



Cwmni Adsefydlu Cymunedol  
**Cymru  
Wales**  
Community Rehabilitation Company



Gweithredir gan / Operated by Working Links



Cyngor Sir  
**CEREDIGION**  
County Council



# Hywel Dda Local Partnership Board Annual Report 2014 – 15

*Together for Mental Health*



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## 1.0 Introduction from the Local Mental Health Partnership Board Chair

It is with great pleasure that I am able to introduce this third annual report from the Hywel Dda Local Mental Health Partnership Board. Having only recently been appointed to the position of chair of the Local Mental Health Partnership Board it is encouraging to see the progression from last years report and the wide range of developments being taken forward to improve the experience for our population.

It has been gratifying to see the coproduction work of the Partnership Board go from strength to strength over the course of the last 12 months and this is evident throughout this report as it is inclusive of member's individual and organisational contributions and it has been co-produced with Local Mental Health Partnership Board (LMHPB) service user and carer representatives.

The approach to the format and content was the subject of a LMHPB workshop pre the 2<sup>nd</sup> annual report and the members agreed to follow the same approach and structure for this 3<sup>rd</sup> report. The approach has seen us deviate from the structure and directions given by Welsh Government. We believe this makes for an honest transparent account of our work, our progress, our low progress areas, our next steps and importantly a readable and meaningful report.

The Annual Report:

- Evidences significant advancement in developing safe and sustainable services and implementation of the strategy.
- Provides excellent examples of innovation and best practice with the commitment and innovation of the Mental Health workforce being recognised through the achievement of several national awards.
- Recognises areas where progress is needed, which create the local priorities for the next 12 months.

This report reflects another period of significant collaborative developments within the strategy.

The Hywel Dda collaborative, has been held up as an exemplar across

Wales for it's work to reduce mental health stigma and discrimination and to enhance the impact within the 'Time to Change' approach from within the wider organisations.

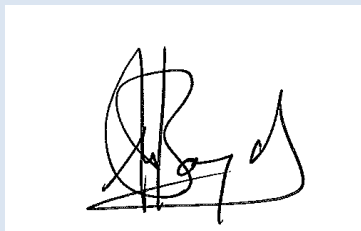
Investments seen in Street Triage a joint project with Dyfed Powys Police is seeing early positive results and pleasingly won the Wales NHS Award for Working Seamlessly Across organisations.

The development of a 'Recovery Wall' and 'Recovery Toolkit' are really putting this important concept alive and very practical for use locally.

Work on dementia is clearly articulated as is many areas of innovation with children and young people. The perinatal pilot has been exciting and the opportunity to role this out wider in 2015 / 16 is welcome.

The second iteration of the Talk to Me suicide strategy and action plan has been welcomed and is critically one of six high priority areas for the partnership board.

The ring fence review of mental health funding has been welcome and the board look forward to receiving the final report on this to ensure best practice locally.

A handwritten signature in black ink, appearing to read 'Warren Lloyd', is centered within a white rectangular box.

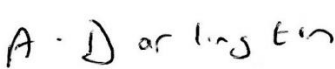
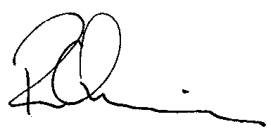

**Warren Lloyd**


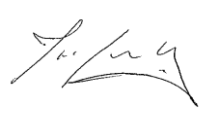

**Associate Medical Director Mental Health & Learning Disability**




## Partnership Board Members Statement and Sign Off of Report

This report has been inclusive of member's individual and organisational contributions and it has been co-produced with Local Mental Health Partnership Board (LMHPB) service user and carer representatives.




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Angie Darlington  
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Elizabeth Ryan- Davies  
HDUHB  
A John  
Dyfed Powys Police  
Penny Gripper  
Service User Representative

    
Chris Davies  
MAWWFRS  
Maggie Nichols  
Service User Representative  
Angela Lodwick  
HDUHB

### 3.0 Partnership Board and Partnership Working

The Local Mental Health Partnership Board has been in existence for three years. This year has seen four full meetings and one half day workshop. The attendance had been strong by service user and carer representative and other key stakeholders but Local Authority attendance has been erratic to due vacancies and changing structures. This is something that will be addressed further in the coming year.

It was attended by seven partner organisations and had four service user and carer representatives from the Partnership Board involved.

The first objective of the workshop was to identify the skills of Partnership Board members so that they could contribute more effectively to it's work. Many of these are listed below.

<ul style="list-style-type: none"><li>• Delegator</li><li>• Negotiation</li><li>• Creative Response to the Unexpected ('winging it')</li><li>• Understanding Needs</li><li>• Calmness</li><li>• Peace Keeper</li><li>• Engaging</li><li>• Advisor</li><li>• Staying Power</li><li>• Financial Skills</li><li>• Consistence</li><li>• Self Restraint</li><li>• People Skills</li><li>• Sense of Humor</li><li>• Reflective</li></ul>	<ul style="list-style-type: none"><li>• Communication, Empathy, Caring</li><li>• Researcher</li><li>• Presenter</li><li>• Planner</li><li>• Knowledgeable</li><li>• Time Keeping of Others</li><li>• Responding to questions</li><li>• Ability to take Guidance or Instruction</li><li>• Team Work/Sharing</li><li>• Listening</li><li>• Organisational Management</li><li>• Teaching</li><li>• Administration</li><li>• Motivator</li></ul>
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The second objective of the workshop was to develop an improved shared understanding of the role of the partnership board in assurance.

- To undertake assurance the board requires sufficient and good quality evidence about what is being done by partner organisations.
- Assurance recognise risks and seeks information that everything is being done or is risk managed.
- Assurance involves confidence that the right people are doing the work.
- Assurance and scrutiny have differences but there needs to be recognition that they cannot always be separated as they overlap.
- Assurance describes action, progress and blockages.
- Assurance involves asking the right questions.
- What are assurance type questions? (Not accepting information in face value but also not getting lost in details).
- May need to look at where scrutiny happens and have a contact name for more information to scrutinise.
- Information from partners, specific to organisations and accountable to Board.

The final objective of the workshop was to identify how we could use the delivery plan more meaningfully within the Partnership Board.

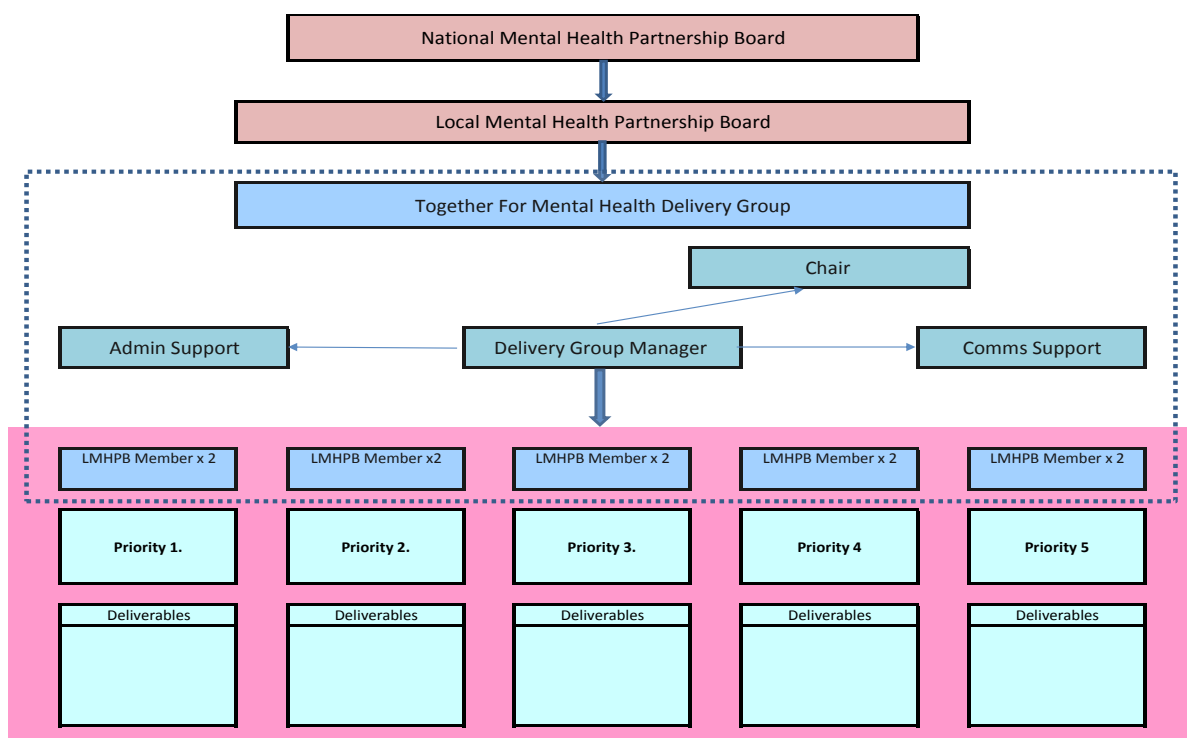
In doing this exercise the members noted the complexity of the task due to the high volume of actions and the varying nature of these in the delivery plan.

- Relate Partnership Board agenda to this for each item explicitly.
  - Amend the Partnership Board template for presentations and papers so they relate to this explicitly.
  - Need to incorporate RAG rating discussions into Partnership Board meetings with a clear and equitable process.
  - For each action, each member of Partnership Board says how it is delivering this, but the Partnership Board reports as a collective group. This will make the action plan outcome focused and will highlight priorities.
- How each organisation is then progressing will then feedback into plan and then feeds/reports up to the Partnership Board.
- The Social Care and Well Being Bill relates to a number of actions, it will deliver on these together.

- Take a deep dive approach to assurance and carry out peer assurance. A team of 3 or 4 people from Partnership Board every year looks into an organisation or area for purposes of scrutiny or exploration.
- A mechanism is needed which captures unmet needs (cross agency) to inform planning. Further, to consider developing a mechanism online with performance updates built in for the differing organisations involved.
- Need to ensure induction with new members and the chair to increase familiarity with the meeting processes and key documents involved.

It was recognised that organisations have different performance measures, sometimes with competing priorities, but they are always willing to collaborate.

Previously, the Partnership Board selected a number of areas for additional focus and pace. These continue to be chaired by partners, service users and carer representatives.



The National Partnership Board acknowledged the work that went into the first Together for Mental Health Annual Report that was submitted by 31st October 2013. They requested that the second report demonstrates strong service user and carer involvement in collaboratively producing the annual report and have asked that this approach is followed this year.



In 2014 Welsh Government supported the development of coproduced annual reports by issuing a £1000 grant. The funding was used to pay service users and carers working on writing the annual progress report with Health Board. As part of this work they completed a summary document of the full report to promote this to wider service user and carer communities and groups. A further summary report will be developed this year.

#### 4.0 Shared Vision

The six high priority areas agreed by the Partnership Board members are outlined below:

- **To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.**

Local Health Boards (LHBs) and Local Authorities (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 Community Advice and Listening Line and NHS Direct Wales.

- **To ensure that services are based on a recovery and reablement approach, supporting people to gain more control over their lives.**

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. Service users to act as trainers for professional staff to support cultural change.

- **Improve families / communities Health & Wellbeing**

LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably:

- Flying Start
- Families First
- Integrated Family Support Service.

- **To further reduce levels of suicide and serious self-harm**

LAs, LHBs, Welsh Ambulance Services, 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 Hywel Dda.

- **To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems.**

LHBs and LAs to identify Time To Change Wales (TTCW) Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff.

NHS and Local Authorities to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. Organisations to also make an effort to employ people who have mental health problems, and make the workplace accessible to them, through flexible and part time working.

- **To ensure that service users of all ages and their families and carers are fully involved in service development.**

LHBs 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. MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of people of all ages.

## 5.0 Progress on Six High Priority Areas

To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.

**Priority Identified: - Local**

**Key actions agreed:**

That individuals and families can access helpful information easily. The work has concentrated on mainly on service users and carers who find communication and comprehension difficult.

**Co production Areas and service user and carer involvement**

This group has consisted of only two people, a carer representative and volunteer, since our local Public Health Wales board member retired and no successor could be found. Priority will be given at the partnership board to strengthen the membership to support those leading the work.

The work has involved testing the accessibility of mental health information on key statutory sector websites. Key words were typed into website and an assessment made on the ease of use and information held. In particular information about mental health, local NHS and social services info and links to other services were searched for.

Pembrokeshire County Council website was initially difficult to follow and a phone call to their technical support team resulted in them having difficulty finding their way around their own website. They listened and acknowledged the challenge and a few days later a re-check found that it was easy to get concise information on their website. The project lead fed this back positively to the County Council.

The Carmarthen County Council website was easily accessible and held a range of helpful information and links.

Ceredigion County Council website is very focused on assessment and eligibility to services in a way that could put off vulnerable person seeking help. There were no links to other services. When contacted they provided assurance that they were in the process of updating their website.

The Health Board website has been subject to redesign as it was recognised the information had become dated.

The NHS direct website is easy to use and access information.

Third sector websites were generally found to be very good.

The work stream leads recognise the challenge involved with leaflets. Leaflets about conditions, treatments, local support etc. can be very helpful but they must get to the person seeking help. Leaflets never stay around where you might want to pick them up

even in GPs' surgeries or hospital waiting rooms. They are available in mental health resource centres but first you have to find the centres. They quickly date and recalling earlier versions is problematic.

It is planned to develop a pack of relevant and leaflets that can be given to service users and carers when first come in contact with services people. At this point people will be given a folder which can be added to and updated by support workers, GPs, CPNs, etc. and can contain appointment reminders, medication info or changes and more. This work will be a priority for 2015 / 16.

Since most people are now actively using smart phones with apps this may be one way forward to reassure and remind sufferers of techniques that help in times of distress, and to have important contact information at their fingertips. This will be explored further in 2015 / 16.

Information for carers was variable and the workstream members favour the development of a proper group training course for carers who carry the responsibility for a person on a regular basis.

The development of a coproduced carers group will be a priority for 2015 / 16.

#### **Partners perspectives – Further opportunities**

One repository of up to date local and national mental health information accessible from any agency, in a range of ways would be helpful and mean consistent well vetted information is available that is then in turn easier to maintain.

#### **Data / Evidence of Change**

The improvement in websites mentioned is pleasing and should aid many people.

**To ensure that services are based on a recovery and reablement approach supporting people to gain more control over their lives.**

**Priority Identified: - Local**

*Delivery Plan Outcome 14.1 To ensure that services are based on a recovery and reablement approach, supporting to gain more control over their lives*

**Key Action/s Agreed / Achieved:**

- To hold pan agency recovery action learning sets.
- To develop a recover wall.

**Co production areas and service user and carer involvement**

Monthly recovery support groups led by a carer representative of the board have been established and have gone well. Time has been spent building up a good group dynamic through art exercise, then through exploration of themes such as:

- What does recovery mean to you?
- Can anyone recover?
- What might recovery look/feel like?
- What could make recovery ongoing/sustainable?
- Who or what inspires you?/What gets you out of bed in the morning?
- Is informed risk taking and shared responsibility possible?

The approach is seeing a really moving exchange of stories and views. Further sessions involve participants sharing an exercise that helped in their recovery. Participants have a shared book in which they are "collecting the learning"

Recovery learning sets, now called recovery gatherings, are commencing in early November to further engage wider groups of people.

Recovery Toolkit courses are being held regularly and are progressing well. During these people actually develop their own 'toolkit' in a box that has items of meaning to them and that have helped or could help at times of difficulty.



The Recovery Wall is an exciting new project developed by WWAMH in partnership with CVCMedia.



The project uses digital media as a means of promoting recovery and wellbeing. They work with service users and providers, volunteers and professionals, people who are recovering from mental health problems, and those who can help in the recovery process, to build a collection of stories, case studies of ordinary people who have shown extraordinary strength and courage on the road to recovery.

These films help to illustrate the huge impact mental health problems have on individuals and families lives, highlight the range of coping strategies and recovery gateways people find, and address the stigma attached to mental health problems.

They will also simply give people hope that recovery is in fact possible.

#### **Partners perspectives – Further opportunities**

We want to experience a recovery and enablement approach as ‘common place’ – in all sections of the community in regard to individual and community well being and Mental Health.

A priority for 2015/16 to enable the dissemination of ideas and to reach a wider audience, and help to change culture and practice for key people involved in this workstream. Pop up Recovery road show and cafes will be taken to different settings CMHTs, Mind, Hafal, Inpatient ward area with information stands and films, and discussion groups will be held.

The local Low Secure ward to are keen to further progress recovery based service and interventions with recovery and self management training for staff and patients. A pilot of a peer mentoring scheme agreed and will be evaluated in 2015/16.

There is a aspiration to develop a Recovery College for West Wales. A Business case has been drafted and a meeting has been arranged with UNLLAIS to discuss a North Wales college proposal.

**Data / Evidence of Change**

A Recovery Wall- digital media project continues to collect stories and form people of all ages. These enable continued learning about Recovery through sharing of experience and knowledge.

Ten stories have been collected and four film volunteers recruited and trained. A grant was secured to enable the purchase of the equipment.

## **Improve families / communities Health & Wellbeing**

### **Priority Identified - Local**

The Partnership Board Delivery Group previously identified five areas of wellbeing on which to focus its priorities from Together for Mental Health. The area of focus from Chapter 1 was agreed to be “Families/ Communities/Health & Wellbeing” with an emphasis on the following areas in particular

- Flying Start
- Families First
- Intensive Family Support Teams

### **Key Action/s Agreed / Achieved:**

The provision of a Perinatal Mental Health Service across the Hywel Dda University Health Board area is very patchy and not equitable. Perinatal mental illnesses are a major public health issue and can have a devastating impact on women and their families. They are one of the leading causes of death for mothers during pregnancy and the year after birth.

### **Co production areas and service user and carer involvement**

The Health Board in collaboration with the Local Authority Flying Start Service developed and delivered the first Perinatal Conference in West Wales to over 200 delegates and attracted many eminent speakers and researchers in perinatal mental health

A proposal has been submitted to WG for funding to develop a bespoke Perinatal Mental Health Service, which will provide equitable services across the HB footprint.

Since the workstream was developed it has identified representation from WWAMH, working together for improved coproduction. The group has also developed close relationships with service users and third sector agencies and are developing innovative services, such as groups for fathers with Mark Williams – Fathers Reaching Out Charity and Baby Cafe with music being donated by Jenny Muscratt – a musician and composer.

### **Partners perspectives – Further opportunities**

A central component of this is that services should be developed in collaboration with partner agencies, be co-located where possible, reduce variation and ensure equitable service provision across the Health Board footprint.

In respect of the project, unfortunately due to service re organisation within the HB a number of key staff have relocated. Therefore, the group has not had regular meetings but the aim for 2016 is to be able to set out the meetings in advance



The agencies who remain involved are:

- Flying Start
- WWAMH
- Paediatrics/ Midwifery
- S-CAMHS
- Adult mental health

### **Where we were?**

The provision of Perinatal Mental Health Service across the Hywel Dda University Health Board area is very patchy and not equitable.

Having identified this as a risk to the organisation, and the pilot perinatal service in Pembrokeshire demonstrating significant improvements for women children and their families, we have developed a a proposal for the provision of a detailed and comprehensive perinatal mental health service for Hywel Dda University Health Board. This includes a proposed Service Model, key aims outcomes and training requirements

### **Where are we now?**

We are still not equitable but having undertaken a pilot so that we know what has worked, what has not worked and can adapt the model for further roll out.

### **Where do we want to be in future?**

We want to ensure that all women and their infants who experience mental health problems, either during or after their pregnancy, have rapid access to support at the level which is right for them.

Access to Perinatal MH Services should be available to parents regardless of age, gender, race, religion, ability, class, culture, ethnicity or sexuality. Both the commissioning and delivery of services should be informed by multi-agency assessment of need that is updated regularly. This needs to incorporate locally adjusted epidemiological information on the prevalence of parental and infant mental health problems, to reflect the diversity of the population and other local demographic circumstances

Welsh Government have recently announced recurrent funding for the development of a proposal for Perinatal Mental Health Services which should enable the above to be fully achieved in 2016

### **Data / Evidence of Change**

For the purpose of the pilot service, it was agreed that initially, the perinatal emotional support service would be offered to all women, antenatally and postnatally who lived in Pembroke and Pembroke Dock and were registered with the Argyle Street Medical Group. This area is predominantly a Flying Start area whose caseloads are managed by 7 Flying Start health Visitors and 2 midwives. It was also decided that a further 270 children ( aged 0-5 years) who are registered with this surgery but live in the outer lying catchment area and are managed by a generic Health Visitor should also be included

in this pilot to avoid confusion regarding who is eligible for referrals and to prevent inequity of care.

The joint collaborative working within the Pembroke and Pembroke Dock Perinatal Emotional Support Service has resulted in:

- Improved awareness and increased knowledge for the whole team.
- Improved awareness and respect within the primary health team of each professional's role in supporting women who are experiencing mental illness in the perinatal period which has enabled a seamless transition for women between professionals in the team.
- Agreed tools to be used for early identification.
- Agreed referral form and a timed pathway of care to be followed, enabling women to be assessed and seen by specialist service quickly.
- Following Community Psychiatric Nurse assessment, women are offered support from the most appropriate member of the team according to the level of need identified. This could be direct access to Consultant Psychiatrist, to GP, primary mental health team for counselling or back to HV or midwife for supportive listening visits.
- Improved uptake of services by women who previously were reluctant to discuss their problems and seek help.
- A service which is more approachable for women with the aim focused on prevention rather than cure.
- A structured approach to listening visits offered by the Health team.
- Consistency in advice and support that women are receiving.
- Advice regarding medication and dosages etc provided to GP by the Mental Health team.
- Support for the health team when dealing with women who are more difficult to engage, enabling joint visiting etc.
- Specialist supervision is provided by the CPN and /or the Consultant Psychiatrist regarding individual cases for the HV/Midwife which results in women and their children being effectively supported.
- Prevention of longer term ongoing problems for women who may not have been diagnosed early and may have experienced either a delay in or no treatment.
- Use of shared assessment and information available to be able to plan care for the woman's future pregnancies therefore preventing possible problems and reducing risks.
- Improved attachment and bonding for these women and their babies which should result in improved outcomes for children's development and emotional

wellbeing.

- Possible reduction in child protection registrations as assessment provides safety planning.

### **To further reduce levels of suicide and serious self-harm**

#### **Local priority Identified**

*Delivery Plan Outcome 2.4 To further reduce levels of suicide and self harm*

#### **Key Action/s Agreed / Achieved:**

- Attend Regional Suicide and Self-harm prevention forum
- Attended Talk to me 2 launch
- Local Statistics examined
- Paper put together for the Local Mental Health Partnership board reporting goals on the Talk to me 2 action plan and proposing appointment of Talk to me 2 coordinator to lead and drive action plan delivery
- Meetings held with local Public Health
- Paper on Talk to Me 2 presented to the Mental Health Act Monitoring Committee
- Workshop planned for December 2015
- Local pilot project SWISH (Social Work Intervention Following Self Harm) – a brief intervention for people not in touch with the mental health service
- Police Street Triage Project will also affect suicide and self-harm prevention goals

#### **Co production areas and service user and carer involvement**

- Co-leader of the group is a service user
- Report to Local Mental Health Partnership Board written by a service user
- Service users and carers involved in the workshop event planned for December
- Service user attends the Regional Suicide and Self-Harm Prevention Group
- Service user attended the Talk to me 2 launch with co-lead
- Wider service user and carer involvement planned through the work shop in December
- Report from National Forum on service user and carer experience of Crisis Teams presented to the forum and involvement events proposed in the Hywel Dda area.

## **Partners perspectives – Further opportunities**

### **Where we were?**

- Lack of coordinated activity on prevention and self harm.
- No specific leadership on these issues
- No specific coordinated response to suicide and self-harm amongst those not known to services

### **Where are we now?**

We now have a suicide and self-harm delivery group reporting to the LMHPB.

Current figures and data for suicide and self harm are only accurate up to the end of 2013 due to differences in the registration of deaths over time. All of the following figures are for Wales only unless identified as otherwise.

- Between 2003 and 2013 there were 3,508 deaths registered as suicide in Wales. An average of 319 per year.
- There has been an increase in male suicide rates since 2007 particularly in men aged 45-54 and 55-64. An increase of 74% and 75% respectively.
- The suicide rate in men aged 25-34 has fallen by 48% since 2003
- There has been no change in the suicide rate in any age group in women
- There were 13.1 suicides per 100,000 population within the Hywel Dda University Health Board area of residence.
- 77% of suicides were not known to Mental Health Services in Wales
- During 2003 to 2013, 806 deaths were identified as patient suicides (i.e. contact with Mental Health Services in the previous 12 months). This is an average of 73 per year.
- Self harm remains one of the top five causes of admission to general hospital in Wales. 5,500 admissions on average per year.
- For girls aged 15-19 it is the leading cause of admission to hospital

Most common risk factors for suicide are identified as alcohol or substance misuse; low socio-economic status; poor educational achievement; social isolation; and mental disorder. However, biggest risk indicator for suicide is a history of previous suicide attempts.

There are particular high risk times for those known to Mental Health Services. Since 2008 there has been a gradual increase in patient suicides. Whilst there has been a fall in the number of suicides within 3 months of in-patient discharge, there has been an increase in suicides of patients receiving treatment by Crisis Resolution and Home Treatment Teams (CRHTs). This most likely reflects the change in the nature of acute care

There are no projects impact on suicide and self-harm in our area. SWISH and the Street Triage Project

**Where do we want to be in future?**

- For each partner to have leadership on at least one suicide and self harm prevention goal.
- Good information to underpin action, and dissemination of information effectively
- A paid Talk to me 2 coordinator to drive action
- Reducing suicide and self-harm rates

**Data / evidence of change**

- Reduced incidence of suicide and self harm in Hywel Dda area
- Reduced presentations of self harm at A and E in Hywel Dda area
- Reduced number of deaths by suicide overall, and whilst under the care of the mental health service and the Crisis service, in Hywel Dda area
- Improving evaluations of A&E responses to self harm, of the experience of receiving a service from the crisis team, and other mental health services in Hywel Dda area

**To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems.**

**Priority Identified Local & National**

*Delivery Plan Outcome 7.1 To ensure that there is a concerted effort to sustainably reduce the sigma and discrimination faced by people with mental health problems*

Engaging with Time to Change Wales National Campaign and applying the approach locally across the Health Board, partners and the community

**Key Action/s Agreed / Achieved:**

- Action Plan completed, agreed and in the process of delivery. Promoted nationally as the most progressive Partnership Board approach that fully encompasses engagement of the community. The action plan has three clear focuses.
  - CONNECTING INWARDS - Actions designed for Hywel Dda University Health Board Staff
  - INFLUENCING INWARDS - Actions designed for Hywel Dda University Health Board patients
  - REACHING OUTWARDS - Actions designed for Hywel Dda University Health Board population & Partners

**Co production areas and service user and carer involvement**

As below.

**Partners perspectives – Future opportunities**

Strong cross sector work addressing the three areas of the action plan cohesively together.

Our population showing commitment to the campaign by businesses signing up and engagement at community events.

**Where we were?**

- The Health Board had signed the organisational pledge.
- No other partners had signed the organisational pledge.
- An action plan had been developed as above.
- A local project group to oversee the action plan was in place.

- Early events had been held on a small scale.

### **Where are we now?**

Hywel Dda Health Board signed a pledge to help end stigma, not only within Hywel Dda but working with the third sector, local businesses and communities in surrounding areas. In just one year we have already carried out and taken part in a range of events and activities in aim to tackle stigma, working closely with the TTCW Team, educators, staff within the Health Board and the third sector along with Community members. Educators have attended team meetings within the Health Board as well as Local Rotary Clubs with a great response from all. Display/Information boards have been held at Bronglais Hospital, GP surgeries and at events held in Aberystwyth for Carer's Rights Day. In addition to this:

- The Dyfed Powys Police have signed the organisational pledge.
- The Mid and West Wales Fire and Rescue Service are due to sign shortly.
- Carmarthen County Council have signed the organisational pledge.
- Pembrokeshire County Council are close to signing the organisational pledge.
- The Health Boards Interim Chief Executive presented a well deserved award to "Get Stuffed Cafe" for providing a Mental Health friendly environment.
- Wales Probation have signed the organisational pledge.

Staff at the cafe had a reputation for going out of their way to help their customers, even with the smallest of things, which clearly make big differences.



- There was an hour long facilitated a session with Executives and independent Board members within Hywel Dda University Health Board, members of the Board expressed high interest in the campaign and were keen to find out more and get involved with future work around Younger Adults.
- Carmarthen Leisure Centre, provided the opportunity to hold information stands at the reception area for a week, which allowed us to capture a wide range of audiences.
- The Mid and West Wales Fire and Rescue Service hosted an event in Haverfordwest town centre which attracted interest from the community.
- GP event at Clych Pedr Practice, display stand, pledges, questions and answers from LPMHSS.
- We attended Carers Rights Day in Aberystwyth, with display information and staff present to answer any questions.
- We have had over 600 pledges signed



### **Where do we want to be in future?**

All LMHPB organisations will sign the organisational pledge and all partners will work together on a regional approach to TTCW.

We have made a video of the Health Board Chief Executive that reinforces the need to address stigma and discrimination whilst also ensuring the wellbeing of staff. In the video he talks about recruiting Health Board staff to become TTCW champions and educators.

Once complete the video will be launched with an advert to recruit Health Board staff and training will be provided for them by TTCW in order that they can deliver sessions across the Health board.

The Mid and West Wales Fire and Rescue Service are going to replicate the advert and which provides an opportunity to train staff across service to become champions and educators.

We will hold a competition open to Young artistic students, age 14-18, to design a paper format sculpture from the pledge cards. Arts Care Gofal will lead on this part of the project and find free Gallery time in their schedule. Local papers can run the competition and it means that we can engage with even more of the communities.

With a younger audience in mind for 2015, we hope to approach schools, colleges, universities and youth clubs. Developing the support and engagement we did in 2014 we are confident 2015 is going to be even more of a success. The Health Board and TTCW team would thank everyone for their upmost efforts, helping us tackle stigma against mental health and we are very much looking forward to what's to come.

The team are planning a rural mental health workshop to raise awareness of mental health stigma and discrimination in farming communities.

### **Data / evidence of change**

Evidencing change on a public awareness and attitudes campaign is complex. There has been a shift in public attitudes when measured nationally but work is going on to understand this better.

**To ensure that service users of all ages and their families and carers are fully involved in service development.**

**Priority Identified – Local but with a view to also influencing national approaches.**

*Delivery Plan Outcome 10.1 To ensure that service users of all ages and their families and carers are fully involved in service development*

**Key Action/s Agreed / Achieved:**

Positive open workshop was held in Oct 2014 to gather a range of views about the priorities for the work, as the starting point for the Delivery group. The following actions were agreed for the subsequent 18 months:

- Improve information about service user and carer involvement opportunities and ensure this is widely available.
- Develop clear role descriptions for all representatives on meetings, not just service users and carers.
- Be clear why people are in the meeting and what is expected of them.
- Guidelines for all in the meeting to be developed for each meeting.
- Improve involvement of service users and carers in commissioning and recruitment panels
- Development of team of “Mystery shoppers”, and a system for the management of this.
- Joint training of mental health staff and service users and carers on key topics such as care and treatment planning, communication and record keeping.
- Work more closely with the CHC, and ensure the CHC is aware of the information from service users and carers.
- Surgeries to be developed at the point of access to services where service users and/or carer have appointments with service users to hear their ideas and feelings about services.
- Organise Conferences on key topics such as Open Dialogue.
- Research opportunities to be identified for service users and carers.
- Development of Peer support and Mentoring for staff, service users and carers regarding involvement.
- Improve format of Partnership Board meetings.

- Creative facilitation of partnership meetings.
- Independent facilitator (&clinical) Informal meetings/wider opportunities for service users and carers and senior staff.
- Support professionals to engage – reduce fear, increase skills, create and structure

#### Use of Digital stories

- Gather service user, carer and staff stories
- Training service users and carers to take other service user stories
- Professionals need help and need their stories heard
- Sensitive people within each team to be supported to listen to service user and carer views and to use these as part of service planning.

#### Service user and carer audits of care plans

- Implement Reward and Recognition including agreeing procedure and policy for paying service users and carers for their work.
- Ditch the jargon – clear language creates clear thinking

### **Co production areas and service user involvement**

The workshop was open and we had a range of people attending, including service users, carers, mental health staff and volunteers. Staff came from the NHS, LA and voluntary sector.

We used a mixture of presentation and group working and discussion to gather the priorities and actions.

This action plan has then been progressed over the year by WWAMH and the service user and carer reps, and Co-Chairs of the Delivery group.

The Delivery group is a virtual group which is called together in open workshops but the work of the action plan is taken forward through WWAMH and the service user and carer reps Network meeting.

Another workshop is planned later in the year to progress on the work and gather future actions that need to be undertaken to continue to improve involvement.

Service users and carers have been involved throughout the progress, from the initial discussions about the work and what needs to be undertaken to implementation.

Service users and carers have been integral to the monitoring and evaluation of the progress of involvement through the regular service user and carers reps meetings, and Carers Network.

## **Partners perspectives – Further opportunities**

### **Where we were?**

We had new reps on the Partnership Board and other groups, and involvement was only starting to develop. There was a new multiagency planning structure.

Previous planning groups had good service user and carer involvement and there was a service user training consortium in the past. The work has built on the foundations of this excellent involvement history.

### **Where are we now?**

We have made good progress against the agreed actions. Service Users and Carers have been Co-Chairing and leading on key improvement work. There are

- Six Service User and Carer reps on the Mental Health Partnership Board,
- Three on the Mental Health Act Monitoring Committee and
- Nine people involved in the new Mental Health Project Group. The reps have also chaired a Mental Health Partnership Board meeting.

The reps have also given a presentation on the local involvement work to the National Mental Health Service User and Carer Network. The feedback from reps on the Partnership Board is that involvement feels equal and valued, and in a positive place.

We have made progress on the involvement of service users in research and two service users are being paid by the NHS to undertake a best practice review. Service users and carers have also been paid to produce an excellent summary of last year's annual report, which has been widely circulated.

Service users have been paid by WWAMH to deliver training to Dyfed Powys Police, and also self management training.

Role descriptions for the Partnership Board are in place and we are developing these for the other reps roles on the various groups.

We have helped to change the format of the Partnership Board meeting and have workshop based meetings on a regular basis. The feedback on these is that the help to widen debate allow people to think more creatively and helps trust to develop.

We have also carried out a workshop based skills audit which was very helpful to help build team work and create equality, value and respect.

Service user and carer stories have been collected and used a part of the Mental Health Programme group work and in training. 12 Recovery Stories have been collected. We have started to collect and record staff stories to use in the same way.

Work has started through the Mental Health Act Monitoring committee to review the audit of Care Plans, and to listen to the concerns from carers and service users and service improvement ideas.

### **Where do we want to be in future?**

Work is still needs to be completed on developing the mystery shopper audit scheme, and promoting more widely the involvement opportunities available.

We also need to ensure more consistent training for health and social care staff regarding involvement so that they can understand why it is important, and feel more comfortable and confident with it.

We need to continue to ensure we engage a wide range of people with different methods and means for involvement. We need to collect and measure the difference the involvement work makes to mental health services.

We need to have two open workshops a year to gather the views on this work and monitor progress.

We want to continue to hear that people feel valued, respected and equal and ensure this becomes a consistent experience for everyone who gives their time to improve mental health services.

### **Data / Evidence of Change**

- Improved satisfaction by the existing service user and carer representatives on their experience of involvement and engagement
- Changes to services such as the Day Services now having a experience based questionnaire to gather views of services
- Service users and carers involved in interviews and delivering training
- Service users and carers paid for some of their involvement work
- Increase in the number of people becoming involved
- Positive feedback from mental health staff on the difference it makes having service users and carers involved in service improvement.

An example

*There had been significant development of Therapeutic day services of recent years. At their beginning of their development there had been an evaluation questionnaire developed. As part of the work of this group a working group looked to develop a service user led approach to evaluation.*

*A questionnaire was developed and refined then piloted in one site. It was agreed important to keep this independent of the service so completed questionnaires are placed in a secure box, collected and reviewed by service user representatives and in conjunction with West Wales Action for Mental Health a report is written and fed back to the service ad through the Psychological services management Committee. The findings are to be posted on service notice boards with clear messages including any where changes have been made – A ‘you said – We did model’*

## 6.0 Delivering Together for Mental Health

### 6.1 Chapter 1 - Promoting Better Mental Wellbeing and Preventing Mental Health Problems

#### What we have achieved in the last 12 months

##### *Delivery Plan Outcome 2.1 To improve resilience of children and young people*

Specialist Child and Adolescent Mental Health Services ( S- CAMHS) within Hywel Dda University Health Board provides community-based mental health services for children, adolescents and their families to a population of approximately 81,000 children and young people across Carmarthenshire, Ceredigion and Pembrokeshire. Mental health services are provided both from a Primary Care a Secondary Mental Health perspective in line with the Mental Health ( Wales ) Measure 2010.

The Minister is clear that the responsibility for undertaking change and improving the delivery of services is not the remit of the NHS alone and a transformational change conference was held in February with cross party representation from Welsh Government and all key agencies including Social Care , Education and Health.

The Together for Children and Young People (T4CYP) Improvement Programme will focus on this via a detailed programme of work streams and improvement plans. This transformational change programme will commence with a Baseline Variance and Opportunity Audit addressing 7 domains.

The Together for Children and Young People (T4CYP) Improvement Programme will be incorporated into the LMHPB planning and reporting structure.

A recent conference "Together for Children and Young People" focused on transformational change in the key area of early intervention and prevention . Building resilience in young people. Reducing stigma & discrimination will ensure that young people receive help at an earlier level by the right people at the right time.

Following on this the Minister for Health recently announced recurrent funding for S-CAMHS to develop sustainable evidenced based services to meet the key areas highlighted above.

HUHB has developed a number of high level service proposals which , in partnership with Adult mental health services and Acute service provision( Women and Children Directorate ) and third sector support will transform the current service provision ensuring the delivery of sustainable and evidence based service provision for all children , young people and their families across the Health Board footprint.

The proposals have been submitted to Welsh Government for final approval following scrutiny and agreement with Welsh Government we hope to be informed

of a positive outcome in August 2015. The Health Board was allocated a total of £ 873,090 and the proposals and funding allocation for Hywel Dda UHB has been apportioned as :

- Neurodevelopmental Services – ASD/ ADHD Assessment and Treatment £235,972
- Improving access to Local Primary Mental Health Services £94,389
- CAMHS Psychological Therapies £129,785
- CAMHS Specialist Crisis Intervention £318,562
- CAMHS Early Intervention Psychosis £94,389

Hywel Dda has also put forward a “Once for Wales “ proposal for their award winning DVD getting the Low Down : An educational resource for Primary and Secondary Schools to be financially supported across Wales thus promoting early intervention and prevention for children and young people.

Getting the Low Down Wales : An Emotional Health Resource for Primary and Secondary Schools built on the success of last year, the DVD has recently won the category “Working with Priority Groups- children, young people and families” at the Welsh Language in Health, Social Services and Social Care Awards 2015, and therefore has raised its profile at a National level.

Tonic Surf – a collaboration between S-CAMHS and West Wales Action for Mental Health (WWAMH) is a programme based on the researched efficacy and effectiveness of using surf/ocean therapy programmes to promote recovery from mental health issues as recently seen in the USA and UK.

The overall aim is to provide an “ alternative treatment “ to conventional therapy and medication by providing a hobby/ interest that can be sustained by young people after the course has finished. The overall aim is to improve physical and mental health by a alternative treatment / intervention by leading to:

- Improved physical fitness
- Improved psychological wellbeing – confidence/ self esteem/ sense of happiness
- Increased social outlook- sense of wellbeing/ positive outlook / increased socialization and being with peer group.

The original pilot in 2014 demonstrated positive impact for young people evidenced by improvements in engagement with the activity , increased social activity, improved self esteem and confidence. This was evidenced by some of the comments captured as part of the audit of the pilot as below :

*“ it (Tonic Surf ) got me out rather than staying in all day every day .. it helped me get over my fear of water .. i also felt more confident (EF16)*

*“Surf Tonic helped me feel better and more confident in how i look and helped me push of any bad thoughts.. it made me less anxious “ ( CH14)*

*“Surf therapy has allowed me to feel more comfortable in new situations .. i feel more confident in myself and now agree to try new things ( age 13)*



*Delivery Plan Outcome 2.1 To improve resilience of communities*

Dementia Risk Reduction - As part of the Dementia Public Health Sub-Group (Dementia Development Board) the Hywel Dda Public Health Team are in the process of developing a campaign to raise awareness of the modifiable risk factors for Dementia. The concept that has been developed is called PANDA'S and is an acronym for the following:

- PA – Physical Activity
- N – Nutrition and Networks
- D - Diagnosis
- A – Alcohol
- S - Smoking

PANDA'S is also being used to convey the message that Dementia and it's causes (modifiable and non-modifiable) are not a black and white issues. The PANDA approach has been adopted by all of the Older Adult Mental Health Teams in supporting older people who are known to the services.

*Delivery Plan Outcome 2.4 To further reduce levels of suicide and self harm*

See chapter on six high priority areas.

**Where do we require further action and our priorities for the next 12 months?**

- For each partner to have leadership on at least one suicide and self harm prevention goal.
- Good information to underpin action, and dissemination of information



effectively in relation to suicide prevention.

- A paid Talk to me 2 coordinator to drive action

## 6.2 Chapter 2 - A New Partnership with the Public

### What we have achieved in the last 12 months

*Delivery Plan Outcome 4.1 To reduce the inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services*

#### Street Triage

Last years report provided extensive information on the scoping and piloting of 'Street Triage' weekends to better manage demand and issues arising from the use of Section 136 of the Mental Health Act 1983. The key action noted was for the project to go live towards the end of 2014 and ensure a whole system evaluation of the model will is embedded.

The two key challenges noted in last years reports were ensuring pan-organisation and service buy in and robust information sharing procedures in place.

- Pan-organisation engagement and input has been achieved. The three Social Services departments have been well represented, as have the ambulance service, substance misuse and Child and Adolescent Mental Health Services as well as the University of South Wales
- Information sharing procedures – A full Information Sharing Protocol (ISP) is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI), and has been agreed between to support the regular sharing of personal information between Mental Health (Hywel Dda University Health Board (H DUHB)), Local Authority (Pembrokeshire, Carmarthenshire and Ceredigion), Welsh Ambulance Service Trust (WAST) and Dyfed Powys Police (DPP).

The ISP outlines cross-border collaboration between the various agencies across the Hywel Dda University Health Board area to ensure that those individuals who are Mental Health service users are appropriately and adequately protected by timely and approved interventions to ensure that their vulnerability is safeguarded.

The formal pilot of a Mental Health Triage service commenced on 5<sup>th</sup> January 2015. One police officer and one mental health practitioner were seconded to the service by Dyfed Powys Police and Hywel Dda University Health Board. They are supported by a cohort of police officers and mental health practitioners who are rotated in to the

service to extend its operating hours.

The main aims of the Mental Health Triage service are:

- To reduce the number of people detained under section 136 of the Mental Health Act 1983 (Section 136 authorises a police officer who finds a person who appears to be suffering from mental disorder, and to be in immediate need of care or control in a public place, to remove them to a place of safety);
- To reduce the use of police custody cells as a place of safety for people detained under section 136;
- To provide timely and appropriate interventions to people in mental distress who come to the attention of the police

The majority of the evaluation is being undertaken by a postgraduate student and her supervisor, a senior lecturer at the International Centre for Policing and Security, University of South Wales. The student is also a service user, and has experience of being detained under Section 136 as well as being detained in police cells.

The views of service-users who have come into contact with the Triage service are to be obtained by undertaking qualitative semi-structured interviews either face to face or via the telephone. Qualitative research is also to be undertaken with workers directly involved in the delivery of the service. Qualitative surveys will also be undertaken with workers from other agencies that come into contact with the Triage service.

In addition to this, a Social Worker and Project Board member is undertaking a quantitative study using data collected from Approved Mental Health Practitioner reports. The results are very promising and have attracted much national interest.

The project scooped the 'Working Seamlessly Across Organisations' award, supported by the Welsh Local Government Association. NHS Wales Awards judges praised the organisations for working together to improve support and provide more timely assessments for people suffering episodes of mental distress.



*Delivery Plan Outcome 4.1 To reduce the inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services*

Public awareness and support – The Health board has supported several projects within the local communities in relation to developing dementia supportive communities. Pontyberem, Carmarthenshire, Aberaeron, Ceredigion and St Davids Pembrokeshire have all attained the status of a dementia supportive community with several other working towards this. There is a project ongoing in Ceredigion supported by the health Board dementia coordinator in making all the counties public toilets dementia friendly. The directorate is working closely with the newly appointed Alzheimer’s society Dementia Supportive communities lead – Marcia Vale in supporting further initiatives in the localities of the Health Board.

*Delivery Plan Outcome 7.1 To ensure that there is a concerted effort to sustainable reduce the stigma and discrimination faced by people with mental health problems*

See chapter on six high priority areas.

*Delivery Plan Outcome 9.1 To ensure support for families and carers through the implementation of the Carers (Wales) Measure 2011*

Triangle of Care

The Triangle of Care guide was launched in 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit, emphasising the need for better local strategic involvement of carers and families in the care planning

and treatment of people with mental health problems.

The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations.

A small multi agency working group has been set up to consider the implementation of the Triangle of Care across the Hywel Dda Health and Social Care community. The working group includes carers, West Wales Action for Mental Health (WWAMH), Investors in Carers and the Health Board. Representatives for the three Local Authorities will be invited to attend the working group.

The Three Counties Mental Health Carers Network which is facilitated by WWAMH has produced an Action Plan in regards the concerns expressed by Carers in relation to mental health support.

The Network has also considered Triangle of Care and is supportive of the implementation of this across the region. The Action Plan is included in this paper as an appendix.

The implementation of the Triangle of Care will help to address many of the concerns expressed by the Carers Network, and provide an audit trail and evidence for the improvements and support for Carers.

The Local Mental Health Partnerships Board endorsed the work on Triangle of Care, and supported the implementation of this on a regional level.

*Delivery Plan Outcome 10.1 To ensure that service users of all ages and their families and carers are fully involved in service development*

See chapter on six high priority areas.

**Where do we require further action and our priorities for the next 12 months?**

Specific focus will be applied to Outcome 5 – Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care when they need to so. A full scoping of all services to understand their ability to deliver services in Welsh will be undertaken.

All LMHPB organisations will have signed the TTCW organisational pledge.

All partners will work together on a regional approach to TTCW.

We will have recruited public sector staff to become TTCW champions and educators and be delivering sessions consistently.

The team will be working within the farming communities raising awareness of mental health stigma and discrimination.

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

### What we have achieved in the last 12 months

#### *Delivery Plan Outcome 11.5 To Improve physical health care for those with chronic conditions including mental health problems*

The Health Board has undertaken work to support the development and implementation of a dementia training plan. This includes initiatives such as training for the 'volunteers for health' scheme, the Skills to care course for Health Care Support Worker's and a University programme on dementia care.

The health Minister announced in May 2015 that a target has been set for the completion of dementia awareness training. The Health Board is required to have in place arrangements to ensure that, by the end of the financial year 2015/16, at least 50% of health board directly employed staff who have direct contact with patients (including administrative and ancillary staff - e.g. receptionists and porters - as well as healthcare professionals) have received appropriate dementia awareness-raising or training to enable them to recognise and appropriately support individuals with dementia.

A plan has been agreed that will support the achievement of this target.

Training undertaken already includes:

- 2 Withybush Dementia Conferences – over 400 members of Health and Local Authority staff in attendance at each, with talks on a wide variety of dementia related topics, a dementia poster competition and cross-sector dementia information stands.
- Skills to Care training undertaken which includes a focus on dementia.

April 2012 – March 2013 = 93

April 2013 – March 2014 = 108

April 2014 – March 2015 = 127

- Approximately 1470 staff across Carmarthenshire and Ceredigion have received Butterfly Scheme training.
- All staff in Tregaron hospital have received a 3 day training programme on dementia.
- Dementia awareness and delirium training included as part of the preceptor programme (General and mental health) for all newly qualified staff.
- Volunteer Training programme – 49 volunteers trained in dementia awareness during 2014/2015.
- A dementia session has been included on the non medical independent prescribing course run by Swansea University which will focus on communication, challenging behaviour, assessment, dementia drugs and antipsychotics.

- The Dementia Coordinators across the 3 county areas have delivered numerous dementia focused training sessions to departmental teams including A&E , general hospital wards, physiotherapy departments, Radiology departments.

There have also been opportunities to deliver dementia awareness training to social care teams as part of partnership working, and in 2014 -15 care homes in Carmarthenshire received training in the Butterfly scheme and the 'This is Me' document. This aims to improve the patient experience if the necessity to be admitted to hospital occurs through improved communication and effective transfer of information.

**The crisis team should not just be a gate keeper for the ward, but a gateway to help, problem solving and advice, and to other services in the community**

**National Service User and Carer key message 2015**

The Directorate has agreed a proposal to increase the OAMH liaison capacity across the health Board, There is currently a dedicated OAMH liaison practitioner in Carmarthenshire and this will be replicated in Ceredigion and Pembrokeshire.

A recent announcement of funding for liaison in acute hospitals was welcomed and a bid made is awaiting confirmation.

*Delivery Plan Outcome 13.3 (D) Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services*

### Crisis Resolution Home Treatment Services

The Partnership Board received the presentation delivered at the National Board outlining the performance of Crisis Resolution Home Treatment Services.

## CRHT Targets

(initiated from the 2010/11 WG Annual Operating Framework)

***'To achieve a Crisis Resolution Home Treatment service and other community services that ensures:***

- i. 95% of service users admitted to a psychiatric hospital between 0900 and 2100 will have received a gate-keeping assessment by the CRHT service prior to admission***
- ii. 100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the CRHT service, will receive an assessment by the CRHT service within 24 hours of admission'***



The local services have consistently met the targets above but the Partnership Board noted service user and carer concerns that added to the presentation. On a national leave service users and carers raised concerns about:

- Access to services
- Crisis planning
- Their experience of first contacts
- Their experience of Accident and Emergency departments

Only one respondent had ever been asked to fill in a satisfaction survey on crisis services. Nobody else knew of any such surveys. The national Crisis Resolution and Home Treatment service satisfaction questionnaire was reviewed and it was agreed it did not have sufficient focus on outcomes for service users.

On the back of this discussion the Partnership Board committed to developing a local evaluation plan that is co-produced with service users, carer and other key stakeholders.

[Delivery Plan Outcome 13.1 \(c\) To ensure service users of all ages are safeguarded from harm while accessing mental health services – adopt and share learning from published practice reviews, POVA cases and other reviews](#)

A report provided the Partnership Board with an update on the Ministerial Unannounced Older persons mental health ward Spot Check visits that took place in December 2014.

A series of unannounced 'spot check' visits to older persons mental health wards were carried out across Wales in the wake of the report "Trusted to Care" and in light of the more recent findings from the Tawel Fan Ward in Betsi Cadwalader University Health Board. The spot check visits focused on seven fundamental aspects of care:

- Eating and drinking
- Ease of restraint
- The use of medication
- Continence and personal care
- Daily activities
- Relatives and carers and their involvement in care
- Culture and leadership

There were examples of good practice highlighted through the older persons' spot checks and these should be noted by the Health Board and any learning shared with other providers of healthcare to support improvement in every setting. The spot checks also identified areas for improvement across all three inpatient areas and these are focus of the action plans.

Areas of good practice identified in the reports included:

**St Nons Ward, Withybush Hospital:**

- Communications project
- Nutritional Project
- Transforming care in practice
- Good standard of patient documentation
- Patient centred handover
- Older persons restraint training programme
- New staff felt that members of the team were supportive.

**Bryngolau Ward, Prince Phillip Hospital:**

- Video linking/teleconferencing for MDT meetings
- Strong leadership in managing change in a short period of time
- Ward management are demonstrating success in taking staff along with them in the change journey.
- Good involvement from West Wales Action for mental health and West Wales carers group
- Ward manager is a carers champion
- Evidence of a holistic approach to assessment

**Enlli Ward, Bronglais Hospital:**

- Good patient dashboard
- Faith in the service manager
- Staff are kind and prioritise the maintenance of patient dignity
- Good practice in prescribing
- Active care planning and review process in place
- Covert medication process is good.

Following the visits comprehensive action plans were developed for each of the three Older Adult Inpatient Areas to support development and improvements in those areas identified by the review teams undertaking the spot checks.

Key areas for improvement and development included environmental issues such as creating a more dementia friendly environment within the ward areas and developing dementia friendly approaches to care delivery.

The provision of specialist 'high-low' beds and assistive technology to support patient independence was identified across all three areas. It was also identified that there was a need to improve the timeliness of maintenance /estates requests as well as supporting all staff in becoming dementia aware, including hotel services, portering and catering departments.

The reports also stated that there was a need to improve the availability of meaningful activities on each ward area with a view to developing person centred activity structured around the needs of the individual patient. Pleasingly Welsh Government have recently announced additional funding for the expansion of occupational therapy on older adult mental health wards.

The Partnership Board were very assured by the transparency of the reports, the areas of good practice and the clarity about the areas for improvement.



*Delivery Plan Outcome 13.4 To Improve older people's mental health services ensuring they are based on clinical need rather than age, with transitions managed effectively (also contributes to 11,12 & 14)*

Dementia Diagnosis rates – The Memory assessment services (MAS) have developed a set of agreed operational procedures to support patients who are referred into the service; this has also supported the standardisation of systems and processes across all four Memory Assessment teams.

The Health Minister has announced that there is an expectation that Wales will have a 50% diagnostic rate by the end of March 2016. In July 2015 the rate was recorded at 42% on an all Wales basis.

MAS teams have been reconfigured to be aligned with GP clusters and work is ongoing in relation to key staff linking into Primary care to support and advise GP's and primary care staff. The introduction of a pilot GP led Memory assessment review clinic in Carmarthenshire has been implemented with reported positive effects and plans are in place to roll out the concept to other areas within the Health Board.

Post Diagnostic Support – The development and implementation of the standardised Memory Assessment Service (MAS) Operational Procedures has embedded the post diagnostic counselling process within all teams.

Funding was announced in June 2015 by the Health Minister to put in place dementia Support Workers. The funding is to be used to secure new posts, embedded within, and working across primary care clusters, to provide face-to-face support and information to patients and their families/carers up to 12 months after diagnosis, and beyond that, when the disease is further advanced and different challenges emerge. The funding is based on approximately 1 worker per 2 clusters.

The health board currently commissions the Alzheimer's society to support services and this will be expanded to deliver this service.

*Delivery Plan Outcome 14.1 To ensure that services are based on a recovery and reablement approach supporting to gain more control over their lives*

See chapter on six high priority areas.

**Where do we require further action and our priorities for the next 12 months?**

- Dementia diagnoses rates will exceed 50%
- Stakeholders will have worked together to design an evaluation framework for crisis services and have implemented this.
- We will have an expanded primary care mental health service that truly covers all age groups.
- We will have improved the access to and provision of psychological therapies.

## 6.4 Chapter 4 - One System to Improve Mental Health

### What we have achieved in the last 12 months

*Delivery Plan Outcome 15.8 To ensure that the physical health needs of people with mental illness are better recognised and better met*

#### Physical Health and Mental Health

The Partnership Board sought information on how the Health Board delivers on improving the physical health of people with mental illness.

The Health Board monitors delivery of improving the physical health of people with mental illness in Primary Care in two ways; the uptake of the Directed Enhanced Service (DES) and the Mental Health QOF indicators. These are not perfect, but the Health Board reviews the other clinical primary care outcome measures against the whole population and does not differentiate between those who have or have not got a mental illness diagnosis.

Mental Health DES 2013-14:The Mental Health DES was commissioned in its current form from 1<sup>st</sup> April 2013. It encourages GP practices to undertake annual training in an area of mental health practice. In 2013-14, 26 Hywel Dda GP practices participated (46% of all our practices).

The table below provides the detail of which training topics were chosen in 2013/14 and 2014/15, the most popular topic being *Early identification, effective management, advice and support for people with dementia and their Carers*.

Feedback from practices was mainly positive with practices reporting that the training had been well received by staff and found to be useful preparation for dealing with patients. It is too soon to know the uptake for 2014-15.

There is a concerning reduction in the number of surgeries undertaking the annual training.

Training Topic Chosen 2013-14	Number practices	Number practices
	2013/14	2014/15
Early identification, effective management, advice and support for people with dementia and their Carers	21	1
Recognition and management of threatened suicide and self harm	3	6
Diagnosis and management of depression in the elderly	1	1
Service user led training on understanding the experience of mental illness from a service user's perspective	1	5
Understanding the mental health needs of young people and local pathways and support, working with local CAMHS services		3
<b>Did not participate</b>	<b>30</b>	<b>38</b>

\* There were **56** practices in 2013-14; in 2014-15 1 closed & 1 merged leaving **54**  
**Where do we require further action and our priorities for the next 12 months?**

An increased number of GP practices will have an annual mental health training session.

## 6.5 Chapter 5 – delivering for Mental Health

Partners welcomed the review instigated nationally into mental health ring fenced money. The overarching purpose of the review was to provide the Minister for Health and Social Services with recommendations on how the mental health ring-fence can be strengthened to achieve the outcomes of *Together for Mental Health* and how to ensure consistency of approach and application across Wales.

The Partnership Board is clear it needs the Health Board to demonstrate:

- How much is spent across all ages and on what
- Which expenditure is included
- How value for money is being provided
- How investment is changing year by year
- How expenditure is helping to deliver Welsh Government’s strategic outcomes as set out in *Together for Mental Health*.

The Mental Health ring-fence is based on the 2008/09 Programme Budgeting Returns. This was uplifted by inflation to create the ring-fence for 2010/11 (the first year it was applied on this basis) and then added to over the years for specific investments. As a comparator the ring fence set in 2010/11 was £82.491m. The current figures and the original are shown below together with their component parts.

Service	Ring fenced elements	2013/14 £m	2010/11 £m
<b>Mental Health including EMI and CAMHS</b>	Hospital & Community Health Services – this includes our secondary care services, services provided by others including WHSSC and CHC	66.650	64.724
	Primary Care Prescribing	6.263	6.263
	General Medical Service (GPs)	0.878	0.878
	Other Primary Care	0.970	0.970
	<b>Sub Total</b>	<b>74.761</b>	<b>72.835</b>
<b>Substance Misuse</b>		<b>1.747</b>	<b>1.747</b>
<b>Learning Disabilities</b>		<b>8.663</b>	<b>7.909</b>
<b>Total MH&amp;LD</b>		<b>85.171</b>	<b>82.491</b>

Since the ring-fence was established a number of deliberate actions have occurred that has reduced/contained spend in certain areas that were in danger of escalating significantly e.g.

- **Continuing Health Care (CHC)** – ring-fence includes £17.354m for Mental Health CHC. A repatriation strategy was developed and facilities were developed locally to enable patients to be cared for within our own core Health Board services and closer to home. Therefore CHC spend has only increased to £18.224m when this would have been expected to have grown much more.
- **Prescribing** – all Wales targets have been introduced to reduce the prescribing of anxiolytics and hypnotics as well as a focus on reducing overall prescribing costs.
- **Community based service models** – we have implemented a service strategy that places less reliance on more expensive in-patient facilities to develop a community based model. This has reduced our total estates costs whilst improving care for patients.

## **7.0 Data / Evidence of Change**

Reported in each section of the report.

## **8.0 Summary and Conclusion**

The Progress of the Local Mental Health Partnership has been set out clearly in this report. The Partnership Board welcomes the approach to the new delivery plan being developed by Welsh Government, as there is a strong view that the first plan has had too many actions to be able to carry out it's assurance role fully and thoroughly.

Good progress is being seen in many areas of the delivery plan and most pleasing is the coproduction seen in all areas of work.

To receive national awards for a number of areas of work has been pleasing and is good recognition of the hard work of the board and members involved.

Key priorities are set out in all sections for the next year and these will be progressed with pace.