

# Powys Mental Health Planning & Development Partnership



Hearts and Minds:  
Together for Mental Health in Powys

**Annual Report 2013/14**

## Executive Summary

Improving the mental health and emotional wellbeing of the people of Powys is a shared priority of partners working together within the Powys Local Service Board. *Hearts and Minds: Together for Mental Health in Powys 2012-2017* is the strategic plan which sets out how local priorities within “One Powys Yn Un” and Welsh Government’s ambitious programme for mental health in Wales will be achieved. It spans all ages and includes the implementation of new legal entitlements known as the Mental Health (Wales) Measure 2010; and Welsh Government’s strategy “Together for Mental Health”.



Carol Shillabeer, Chair of the Mental Health Planning & Development Partnership

The Powys Mental Health Planning and Development Partnership is one of seven such partnerships in Wales driving forward the action required to improve the mental health and emotional wellbeing of local people. It brings together agencies at Director level (or the equivalent) including Powys County Council, Dyfed-Powys Police, Powys teaching Health Board, Powys Community Health Councils, Powys Association of Voluntary Organisations, representatives of people using services and those close to them. During 2013/14, we have continued to take great care to try to involve people who use services, parents and carers in the ongoing planning and in the delivery of the Hearts and Minds Strategy. As a Partnership we are enormously grateful to people who have worked with us on this endeavour. This Annual Report covers progress in 2013/14, and includes an update on work underway against the priorities for 2014/15.

The report has been produced by bringing together different voices including people of all ages using services and the agencies working to improve people’s emotional and mental health in Powys. A recording of ‘different voices’, which is available on CD, has provided the opportunity for us to listen to a direct account of what people who use services, frontline staff and commissioners have individually experienced whether it be linked to mental health service provision, participation, challenges or improvement. The Partnership in Powys has taken an approach of drawing from broad routes for participation embedded in our work through the year.

Our collaboration goes from strength to strength and this report maps the attainments of the Partnership, with exceptional success highlighted by stars. At the end of the report is a glossary which can be referred to for more information about projects and for definitions of any specialist terminology. The report also helps us to focus our minds on the areas which are important to target next. It is important to recognise the significant efforts that have been made during the last financial year and to thank the individual members of the Partnership, people using services and staff for helping to improve the mental health of people in Powys.

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## Annual Report Event

A sub group of the Mental Health Planning and Development Partnership was formed to assist in the production of this Annual Report. The sub group was representative of the Partnership consisting of members from Powys teaching Health Board, Powys County Council, Dyfed-Powys Police, Welsh Ambulance Service NHS Trust, Mid & West Wales Fire and Rescue Service, Powys Public Health Team, mental health providers, Community Health Council, Youth Justice Service, Powys Association of Voluntary Organisations and the Children & Young People's Partnership (CYPP) as well as individual representatives. The group was keen to ensure that as well as making sure the Hearts and Minds Delivery Plan was up to date with current progress, there should be collaborative discussion using existing data and other evidence to map where we have got to, what have we been trying to change, what this has achieved and what is important to do next.

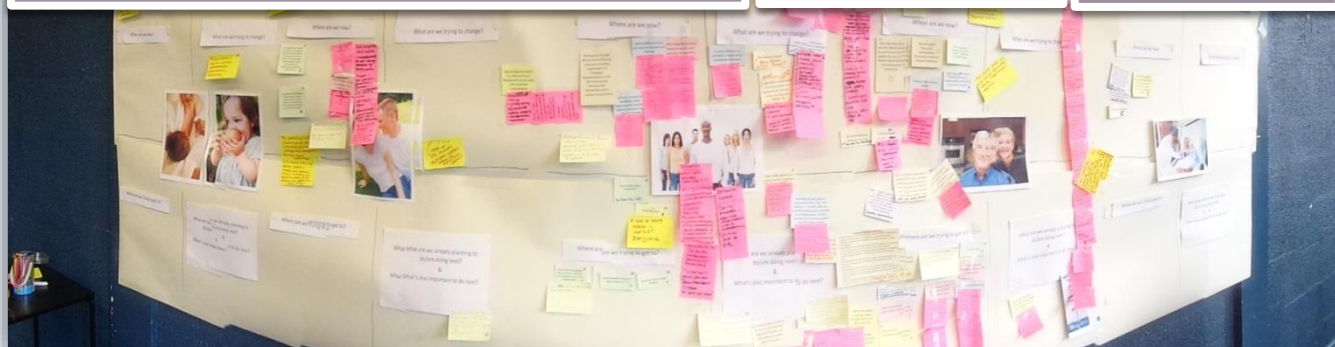


A participative Annual Report event was therefore held on the 25<sup>th</sup> September 2014, underpinning the work that has been done during 2013/14. The event was also representative of the partnership agencies and individual representatives. Mapping work was undertaken using a life course approach from 'cradle to grave' thereby indicating where much of the work has focused to ensure that a balance, based on need, is maintained.

'It's really inspiring seeing Carers and people with mental illness working so hard to make sure services are better for other people'

'We still need to work towards a common language'

'What's good for your heart is good for your head'



'There are more opportunities for collaboration'

'It must have made a real difference to people using the service'

'I hadn't realised just how much activity is going on, we should communicate our efforts to each other far more'

The outcomes of the Annual Report event are highlighted in the following sections along with other key activity which occurred under the auspices of the Mental Health Partnership and its various sub groups during 2013/14. Whilst there were no children and young people present at the event itself, there are specific participation arrangements for children and young people and their views gathered by the CYPP and independent activity. Tros Gynnal have also influenced this report and the work of the Partnership.

## ‘Different Voices’

This Annual Report also includes a CD made up of recordings from service users and agencies in Powys who provide a first hand account of their experiences of mental health, services, recovery, challenges, improvements and areas for future development. This includes the views of Children and Young People gathered by Tros Gynnal for the SPARKS Project. Different Voices also includes excerpts from life stories taken from the ‘it’s the inside that matters’, published by DIY futures, a Powys Association of Voluntary Organisations’ project.



*The Recovery Tree: Felindre Ward, Bronllys Hospital*

### Extracts from ‘Different Voices’

‘I went on a Depression Busting Course and I met Tim from DIY futures, and with his support and help I’m now in a Peer Group. I was in a Steering Group. I helped to organise and take part in a conference and I’m here today telling my story. I feel for the first time in my life I’m actually on the road to recovery. I’m sure this doesn’t just apply to me, we have to go through a lot of bad before we can actually find some good.

I use that bad experience of my partner leaving me as probably one of the most positive experiences I’ve got, because now I think my partner looks at me now and she sees a different man, she doesn’t realize it’s the same man. All I can say to anybody out there is keep trying and don’t always feel bad experiences have to be negative. Not necessarily at that time but in the future some of those experiences help you to form better relationships, help you become more comfortable to be able to participate in other things.’





'I found the local mental health resource centre through a friend and I started going there. I do find I get a lot of comfort in talking to people and listening to them and I feel I would like to help them, because although my life, well, it was abuse, it's a horrible word really, perhaps if I can help other people, that would be very good.'



'...the biggest change for me though is the willingness of both our teams to share information with each other. This includes from the police side informing the mental health team what incidents their patients have been involved in so they can assess the effect this may have on their care plan and general health, and in return the mental health team now feel confident enough to contact us about individual patients to discuss risk or vulnerabilities.'



### Extracts from the poem 'My Story'

'breakdown Bronllys  
 son rescue  
 Llandrindod Friends  
 friends moved away  
 alone  
 still alone  
 Celf, new friends....  
 ...'sport's therapy'  
 art exhibition taken over  
 son's new girlfriend  
 Grandchild, a joy  
 recovery  
 counselling and courage...  
 ...working with others...  
 ...I have a vocation me – recovery  
 homeless twice art/music  
 recovering walking tall  
 re-building talking all  
 downsizing recovery still here  
 work in progress love to give  
 recovering artist life to live  
 creative carer I'm still here  
 thank you CELF Yea!  
 A reason to be IT'S CLEAR'

## Young People with Attention Deficit Hyperactivity Disorder in Powys (ADHD)

There is no single risk factor to explain ADHD. Recent research suggests both inherited and non-inherited factors are implicated.

Children struggle to develop control of attention, movement (hyperactivity) and impulses.

Rates of ADHD in childhood (age 10 years) range between 3 to 6%. Around two thirds of children continue to show symptoms in their teens, meaning around 2 to 4% of teenagers are affected by ADHD in the UK.

ADHD has been recognized more fully in the last fifteen years. With the publication of the National Institute for Health and Care Excellence (NICE) guidelines there has been an increased focus on ADHD.

During the summer of 2013, the Child and Adolescent Mental Health Service (CAMHS) identified an opportunity to improve and develop care pathways for ADHD, ensuring that the patients themselves should be central to any redesign.

Information sheets about the process were shared and consent forms given to the young people who were willing to take part. Patient stories were gathered from six young people, all but one in their teens.

Common themes from the young people are summarised in the following diagram. Blue bubbles indicate areas of good practice and yellow bubbles indicate areas for improvement:



CAMHS used the evidence from the patient stories to inform a multi-agency group that met to think about ways to develop the ADHD Service. A decision was made that a central referral point, more standardised assessments and a closer working relationship with Education were to be prioritised.

## CAMHS – Young People Using Services Event

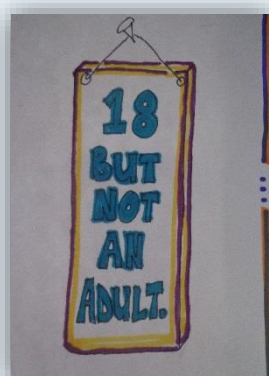
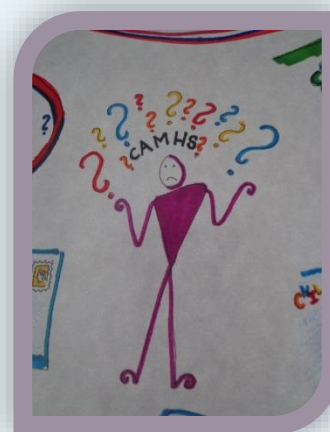
During the half term week of October 2014, as part of the preparation of this Partnership report, CAMHS held an event with young people using the service to learn more about their experiences.

Six young people from South Powys spent a morning undertaking activities designed to build trust in a safe and confidential environment. They then took part in a feedback session in the afternoon in order to critically analyse stages of involvement with CAMHS. Visual minutes were produced to capture the outcomes of the event.

The young people fed back that they enjoyed the activities which they said were like team building and that it helped them to feel confident enough to be open and honest when explaining what they thought of CAMHS. They said they would like to do more activities like this.

One of the key messages that came through from many of the young people was that they felt supported but that they would like there to be more communication and explanation of processes so that they know more throughout their engagement with the service about what is going to happen.

The full feedback will be used for future service planning. The visual minutes summarise the feedback.







## The Life Course

### In or Around Time of Birth, Early Years, Children & Young People

#### Where have we got to?

Midwives and Health Visitors undertaking motivational interviewing training

Local Healthy School Coordinators are in place in Powys and working towards 2015 target – Welsh Network of Healthy School Scheme

Mental Health Advisor and Mental Health Nurse seconded to Youth Justice Service



Blended counselling services in place – use by young males up by 40%

All Wales maternity record to identify women at risk of post natal depression underway in Powys

MEND, Mind, Exercise, Nutrition, Do it, for 7-13 year olds being delivered through leisure services

Safe Talk training of trainers initiated in response to request for training to young people 16+

Youth Mental Health First Aid being broken into early evening sessions to help access

Powys Youth Forum has identified mental health as a priority

Local primary mental health support service in place



#### What main strategy outcomes are we working to achieve?

- Improved resilience of Children and Young People
- People of all ages are better informed about mental health and mental illness, with age appropriate information being available
- Improved access to CAMHS expertise in Youth Justice Service.

#### What are we trying to change?

Ensure early recognition of mental health issues, e.g. identified via assessment in Youth Justice Service and response pathway in place

Reduce levels of suicide and self-harm

Extend access to face to face and internet based counselling services.



#### What are we already doing, planning to do and what else is important to do next?

To promote resilience there is a plan to map current service, costs and identify effective interventions to address gaps

Providing Safe Talk training to young people driven by the Powys Youth Forum

More joint training/working between Maternity and Adult Mental Health services

£222,000 has been secured to develop a community intensive team to provide alternatives to hospital admission

Tackle bullying which can lead to attempted suicide and self harm – particularly for children and young people with protected characteristics under the Equality Act 2010. KiVa anti-bullying programme being piloted.

## Adults of All Ages

### Where have we got to?

- ★ Wellness, Recovery and Learning Centre (understanding treatment options) opened by High Sheriff at Bronllys  
All mental health Resource Centres funded by PtHB are signed up to the principles of wellness, recovery and learning

Individual representatives appointed to the Mental Health Partnership/sub groups. They are working hard to ensure service users have a voice in planning and development of mental health improvement activity

Recruitment of 5 Welsh speaking Police Call Handlers plus Welsh language awareness raising

Work of Powys Together for Mental Health Participation and Information team including work with Communities First in Ystradgynlais

Crisis Resolution Home Treatment Services for adults have become equally accessible across Powys

New Mental Health Adult Services Model agreed

- ★ Section 136 pilot - reduced inappropriate use

PtHB trained approximately 50 social workers and health professionals to deliver 'Living Life to the Full'

Launch of Time to Change across PtHB



### What are trying to change?

Improve joint working between primary care, local primary mental health support services and secondary mental health services

Jointly commissioned services (e.g. PtHB £1.1 million investment in Third Sector for mental health support services to be reconfigured to ensure equity)

Improve the quality of life for person/family/carers

Staff trained in recovery and outcome focused care planning

Addressing Welsh language needs through delivery of 'More than Just Words'

Integrated Service provision

Improved in-patient facilities

### What main strategy outcomes are we working to achieve?

- Improved resilience for adults and older adults
- Service users feel listened to and are fully involved in decisions about their own care
- Welsh speakers receive services through the medium of Welsh when needed and language capacity in workforces are increased
- Improved access to and provision of Psychological Therapies
- The expansion of primary care mental health services
- Services are based on a recovery and reablement approach supporting people to gain more control over their lives
- Homelessness is reduced and people with mental health problems are supported to sustain tenancies

### What are we already doing, planning to do and what else is important to do next?

Improve Welsh language services, consider inventory of Welsh speakers within services to highlight gaps

More work to address mental health needs in respect of housing – links with Supporting People agenda

Ongoing work of the Patients Council – ensure participation and equity

Extend access to psychological therapies including Cognitive Behaviour Therapy

Continue to implement and communicate the new Adult Services Model

Continue to develop Online Cognitive Behaviour Therapy – Mastermind project



## Adults of All Ages continued

### Where have we got to?

The Butterfly Scheme established in Powys in February 2014, assists in identification of signs/symptoms of mental illness in older people such as depression and other functional illness, dementia and co-morbid conditions

PAVO hosted Early intervention in Psychosis Conference (March 2014)

Alzheimer Information Packs, supplemented with local information are distributed through memory assessment services

Dementia Strategy and Action Plan in place

RAID Services for patients in RSH A&E providing advance multi disciplinary team form of psychiatric liaison

Psychological Therapies Committee established

MAWW Fire Service working to develop innovative solutions in Powys to improve the safety of citizens who live with mental health issues

★ Brecon received an award for becoming a Dementia Friendly Community- the first in Wales to do so

### What are we trying to change?

Improved awareness and understanding in the community of dementia

Improving training for carers and people with dementia

Dementia friendly communities across Powys

Occupational Health Mindfulness Project



### What are we already doing, planning to do and what else is important to do next?

Continue to implement The Butterfly Scheme

Identify opportunities to work more collegiately with the Fire Service

Continue to roll out Dementia Awareness events

Continue to deliver the Dementia Action Plan for Powys

Intermediate care funding secured for training and support for carers of people with dementia

Strengthen training on the interface between the Mental Health Act and Mental Capacity Act

Explore Crisis House provision

### What main strategy outcomes are we working to achieve?

- Improved resilience for adults and older adults
- Improved resilience of communities
- Improved mental wellbeing and physical health of people with mental illness. Improved dementia care
- There is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems
- Improved older people's mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively

## Universal Services

### Where have we got to?

Powys has a You Tube Channel for people using mental health services

PtHB is helping to fund Infoengine to provide information about Third Sector adult mental health services

PtHB hosted the first Pledge event for 'Time to Change' and PtHB was one of the first Health Boards to sign up to Time to Change

Youth and Family Information Service providing young people and their families with free advice and information

Smoking cessation services promoted to people using mental health services

Pegasus scheme in place in Dyfed-Powys Police Service to help people communicate over the phone

Activities across Third Sector held to challenge stigma. Dyfed-Powys Police Strategic Equality plan in place, mental health representation on Confidence & Equality Group

★ Mental Health Planning & Development Partnership agreed Strategy, Delivery Plan, Terms of Reference and age specific participation arrangements

★ Every child and young person using the internet counselling service can leave feedback

Armed and Ex Forces (Health) Forum in place

National Exercise Referral Scheme (NERS) delivered across Powys through the leisure services

Adult MHFA, Youth MHFA and ASIST training delivered to a joint total of 92 people

PtHB and PAVO signed up to being Mindful employers

PCC Platinum Standard, PtHB Gold



### What are we trying to change?

More Mental Health Partnership agencies signed up to Time to Change

Ensure people of all ages are better informed about mental health e.g. Headspace magazine – extend readership

Appointing Time to Change Champions to tackle mental health discrimination/stigma

Ensure that people with dementia stay independent for as long as possible

Maintain and improve on Corporate Health Standards achieved i.e. PCC Platinum standard, PtHB Gold/ensure more partnership agencies are achieving the corporate health standards

PtHB producing a Health Inequalities Action Plan as part of PtHB's Annual Plan

Improve the physical health of people with mental health conditions



### What main strategy outcomes are we working to achieve?

- Reduced inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services
- Improved resilience of children, young people, adults, older adults and communities
- Reduced levels of suicide and self-harm
- Improved mental health and wellbeing in the workplaces
- People of all ages are better informed about mental health/mental illness, age appropriate information available
- Welsh speakers receive services through medium of Welsh when needed/workforce language capacity increased
- Improved mental wellbeing and physical health of people with mental illness
- Veterans receive services appropriate for their mental health needs
- Public services work together to provide an integrated approach
- A sustainable skilled workforce that helps people improve health as well as treat sickness
- Improved dementia care, including for younger individuals
- All staff across the public sector promote a culture that is respectful and experienced as empowering

### What are we already doing, planning to do and what else is important to do next?

Time to Change Educator to speak at a Health Board development session and/or Mental Health Partnership sessions. Time to Change Action Plan being produced by PtHB Workforce and Organisational Development Team

Improve knowledge of the 1000 lives programme

Better monitoring of use of signposting information for people with protected characteristics

Consider current Book Prescription Scheme progress based on current challenges

Include Pegasus Scheme principles as part of PCC's Single Point of Access

Roll out 5 ways to Wellbeing

Care & Treatment Planning is co-productive

Based on national evidence of attempted suicide and self harm, in line with the Equality Act 2010, work with Stonewall to prevent bullying of people with protected characteristics

Agree the interface with the Powys Carers Partnership

Re-commissioning Advocacy Services by end 2015

Continue to deliver mental health related training/Collaboratively roll out training for understanding and supporting dementia

Improve joint working between substance misuse and mental health teams – joint protocols already agreed

Continue to develop information about services including Third Sector

Raise the profile of the NERS scheme

Improved communication of activity at all levels

Continue to raise awareness of the All Wales Veterans Service



## Joint Working Arrangements

The Mental Health programme of the Powys One Plan seeks to enable Powys citizens to lead fuller and longer lives, to be resilient, have good health and be more able to participate and contribute to their communities (One Plan, 2014).

Under the Mental Health (Wales) Measure Powys County Council and Powys teaching Health Board are the partners responsible for delivering new legal entitlements from 2012. “Together for Mental Health” contains specific actions for a range of agencies to be delivered within a national timetable.

Together for Mental Health aims to:

- *improve the mental health and wellbeing of the population*
- *reduce the impact of mental health problems and illness*
- *reduce inequalities, stigma and discrimination*
- *improve the individual’s experience of treatment and support – including their feeling of input and control*
- *improve prevention and early intervention*
- *improve the values, attitudes and skills of those providing treatment and support*

Hearts and Minds brings together the action required in Powys, in order to help improve the outcomes for local people. The strategy takes account of evidence; local need; and the views of people using services, professionals, parents and carers. The vision in Powys is to promote mental and emotional health and wellbeing for all and to enable the provision of truly integrated care services for those who need them, thus making a positive difference in their lives and the lives of carers. This will be achieved through:

1. *Developing a wider partnership for health and wellbeing*
2. *Building strength and resilience, promoting mental and emotional health and wellbeing for individuals and communities and tackling stigma*
3. *Improving awareness of information, support and services*
4. *Improving early recognition of and response to mental and emotional health and wellbeing issues across all ages*
5. *Enabling access to well co-ordinated services that meet the needs of the individual as close to home as possible*
6. *Promoting hope and wellbeing through effective services.*
7. *Targeting support and intervention based on need*

The intended effect of the Mental Health Measure is to:

- *expand the provision of local primary mental health services*
- *ensure all people within secondary care have a care co-ordinator and a care plan*
- *provide adult secondary care users with a mechanism for re-assessment*
- *expand specialist mental health advocacy*

Implementation is managed through a multiagency delivery plan and there are joint working arrangements to ensure there is good governance and that the Mental Health agenda is properly supported.

## People Using Services and Those Close to Them

Feedback from the adult individual representative Members of the Mental Health Planning and Development Partnership has been received in a number of ways including representation on the Annual Report Working Party and at the Annual Report Event. Detailed feedback has also been provided in terms of good news, bad news, and quotations. The full feedback to Welsh Government will be incorporated with the updated Hearts and Minds Monitoring Plan but some key issues are highlighted as follows:

Better evidence of success for;	Reasons/Comments
Talk to me, 'U can' leaflets and DVDs	Do they reach the right people? Do they improve outcomes?
Multi-Agency collaborative work	Changing practice for better outcomes
Reducing stigma	Can this be measured?
Participation	Do service users and carers feel more in control / actively engaged?
Care and Treatment Plans	Concerns raised at MH P&D Partnership – quality not just numbers
Mental Health First Aid Training	Is there any evidence that MHFA training courses improve outcomes for us? Can we find any feedback for this?
Good news	Additional Comment(s)
Participation training by Participation Cymru for people using services and Carers	Why not training for other 'participants'?
Good tie up in south between Primary Care and the Home Treatment team, as prevention and as after admission care.	
Positive feedback in the Welshpool area about joint working with Kaleidoscope.	Improve joint working between mental health and substance misuse teams - being under one roof helps.
Suggestions for future focus	
More and better signposting is needed to Third Sector services, especially from the primary care setting.	
More referrals need to happen to the Third Sector especially when considering waiting times for some services. In line with this is greater responsibility for the Third Sector to deliver services (e.g. some Psychological Talking Therapies could be carried out)	
A real focus on Care & Treatment Planning – act on the findings of audit presented to the Mental Health Planning and Development Partnership	
Sharing of good practice across Health Boards	
Dual Diagnosis – essential piece of work for 2014/15 Statistics from Institute of Psychiatry, Kings' College, University of London (2014); Co-morbidity of substance abuse (drugs and/or alcohol) very common: 50% of people in community with lifetime of addiction have at least 1 other MH disorder 90% of people who come for treatment for addiction have at least 1 other MH disorder OR	

In general population, lifetime prevalence of substance misuse is 16%
In those with a diagnosis of schizophrenia, 47%, bipolar 60%
Tackle waiting times
Need more equitable access to therapies between primary and secondary care
Needs to be strengthening of access to activities involving Occupational Therapy
We need to look at ways in which we can maximise the patients' time with nurses. Patients genuinely value the time they do get to spend with nurses and would like more.
Benefits advice – no longer via CMHT and missed. How else can this support be provided?
It is important to have clarity around the ring fencing review and to be as clear and open as possible with service users and carers. Well documented real term cut backs to the budget in Wales has left many worried about Mental Health expenditure. Would it be possible to produce an 'easy read' version of the document to simply put across the key information?
<b>Some direct quotes from people and/or the news recently in relation to mental health:</b>
<i>"More Talking Therapy as an alternative to medication"</i>
<i>"We have a life expectancy of 80. Get depression before you're 20 and it could be a lifetime of suffering avoided"</i>
<i>"It's a bit like exposing something, digging a little bit, finding the roots and not being able to do much more about it"</i>
<i>"It's taught me that my thoughts are my thoughts. They don't make me who I am as a person. That's what I found so difficult - I used to think if I can't believe myself, who can I believe?"</i>
<i>"It wasn't that I was scared of going outside - it was just dealing with the world, I would start thinking one thing and that would lead to another. You think these things must be true simply because you're thinking them"</i>
<i>"Cuts and bruises are damage that you can see, they generally invoke sympathy, care and compassion. Looking fine but having a damaged mind is different it's like being a botched car with good paintwork."</i>
<i>"It is not a cry for help - It's to stop themselves from something worse"</i>

## Mid & West Wales Fire and Rescue Service - Prevention

### Home Fire Safety Check Programme

The Fire Service is committed to carrying out 3,000 Home Fire Safety Checks (HFSC) per year in Powys. Funding for the equipment issued is provided by Welsh Government and the Service pay staff wages and overheads. The programme has been running for nearly a decade now and over 22,000 Powys properties have received a HFSC. The Fire Service is delivered by on-call (part-time) crews based at the 18 Fire Stations in Powys. Crews are paid per property therefore it is safe to say that those properties nearest a Fire Station were the first to be targeted. For several years, the Fire Service was intent on hitting targets set by Welsh Government. The problem with this was that we were not necessarily targeting the correct properties.



In recent years this has been acknowledged and more meaningful targeting has been attempted. Our priorities now are vulnerable members of the community. These may be people who are vulnerable because of physical or mental health issues, they may be vulnerable because of a dependence on alcohol or drugs (prescription and/or recreational) or they may be vulnerable due to their proximity to their nearest Fire Station.



If the target of 3000 properties is achieved this year, then up to approximately 4,500 members of the public will be interacted with. Given that Service is now targeting people who are vulnerable it stands to reason that we will come across people with mental health issues.

Taking this into consideration, a number of Fire Service staff have now received mental health awareness training from 'Mind'. All staff who deliver HFSCs have received Vulnerable Adult/Child Protection Training. However, there is a mind-set problem to be overcome in that crews are doing HFSC's in their own locality which means they often know the people whose homes they have been invited into. This makes them less willing to report concerns which is something to address in future.

Crews have also received training regarding 'hoarding'. Hoarding is a major concern to the Service as not only does it increase the risk of a fire starting and reduce the chances of escape, it makes for a very big fire to deal with when the crew arrive. However, it is important that crews don't just say "You need to get rid of all this stuff" to the occupier.

To increase our safeguarding capability it would be useful to explore new ways of identifying vulnerable people. If this can be done with partner agencies, joint visits may be possible. This would reassure the Service that the advice we give has been communicated in the best way possible and more importantly, can be reinforced by the partner agency on future visits. Our HFSC is a one off visit and revisits are unlikely to occur so we need help ensuring the information is retained.

For 2014/15, the Service would also welcome being part of more joint training and other awareness raising sessions.



## Dyfed-Powys Police

### Section 136 pilot



There are occasions when the police may act if they believe that someone is suffering from a mental illness and is in need of immediate treatment or care. Powers for such occasions are set out in Section 136 of the Mental Health Act. This gives them the authority to take a person from a public place to a “Place of Safety”, either for their own protection or for the protection of others, so that their immediate needs can be properly assessed. A Place of Safety could be a hospital, police station or another designated place. However, guidance states that a police station should be used only in exceptional circumstances and there is a national impetus to increase the number of admissions in these cases. The inappropriate use of Section 136 Powers in a public places is not in the best interests of the individual involved and also costly to all relevant agencies.

Making the decision to use a section 136 can be a challenging one for frontline police staff who in difficult circumstances must make an accurate identification of whether a person may have a mental disorder. An individual may display symptoms raising concern for their safety and wellbeing, but this could be behavioural, rather than psychotic. In order to ensure that section 136s are used appropriately, police in Powys have initiated a pilot with partner agencies that introduces Inspectors authority for a Section 136. The Inspector will take an independent overview of the circumstances which have led to consideration being given to utilising the powers. The Inspector’s authority will be required unless there is an overriding necessity for immediate action to protect the individual or other members of the public from their actions and at no time does this relinquish the responsibility of the Duty Sergeant to effectively supervise the incident.

***The Inspector will satisfy her/himself that all reasonable enquiries and considerations are undertaken:  
‘Does the individual require a formal mental health assessment?  
Is the individual likely to be sectioned under the mental health act? If not, look for alternative options.’***

The pilot was planned in 2013/14 to be implemented in March 2014, a staged approach has been taken that included a partnership consultation in order to share data with partner agencies to access historic demand. Following this, improved links between the Crisis Resolution Home Treatment Teams and the police. PtHB agreed to provide Powys Inspectors with a greater mental health awareness, through access to training and information to aid their incident review and decision making.

In addition, where a formal mental health assessment is considered necessary, lawful and proportionate, then contact must be made with the Staff Nurse from the relevant Place of Safety to discuss the circumstances and to agree attendance for assessment in line with the Powys Sec 136 Protocol. The police will call the Approved Mental Health Practitioner (AMHP) through the single point of contact – Powys Careline via Force Control Centre.

During 2011, there were twenty five occasions when the Section 136 powers were utilised within Powys. Fourteen of these cases resulted with a person being admitted to hospital (56 per cent). During 2012, there were twenty occasions, resulting with eleven persons being admitted (55 per cent), During 2013, there were twenty three occasions, with twelve persons being admitted (52 per cent).

**Outcome of the pilot so far:** During the seven month period of the pilot March – September 2014, there have only been **eleven** occasions where powers have been utilised. On nine of these occasions, the person was admitted (82 per cent). This is an increase from 67 per cent for the first four month period and the highest admission rate for the last four years. There have been no cases of inappropriate use of the mental health powers or of utilising police custody.

## Children & Young People's Partnership – Early Intervention

The Powys Children and Young People's Partnership commissions blended counselling services for young people in Powys which includes the online therapy service KOOOTH.com recently complimented by face to face school based counselling, both services provided by Xenzone. Young people can now self-refer for face to face counselling via KOOOTH.com, and while they are waiting for an appointment they can benefit from access to online support. For detailed outcome information related to blended counselling please see 'the evidence' section of this document.

### Précis of a Case Study – Online Counselling in Powys

**This is a composite case study and details have been changed to protect confidentiality**

#### Background

Location: given, Age: given, Ethnicity: given, Gender: given, Date: given

This young person came to Kooth due to difficulties which include: Anxiety/Stress, Confidence, Loneliness, Motivation, Self-Harm, Self-Worth, Anger, Bullying, Girlfriend / Relationship issues, Friendships, Self-Control, Bereavement.

#### What intervention was provided?

Work undertaken so far has been mainly via online chat sessions and occasional messaging. In this time the young person's YP-CORE scores have dropped 9 points, indicating reliable improvement in his emotional wellbeing. Although this young person is relatively new to Kooth and there have only been a handful of chat sessions so far, he felt that his main concerns are around the ending of his relationship with his ex girlfriend and his 'friendships' in general. He believed the relationship with his then 'girl-friend' had been 'going well' but he found out that she had been seeing one of his close friends 'behind his back'. He understandably felt betrayed by both and therefore felt as though 'trust' had become a major issue for him.....He also highlighted that in recent months, his Uncle had died and that he was struggling to come to terms with his loss and feels 'overwhelmed' by his passing. Providing a welcoming, supportive and safe environment in order to encourage him to 'voice' his thoughts and emotions has been important in working with this young person here at Kooth. He was initially a little hesitant to engage with Kooth due to his current 'trust issues', but it appears his confidence seems to be growing and he is beginning to explore complex relationship dynamics, thoughts and emotions in a supportive and non-judgemental arena.

#### What was the impact and outcomes achieved? Please include any feedback you may have received from the young person

We have looked at some of the dynamics around these 'friendships' and although he 'hates' the way they behave toward him when they are in a group, he feels it is better when he sees them on an individual basis. He has been able to say how their behaviour and his ex-girlfriend's behaviour have impacted on his self-esteem and have made him feel as though he has 'anger issues'. He also said that he had occasionally self-harmed (by cutting arms / legs). He tends to self-harm when feeling low or angry and feels 'calmer' afterwards. He has recently started to talk to teachers at his school about how things have been for him and they have both been supportive.

We have been looking at his relationships including, more importantly, the relationship he has with himself...We have been looking at his value systems and how these may impact on his self-esteem...and he has started to identify positive qualities in himself.

As an add-on to the building of self-esteem, part of the work with this young person is about starting to identify and develop aspects of his assertiveness skills. The young person was praised for coming on to Kooth and for talking to his teachers about things and to start to get some support for himself. I also agreed to send him some information on 'Alternatives to Self-Harm' to look at and try, as well as some information on self-esteem for him to reflect on. He stated that he had 'felt much better' at the end of the chat and was very grateful for the session and discussion.

#### Conclusion

If he had not accessed the Kooth service – it is possible that the feelings of anger, poor self-esteem and confusion around personal relationships would have increased. By discussing and exploring the young person's thoughts, perceptions and emotions in a supportive and non-judgemental way, he has been able to make some very positive changes. It is hoped that these positive changes will continue and develop further as he continues to access Kooth.

## The Third Sector – Supporting Mental Health

The Third Sector is significant in Powys providing a range of vital support mechanisms for people using services and those close to them. Organisations such as Mind, Ponthafren, Cruse Bereavement, Montgomeryshire Crossroads, Relate Cymru, Community Health Council Advocay and Advocacy Support Cymru services, amongst others, who all help to meet the following three key deliverables of the Powys Hearts and Minds Strategy:

1. Supporting people in their community
2. Provision of information services
3. Enabling participation arrangements for adults

### Powys Association of Voluntary Organisations (PAVO)

PtHB provides the main funds to PAVO's work to develop mental health participation and better information about Third Sector services to help drive forward the three deliverables listed above. Main activities include running the Mental Health Information Service and developing participation opportunities through the development and attendance of various networks bringing services and citizens together, voluntary sector organisations and groups in Powys. 2013 – 2014 saw:



7,148 people visiting [powysmentalhealth.org.uk](http://powysmentalhealth.org.uk). They visited 34,904 pages, resulting in 10,808 visits. Most popular pages visited were our events page, “get involved” page and service directory page.

54 blogs were posted and we had over 21,000 visits to the blog at [powysmentalhealth.blogspot.com](http://powysmentalhealth.blogspot.com).

Supporting a growing number of individuals to attend and participate on the Partnership Board and in various sub-groups has been a major accomplishment during 2013/14. As these individuals also attend the national forum for service users and carers, the voice of Powys citizens is being comprehensively heard in relation to mental health service provision.

PAVO's mental health team also facilitates active citizen engagement, participation and involvement in a wide range of opportunities. These include:

- Individuals representing the views/feedback of people in contact with services (including carers) from across Powys, who actively sit on the Mental Health Planning and Development Partnership Board.
- Involvement in public consultations, for example, the review of the Mental Health Code of Practice in England representing cross-border experiences.

Other involvement saw individuals participating on the Powys Confidence and Equality Group run by Dyfed-Powys Police. Furthermore, the Police invited PAVO's mental health Participation Officer to be involved in a research project with the University of Bangor and the Police into people experiencing mental health distress, whilst appearing to be “anti-social”. Individual representatives and other people in contact with services are participating actively in the project, with PAVO's support.



Powys Patients' Council is a project funded by the Health Board and facilitated by the Powys Association of Voluntary Organisations (PAVO). It aims to give a voice to Powys residents in Bronllys Hospital, Felindre Unit.

Regular, patient-only meetings are held which give people an opportunity to express their views on the services they receive whilst they are in hospital. These views are then passed on anonymously to ward and hospital management staff, in addition to senior Powys Teaching Health Board staff, so that solutions can be found.

PAVO currently holds ward visits at Bronllys Hospital in South Powys. The Powys Patient's Council does not deal directly with specialist or individual issues, but works by referral to advocacy services to ensure that patients receive the support they need. Powys Patients' Council is gaining recognition, locally, regionally and nationally.

Outputs from Patients' Council are:

- 12 Patient Council Monthly meetings held
- 14 Ward Management meetings held (feeding back issues to ward management)
- 3 Senior Hospital Management meetings held (to escalate issues/verbally report progress)
- 34 patients seen/spoken with
- Interaction with 5 carers of patients on ward
- Signposted (brokered contact between) 7 people and Mental Health Advocacy (and educating people about the benefits of using MH Advocates)
- Brokered contact between 5 people and mental health resource centres in local areas
- Supported 3 volunteers (all in contact with mental health services) to actively participate in Patients' Council, resulting in 150 hours of volunteering during year.
- Liaised with two community car schemes for independent travel of volunteers to Patients' Council
- 

Outcomes from Patient's Council are:

- Through the Patients' Council it was agreed that a suggestion box be placed in the recovery room
- Changes to mobile phone policy enabling patients to use mobile phones on the ward
- A tick box on the patient's case conference pro forma was added to ask if they minded having student doctors present.





## Public Health Wales



Mental health and wellbeing is an important part of overall health and wellbeing and is relevant to the whole population. The health and wellbeing of individuals and communities is influenced by a wide range of social, environmental and economic factors, as well as individual genetics, behaviour and experiences. In 2004, the World Health Organisation defined mental health as:

*'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'*

Evidence shows that mental health problems often begin early in life and limit an individual's potential, which can reduce their capacity for functioning fully within society throughout their working life (Friedli and Parsonage, 2009). Mental health and wellbeing is affected by a wide range of factors such as forming and sustaining relationships; going to work or school; being able to participate in leisure activities and feeling part of a wider community.

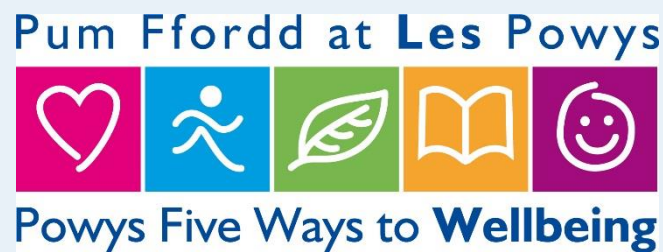
From a Public Health perspective it is known that people with mental health problems are more likely to have poor diet, smoke more and misuse drugs and alcohol. Research shows that higher levels of deprivation and less access to resources lead to poorer physical and mental health. Good mental wellbeing can reduce health inequalities (physical and mental), increase life expectancy and reduce risks to health by influencing positive health behaviours. Good mental wellbeing is associated with improved educational attainment and subsequent occupation and wellbeing outcomes; reduced sickness absence from work and improved productivity and employment retention (Foresight Report, 2008).



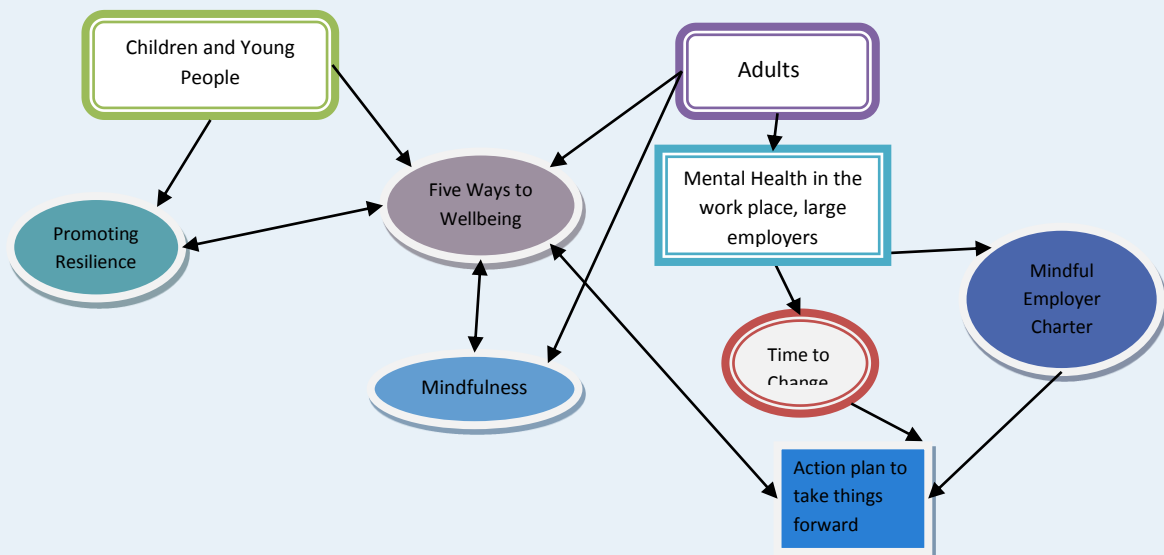


Responding to the mental health needs of the population is something that all agencies and organisations can contribute to. To further improve mental health and wellbeing in Powys the following actions have been identified to build positive mental health skills to enable people to respond positively to change and challenging life events; to recognise when they have problems and seek appropriate help:

- *Increasing the resilience of children and young people:* Evidence highlights that the most effective interventions for children and young people are those that aim to increase resilience.
- *Developing an approach to the Five Ways to Wellbeing:* The Five Ways to Wellbeing is an evidence based set of actions developed by the New Economics Foundation, which promote peoples wellbeing. This will consist of two elements, one for children and young people and the second for adults and older people.



The following diagram demonstrates the key Public Health Actions to promote mental health and wellbeing: raising awareness and tackling stigma;



## Powys County Council

During 2013/14 the Council agreed to implement the development of a stand-alone Emergency Duty Team to jointly cover the Out of Hours Service for both Adult Social Care and Childrens Services. The team commenced in April 2014 and has the responsibility for delivering the statutory requirement of the Council to provide Approved Mental Health Professionals (AMHP) who undertake assessments outside office hours within the legislative requirements of the Mental Health Act 1983 (amended 2007).



In 2013/14, improvements were required related to the consistent access to Section 12 doctors and appropriate beds which needed to be addressed, there has been positive developments in the joint working with the Crisis Resolution and Home Treatment Teams across Powys. This has lead to a more seamless approach in support of those individuals requiring a high level of support at these times.

In addition to the changes made to the delivery of services out of office hours Adult Social Care are currently proposing a restructure with the services for people with mental health issues being managed on a Powys wide basis, this will ensure that there is an increased focus on and a consistency in service development and future integration. Within this structure there is also a proposal for a Consultant Social Worker who will cover both Disabilities and Mental Health Services but also provide expert practice support to the AMHPs as a lead officer.

It is also the intention of Adult Social Care to review the effectiveness of the Joint Training Programme in meeting the needs of the services delivering support and services to people with mental health issues through statutory and Third Sector organisations. Training has taken place through 2013/14 in respect of the interface between the Mental Capacity Act and the Mental Health Act to support professionals in their day to day work ensuring the appropriate legislation is applied in the individual circumstances presented, this has received positive feedback from staff.



## Powys teaching Health Board – Improving the Mental Health of the People of Powys 2013/14



The work of Powys teaching Health Board has spanned three main areas:

- Driving forward the multiagency strategy “Hearts and Minds: Together for Mental Health in Powys”
- Strengthening and reviewing mental health services commissioned by the NHS
- Compliance with legal entitlements including the Mental Health (Wales) Measure 2010 and Deprivation of Liberty Safeguards



PtHB co-ordinates the multiagency Powys Mental Planning and Delivery Partnership - responsible for the “Hearts and Minds” strategy to improve the mental health of people of all ages in Powys. Age specific participation arrangements are in place. The representation of children and young people is routed through the statutory Powys Youth Forum and the Children and Young People’s Partnership. Representatives of adults using services were recruited to the Powys Mental Health Partnership in 2013/14. PtHB has funded PAVO to develop participation work, and to improve information about the Third Sector services available.

The Mental Health Partnership also oversees the implementation of the Dementia Plan which is covered elsewhere in the report and “Talk to Me” the multiagency suicide and self harm prevention plan.

Most mental health services are provided within primary health care in Powys. It is seeking to ensure that more services can be delivered in or close to GP surgeries; that access to services for adults is based on need not age; that there are more alternatives to hospital admission; and more integrated services. It also needs to address the complexity and inequity within the county.

PtHB is working to improve access to “Talking Therapies” for earlier intervention and to reduce reliance on medication. In 2013/14 it trained over 50 health and social care professionals to deliver “Living Life to the Full”. This will help, in particular, people with Anxiety and Depression who have been referred to the Local Primary Mental Health Support Service (LPMHSS). In 2013/14 74.7% of the patients in the LPMHSS were assessed within 28 days (against a target of 80%) and 75% of patients had assessments within 56 days (against a target of 90%). In order to improve this situation PtHB has secured €500,000 over three years to implement on-line Cognitive Behavioural Therapy (CBT). The new service will be rolled out from November 2014.

Just under a thousand patients in Powys, due to their level of need following assessment, had a statutory care co-ordinator and written care and treatment plan in secondary care. In addition the Mental Health Department managed just under half the continuing care activity for the health board and worked to improve the quality of services in nursing homes.

The Child and Adolescent Mental Health Service (CAMHS) is managed by PtHB. Work was undertaken, which has ultimately led to securing £222,000 to establish a community intensive team which will offer an alternative for hospital admission for children and young people with serious conditions such as eating disorders.

As part of the development of this annual report children and young people engaged with CAMHS have been asked to describe their experiences and see what has improved and what could be done better. In addition to the CD of 'different voices' which includes children there will be photos of artwork that the children have undertaken.

#### Children and Young People said...

"This is good because it provides young people with someone to talk to."

"Young people need support and help with everyday things like rejection."

"It could save lives."

PtHB helped fund the internet counselling service commissioned through the Children and Young People's Mental Health Partnership. There were 314 new referrals in the year; just under two thousand sessions (1889) were offered. At the end of the year there was a small waiting list of 25 young people. The top concerns were: stress; self-worth; family relationships and depression. Clinical improvement was carefully monitored. Young people also provided feed back such as *"It has helped me a lot more than I thought."* NHS Primary Mental Health workers provided advice and training to those working with children - including schools. Youth Mental Health First Aid training has been provided in "twilight"

sessions to help improve access. Some Child and Adolescent Mental Health staff were trained in "Safe Talk" in order to respond to the Youth Forum's request for training for young people aged 16 and above.

NHS Adult Mental Health services are provided by three neighbouring health boards within the County. PtHB decided to review these arrangements in order to deliver the new model for adult mental health under the strategy. PtHB funds an average of 64 hospital beds a day for people with mental health conditions (functional and organic illnesses). 48 of the beds are provided in NHS hospitals within Powys by staff employed by other health boards. The complexity and inequity of the current system is being addressed in order to develop integrated services across the County which address a persons physical and mental health needs.

PtHB ensured that Crisis Resolution Home Treatment Services for adults were equally accessible across Powys. The service has been provided in south Powys for a number of years. However, there had been difficulty establishing and sustaining the service in north Powys. This was achieved in 2013/14. The service operates up to 9 pm during the week and up to 7pm during holidays and weekends.

Overall PtHB spends more than 12% of its resources on mental health. From a PtHB perspective key challenges for 2014/15 include:

- strengthening access to talking therapies, delivered within an appropriate governance framework, the implementation of on-line CBT; extending access to cognitive stimulation therapy for people with conditions such as dementia; and repositioning psychology services
- ensuring NHS arrangements can deliver the agreed strategic intent in Powys
- providing more alternatives to admission through the implementation of the community intensive team for children and young people
- improving the locations and environments in which mental health services are delivered
- and improve the physical health of mental health patients – pilot new medical post in North Powys

## Dementia – Working Together

Dementia describes a set of symptoms including memory loss, mood changes, problems with communication and reasoning. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia but not all dementia is due to Alzheimer's. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia. Each person is unique and will experience dementia in their own way.

PtHB has established with key agencies a Dementia Joint Planning Group. This group is chaired by the Director of Nursing and has developed a Powys Joint Dementia Action Plan which pulls together the themes from the Dementia Vision for Wales, Intelligent Targets for Dementia as well as the Dementia Action Plan for Wales. The action plan has four key themes:

- **Leadership and Accountability**
- **Improving Care in Community Hospitals**
- **Caring well in Care Homes**
- **Improving early assessment and care in the Community**

Progress against these themes during 2013/14 is highlighted below;

On February 7<sup>th</sup> 2014 the Chief Executive and Director of Nursing launched **the Butterfly Scheme** in all Community Hospitals in Powys. The Butterfly Scheme is an opt-in scheme for people with dementia or cognitive problems where people are identified with a discreet Butterfly symbol next to their name. Staff are trained in a special response plan called REACH to better communicate with people with memory problems. Butterfly Scheme Champions have been identified in each hospital ward and many hospital departments to ensure implementation and ongoing delivery of the scheme. 160 staff attended the first three days training. All Community Hospitals in Powys have started to implement the scheme. There is great enthusiasm amongst the Butterfly Champions.

A recent audit of the scheme produced some positive results. Two hospitals, Knighton and Bronllys reported that the REACH approach (an integral part of the Butterfly Scheme) was positively affecting the wider care on the ward. There were also good reports of connecting with patients in a meaningful way through the "About Me" process. One gentleman with an interest in motorcycles and understanding he liked to keep a comb in his breast pocket. Another report of a lady who staff discovered could play the piano, who then played in the Day Hospital.



**Environment;** It has been demonstrated that an appropriate environment can play a significant part in helping people with dementia with orientation and reducing agitation. The Kings Fund has developed evidence based dementia friendly audits for hospital environments. The ward based audit has been completed for all Community Hospital wards in Powys and the Dementia Lead and Project Officer are meeting with the Estates Department to develop an action plan to implement a range of recommendations.



**Dementia assessment tools** and Delirium assessments are important to ensure that people with cognitive problems are identified on admission and placed on the appropriate care pathway. A small working group, led by a Consultant in Elderly Care have now completed final draft versions. It is intended that these should be rolled out throughout the Powys Community Hospitals to help coordinate and improve care.

**Training;** The Dementia Lead and Training department have been working with the University of South Wales to produce a tiered Dementia training package for staff in Powys. This will include awareness raising for all relevant staff to accredited courses at degree level provided in Powys.

The medicines management team in Powys have made a significant impact by working with Care Homes to **reduce anti-psychotic prescribing** in people with mental health problems. They have managed to reduce prescribing from 29% to 21% in care homes. Importantly this work has been supplemented with producing checklist and advice for care homes and for carers. This work needs to be integrated into the work done by older people's community mental health teams. They often in-reach in to care homes and carry out medication reviews as part of their work. The Dementia Lead is working on coordinating the efforts of the mental health and medicines management teams.

Good progress has been made in **establishing memory assessment services** across the county but the developments do tend to vary in the three mental health provider services with different levels of resources targeted to the service. The first all Wales Memory Assessment service audit has been completed and a report published. In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis. The audit will help Powys adjust its Joint Dementia Action Plan to improve memory assessment services.

**In Montgomeryshire** the medical diagnostic sessions are completed in Out Patient Clinics. These sessions are supported by specialist nurse led review clinics. The nurse led clinics are held weekly, Thursday am in Welshpool and either Monday or Friday in Newtown. The Alzheimer's Society input in to the clinics to help with information and signposting.

**In Brecknockshire** (with the exception of Ystradgynlais) **and Radnorshire:** There are a number of joint medical and nursing clinics and some nurse led sessions. Most local clinics listed below also benefit from input from the Alzheimer's Society to help with information and signposting. In addition to this the Dementia Coordinator will carry out home visits to do pre screen, reviews and post diagnosis.

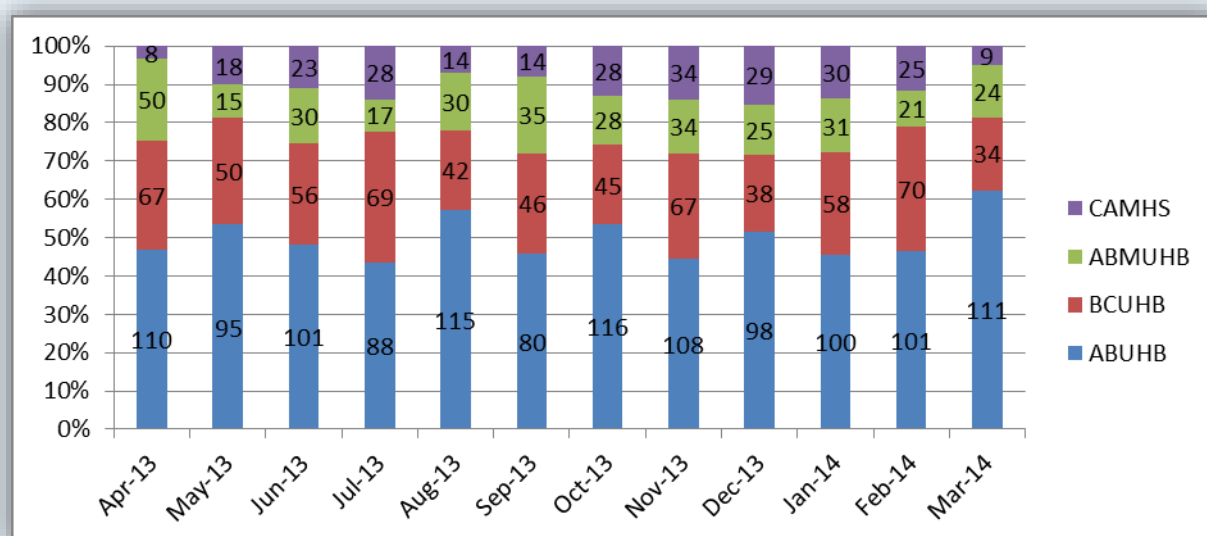
**Ystradgynlais;** the Ystradgynlais team describe their service as more of a "virtual clinic". The memory assessment nurse will undertake most of the initial assessments, often in the person's home, and refer those appropriate to the Consultant Psychiatrist in Out Patient Clinic, if a diagnosis is indicated. If a diagnosis of dementia is given then the nurse will follow up again and involve the Dementia Coordinator. The Dementia Coordinators contact details will be given to the patient and carer and will remain a source of contact throughout the person's journey with Dementia.

Specialist services; older people's community mental health teams are based in Welshpool, Newtown, Llandrindod, Brecon and Ystradgynlais. Specialist in-patient assessment services are available at Fan Gorau, Newtown Hospital, Clywedog Ward, Llandrindod Wells Hospital. Crug Ward, Brecon Hospital and Tawe Ward, Ystradgynlais Community Hospital.

## The Evidence

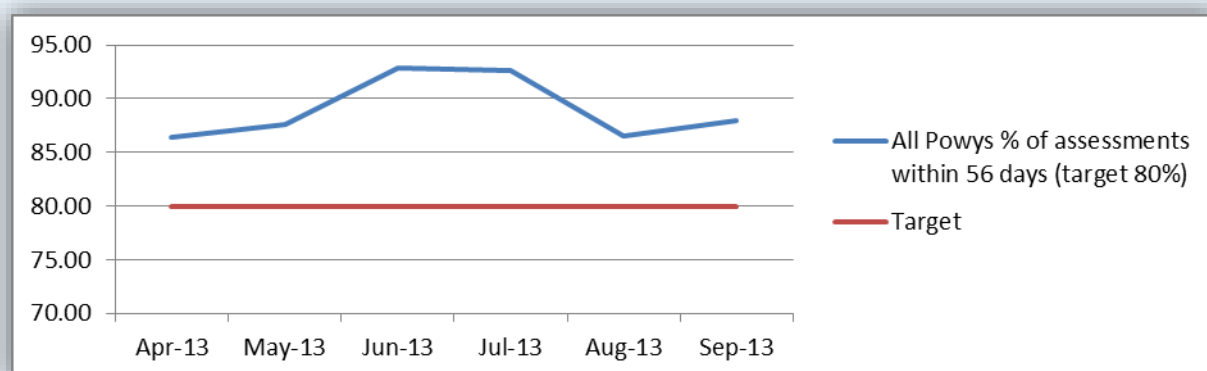
### Part 1 – Mental Health Measure (Wales 2010) Information

Powys - Assessments by Month

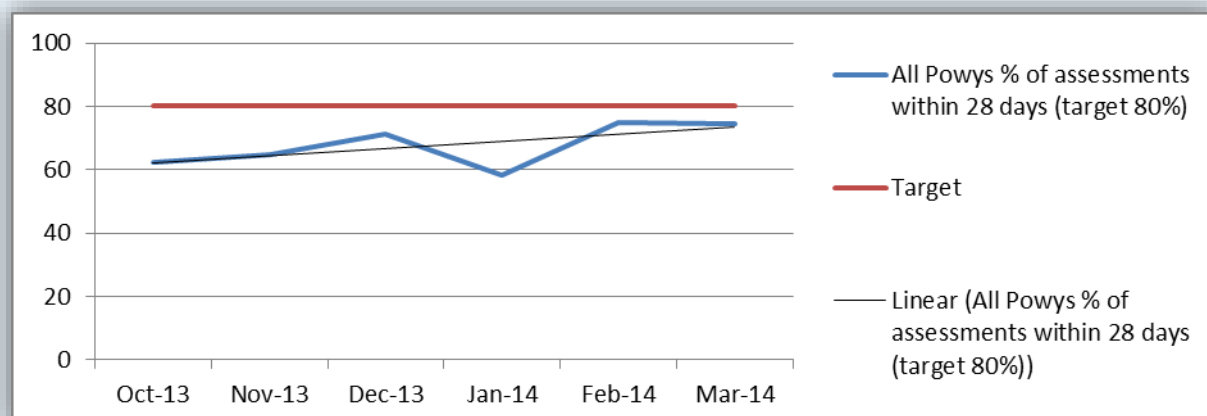


N.B. BCUHB covers Montgomeryshire which is 48% of the population of Powys – thus it would be expected to account for about half the activity.

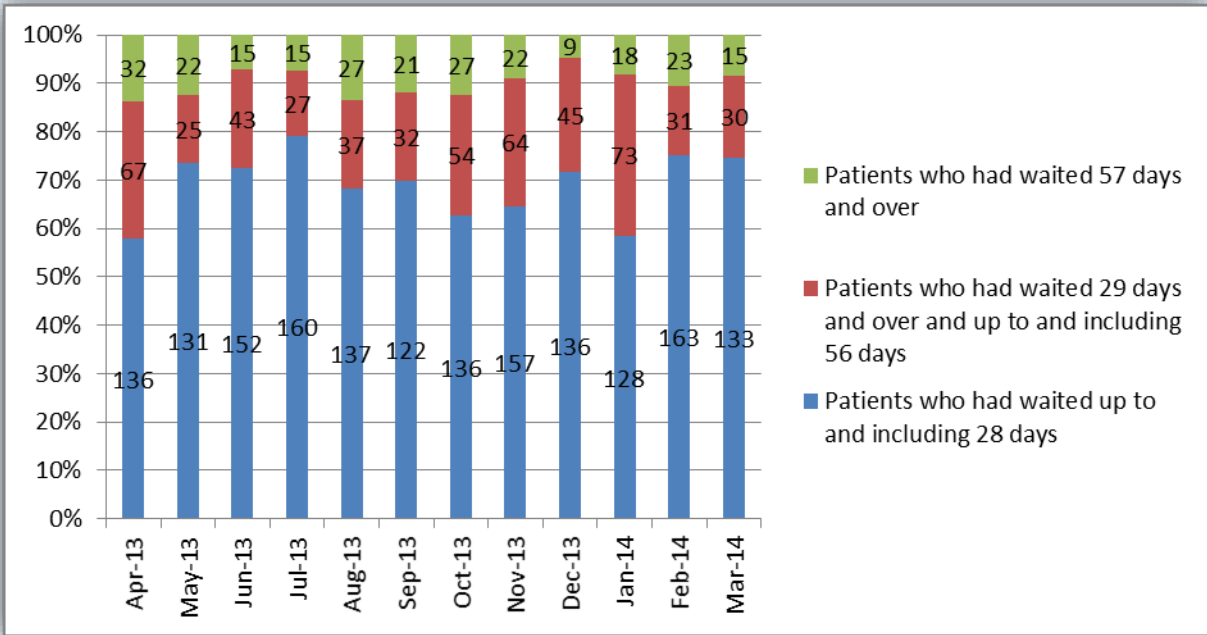
Powys – All Ages – Assessments against targets



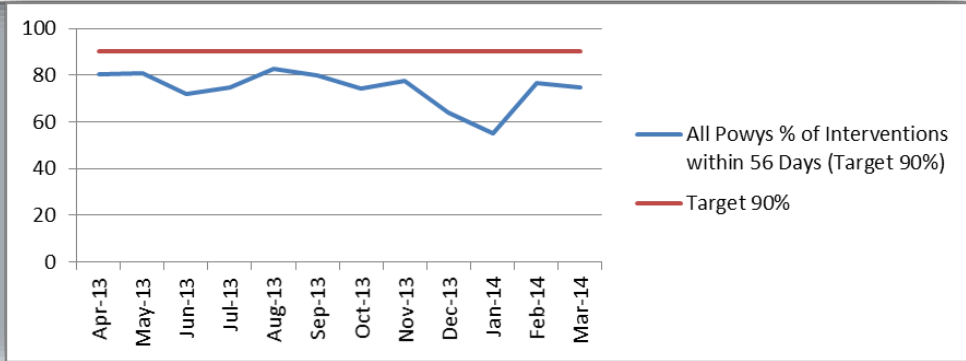
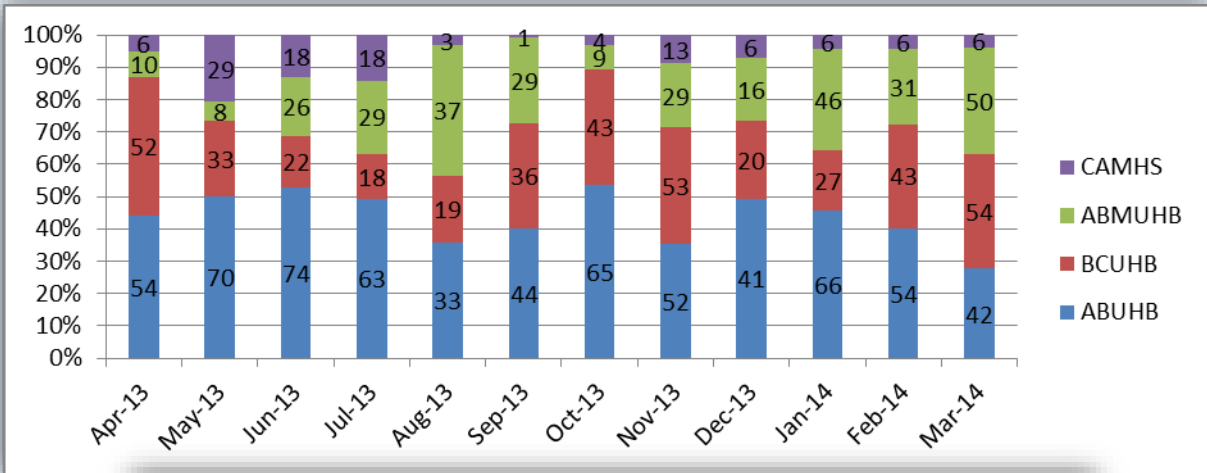
N.B. Target changed in October 2013 to 28 Days rather than 56



**Powys – Part 1 Assessments by Waiting Times 13-14** – Whilst the current target of 28 days for assessments is not being met overall, for the 12 month period, over 50% of patients were seen within 29 days. For May 14, 74% was achieved overall.



**Powys Interventions Totals April 2013-March 2014**



## Parts 2 & 3 - Mental Health Measure

Part 2 2013/14	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
<b>All Powys all ages</b>												
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	63	72.5	77	86.4	88.9	90.8	92.8	92.7	92.6	93.4	96.8	96.7
<b>CAMHS</b>												
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	100	81	80	100	100	100	100	100	100	100	100	100
<b>North Powys (BCUHB)</b>												
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	57	66	77	77	82.2	85.8	90.7	92	92.3	98.1	98.6	99.7
<b>South Powys (ABHB)</b>												
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	64	72	74	89.9	91.2	92.4	93.2	92.0	91.7	89.9	95.9	95.2
<b>South Powys (ABMUHB)</b>												
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	73.3	94	98	95.8	95.8	96.1	95.9	98	98	100	95.8	95.9
<b>Learning Disabilities</b>												
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	100	100	100	100	100	100	100	100	100	100	100	100

**Powys Part 2 all-age 2013/14 (July 2013-March 2014) there are no comparable figures for April-Jun – hence why it starts at July 2013.**

		Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
1	Total number of patients in your LHB with a valid CTP at end of month [end of month census snapshot]	1033	1072	1116	1140	1148	1168	1157	1194	1201
2	Total number of patients resident in your LHB new to secondary mental health services within the month [monthly count]	50	32	45	42	42	43	46	61	58
3a	The number of patients resident in your LHB requesting an assessment under Part 3 of the Measure within the month [monthly count]	5	6	2	4	2	2	6	10	5
3b	The number of people resident in your LHB assessed under part 3 of the Measure within the month [monthly count]	7	3	3	5	1	3	6	6	7
3c	The number of people resident in your LHB accepted onto the caseload under Part 3 of the Measure within the month [monthly count]	5	2	2	4	1	0	5	4	6
4	Number of patients resident in your LHB discharged/transferred out of secondary Mental Health services within the month [monthly count]	44	21	22	43	32	20	68	67	49
5	Total number of patients resident in your LHB currently in receipt of secondary Mental health services at the end of the month (i.e. the case load) [end of month snapshot]	1194	1206	1229	1228	1238	1261	1239	1233	1242
6	Percentage of valid CTPs completed  [end of month snapshot]	86.4%	88.9%	90.8%	92.8%	92.7%	92.6%	93.4%	96.8%	96.7%

7	Total number of patients resident in your LHB in receipt of secondary Mental Health services as at the 30 <sup>th</sup> June 2013  (end of month snapshot)	1189
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## Powys Crisis Resolution Home Treatment Team Summary 2013/2014

The Hearts and Minds Delivery Plan includes the development of Crisis Home resolution Teams for adults. This is a referral based service offering an alternative to admission. They operate up to 9pm at night and up to 7pm at the weekend. The whole of Powys is now covered – with a team in Montgomeryshire becoming fully functional during 2013/14. The team in Montgomeryshire is now dealing with more than half the activity for Powys.

Data Category	Sub Category	Total (all providers) 2013/14
Referrals/Assessments	Total no. of referrals received for Crisis Assessment	427
	No. of Crisis Assessments Undertaken	388
	No. Referrals not assessed by Crisis Service due to lack of capacity	5
	No. of inappropriate referrals	34
Time between referral and initial face to face contact (Crisis Assessment with CRHT Service)	Less than or equal to 1 hour	160
	1-2 hours	56
	2-3 hours	28
	3-4 hours	24
	More than 4 hours – Crisis	18
	More than four hours – Home Treatment	90
Outcomes of Assessment	Assessment not undertaken	12
	No. of patients admitted to MH Inpatient Unit – agreed by CRHT following Crisis Assessment	109
	No. of patients received home treatment from CRHT	204
	No. of patients received home treatment but NOT from CRHT	0
Admissions	No. of patients discharged back to referrer	63
	Total no. of admissions to MH Inpatient Unit	134
	Total No. of admissions to inpatient Unit agreed by CRHT	107
	No. of admissions to MH Inpatient Unit NOT agreed by CRHT(within CRHT hours 9am-9pm)	6
Follow up Assessment	No. of admissions to MH inpatient Unit with no CRHT involvement (outside hours of 9am-9pm)	21
	No. of follow up assessments undertaken within 24 hours	25
Duration of Home Treatment (Aggregate Counts of the period of time between assessment and completion of home treatment)	No. of follow up assessments NOT undertaken within 24 hours	2
	Less than 1 week	65
	1 to 2 weeks	63
	2 to 3 weeks	41
	3-4 weeks	26
	4 to 5	20
	5 to 6	11
	6 to 7	6
	7 to 8	6
Discharge Destination	Over 8	21
	Community Mental Health Team	153
	General Practice	32
	Mental health Inpatient Unit	57
	Other	14

## Glossary

**1000 Lives** - 1000 Lives Plus is the national improvement programme supporting organisations and individuals to deliver the highest quality and safest healthcare for the people of Wales. Every health board and trust in Wales, together with universities, voluntary organisations and charities, other public sector services, and commercial organisations are involved in 1000 Lives Plus. The programme is focussed on building capacity and sustaining and spreading improvements.

**5 ways to wellbeing** - The Five Ways to Wellbeing are evidence based ways to help prevent the onset of dementia using the principle of 'What's good for your heart is good for your head'. It is recommended that individuals build the Five Ways into their daily lives to improve their wellbeing. These are; 1. Connect, 2. Be Active, 3. Take notice, 4. Keep Learning, 5. Give.

**All ages** - Services/activity that will impact on people of all ages or is available to people of all ages.

**ASIST** – Applied Suicide Intervention Skills Training. ASIST is shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community.

**Butterfly Scheme** - The Butterfly Scheme is an opt-in scheme for people with dementia or cognitive problems where people are identified with a discreet Butterfly symbol next to their name. It was devised by a carer whose mother had dementia, following two years of consultation with hundreds of people with dementia and their carers. The scheme also supports anyone whose memory isn't as reliable as it used to be, or whose current medical condition is causing them to feel confused.

**CAMHS** – Child and Adolescent Mental Health Service

**CMHT** – Community Mental Health Team

**Communities First** – Welsh Government community focused programme tackling poverty. Ystradgynlais is the only Communities First area in Powys.

**CRHTT** – The Crisis Resolution Home Treatment Teams in Powys aim to provide a service for adults with severe and enduring mental illness who are experiencing acute psychiatric crisis. The CRHTT will provide a service promoting a multidisciplinary approach whilst focusing on the psychosocial needs of service users and their carers.

**CTP** – Care and Treatment Plan

**CYPP** – Children and Young People's Partnership. The Powys CYPP brings together services working for children and young people in order to improve outcomes for children and young people aged 0 to 25. It provides a voice for these services and takes a lead in driving forward partnership working.

**Dementia Friendly Community** - A dementia-friendly community is one in which people with dementia are empowered to have aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. Brecon and Hay has become the first dementia friendly community in Wales and has been publicly recognised by the Alzheimer's Society for their work. Following a pilot project led by the Brecon and Hay Dementia Supportive Community Group, the community successfully met criteria set out by the Alzheimer's Society's official recognition process.

**KiVA Programme** - a research-based anti-bullying programme providing targeted school based activities.

**Kooth** - A unique online counselling service for 11-25 year olds that provides vulnerable young people, who have emotional or mental health problems, with support when they need it most.

**Making Every Contact Count** - Make Every Contact Count (MECC), involves using every opportunity to deliver brief advice to improve health and wellbeing. It is about using every opportunity to ask individuals the right questions to find out about their underlying health needs and deliver brief advice to improve health and wellbeing.

**Mastermind** – An EU funded project being delivered in Powys to deliver 2 services:

- Implement at scale evidence based computerised cognitive behavioural therapy (cCBT) services for depressed adults
- Implement blended care through using Video conferencing for patients with depression treated in General Practice

**MAWW Fire Service** – Mid and West Wales Fire and Rescue Service

**MEND** – 17-13 year olds Mind, Exercise, Nutrition, Do it. MEND 7-13 is a healthy lifestyle programme for 7 to 13 year olds who are above a healthy weight. It involves two x 1- or 2-hour sessions every week for ten weeks.

**Mental Capacity Act 2005** - came fully into force on 1 October 2007. It is designed to provide a legal basis for providing care and treatment for people aged 16 and over, who lack the mental capacity to give their consent. The principle of the Act is that people who lack mental capacity must be treated in their best interests.

**Mental Health First Aid** - an educational course which teaches people how to identify, understand and help a person who may be developing a mental health problem.

**Mindfulness** - Mindfulness is a way of paying attention to the present moment, using techniques like meditation, breathing and yoga helping people to become more aware of thoughts and feelings to help manage them better.

**NERS** - The National Exercise Referral Scheme is a Welsh Assembly Government (WAG) funded scheme which has been developed over the last 4 years to standardise exercise referral opportunities across all Local Authorities and Local Health Boards in Wales.

**Patient's Council** - funded by PTHB, the Patient's Council is facilitated by the Powys Association of Voluntary Organisations (PAVO) and aims to give a voice to Powys residents at Bronllys hospital where they are offered acute in-patient mental health services.

**Primary Care** - health care provided by a medical professional (as a general practitioner, pediatrician, or nurse) with whom a patient has initial contact

**RAID Services** – Rapid Assessment Interface and Discharge

**REACH** – When a patient or carer opts into the Butterfly Scheme, a discreet butterfly symbol will be placed next to the patient's name. This prompts all staff to follow a special response plan, known as REACH.

**Safe Talk** - training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources.

**Secondary Care** - clinical care provided by a specialist or facility upon referral by a primary care physician

**Section 136** – Under the Mental Health Act 1983 (as amended 2007), the police can use section 136 of the Mental Health Act to take a person to place of safety from a public place. A mental health assessment may then be undertaken from the place of safety.

**Sparks Project** – Tros Gynnal Plant delivers the Powys Advocacy for Children and Young People Service who have undertaken a participation project called Sparks, working with primary aged children in Powys to gather their views and opinions about the issues that affect them.

**Talk to Me** – Welsh Government National Plan to reduce suicide and self harm which must be delivered locally by Powys teaching Health Board and partners. It is a priority within the Hearts and Minds Strategy.

**Third Sector** – includes the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

**Time to Change** – the first national campaign to end the stigma and discrimination experienced by people with mental health problems. Local organisations in Powys signed up to Time to Change aim to improve understanding about mental illness and get people talking about mental health.

**Universal Services** – services that are available to all citizens.

**Youth Mental Health First Aid (YMHFA)** - training course for adults working or living with young people. It is particularly relevant for those who work with adolescents and may come into contact with young people at risk of experiencing mental distress. It also relates to Welsh Assembly Governments plan 'Talk to me' that aims to reduce suicide and self harm in Wales.

## References

1000 lives - <http://www.1000livesplus.wales.nhs.uk/home>

5 Ways to Wellbeing - <http://www.wales.nhs.uk/sitesplus/888/page/61011>

Brecon and Hay Dementia Friendly Community - [http://www.dementiafriendlybrecon.org.uk/dementia\\_friends\\_launches\\_in\\_wales](http://www.dementiafriendlybrecon.org.uk/dementia_friends_launches_in_wales)

Making Every Contact Count - <http://www.wales.nhs.uk/sitesplus/888/page/65550>

Powys Mental Health and Participation Service - <http://www.powysmentalhealth.org.uk/>  
<http://powysmentalhealth.blogspot.co.uk/>

Time to Change - <http://www.time-to-change.org.uk/>