguarding legislation and policies.
- Develop joint local strategies to reduce delays in transfers of care, rates of admission to mental health beds – including repeat admissions within 20 days
- Commission and complete review of the pattern and cost effectiveness of eating disorder treatment across all ages and services by the end of 2013.
- Respond to the Welsh Government policy and implementation guidance on addressing mental health problems of young people in the Youth Justice System (Being published December 2013).
- Ensure that individual service user views of what recovery means to them become a core part of care and treatment planning
- Develop plans for joint working and developments on Housing and associated services incorporating mental health as a priority by June 2013.
- Welsh Government, LA's and NHS Wales to act as exemplar employees in developing work places that support mental wellbeing and both recruit and retain people with lived experience of mental illness
- Welsh Government to work with Third Sector, NHS and LA's to develop a set of outcome indicators from a service user lens

At a local level areas for prioritisation are:

² Note actions already accomplished do not feature here

- The development of a modern Older Adult Service which can deliver integrated care in close alignment with Frailty.
- Further progress of the Mental Health integration agenda including the strengthening of the role of the voluntary sector within local pathways of care.
- Review of community based services following the introduction of the Primary Mental Health Services and varying hospital avoidance schemes.
- To better understand mental health unscheduled care demand and how that can be better managed out of hours.

3.4 Chapter 4 - One System to Improve Mental Health

3.4.1 Partnership Vision

Partners within Gwent recognise that contributory factors to good mental well-being are much wider than those traditionally provided by health or social care services. Specifically key determinants relate to people's social and environmental circumstances for example good housing, access to information, stability of family, support in the areas that may be required around a variety of life skills for example debt and financial advice.

As such relationships across organisations and specialisms to support people to maintain a good level of mental well-being must work together as one system of support.

Much work has been undertaken in the last few months to establish contact wider than the traditional health and social care connections with communities, housing providers, employment providers and to strengthen the role of the Third Sector in this area.

3.4.2 What are the key challenges facing us?

At times of austerity it is normal that organisations would seek to deliver simply their core business, and may have some resistance to working beyond their remit to support a wider network of care. Whilst this may be anticipated this has not been the experience within Gwent and some real strong connections are emerging to ensure that people who need support in a variety of areas are able to access it.

There are however a number of challenges which present themselves to us as partners in pursuit of good mental well-being and managed mental illness. Examples of these are, the impact of the benefit reforms, the forthcoming supporting people cuts and the diminishing budgets available to support peoples needs in a community setting.

3.4.3 What have we achieved in the last 12 months?

Partners in Gwent recognise that not all organisations need to do everything independently, and as such have enabled an approach which recognises the contributions of all and the ability for communities and organizations to deliver what they do best as a contribution to the overall aim of community wellbeing. Examples of this are the excellent work that is done by housing providers locally.

Areas that Welsh Government have asked for specific updates on are :

- **Providing debt/financial advice**

There is a strong network of housing providers in the Gwent area. A number of the housing associations within Gwent provide Debt and Financial Advice to their tenants and residents, as well as providing a loaning service for computers that aid

access to advice and benefit receipt/management (eg Monmouthshire Housing Association). There are many good examples of these across Gwent. A number of Third Sector providers have also started providing debt and financial advice to clients (eg Monmouthshire Mind) and are seeing significant demand for this kind of service.

Conversations have been held with the Team Leaders of the Primary Mental Health Service to ensure that they are aware of local debt and finance advisory services within their area so that people accessing the Primary and Mental Health Service with a finance or debt issue are enabled to access support as soon as possible. The Citizens Advice Bureau also provide financial and debt advice and are able to be accessed within the Gwent area.

Over the last year an excellent working relationship has developed between the Veteran Service and Royal British Legion, benefits and money advisory service which is based at the Citizens Advice Bureau in Bargoed in Caerphilly. The service offers advice for Veterans and their dependants on issues related to benefit advice and help with claims and debt management. A high number of the services with access in the Veterans service are referred to this service from the Veteran Service.

- **Fire safety**

There are many different initiatives going on related to Fire Safety within Gwent. An example where health, social care and fire services have worked together can be identified through the following case study:

A service user in his mid 30's and who has a personality disorder lives with his elderly parents. His dad has Dementia. This service user has on a number of occasions started fires which have presented significant risks with regards to the safety of his parents and indeed his home. Health and Social Care services worked with the Fire Brigade who provided smoke alarms and advice to the family as a preventative means and risk reduction

- **With local employers**

The 6 statutory organisations that comprise the Mental Health and Learning Disability Partnership Board along with the registered social landlords and housing associations in the Gwent area are arguably amongst the largest employers in Gwent. Most of the employment based work within the last year has been targeted in ensuring these organizations are exemplar employers in relation to mental health. All of these corporate organizations take part in the Corporate Health Standards and are achieving good status within this programme. There are a number of specific examples and these are cited here:

The Aneurin Bevan Health University Board is taking part in the alternative employment scheme for 18 – 24 year olds who are unemployment. This scheme enables a work placement for individuals for a maximum of 8 weeks this first phase is voluntary week and seeks to enable people to engage with the working environment. This gives individuals the opportunity to move into a more formalized involvement with the employer via Jobs Growth Wales where the individual will be paid the minimum wage for 6 months and then a third opportunity following this 6

months period where individuals who have engaged well with the scheme and are willing to pursue employment with the health board have an opportunity to be recruited to the Employment Bank. This gives individuals access to the ability to apply for jobs as they become available. This scheme has enabled strong links with the Caerphilly Passport to Employment Scheme and with Job Centre Plus and the Newport Learning Academy.

The Mental Health and Learning Disability Partnership Board have engaged discussions on the next stage of the Family Employment Initiative. There are many opportunities here that are linked with the well being of people in communities as they engage with employment based initiatives in their own communities.

A number of the Third Sector organizations that are commissioned across Gwent seek to provide work based or employment based activities. Some examples of this are Growing Spaces which is a voluntary organization aimed at developing skills and employment based practice in relation to gardening and carpentry. The original agreement between partners and Growing Space is that their service and employment initiatives will be limited to the Newport area however within the last year there has been a roll out of this activity to 4 of the 5 boroughs in Gwent.

Work has also commenced within ABHB to adopt the Health and Wellbeing Charter and the Mindful Employer Initiative

- **Physical health of people with mental health problems**

A guide to support practitioners to promote the physical health of mental health service users has been developed. The guide is currently being piloted for a six month period. It is underpinned by a motivational interviewing training programme. 72 practitioners have been trained to date.

- **Housing**

People live in arrange of housing provision: owner/occupier, rented, social and private. This means that there are a variety of housing providers who can help support mental well-being through good housing provision, but also many providers who will be supporting people with a mental health issue in their accommodation.

An accommodation sub-group has been established and aims to focus on a) the community well-being agenda enabled through housing and communities and b) the intent of housing and how it responds to the needs of people with a mental health issue. Some examples of work in this area are :

Housing Advice to children : Torfaen Housing Team have visited senior schools in the borough to deliver advice about Housing Options, to support young people prepare for adulthood and independence.

Torfaen Young People's Support Service (TYPSS) has seconded a Housing Officer to work with Looked After Young People, Children Leaving Care and other vulnerable young people to help them consider and secure their accommodation

options. Many of the young people supported have emotional and mental health problems.

Housing at times of Crisis : Within the year an initial scoping exercise has commenced in respect of the need for crisis housing in the area. Further work in this area will be realized in the 2013/14 reporting period.

Supporting People : Much further links need to be established between supported housing priorities and mental health. The Head of Partnership, Development and Integration for Mental Health now sits on the Gwent Supporting People Regional Collaborative Committee which should strengthen this dialogue into 2013/14.

In One Place : The Gwent Health, Social Care and Housing Forum have been exploring means through which sectors could collaborate to deliver accommodation options to meet previously unmet needs. Through this project, a special purpose vehicle (SPV) model is enabled which has the single purpose of advising on the planning and development of accommodation for people who have complex health and social care needs. Its aim will be to source the most appropriate accommodation provision in the most efficient manner. The SPV will bring together all organisations in the planning, commissioning and provision of accommodation to enable current and future accommodation needs to be addressed at the earliest opportunity in one place. The concept is currently being tested with people with a learning disability need, but could easily lend itself to other areas of development ie people with a mental health need and dementia.

3.4.4 What are our service innovations?

- In one place, funded through Collaborative bids
- Pilot of guide to promote the physical health of mental health service users
- Housing related support to schools
- Secondment of a housing officer to looked after children

3.4.5 Our priorities for the next 12 months

People of all ages experience sustained improvement in their mental health and wellbeing as a result of cross government commitment to all sectors working together

- Establish links and contacts with debt advice services to assist people in managing their finances
- Develop plans for joint working and developments on Housing and associated services incorporating mental health as a priority by June 2013.
- Implement supporting people programme guidance ensuring that commissioning decisions take an account of mental health needs.
- Social Landlords (Local Authorities that still own their own housing and registered social landlords) take into account people with mental health programmes when discharging their landlord functions.

- To respond to the Welsh Governance guidance (to be published in June 2013) on the exclusion or suspension from housing waiting lists of people with mental health programmes to registered landlords by June 2013.
- Respond to the Cymorth recommendations (to be published December 2013) on the barriers to meeting people with co-occurring mental health and substance misuse problems.
- Promote safe homes through fire safety and slips and trips initiatives.
- Ensure that general health promoting initiatives are sign posted for people in contact with mental health services (from April 2013).
- Welsh Government, LA's and NHS Wales to act as exemplar employers in developing workplaces that support wellbeing and both recruit and retain people who have lived experience of mental illness (Ongoing from March 2014)

Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia

- Ensure all their services embed a culture of dignity and respect.
- Ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it.

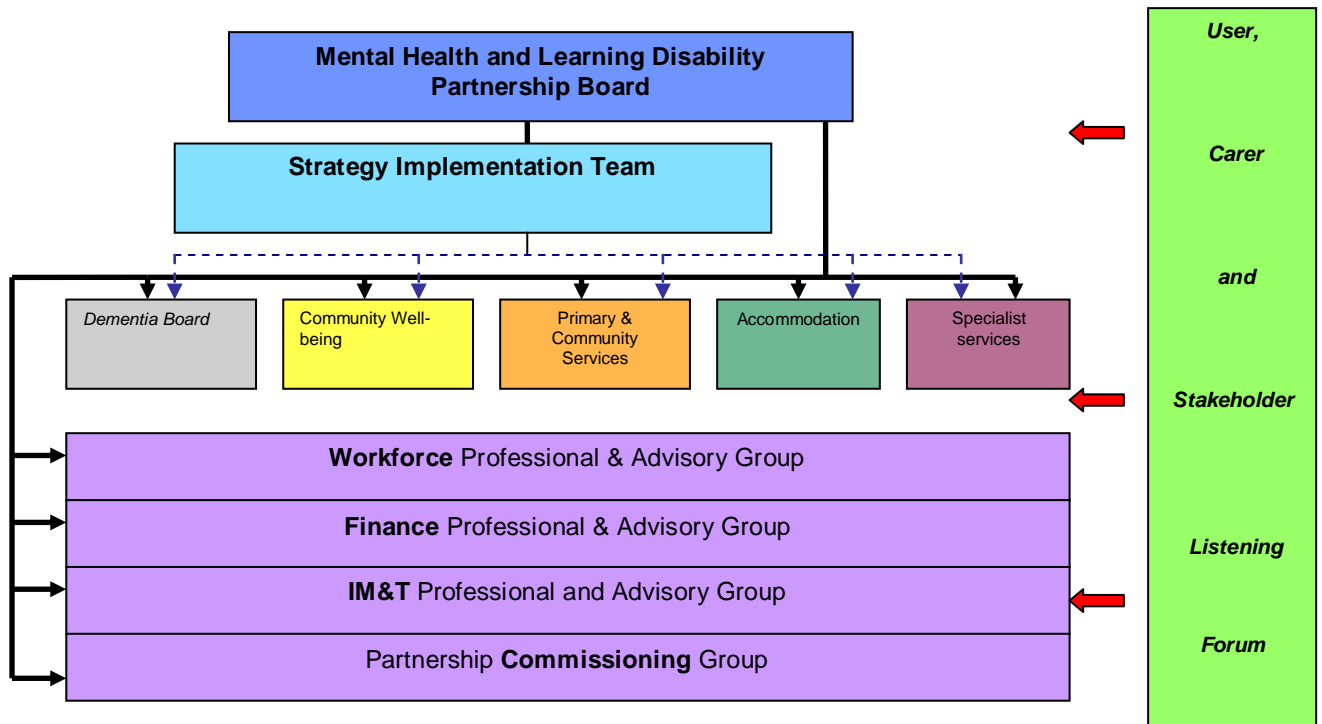
Evidence based high quality services are delivered through appropriate, cost effective investment in mental health

- Ensure consistency and transparency of recording of mental health expenditure by April 2013.
- Develop a set of outcome indicators from a service user lens by December 2013.

3.5 Chapter 5 - Delivering for Mental Health

3.5.1 Partnership Board Vision

We have together with users and providers of services developed a vision for mental health services in Gwent. A vision without action however will realise very little. We want to ensure that we deliver against what we say we will, and as such have established a comprehensive delivery framework to take forward both National and local strategy requirements. The framework is set out below :



3.5.2 What are the key challenges facing us?

There are many challenges, however also opportunities that present themselves to us as a partnership board :

- Securing sufficient change management capacity to implement at scale and pace is a challenge
- Constantly checking back with service users and carers that we are moving in the right direction requires sustained capacity which is not currently in place
- There are significant challenges in relation to sustainability of the workforce in mental health in coming years. It has been identified that a number of senior roles will be leaving the service and a more sustainable option for the delivery onward is required. The integration programme onwards is hoped to be a solution to some of this.

3.5.3 What have we achieved in the last 12 months?

Welsh Government have requested update in the following areas :

- **Embedding dignity and care**

There has been a tremendous amount of work in relation to patient environments this has involved

- 8 weekly hospital environment walk-rounds to all inpatient units
- Dementia Friendly audits using the King's Fund Tool carried out on all units
- Dignity and Essential Care Inspections carried out in all areas
- Fundamentals of care audits carried out on all inpatient areas
- Transforming care rolled out across all areas
- Single sex units or single rooms developed following service redesign
- 'This is me' being rolled out across areas as part of the Dementia Intelligent targets.

The implementation of a rolling training programme directly related to Care and treatment planning has been completed using the principles of person-centred, value-based care which is recovery orientated. It embraces the importance of care, compassion and kindness as the building blocks of developing trust and respect between service users and professionals. The aim is to meet the benchmarks of the mental health strategy, "Together for Mental Health"

- **Developing a sustainable workforce**

In the past year, work has been undertaken to :

- Ensure adequate staffing levels on in-patient wards
- Develop a succession planning programme in the Mental Health Service
- Ensure an aged training programme for people employed in the Primary Mental Health Service
- Development of Advanced Nurse Practitioner roles.

- **Establishment of Local Partnership Boards.**

The Gwent Mental Health and Learning Disability Partnership Board has been established for over two years, and has already progressed some significant work as a Partnership (eg Gwent Strategy, Gwent implementation of the Mental Health Measure, developed options for integration). The Partnership Board will be strengthened in coming months by the addition of the police, more service users/carers and public health representation.

3.5.4 What are our service innovations?

- Early adoption of a Partnership Board model
- Integration as a means of stability in the workforce

4.0 Summary and Conclusions: Looking ahead to 2014 and beyond

Partners in Gwent have worked together for the last 3 years in developing and implementing a common vision for Mental Health Services across the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. An ambitious strategy has been set both at a national and local level, and partners locally both statutory and non-statutory have embraced the challenge. Last year saw a tremendous amount of action undertaken across all areas contained within the national strategy which this report has offered a flavour of. Partners are too clear on their priorities for 2014 and beyond.

Annex 1

LHB Report against Together for Mental Health Delivery Plan Actions

Chapter 1: Promoting Better Mental Wellbeing and Preventing Mental Health Problems

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 1: Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible</u>		
<p>1.1 To ensure that mental wellbeing is given equal priority with physical wellbeing in the development and delivery of policy, programmes and services. NOTE: THIS ALSO CONTRIBUTES TO OUTCOMES 2& 3</p>	<p>d. Key partners to ensure that mental wellbeing is given equal priority with physical wellbeing in impact assessment.</p> <p>Ongoing from December 2012</p>	<p>There is a clear commitment across multiple stakeholders to ensure this is the case</p>
	<p>f. Key partners to ensure that, where appropriate, mental wellbeing is included whenever healthy lifestyle messages are being communicated to the public utilising the 5 ways to Wellbeing.</p> <p>Ongoing from October 2013.</p>	<p>See updates in annual report in respect of 5 ways to well-being</p>
<u>Outcome 2: People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis</u>		
<p>2.1 To improve resilience of children and young people.</p>	<p>a. Local Health Boards (LHBs) and partners to ensure use of All Wales Maternity Record to identify women at risk of postnatal depression or psychosis.</p> <p>Ongoing from October 2012.</p>	<p>Midwives use the All Wales Hand Held records to risk assess and record during the antenatal period.</p> <p>We also have a lead midwife for perinatal mental health and substance misuse who is working closely with colleagues from mental health in supporting women, developing services and educating midwives. Our community midwives have developed links with IFST</p>

<u>Action</u>	<u>Sub Action</u>	
		and work closely with our health visitor colleagues (generic and flying start)
	c. LHBs to develop and put in place protocols for referral for advice from GPs or specialist services in place for obstetric services in Wales.	
	<p>o. LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably</p> <ul style="list-style-type: none"> • Flying Start • Families First • Integrated Family Support Service. <p>Ongoing.</p>	<p>There are a wide range of National initiatives underway aimed at improving resilience in children and young people eg Healthy schools, school based counsellors, Flying Start, Families First etc. In addition to these programmes, the following have been developed and are being implemented in Gwent (see relevant report section) :</p> <ul style="list-style-type: none"> • Looked After Children Project • Development of a Youth Health Toolkit • Development of an Early Intervention Service
2.3 To improve resilience of communities.	a. All agencies to identify contribution of third sector on mental wellbeing and resilience and to consider how joint working can further complement statutory provision. Ongoing.	See Section 2.1 as reported
2.4 To further reduce levels of suicide and serious self harm.	b. LHBs, LAs, Third Sector and Criminal Justice Agencies to continue working in context of the 2012 PHW review of <i>Talk to Me</i> Suicide and Self-harm	See section 3.1.3

<u>Action</u>	<u>Sub Action</u>	
	Action Plan.	
	c. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.	See section on Mental health awareness training –p14
	d. LAs, LHBs, Welsh Ambulance Service, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self harm in Wales. Ongoing.	See also page 5 (need) and page 30 (service response) prison See page 33 fire service
	e. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.	See section 3.1.3 page 14
	f. LHBs to refer to NCISH national reports. Ongoing.	
	g. Public Health Wales to work with LHBs and LAs through the Mental Health Leaders' Collaborative to develop integrated approach to managing serious untoward incidents including suicide and self harm by April 2013.	See section 3.1

Chapter 2: A New Partnership with the Public

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 4: People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.</u>		
<p>4.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.</p>	<p>a. LHBs and LAs to routinely meet their obligations under the Public Sector Specific Duties (Wales) addressing the diverse needs of their local populations in service redesign and commissioning. Ongoing.</p>	<p>See 3.2 A New Partnership with the Public</p>
	<p>c. LHBs to carry out and publish Equality impact assessments on service delivery plans. Ongoing.</p>	
	<p>d. LHBs and LAs to provide culturally appropriate assessment, responding to communication and translation needs. Ongoing.</p>	
<u>Outcome 5: Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</u>		
<p>5.1 To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce.</p>	<p>a. NHS and Social Services to ensure that principles of the Welsh Language Strategic Framework including the ‘active offer’ are mainstreamed into service delivery. Ongoing.</p>	<p>See 3.2 A New Partnership with the Public</p>
	<p>b. LAs and LHBs to deliver language awareness training for all staff coming into contact with people with mental health problems. April 2014 and Ongoing</p>	
<u>Outcome 6: People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health</u>		

<u>Action</u>	<u>Sub Action</u>	
<u>problems.</u>		
<p>6.1 To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.</p>	<p>c. LHBs and LAs, together with Third Sector Partners, to ensure that Mental Health Service User Development Officers (MHSUDOs) maintain up to date web based directories of local mental health services and information available and to share these with appropriate organisations such as C.A.L.L. and NHS Direct Wales. Ongoing from October 2013.</p>	<p>Directory info collection underway and currently reported for readiness and 'go live' for September 2013.</p>
<u>Outcome 7: People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.</u>		
<p>7.1 To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems</p>	<p>b. NHS and LAs to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. Ongoing</p>	<p>See employer and community well-being sections in annual report</p>
	<p>c. LHBs and LAs to identify TTCW Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff by December 2012</p>	<p>See section TTCW update Page 14</p>
<u>Outcome 8: People feel in more control as partners in decision making about their treatment and how it is delivered.</u>		
<p>8.1 To ensure that service users feel listened to and are fully involved in</p>	<p>a. LHBs and LAs to ensure active participation of service users and carers in the development, delivery and review of their</p>	<p>In situ</p>

<u>Action</u>	<u>Sub Action</u>	
<p>decisions about their own care.</p>	<p>Care and Treatment (in line with Part 2 of the Mental Health (Wales) Measure 2010. Ongoing from June 2012.</p>	
	<p>b. LHBs to ensure training is provided on care and treatment planning using the prescribed materials produced by Lincoln University to all Care Co-ordinators by end 2013.</p>	In situ
	<p>c. LHBs to provide service users and their carers with opportunities to discuss and agree service and treatments options. Ongoing.</p>	See Care and Treatment Planning section
	<p>d. Voluntary sector working as part of Mental Health Action Wales to provide training for service users to enable them to play a full role in the development of their Care and Treatment. Ongoing</p>	At time of writing position requested from Mental Health Action Wales
	<p>e. LHBs to implement good practice guidance and training for staff working with service users to help them understand treatment options available. (Standard 9 <i>Doing Well, Doing Better</i>). Ongoing.</p>	Linked to Care and Treatment Planning section of the plan
<p>8.2 To ensure that relevant patients access Independent Mental Health Advocacy (IMHA). NOTE: ALSO CONTRIBUTES TO</p>	<p>a. LHBs and LAs together with IMHA services to implement Part 4 of the Mental Health (Wales) Measure 2010 for newly eligible patients. Ongoing.</p>	Advocacy service fully implemented April 2012.

<u>Action</u>	<u>Sub Action</u>	
OBJECTIVES 11 & 13	b. Independent Mental Health Advocacy providers to ensure the availability of appropriately trained advocates to meet the new statutory duties on LHBs and LAs within the Mental Health (Wales) Measure 2010. Ongoing from 2013.	Advocacy Providers has appointed and trained sufficient advocates to meet the demands of the new measure within the ABHB area
<u>Outcome 9: Families and carers of all ages are involved in assessments for support for their caring roles.</u>		
<p>9.1 To ensure support for families and carers through implementation of the Carers (Wales) Measure 2011.</p> <p>NOTE: ACTION TO BE UPDATED FOLLOWING PUBLICATION OF REFRESHED STRATEGY</p>	a. LHBs and Trusts in conjunction with partner LAs to draw up local Carers Information and Consultation Strategies by October 2012.	Complete
<u>Outcome 10: People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services.</u>		
<p>10.1 To ensure that service users of all ages and their families and carers are fully involved in service development.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOME 17</p>	a. HBs and LAs to agree and put in place robust arrangements for engaging service users and carers of all ages in the design, delivery and monitoring of local services by Sept 2013.	See 3.2 A New Partnership with the Public
	<p>b. MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of people of all ages by February 2013.</p> <p>(Standard 5 <i>Doing Well Doing Better</i> guidance</p>	See 3.2 A New Partnership with the Public

<u>Action</u>	<u>Sub Action</u>	
	e-governance manual).	
	c. WG and LHBs to ensure active engagement of service users and carers on Mental Health Partnership Boards at national and local levels – Ongoing from March 2013.	See 3.2 A New Partnership with the Public

Chapter 3: A Well Designed, Fully Integrated Network of Care

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 11: Service users experience a more integrated approach from those delivering services.</u>		
<p>11.1 To ensure that public services work together to provide an integrated approach.</p>	<p>a. LAs, LHBs and third sector to further develop integrated services provision and to review care pathways against the aspirations of <i>Together for Mental Health</i> by December 2013.</p>	<p>See 3.3 Integrated Care</p>
	<p>f. LAs to work together with the NHS to enact new duties from implementation of the Social Services Act. Timescale to be confirmed under regulation.</p>	<p>Timescale to be confirmed under regulation</p>
<p>11.2 To ensure effective transition between adult and CAMHS Services.</p>	<p>a. LHBs, working with LAs and Third Sector, to develop plans to manage transition for young people effectively by November 2013.</p>	<p>Transition policy established Transition Board in place</p>
<p>11.3 To ensure substance misuse co-occurring with mental health problems is managed effectively.</p>	<p>a. Each Substance Misuse Area Planning Board (SMAPB) and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the Service Framework <i>Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems</i> by September 2013.</p>	<p>Unable to obtain position on this aspect of plan</p>
	<p>b. LMHPBs/SMAPBs to ensure all relevant staff are trained to recognise and respond to people</p>	<p>Unable to obtain position on this aspect of plan</p>

<u>Action</u>	<u>Sub Action</u>	
	with co-morbid substance misuse and mental health problems, and have a clear understanding of protocols and integrated care pathways in place by September 2013 .	
11.4 To improve access to CAMHS expertise in Youth Offending Teams.	a. LHBs to ensure that All Youth Offending Teams (YOTs) have designated time from an appropriate CAMHS professional and access to forensic CAMHS. Ongoing from March 2013 .	Achieved
11.5 To improve physical and mental health care for those with chronic conditions including mental health problems.	a. LHBs to ensure effective liaison services to assure needs for people with mental health problems in the DGH setting are met. Ongoing from April 2014 .	See Chapter 3 – Well designed system of care (section on liaison)
	b. LHBs to provide physical health liaison to assure physical healthcare needs in mental health settings are met. Ongoing	See Chapter 3 – Well designed system of care (section on liaison)
<u>Outcome 12: People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.</u>		
12.1 To ensure the expansion of primary care mental health services. NOTE: ALSO CONTRIBUTES TO OUTCOME 13.	a. LAs and LHBs to implement Primary Care Schemes in conjunction with third sector where appropriate and in line with the requirements of Part 1 of the Mental Health (Wales) Measure 2010. Ongoing from October 2012 .	See Chapter 3 – Well designed system of care (section on liaison)
	b. NLIAH to develop a curriculum for Primary Care Mental Health Workers PCMHWs by year end 2012-13 .	Primary Care Mental Health Team leads involved with NLIAH in this development

<u>Action</u>	<u>Sub Action</u>	
	c. Each LHB to ensure competent workforce trained to deliver the range of interventions under the measure with a formal supervision structure including those commissioned from other sectors.	See measure update in annual report
<p>12.2 To ensure that patients are supported to access their rights for re-assessment with regard to the Mental Health (Wales) Measure 2010, when required.</p> <p>NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11, 13 & 14</p>	a. LHBs and LAs to establish systems in conjunction with Third Sector where appropriate to ensure that eligible patients are aware of their rights to reassessment in line with Part 3 of the Mental Health (Wales) Measure 2010 by October 2012.	See Service Usage section of report
<p>12.3 To improve access to and provision of Psychological Therapies.</p>	b. LHBs and LAs to review cross sector staff competencies in delivering psychological therapies and undertake gap analysis by June 2013	See Psychological Therapies update in report
	c. Each LHB to constitute a Psychological Therapy Management Committee (PTMC) to advise on local mechanisms to take forward and develop psychological therapy services in line with WG Policy guidance and to take into account the baseline review. Ongoing	Complete

<u>Action</u>	<u>Sub Action</u>	
	d. Each LHB to ensure competent cross sector workforce trained to delivering the range of interventions within a formal supervision structure. Ongoing	
12.4 To ensure effective access for children and young people to CAMHS Services.	a. LHBs and LAs to ensure that they have in place pathways to provide appropriate specialist inpatient and community CAMHS (e.g. CIIT FACTS) for children with mental health problems. Ongoing from October 2012.	A Business Case for the establishment of the AOT service in CAMHS
	b. LHBs to put in place clear pathways for children with mental health problems in crisis. Ongoing	On-going
	c. LHBs to ensure that inappropriate admissions of those under 18 to adult wards reduced. LHB to designate a ward with appropriate staff training safeguarding checks in place for unavoidable admissions by December 2012.	Access to beds however demand exceeds availability
	d. Staff on designated wards to have completed formal training on needs of young people. Ongoing from June 2013.	On-going

<u>Action</u>	<u>Sub Action</u>	
	e. LHBs working with LAs to produce guidance as to the range of local services available from specialist CAMHS for all other children to be developed by March 2013 .	New referral criteria in place
12.5 To ensure veterans receive services appropriate for their mental health needs.	a. LHBs to continue to commission and/or provide specialist community Health and Well Being Services for veterans in each area. Ongoing.	Chapter 3 - A Well Designed, Fully Integrated Network of Care – see page 28
	b. Clinical networks to disseminate knowledge and share best practice by March 2013 .	Chapter 3 - A Well Designed, Fully Integrated Network of Care – see page 28
	c. LHBs to develop care pathways for veterans to access substance misuse services by March 2013 .	Chapter 3 - A Well Designed, Fully Integrated Network of Care – see page 28
	d. LHBs work with substance misuse and mental health providers to ensure veterans with PTSD have timely access to substance misuse treatment.	See Veterans section of the plan – also aspect of actions above related to substance misuse
	e. LHBs to establish Armed Forces Forums and Mental Health Clinical Networks. Ongoing from December 2012.	Complete

<u>Action</u>	<u>Sub Action</u>	
<p>12.6 To ensure appropriate and timely interventions for people in custody.</p>	<p>c. LHBs to commission and/or provide prison mental health / CAMHS services in accordance with the published guidance by October 2014.</p>	<p>On-going</p>
	<p>d. LHBs to develop a care pathway for those who need to receive care or secure provision, away from their local area by 2013.</p>	<p>See CHC and forensics element of the report</p>
<p>Outcome 13: Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.</p>		
<p>13.1 To ensure service users of all ages are safeguarded from harm while accessing mental health services.</p>	<p>a. LHBs and LAs to work together with third sector to implement safeguarding legislation and policies. Ongoing.</p>	<p>Enabled via contracts</p>
	<p>b. Services to review arrangements as the Social Services Wales Bill becomes law. Timescale to be confirmed.</p>	<p>Timescale to be confirmed.</p>
	<p>c. LHBs and LAs to adopt & share learning from published child practice reviews, POVA cases and relevant reviews by WAQ, HIW, CSSIW, Estyn and NCISH. Ongoing</p>	<p>Ongoing</p>
<p>13.2 To ensure that services are planned and delivered based on safety, dignity and respect.</p>	<p>a. LHBs, LAs and Third Sector to provide services that strive to improve the experience of all service users in line with <i>Doing Well, Doing Better</i>. Ongoing.</p>	<p>Ongoing</p>

<u>Action</u>	<u>Sub Action</u>	
<p>13.3 To improve in-patient environment in mental health services, ensuring care is appropriately balanced between inpatients and community services.</p>	<p>a. LHBs to ensure plans in place to ensure inpatient facilities are provided in modern, fit for purpose environments.</p>	<p>New hospital facilities in two off the 5 Boroughs (YYF & YAB) Environmental improvements and capital plans being progressed</p>
	<p>b. LAs, LHBs and third sectors to develop joint local strategies to reduce delays in transfers of care, rates of admission to mental health beds - including repeat admissions - within 28 days by April 2014.</p>	<p>Not progressed as yet – April 2014 timeline</p>
	<p>c. LAs, LHBs and third sector to undertake joint training on care and treatment planning to include Health, Social Care and Housing teams training together to implement effective admission and discharge processes within care pathways by April 2014.</p>	<p>April 2014</p>
	<p>d. LHBs and LA to ensure Crisis Resolution Home Treatment / Community Intensive Intervention support available for people of all ages within and out of hours by December 2012.</p>	<p>Achieved with further roll out in the Powys area in 2012/13 year.</p>
<p>13.4 To improve older people's mental health services, ensuring they are based on clinical need rather than age, with transitions</p>	<p>a. LAs and LHBs to have in place integrated assessment and care management systems and processes based on clinical need, ensuring dignity care and respect.</p>	<p>Yes with further development work being led by adult and older adult consultants in the 2012/13 year</p>

<u>Action</u>	<u>Sub Action</u>	
<p>managed effectively.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12 & 14</p>	<p>b. LHBs and LAs have protocols in place to manage transitions between adult and older persons mental health services. Ongoing</p>	<p>As above</p>
	<p>c. NHS, LA and Third Sector staff, including Primary Care Mental Health workers who come in contact with older people, to receive training to ensure they recognise and respond to signs and symptoms of mental illness such as depression and other functional illness, dementia and co-morbid conditions in older people by April 2013.</p>	<p>Extensive training and skills programme been undertaken with the PMHSS teams</p>
<p>13.5 To improve dementia care, including for younger individuals, in all settings across Wales.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12, & 14.</p>	<p>a. LHBs and partners to implement the WG National Dementia Vision document, including young onset dementia services Ongoing.</p>	<p>See Dementia section in annual report</p>
	<p>b. All Part 1 PCMHS staff trained to assess for memory loss and common mental health conditions in the elderly by January 2013</p>	<p>Work remains on-going</p>
	<p>c. LHBs to implement 1000 lives + dementia Intelligent Targets. Ongoing.</p>	<p>See Dementia section in annual report</p>
	<p>d. All newly diagnosed people provided with Alzheimer's Society Dementia Information Packs. Ongoing.</p>	<p>Ongoing</p>

<u>Action</u>	<u>Sub Action</u>	
	f. LHBs and LAs to ensure access to specialist advice available to all care homes.	Nursing home in-reach service in place
13.6 To review Eating Disorder Services for all ages.	a. LHBs to commission and complete review of the pattern and cost effectiveness of inpatient eating disorder treatment across all ages services by end 2013 .	End 2013 deadline
	c. LHBs to develop services in line with outcome of review and Eating Disorders: A Framework for Wales by end 2015 .	by end 2015
<u>Outcome 14: Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.</u>		
14.1 To ensure that services are based on a recovery and reablement approach supporting to gain more control over their lives.	a. LHBs and LAs to ensure that Care and Treatment Plans for service users embed the principles of recovery and reablement, where appropriate, from October 2012 .	Achieved and on-going
	b. All Care Co-ordinators are competent in using recovery and other relevant skills through Care and Treatment Planning training, using Lincoln University materials. Ongoing .	Ongoing

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs and LAs to ensure that individual service user views of what recovery means to them become a core part of Care and Treatment Planning. Ongoing from October 2013.	Ongoing from October 2013
	e. LHBs and LAs to provide support for children in addressing issues of attachment and developmental problems. Ongoing.	Ongoing
	f. For people with dementia, LHBs, third sector and LAs to provide services that support them to maintain independence for as long as possible, sustaining quality of life. Ongoing.	Dementia Board established to enable cross sector response to support people with dementia in order to support them to maintain independence for as long as possible
14.2 To develop service culture for positive risk management.	c. LHBs, LAs and Third Sector to ensure evidence based risk assessment training is provided for appropriate staff to extend to cover all settings, client groups and all ages. Ongoing.	Unable to obtain a position at the time of writing

Chapter 4: One System to Improve Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 15: People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</u>		
15.1 To ensure that people with mental health problems have access to advice and support on financial matters.	a. LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. Ongoing from April 2013.	Examples shared in report
15.2 To improve mental wellbeing by improving the condition of housing.	b. LAs and LHBs to develop plans for joint working and developments on housing and associated services incorporating mental health as a priority by June 2013.	Health and Housing for a established Accommodation workstream of strategy established
15.3 To reduce homelessness and help people with mental health problems sustain tenancies.	c. LAs to implement Supporting People Programme Guidance ensuring that commissioning decisions take account of mental health needs. Ongoing.	On-going
	d. LAs and LHBs to develop plans for joint working and developments on housing and associated services, incorporating mental health as a priority by June 2013.	See section on In One Place in the annual report
	e. LHBs to provide senior representation on Supporting People Programme Regional Collaboration Committees by December 2012.	Achieved
	f. Social landlords (local authorities that still	Ongoing.

<u>Action</u>	<u>Sub Action</u>	
	own their own housing and registered social landlords) take into account the needs of people with mental health problems when discharging their landlord functions. Ongoing.	
15.4 To ensure vulnerable groups have equitable access to safer homes	a. Professionals, Fire and Rescue Services and LHBs to promote safe homes through fire safety and slips and trips initiatives. Ongoing.	See fire safety section p33
	b. Staff awareness to be raised of where there is heightened risk for home fire or falls for vulnerable individuals (such as those with dementia) and of the need to share information on those individuals with the Fire and Rescue Service and other relevant agencies. This will ensure appropriate action is taken to mitigate the risks where possible.	See fire safety section p33
15.8 To ensure that the physical health needs of people with mental illness are recognised and better met. NOTE: SEE ALSO ACTION 1L3 IN CHAPTER 1	b. LHBs and PHW to ensure that general health promoting initiatives are signposted for people in contact with mental health services. Ongoing from April 2013.	See section 3.1 Promoting Better Mental Health Well-being and preventing mental health problems
15.9 To promote employment opportunities for people with mental health problems.	a. WG, LAs and the NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing, and both recruit and retain people	Ongoing from March 2014.

<u>Action</u>	<u>Sub Action</u>	
	with lived experience of mental illness. Ongoing from March 2014.	
	b. All agencies to formulate policies to promote mentally healthy workplaces including policies to make reasonable adjustments to assist people to gain and retain employment.	See exemplar employer reference in Annual Report
<p>15.10 To promote the health and well-being of the people of Wales by enabling people to access information from libraries to promote, manage and improve their health status throughout their lifetime.</p> <p>NOTE: SEE ALSO ACTIONS UNDER OUTCOME</p>	a. LA library services and public libraries to work with PHW to promote BPW. Ongoing	Ongoing

Chapter 5: Delivering for Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 16: Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.</u>		
<p>16.1 All staff across the public sector to promote a culture this is respectful and experienced as empowering.</p>	<p>a. LHBs, LAs and Third Sector to ensure all their services embed a culture of dignity and respect. Ongoing.</p>	On-going
	<p>b. LHBs and LAs with their partners to ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it. Ongoing.</p>	On-going.
<u>Outcome 17: Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering</u>		
<p>17.1 To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness.</p>	<p>a. LHBs to develop sustainable and affordable workforce plans to support the delivery of <i>Together for Mental Health</i>. Ongoing.</p>	See section on integration
	<p>b. Personal Development Plans (PDPs) to be in place for all staff with annual appraisal process. Ongoing.</p>	Ongoing
	<p>c. LHBs, LAs and Third Sector to adopt evidence based team working with an emphasis on clinical networks and locality teams. Ongoing</p>	Ongoing

<u>Action</u>	<u>Sub Action</u>	
	d. All clinical staff to be engaged in 1000 Lives and trained in methodologies. Ongoing	Ongoing
	f. Mental Health Clinical Leaders Group to be expanded for all ages to participate in a clinical leadership programme pilot during 2013	
<u>In addition, the following actions will provide assurance that the aims of <i>Together for Mental Health</i> are being delivered</u>		
<p>19.1 To ensure that appropriate arrangements are in place to oversee the implementation of <i>Together for Mental Health</i> at national and local levels.</p> <p>NOTE: SEE ALSO ACTION 10.1 IN CHAPTER 2</p>	<p>b. LHBs to put in place local multi-agency partnership arrangements on LHB footprint by January 2013.</p>	In Place
<p>19.2 To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of <i>Together for Mental Health</i></p>	<p>c. Local partnership boards to routinely consider unmet need in the planning and delivery of services. Ongoing from 2015.</p>	To feature as a regular agenda item at Partnership Board – need to determine processes by means of which information is collected and reported

Annex 2

Membership of the Gwent Mental Health & Learning Disability Partnership Board

Alan Meudell	Service user representative
Bill Upham	Chair of the Mental Health Alliance
Chris O'Connor	Divisional Director, MH & LD Division, ABHB
Claire Harding	Head of Partnership, Development and Integration, ABHB
Dave Street	Director of Social Services, Caerphilly
Dave Williams	Divisional Director, CAMHS, ABHB
Judith Paget	Chief Operating Office, ABHB (Chair)
Karen Morris	Project Manager Learning Disability
Liam Taylor	Assistant Medical Director, Primary Care, ABHB
Liz Majer	Director of Social Services Blaenau Gwent
Martin Featherstone	Director of GAVO
Mike Nicholson	Director of Social Services, Newport
Robert Dutt	Community Health Council
Simon Burch	Director of Social Services Monmouthshire
Sue Evans	Director of Social Services, Torfaen

Please note the following additional membership will be secured within the next few months:

- Public Health representative
- Increased service user involvement
- Police