



Powys Mental Health Planning and Development Partnership Board

Hearts and Minds: Together for Mental Health in Powys

Annual Report 2012-13



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2012 – 2016

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1.0 Introduction from the Local Partnership Board Chair

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* 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”.

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 and Powys Association of Voluntary Organisations.

Great care has been taken to try and get the arrangements for involving people who use services, parents, carers and the public right. One of the most significant changes to the government’s approach is that it is “all-age” - this does not mean “age –blind”. An approach which sees representatives of people using services attending partnership meetings may work well for adults, but may not be right for children in school. Powys has been working hard to develop age appropriate arrangements – which draw on well respected engagement and participation arrangements within the county. The arrangements being implemented include:

- three representatives over the age of 18 spanning a range of interests;
- working closely with the Powys Youth Forum;
- and linking with developing participation arrangements for older people under the Local Service Board.

Coordinated by the Powys Association of Voluntary Organisations over 230 local people were involved in developing the local response to Together for Mental Health. This built on consultation with over 90 children and young people led by Tros Gynnal the independent advocacy agency; formal public consultation on “*One Powys Yn Un*” – which specifically included mental health as a priority; and work with stakeholders in partnerships under the Local Service Board during the year.

The Needs analysis section sets out the keys challenges facing Powys, however these can be summarised as:

- meeting the needs of an aging population, particularly in relation to dementia, and sustaining services for children and young people
- expanding support within universal services, particularly primary care
- integrating services to ensure safe, sustainable, multiagency approaches

locally

- simplifying the current complexity of organisational arrangements
- making the most of age-appropriate intergenerational approaches

The detailed delivery plan is attached in Annex 1. In 2012/13 the key developments were:

- The development of a new strategy *Hearts and Minds Together for Mental Health in Powys* (approved in December 2012 by Powys teaching Health Board and in January 2013 by Powys County Council).
- Establishing the Powys Mental Health Planning and Development Partnership by January 2013.
- Implementation of Part 2 of the Mental Health (Wales) Measure from 6th June 2012, to ensure all people within secondary care have a care co-ordinator and a written care and treatment plan.
- Implementation of Part 1 of the Mental Health Wales Measure, including implementation of a joint Scheme approved by Powys County Council and Powys teaching Health Board to provide Local Primary Mental Health Support Service from 1st October 2012.
- Launch of “Time to Change” in Powys, a campaign aiming to change attitudes to mental health.
- Up-dating “Talk to Me” the multiagency plan to prevent suicide and self-harm was up-dated in March 2013.
- Initiating work in December 2012, under programme management arrangements, to achieve an effective model for adult mental health services, following approval of the strategy.
- Re-commissioning of face to face and internet counselling services on a multiagency basis to achieve a more integrated service, also ensuring access to Welsh language provision.
- Midwifery teams worked to ensure that early identification of mental health problems during pregnancy or after birth – thus helping to tackle one of the causes of vulnerability.
- The dementia action plan was developed.
- In February a residential meeting of the Powys Youth Forum focused upon mental health and emotional wellbeing, explaining how priorities previously identified by children and young people had been acted upon.
- The Carer’s Strategy was approved.
- Websites such as “Stronger in Partnerships”; TOWIP; and Kooth ensured information about services, strategies and entitlements was available electronically.
- Plans were agreed to ensure access to a crisis resolution home treatment team in north Powys.

It is important to stress that work was driven forward in challenging circumstances including the unfolding tragedy in Machynlleth; the affects of the economic downturn; severe weather, resulting in the flooding of the CAMHS team in the south; deepening concern about the safety and mental health of vulnerable children and young people

placed in Powys by other local authorities; and organisational change at senior level in the county council. There were significant difficulties in providing a single prompt and accurate report for Powys in relation to performance against Mental Health Measure as information had to be gathered from four health boards.

Work underway in 2013/14 includes:

- Continued implementation of the Mental Health Measure (extending the use of the Local Primary Mental Health Support Service and ensuring improved co-ordination and care and treatment planning);
- Implementation of the Dementia Plan;
- Establishing a new model for adult services and strengthened commissioning arrangements;
- Ensuring a way forward on multiagency co-location and integrated teams;
- Development of alternatives to in-patient care including the CAMHS Community Intensive Team, with improved pathways for eating disorder emerging personality disorder and depression;
- Ensuring equity of access to early on-set psychosis services;
- Ensuring a robust clinical service support structure including workforce, I & IT and appropriate accommodation - including implementation of the CAMHS Improvement Plan;
- Improving outcome information (from user, referrer, professional and parent/carers);
- Extending the use of “talking therapies” and safe, efficient and effective use of medication;
- Ensuring the needs of looked after children are met appropriately;
- Enhancing health promotion and prevention programmes including: Talk to Me (suicide and self-harm prevention plan); 5 ways to wellbeing; Healthy Schools; and Youth/ Mental Health First Aid training;
- Spearheading Time to Change – improving attitudes to mental health – and through developing exemplary practice as employers;
- Extending specialised advocacy and all-age participation arrangements;
- Agreeing the support structure needed to support the Partnership and the implementation of the strategy, in terms of transformational work under the Powys Local Service Board.

Chair: Carol Shillabeer, Director of Nursing, Powys teaching Health Board

Hearts and Minds: Together for Mental Health in Powys brings together local and national priorities.

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:

- *developing a wider partnership for health and wellbeing*
- *building strength and resilience, promoting mental and emotional health and wellbeing – for individuals and communities- and tackling stigma*
- *improving awareness of information, support and services*
- *improving early recognition of and response to mental and emotional health and wellbeing issues across all ages*
- *enabling access to well co-ordinated services that meet the needs of the individual as close to home as possible*
- *promoting hope and wellbeing through effective services*
- *targeting support and intervention based on need*

Together for Mental Health

This plan for people of all ages 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*

Mental Health Measure (Wales) 2010

The intended effect of the 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*

One Plan Yn Un Outcomes

Improving mental health and emotional wellbeing will support the delivery of the outcomes of the One Plan ensuring local people:

- *live in supportive, sharing and self-reliant communities*
- *have skills to pursue their ambitions*
- *live in safe and supportive families*
- *are healthy and independent*
- *live in good quality affordable homes*
- *feel safe and confident*
- *are supported out of poverty*
- *and can easily access the services they need*

2.0 Mental Health and Wellbeing in Powys teaching Health Board

Local Mental Health and Wellbeing Needs Analysis and Current Service Configuration

Powys appears to be one of the healthiest places to live in Wales. However, issues affecting the health of the population are not always recognised. Powys has an aging population, high rurality, hidden deprivation and difficulties in accessing services. There are some marked inequalities within the county.

Rurality

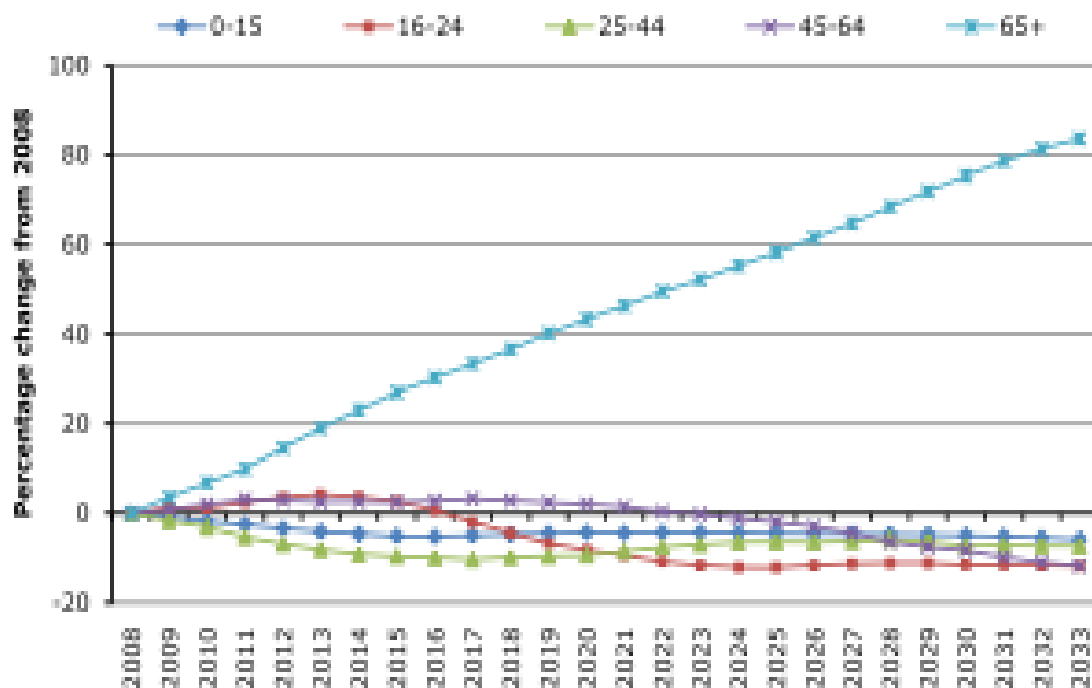
- Powys teaching Health Board covers a quarter of the landmass of Wales, but has less than 5% of the population, making it Wales' most sparsely populated area.
- Public transport is less frequent and less widely available than urban areas. This affects independence for those who cannot drive and is high cost. Poor access to health services is more likely to affect certain groups: older people, families with children, disabled groups and those individuals without a car.
- Powys has wards with some of the highest levels of deprivation in terms of access to services.
- The Welsh Index of Multiple deprivation is a limited measure for dispersed poverty in rural areas. Although 18% of those living below the poverty line live in rural areas, the majority do not live in areas classified as deprived. There are considerable inequalities within Powys.

Population structure

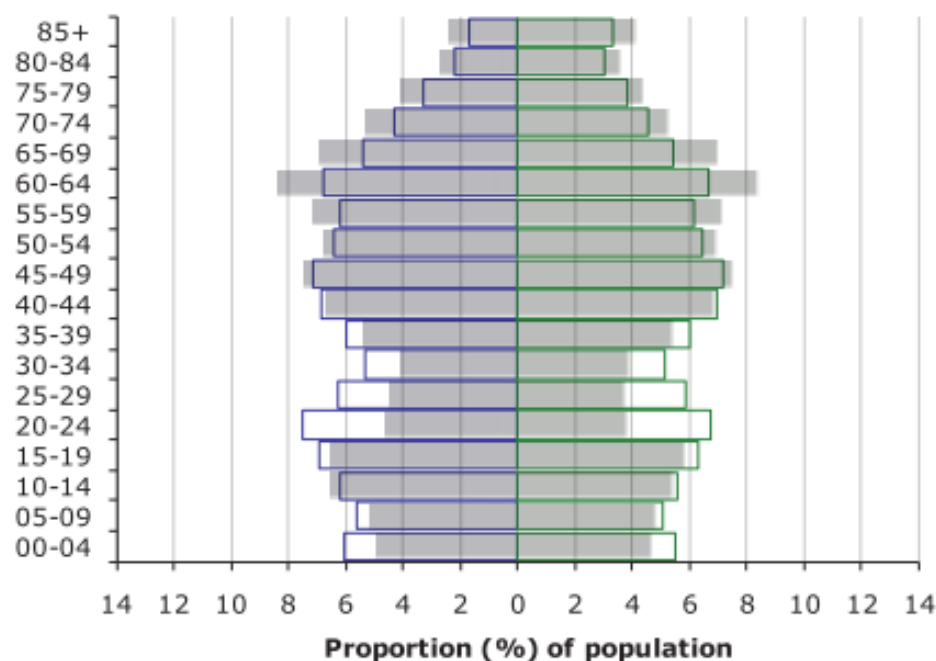
- The current population estimate for **Powys is 133,071**. (ONS 2011 Mid year population estimate)
- Approximately half the population is in Montgomeryshire, with the remaining population spread over Radnorshire and Brecknockshire
- The age structure of the population is very different to Wales
- The child population is falling (which causes an issue of sustaining services)
- The over 65 age group is set to increase dramatically – by 80% between 2008 and 2033 (which causes issues of cost pressures and overstretched services)
- Among the older age groups the proportion aged 75 and over (10.6%) is higher than Wales (8.6%). The highest proportions are found in the Llandrindod Wells area. The pattern is very similar in those aged 85 and over.

2008-based population projections for Powys Teaching Health Board, persons: 2008 to 2033

Produced by the Public Health Wales Observatory, using data from the Welsh Assembly Government



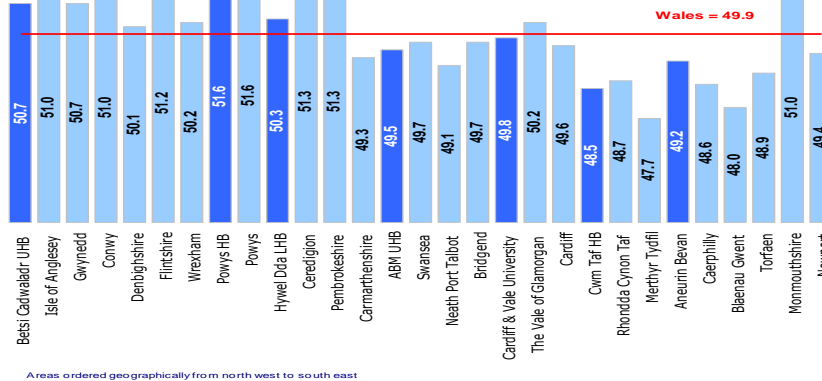
■ Powys LA females ■ Powys LA males □ Wales females □ Wales males



Welsh Health Survey Powys higher scores = better perceived mental health

Mean SF-36 Mental component summary score by local authority and health board, age standardised rate, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



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Welsh Health Survey “being treated for any mental illnesses”

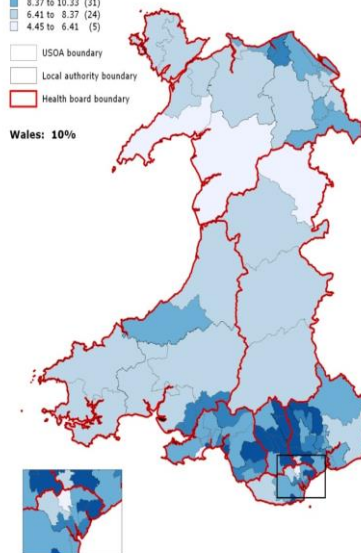
% currently being treated for any mental illness, 2003/04-2009

USOAs, percentage (age-standardised)



USOA boundary
Local authority boundary
Health board boundary

Wales: 10%



Produced by Public Health Wales Observatory, using Welsh Health Survey (Welsh Government)
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Mental health underpins overall health. Mental health contributes to the extent to which people feel able and motivated to adopt healthy lifestyles. Poor mental health

is associated with obesity, alcohol misuse and smoking as well as a number of long term conditions such as diabetes, coronary heart disease and chronic obstructive pulmonary disease. The Welsh Health Survey showed that those who reported a higher number of healthy behaviours also reported better mental health and well-being.

Mental illness often goes undiagnosed and untreated, and can come and go over the life course. This means life time prevalence will be substantially higher than the percentage of adults who report currently being treated.

About 0.8% of the Powys population is receiving specialised *secondary* mental health services, which is in line with the Welsh average (0.8%).

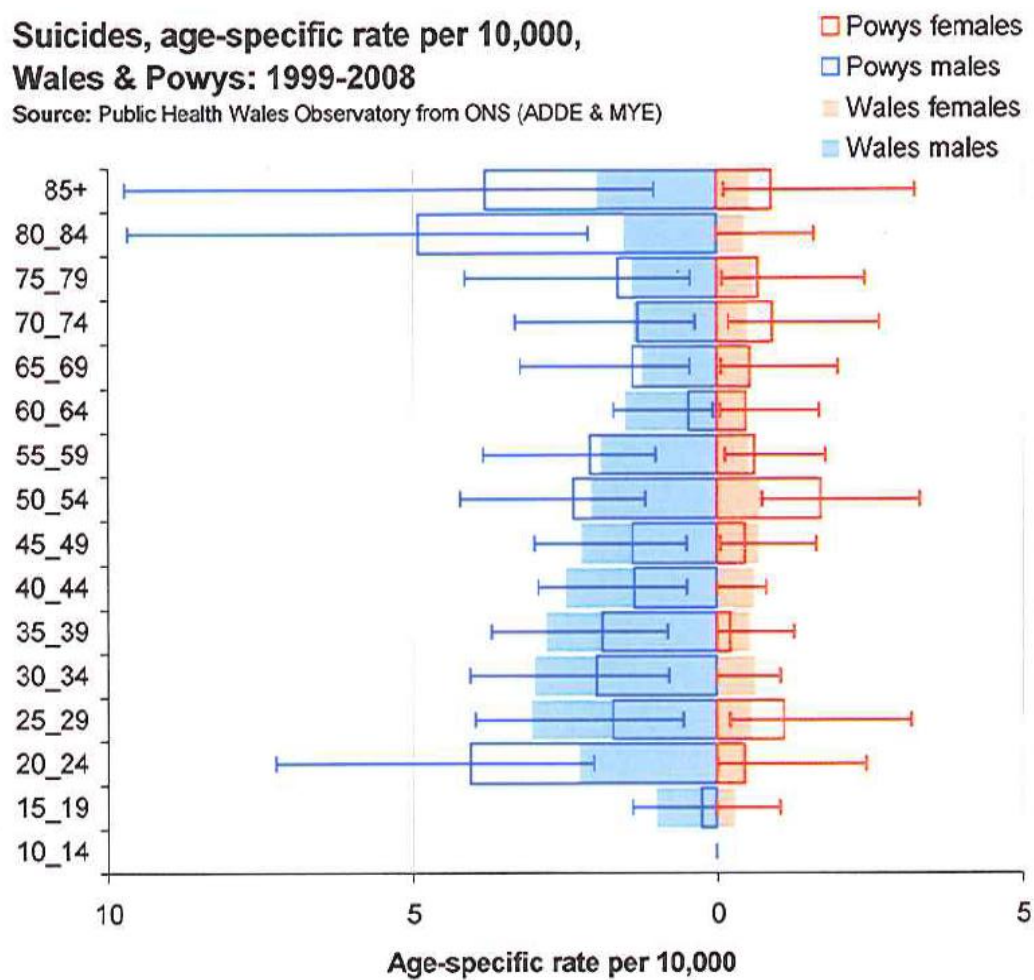
Nationally 1 in 10 children aged 5-16 years of age has a “diagnosable” mental disorder (ONS Mid Year Population Estimates 2006)

Depression and Anxiety

- in Powys around 8% of the population report being treated for depression or anxiety, which reflects the national population rate.
- this is one of the top three leading causes of disability
- clinical depression affects up to 5% of the population
- one in four patients presenting to their GP suffer with depression
- 80% of people identified as having depression are managed entirely in a primary care setting – the average GP will see at least one patient with depression during each surgery session
- depression accounts for at least 3,000 of the 4,000 people who commit suicide in England and Wales each year
- as many as three in four cases of depression are neither recognised nor treated
- over 40% of those in their 80s are affected by depression
- in the early years, a child forms emotional attachments that lay the foundations for good mental health. It has been estimated that between 10-15% women suffer from post-natal depression. (In Powys there are approximately 1000 births per year – which means around 100 women may suffer post-natal depression.)
- the tables below show suicides by age group. Whilst not statistically significant, concern about higher than expected levels of suicide amongst young men and elderly people is driving renewed action locally

Suicides, age-specific rate per 10,000, Wales & Powys: 1999-2008

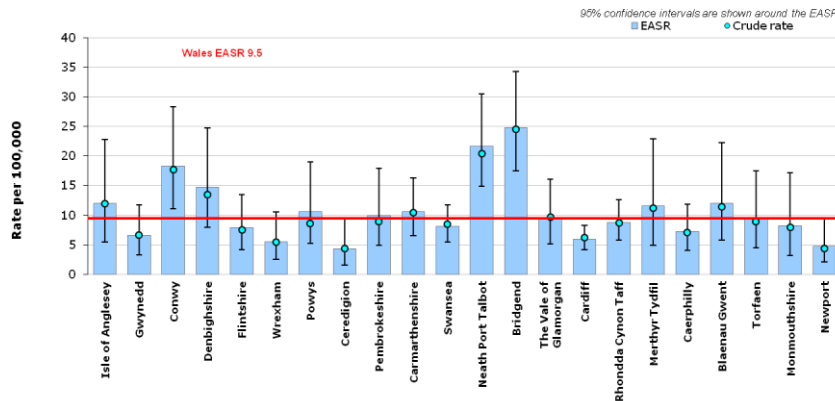
Source: Public Health Wales Observatory from ONS (ADDE & MYE)



Powys suicide rates: young people

Suicide mortality, European age-standardised rate (EASR) per 100,000, Local Authorities, persons aged 15-24, 2000-09

Produced by Public Health Wales Observatory, using data from ONS (ADDE, HYE)



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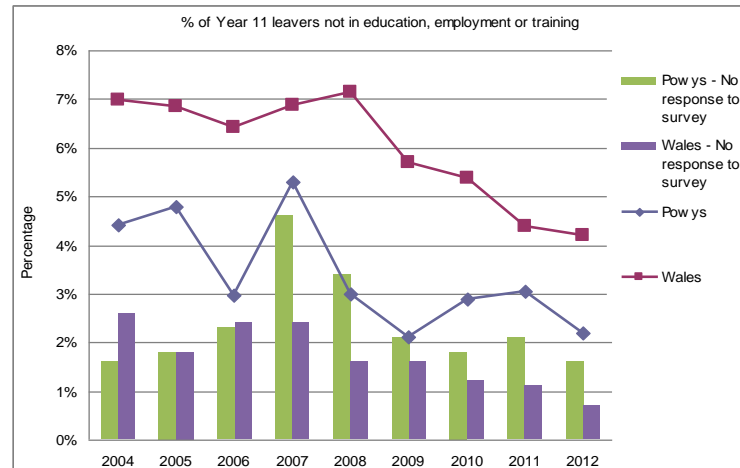
Dementia and Alzheimers

- dementia prevalence increases with age, roughly doubling every 5 years for people aged over 65 years. 1 in 14 over 65, 1 in 6 people over 80, and 1 in 3 people over the age of 95, has some form of dementia
- an estimated 6.3% of the Powys population was aged 80+ in 2009 (Wales 5.1%)
- the percentage of residents aged 80+ in Powys is projected to rise to 13.8% in 2033 (compared with 9.4% in Wales)
- in Powys the number aged between 75 and 84 years (living with dementia) is estimated to increase from 839 in 2011 to 2522 in 2030 (Director of Public Health report for Powys)
- the mantra “*what is good for your heart is good for your head*” sums up the evidence that lifestyle changes such as stopping smoking, controlling weight, drinking within safe limits, increasing activity and being engaged with the community can help prevent dementia

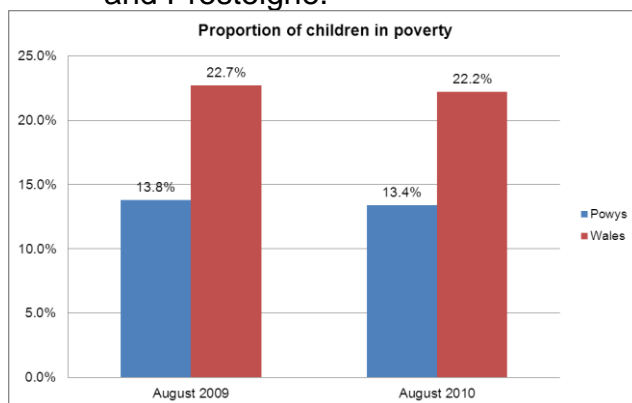
Education, Employment and Poverty

Being in work is important for physical and mental health and well-being. Unemployment is associated with a decrease in life expectancy, and higher rates of mental health problems. School attendance and attainment is crucial as it affects future life chances, such as employment.

- 1,902 people are out of work in Powys and claiming unemployment benefits (2.4% of those age 16-64)
- 59.9% of boys and 75.3% of girls achieved 5+ GCSEs grades A*-C (Wales 51.2/63.2%)



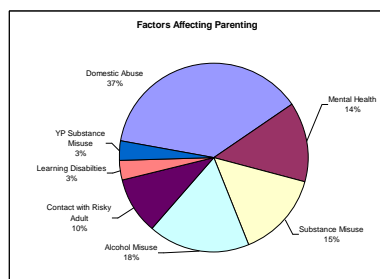
- the percentage of Powys residents aged 16-64 with no qualifications was 12.9% in 2009 (Wales 14.8%)
- the rate of permanent exclusions from school was 17/10,000 (Wales 11/10,000) in 2008/9
- the number of children with statements of special educational need has been falling:
 - Jan 2011 - 601
 - Jan 2012 - 549
 - Jan 2013 - 501
- this equals 30 pupils per 1000 pupils (Wales 29 per 1000 pupils). 40% are estimated to have a recognised mental disorder.
- across Powys, model-based estimates for the proportion of households estimated to be living in poverty range from 17.2% to 31.8%. There are higher levels in the south west of Newtown, Llandrindod Wells, Welshpool, Knighton and Presteigne.



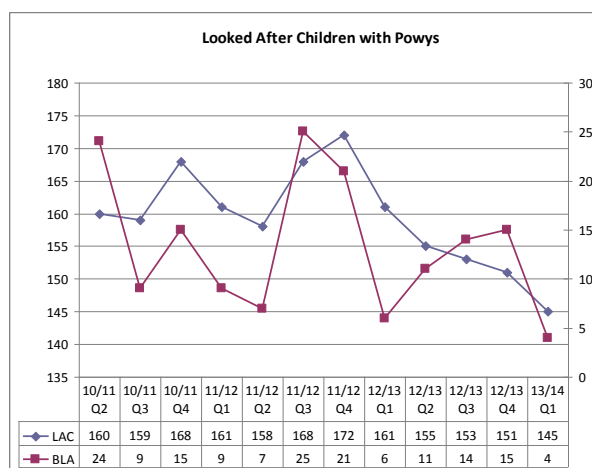
- Powys teaching Health Board and Powys County Council are the largest

employers in Powys.

Children on the child protection register
2011/12 (parental mental health = 10 cases)



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In 2012/13 32% of children were on the child protection register due to parenting being compromised due to mental health and 3% due to learning disability. It may be hard to establish a baseline here, due to the volatility of small numbers. Trends will be mapped over a number of years.

The number of children looked after by Powys County Council has fallen. In addition, around 100 - 120 vulnerable children are placed in Powys by other local authorities. 56% of Looked After Children are estimated to have a recognised mental disorder. This can rise to 96% for children in residential provision. The independent sector provision in Powys is predominantly residential children's homes and/or residential special schools. Powys has around 20% of all the children home places in Wales – used almost exclusively by vulnerable children from other local authorities.

Eating Disorders

- up to half of clinically significant eating disorders are females in the age group 15-24 years
- across all age groups Powys can expect 46 new cases per year (incidence)
- the prevalence is estimated to be 117 cases in universal services (Tier 1); 44 cases in secondary care (Tiers 2 and 3) ; and 3 cases requiring admission (Tier 4)

	Prevalence	Powys estimate
Depression	5% of population	6,650
Obsessive Compulsive Disorder	1.3% of population	1,729
Phobias	2.6% of adults	2,702
Schizophrenia	1 %	1,330
Bi polar disorder	1 %	1,330

The overall number of CAMHS admissions is set out below. The overall number of children admitted is usually low, but increased in 2012/13. Careful consideration is required of a community intensive team solution in Powys (as an alternative to hospital) to ensure it is sustainable

NHS Specialist CAMHS 2012/13	Assessed for admission within 12 hours	Assessed for admission within 2 weeks	Total Assessed	Admitted within 24 hours	Admitted within 2 weeks	Total Admitted
Jan 09-end of March 09	0	2	2	0	2	2
April 09-end of March 10	3	2	5	0	1	1
April 10-end of March 11	1	2	3	0	0	0
April 11-end of March 12	2	8	10	0	3	3
April 12-end of March 13	1	6	7	1	4	5

Mental Health (Wales) Measure 2010: Performance

By the beginning of the new financial year the following level of performance was being achieved for Part 1 of the Mental Health Measure

Part 1 2013/14	April 13 %
All Powys all ages	
% of assessments within 56 days (target 80%)	88
% of interventions within 56 days (target 90%)	85
CAMHS	
% of assessments within 56 days (target 80%)	87.5
% of interventions within 56 days (target 90%)	100
North Powys (BCUHB)	
% of assessments within 56 days (target 80%)	71.6
% of interventions within 56 days (target 90%)	86.5
South Powys (ABHB)	
% of assessments within 56 days (target 80%)	90
% of interventions within 56 days (target 90%)	96
South Powys (ABMUHB)	
% of assessments within 56 days (target 80%)	96
% of interventions within 56 days (target 90%)	40
Part 2 2013/14	April 13

All Powys all ages	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	63
CAMHS	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	100
North Powys (BCUHB)	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	57
South Powys (ABHB)	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	64
South Powys (ABMUHB)	
90 % of HB residents who are in receipt of secondary MH services to have a valid CTP	69

Existing service configuration

Welsh Government introduced significant changes to the model for mental health services in Wales, which were implemented in 2012/13. The Mental Health (Wales) Measure 2010 (“the Measure”) applies to health boards and local authorities, but also affects other partners. Its aim is to expand the range of services which can be accessed in or alongside GP practices; and to ensure that those with the most complex needs have closely co-ordinated care.

Powys teaching Health Board and Powys County Council are the “local mental health partners” and “mental health providers” for the county under the Measure. The key requirements of the Measure are:

- Part 1 – provision of local primary mental health support services
- Part 2 – appointment of statutory co-ordinators and written care and treatment plans for people using secondary mental health services
- Part 3 – re-assessment of former users of secondary mental health services (as adults) without having to go back through a GP
- Part 4 – the expansion of mental health advocacy for those in hospital or in the community under the Mental Health Act.
- Part 6 – covers information sharing and joint working

A range of different organisations are closely involved in the provision of mental health services in Powys.

Local Primary Mental Health Support Services (LPMHSS)

Powys teaching Health Board and Powys County Council have agreed a Scheme for LPMHSS which began on the 1st October 2012.

The LPMHSS that will be delivered in Powys will be for people of all ages and will include:

- primary mental health assessments for individuals who have first been seen by their GP, but for whom the GP considers a more detailed assessment is required (in some cases, individuals may be referred into the local primary mental health support service by secondary mental health services);
- treatment, by way of short-term interventions, either individually or through group work, if this has been identified as appropriate following assessment. Such treatment may include counselling, a range of psychological interventions including cognitive behavioural therapy, solution-focussed therapy, stress management, anger management and education;
- the making of referrals following a primary mental health assessment, concerning other services the provision of which might improve or prevent a deterioration in the assessed individual's mental health;
- provision of support and advice to GPs and other primary care workers (such as practice nurses) to enable them to safely manage and care for people with mental health problems, and improve the mental health services they provide or arrange;
- provision of information and advice to individuals and their carers about treatment and care, including the options available to them, as well as 'signposting' them to other sources of support (such as support provided by third sector organisations).

NHS

GPs

GPs and their teams are the main providers of mental health services in Powys. Out of hours services are provided by "Shrop Doc".

- there are 1,141 people with serious mental illnesses registered with GPs
- within Powys there are 821 people on the GP's dementia register or about 0.6% of the population, this is slightly higher than the national average (0.5%)
- there are 13 GPs in Powys registered with a special interest in mental health
- to improve outcomes for those with serious mental illness –regular physical health checks include alcohol consumption, BMI, cholesterol and blood glucose.

Community pharmacies and medicines management

Whilst greater use is being made of "talking therapies" more than 90% of patients with diagnosed mental illness will be on one or more prescribed drugs. Ensuring the

safe, efficient and effective use of medication is a key issue. Powys teaching Health Board spent approximately £2 million pounds on medicines for mental health conditions in 2011/12. The number of health boards involved in providing mental health services in the county and external patient flows have made the governance of this issue more complex.

NHS child and adolescent mental health services (CAMHS)

NHS community child and adolescent mental health services (CAMHS) are funded and directly managed by Powys teaching Health Board. Overall there are about 14 whole time equivalent staff providing services – but some are seconded to multiagency teams. The Health Board spends approximately £800,000 per year on CAMHS. There are two teams of professionals, one based in the north and one in the south of the county, providing community based services, for those below their 18th birthday.

The activity of the CAMHS team includes providing advice and consultation to other professionals, assessment, care planning, treatment, monitoring, discharge, and a contribution to multiagency approaches in complex cases. CAMHS consultant psychiatrists have the equivalent training and experience to specialised senior doctors (such as Consultant surgeons) and their skills must be used wisely for the most complex patients.

There is a full-time CAMHS Manager; a designated Clinical Director (responsible for clinical governance); and joint supervision with the safeguarding team. Provision includes:

- Local Primary Mental Health Support Services
- co-ordinated specialist CAMHS for those with complex mental health disorders requiring a team approach
- assessments for those thought to require secondary care – including day-time immediate and urgent community assessments
- a NHS funded specialist nurse seconded to the Youth Justice Team (YJT)
- a Mental Health Advisor to the YJT and access to a Tier 3 Forensic CAMHS team (in collaboration with Aneurin Bevan Health Board)
- access to a Tier 3 CAMHS learning disability service (in collaboration with Aneurin Bevan Health Board)
- Tier 3 services for those with eating disorders require development – but there are staff with a specialist interest
- oversight of psychiatric medication
- Family therapy
- PtHB funded psychologist within a multiagency parenting scheme which has won the NHS Excellence award
- participation in an integrated disability team
- Paediatric liaison
- participation in a Multiagency Social Communication and Assessment Team
- specialised post abuse services are spot purchased on a multiagency basis
- the team works alongside other community services – including those provided by the third sector – including services for drug and alcohol misuse
- liaison with the Tier 4 CAMHS units in north and south Wales; and specialist

private hospitals in England if the child's needs cannot be met by the Tier 4 provision within Wales. (There is no in-patient provision for children within Powys of any kind.)

- transition liaison with the three adult mental health teams serving Powys
- there are no day hospital services within the county for those under 18
- there is currently no community intensive team for those under 18, but plans are being made to secure this, to help prevent admission and to enable early discharge – especially to distant English units

All specialised in-patient provision for children and young people is organised through all-Wales arrangements managed by the Welsh Health Specialised Services Committee.

Interventions include cognitive behavioural therapy, analytical and systemic psychotherapy. These are provided by Child Consultant Psychiatrists, Clinical Psychologists, Child Psychotherapist, Occupational Therapist, Community Mental Health Nurses and Primary Mental Health Workers. Parent Counsellors are part of the team and there is close working with Learning Disability Nurses.

Waiting times in Powys for assessment and intervention are compliant with Welsh Government targets. Whilst the team has scored highly in a peer review process under the Royal College of Psychiatry, and has been recommended for accreditation, patient accommodation is not of an adequate standard and IT and clinical support systems need to be improved. Whilst this small team has significant achievements there remains an underlying fragility.

Ensuring succession planning for staff nearing retirement needs to be in place. The development of a community intensive team could help strengthen local provision and stabilise medical in-put. Linking up with adult services locally to develop services for those under the age of 25 (for example in relation to severe conditions, such as eating disorders and early onset psychosis) could be one way forward.

NHS adult mental health services

Mental health services for those who have passed their 18th birthday, who require mental health services beyond that provided by a GP, receive services funded by Powys teaching Health Board but provided by three neighbouring health boards:

- Montgomeryshire – Betsi Cadwaladr Univeristy Health Board (BCUHB)
- Ystradgynlais – Abertawe Bro Morgannwg University Health Board (ABMUHB)
- Brecknock and Radnorshire – Aneurin Bevan Health Board (ABHB)

Services were transferred in 2009 to address issues arising from the perceived fragility of services. Whilst there have been some benefits, problems have emerged with the model. The challenges of this model are discussed below but can be summarised as:

- increased numbers of organisations involved in multiagency planning and working;

- complexity of arrangements and accountabilities;
- multiple information systems;
- different ways of working and staff subject to different corporate procedures;
- inequity of access across Powys – in particular in relation to crisis resolution/ home treatment services and memory clinics;
- complex transition arrangements;
- differences in out of hours arrangements;
- mental health staff sense of belonging and contribution to the wider organisation.

All of the healthcare staff for the following services – broken down by shire – are employed by neighbouring health boards funded by Powys teaching Health Board. By shire the provision can be summarised as:

Montgomeryshire: BCHB:

- local primary mental health support service
- community mental health teams (CMHTs) for older and working age people
- arrangements to ensure access to a crisis resolution home treatment team were agreed in 2012/13 for implementation in 2013/14.
- older age in-patient provision (Redwood Centre if functional mental illness, Newtown if there is an organic cause)
- working age adults are admitted to Redwood Centre Hospital

Brecknock and Radnorshire: ABHB

- local primary mental health support service
- community mental health teams (CMHTs) for older and working age people
- access to a crisis resolution home treatment team
- access to a community forensic team
- access to a Memory Clinics for rapid assessment following referral
- older people adult admission to Brecon Hospital (Crug Ward) and Llandrindod Hospital (Clywedog Ward)
- working age adults are admitted to Bronllys Hospital (Felindre unit)

Ystradgynlais: ABMUHB

- local primary mental health support service
- community mental health team (CMHT) for older and working age people
- access to a crisis resolution home treatment team
- access to rapid assessment following referral for memory concerns
- access to an early onset psychosis team
- access to working age adult in-patient beds (Neath)
- access to older people in-patient assessment (Ystradgynlais – Tawe Ward)
- older adult mental health day hospital

Learning Disability Services for adults are directly provided by Powys teaching Health Board. Services for adults living with a learning disability, who also have a mental disorder, thus have to interface across four health boards.

Secure provision for people from Powys is accessed in hospitals out of county,

including in England.

Welsh Ambulance Service NHS Trust (WAST)

The Welsh ambulance service provides frontline services to mental health patients in Powys and contributes to the development of pathways here, such as for attempted suicide and self-harm. Approximately half the Powys population is in Montgomeryshire and external patient flows are predominantly eastwards. With no District General Hospital within the county, Powys manages the greatest cross-border flow into England.

Social Services

Adults: Social Services for adults and children are provided by Powys County Council.

The local authority appointed a lead officer to oversee the implementation of the Measure within Adult social services. Social services for adults are organised on a “shire” basis, including mental health services for adults of working age and older people.

The local authority provides Approved Mental Health Professionals (AMHPs) as part of its statutory duties under the Mental Health Acts. Qualified social workers and community support officers (CSOs) work alongside health staff within Community Mental Health Teams (CMHTs). Such staff are co-located with NHS colleagues but, as yet, do not share an integrated management structure. Qualified social workers may act as care co-ordinators under the Mental Health Measure. Support and Recovery Time workers (STRs) are also part of CMHT provision supporting crisis planning; implementation of care plans; and admission and discharge planning. There are mental health support workers for those with complex longer term needs. There are specialised social workers for each shire for those with a dual diagnosis involving mental health and substance misuse.

Services for people with dementia sit within the older people’s services teams as opposed to the CMHTs. There is one specialised social worker in each older person’s service team.

The local authority also fund community and residential placements both within and outside Powys to meet identified and eligible needs of individuals.

Social Services: Children and Young People: There is a lead within children’s social services for the implementation of the Measure. Mental health care and treatment plans are co-ordinated by the local authority for looked after children. The local authority funds some clinical psychology sessions, managed by the NHS CAMHS team, to support fostering and adoption services. Children’s social services are increasingly provided as part of the integrated teams being developed under the Children and Young People’s Partnership. Social services participate in the Social Communication Assessment Team described earlier.

The Youth Justice Team (YJT) are working to extend their skills to help identify and managing the mental health problems of young people in the youth justice system.

Children Social Services chair the multiagency panel for vulnerable children placed out of county. Mental health services are provided by local NHS services where possible. Some specialist support is funded e.g. SERAF services for young people following abuse.

Intensive team approaches are being developed. An Intensive Family Support Service is already in place, the main focus of which is substance misuse. Welsh Government has indicated that future work will involve families affected by mental illness.

Education

A lead officer has been appointed to ensure the implementation of the Mental Health Measure. There has been increasing partnership with Ceredigion during 2012/13. The local authority co-ordinates care and treatment plans where a child has a statement of special educational need. Counselling services are provided for secondary school age children. Concerns exclusively related to learning difficulties or behaviour in school are referred initially through the education service, for example, to educational psychologists. Powys was one of the areas pioneering a Welsh Government project extending the use of CBT approaches to children at risk of exclusion from school. The LEA funds some out of county placements in residential special schools – this may include services such as educational psychology. Led by Public Health Wales Powys schools participate in the Healthy Schools Initiative, which includes emotional health and wellbeing.

Other local authority departments

Other local authority departments play a crucial role in improving mental health in Powys, or in the development of services in or close to home. These include **housing, leisure, libraries, youth services and welfare services.**

Public Health Wales

Public Health Wales leads health promotion for all ages – spanning the whole life-time; and works with schools, further education, employers and communities. It has led work on suicide prevention, mental health promotion and tackling stigma.

Partnerships and third sector services

Partnerships in Powys fund a range of emotional wellbeing services. The Children and Young People's Partnership funds counselling services for school aged children – including an internet service (supported by grants from education and the NHS); there is a multiagency integrated training programme including the Youth Mental Health First Aid Scheme; it has helped to provide the prescription book scheme; exercise schemes, and “talking” and play therapies – for example to prevent exclusion from school.

Other partnerships help fund crucially important services in relation to mental health, which are predominantly provided in collaboration with the third sector. This includes: carer support services; advocacy services; and training, such as Mental Health First Aid provided by Mind; drop in centres for meaningful activities; and support for access to and maintenance of employment. **PAVO** provides a mental health participation and development worker and information and guidance in relation to mental health services. A vibrant and creative third sector, including arts organisations, make a significant contribution to improving mental health and emotional wellbeing and the provision of community based services.

Alcohol and substance misuse services are commissioned on a multiagency basis and provided by the third sector (Kaleidoscope and Cais). The future direction of services will focus on more community based Detoxification.

Faith Groups

A holistic approach includes the assessment of a person's spiritual needs. Services are provided for people with faith and those with none, for example, through hospital chaplains.

Police

Dyfed Powys Police, like the ambulance service, are involved in emergency responses, for example, in relation to attempted suicide; public protection; forensic medical services; the location of those who are missing; and the appropriate use of places of safety. They play a key role in identifying those who may require referral to specialist mental health services. The police work in collaboration with community mental health teams on custody assessments and court diversion activities. The police have statutory responsibilities in relation to Section 135 and Section 136 of the Mental Health Act, alongside other agencies, in relation to powers of entry and places of safety.

Probation

Probation services for Powys are managed by Wales Probation from the Merthyr area and north Wales. Probation services play a lead role in Multiagency Public Protection arrangements and in supporting those with mental health needs on release from prison and in the community.

Fire-service

The Mid and West Wales fire service runs the Phoenix programme in relation to deliberate fire-setting.

Major employers

All of the organisations above are major employers in Powys. Employers play a key role in mental health through participating in workforce mental first aid training; through workplace health promotion schemes; and through occupational health

services. With regard to the Corporate Health Standard Powys County Council has achieved the platinum level and Powys teaching Health Board the gold.

Independent sector

There is a significant level of independent sector provision for mental health in Powys, including specialist care homes and residential special schools.

Analysis of current service configuration

With regard to mental health and emotional wellbeing the essential partnership is that of Powys County Council and Powys teaching Health Board, who are both the “relevant partners” and “mental health providers” under the Measure. Both organisations share the same population; demographic pressures; boundaries, and purpose of improving the wellbeing of local people. In this regard, Powys is unique in Wales, as the only area where the local authority and health board are coterminous. Early intervention; ensuring vulnerable groups have the strongest access to universal services; and closely co-ordinated specialist services - increasingly delivered safely in the community require successful partnership working at a local level. There is evidence that locally coordinated care offers benefits to the people being served and efficiencies to the organisations providing them. Indeed, for rural settings, this form of integration has been identified as being crucial to sustaining services.

However, as there is no District General Hospital (and no in-patient services of any kind for children and young people) within the county it is necessary to work collaboratively with 5 District General Hospitals for medical admissions (such as for overdose) beyond the borders of Powys. Over half of the Powys population is in Montgomeryshire and the patient flows are predominantly eastwards. Organisational boundaries are shown to be areas of risk in dealing with vulnerable groups. To add to this, patient care must be managed safely between radically diverging health and social models between England and Wales. Adult mental health services (at all tiers) within the county are currently provided by three other health boards. The impact on safety of the complexity of arrangements for Powys residents must be carefully considered. It would be more appropriate to think of Powys as “Powys and borders”.

The key issue is a relatively small staff group spread over a huge geographical area, managing a complex set of regional arrangements. The provision of community based services in Powys by other health boards does not overcome issues of geography, as services have to be locally delivered and patients seen in the context of their own home or school. Multiagency meetings still need to be attended. There can be considerable difficulty if, in addition to local agencies, there must be representatives from three other health boards. Whilst the best use of video link and teleconferencing is made, attending meetings in person is inevitable.

The NHS child and adolescent mental health service provided directly by PtHB must organise transition arrangements with three other health boards. It also makes it difficult to drive forward developments of services for “young people” – including

young adults – for example in relation to eating disorders and early onset psychosis, due to range of partners involved.

There must be clarity around leadership, governance and accountabilities. Powys has to have a coherent set of policies and procedures covering Powys residents. For example, adult mental health staff delivering services in Powys come under three other LSCBs. There have been difficulties around responsibility for investment; performance reporting; support services; training; succession planning for an ageing workforce; revalidation; medical records; aligning differing policies and procedures e.g. on issues like safeguarding and control of infection – where staff working in the same geographical area work for four different health boards.

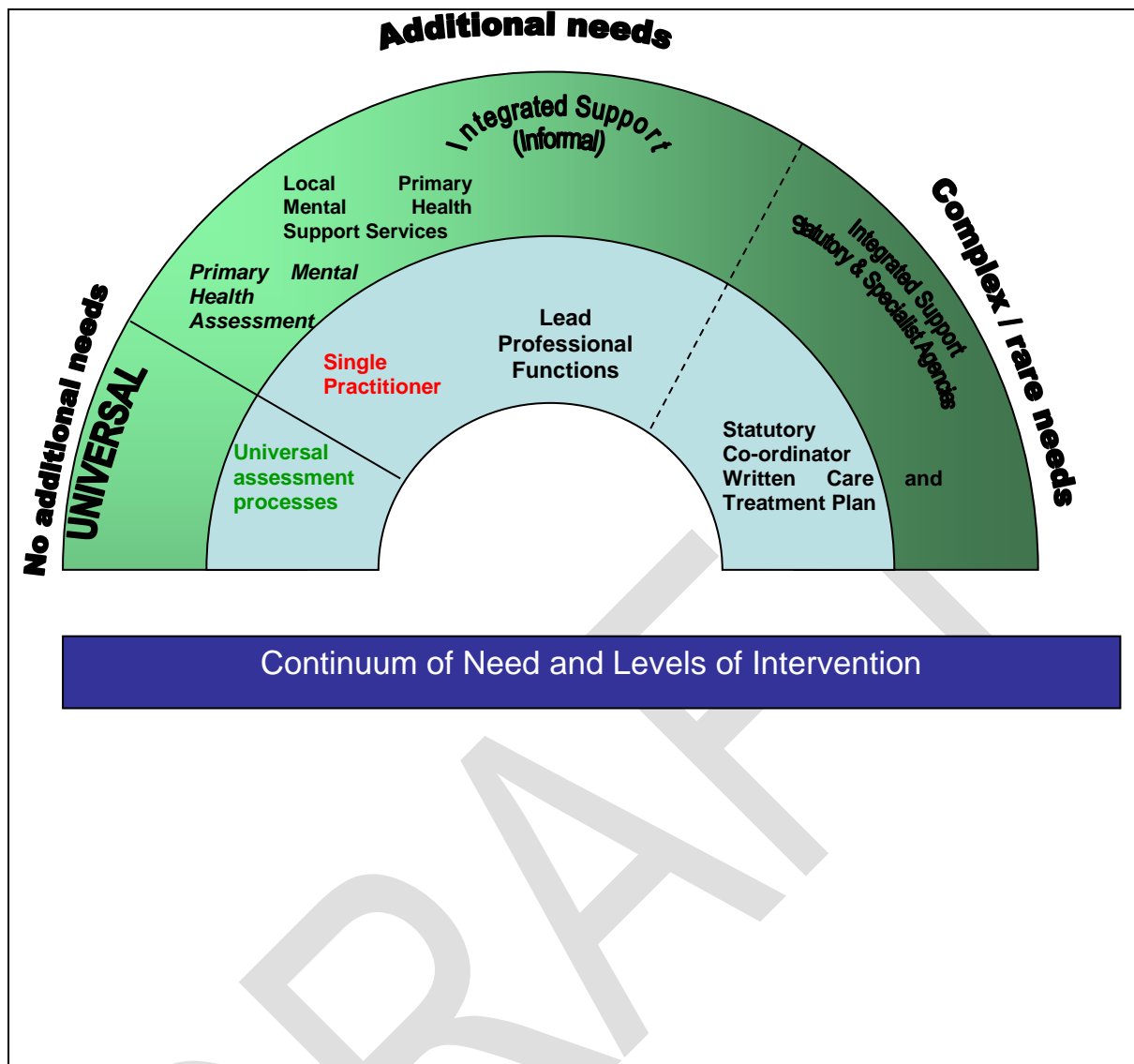
It is essential that lines of communication are clear for the public, patients, professionals and partner agencies.

Moving to a new model of services

Work was initiated in 2012/13 on the model of services needed in Powys, focusing on adult services. The direction of travel is set out below.

Improved services

- self-help and information services
- early intervention
- more services in or close to GP, school, home
- more specialised teams in the community
- innovative multiagency solutions centred around housing not institutions
- sustaining safe services in a highly rural area – by working together
- co-location
- team working & improved co-ordination
- team around the family approaches
- integrated health and social care management structures
- looking at services needs over a lifetime
- equity of access
- neighbourhood planning



A LIFETIME APPROACH TO IMPROVING MENTAL HEALTH

Maintaining good health

- Cutting smoking
- Achieving a healthy weight & diet
- Increasing physical activity
- Limiting alcohol (preventing substance misuse)
- Checking and managing blood pressure

Learn life skills to build resilience

- Relaxation
- Listening
- Conflict resolution
- Hobbies & life outside school/work
- Tackle stigma, bullying and discrimination

Early years

- Early identification of post-natal depression
- Preventing low birthweight
- Establishing breastfeeding
- Engagement in early years provision
- Immunisation to prevent disability
- Early support for indicators of compromised parenting

School-age

- Achieving education potential
- Living with your own family where possible
- Develop “lifetime” resilience skills

Adult and workplace

- Employment
- Workplace prevention and appropriate responses by employers
- Improve access to services
- Lifelong learning
- Life/work balance

Retirement

- Staying mentally and physically active
- Involved in the community

3.0 Delivering Hearts and Minds: *Together for Mental Health in Powys*

The vision in Powys and how local and national priorities are brought together in *Hearts and Minds: Together for Mental Health in Powys* is summarised on pages 4 and 5 including:

- Together for Mental Health
- the Mental Health Measure (Wales) 2010
- and One Plan Yn Un Outcomes

Welsh Government's Strategy Together for Mental Health has 18 national outcomes grouped into 5 main areas. The **delivery plan in Annex 1** summarises local progress towards achieving the national outcomes.

Together for Mental Health: national outcomes	
<i>Promoting better mental wellbeing and preventing mental health problems</i>	
1	Population wide physical and mental wellbeing is improved - people live longer, in better health and as independently as possible for as long as possible.
2	People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.
3	Child welfare and development, educational attainment and workplace productivity are improved as we address poverty.
<i>A new partnership with the public</i>	
4	People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.
5	Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care.
6	People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.
7	People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.
8	People feel in more control as partners in decision making about

	their treatment and how it is delivered.
9	Families and carers of all ages are involved in assessments for support in their caring roles.
10.	People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.
	<i>A well designed, fully integrated network of care</i>
11.	Service users experience a more integrated approach from those delivering services.
12.	People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.
13	Service user experience is improved, and safety, protection and dignity are ensured and embedded in sustainable services.
14.	Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.
	<i>One system to improve mental health</i>
15.	People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.
	<i>Delivering for Mental Health</i>
16.	Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.
17.	Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.
18.	Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.

The table below shows how the actions in Annex 1 are driving forward national and local priorities.

	Promoting better mental wellbeing and preventing mental health problems	A new partnership with the public	A well designed, fully integrated network of care	One system to improve mental health	Delivering for Mental Health
Developing a wider partnership for health and wellbeing	1	10		15	
Building strength and resilience, promoting mental and emotional health and wellbeing – for individuals and communities- and tackling stigma	2	7			
Improving awareness of information, support and services		5,6,9			
Improving early recognition of and response to mental and emotional health and wellbeing issues across all ages	1,3		12		16
Enabling access to well co-ordinated services that meet the needs of the individual as close to home as possible		8	11,13		17
Promoting hope and wellbeing through effective services targeting support and intervention based on need	3,	4,8	○ 12, 14	15	17, 18

What will this look like?

- **Promoting better mental wellbeing and preventing mental health problems** for Powys means trying to prevent problems developing or escalating. It includes action in the community, schools and workplaces to help sustain and improve mental wellbeing. Most of the major employers in Powys are working together to improve mental health. It means recognising the link between physical and mental health. - It involves tackling the inequalities within the county, which can increase the risk of poor mental health.
- **A new partnership with the public** in Powys means involving people who use services, their parents, carers and the public. It means recognising human rights and ensuring services are based on need and that the increasing diversity of the population is recognised.
- **A well designed, fully integrated network of care** for Powys means expanding primary care, developing community based services closer to home – including alternatives to hospital - and integrating services to ensure they are sustainable in a highly rural area. It means taking a “whole of life” holistic approach.
- **One system to improve mental health** in Powys means agencies working together to improve mental health and emotional wellbeing.

What are the key challenges facing us?

The key challenges arising from the population structure, geography and current pattern of services have been set out in the last section. In 2012/13 some of the specific challenges to implementation were:

- The complexity of the number of organisations involved in improving mental health and delivering mental health services in Powys (including four health boards) made co-ordination and ensuring a consistent approach difficult, particularly when overlaid with regional and cross-border working.
- The very small number of children and young people, spread over a huge geographical area, requiring access to a community intensive team –means care must be taken to find a sustainable approach.
- Welfare reforms and the underlying economic situation led to teams reporting additional service pressures.
- Co-ordinating timely and accurate performance information from four different health boards was a challenge. Part 1 of the Mental Health Measure must be monitored closely to reduce delays between assessments being completed and interventions beginning.

- Establishing a multiagency Local Mental Health Partnership without additional resources, in tough financial times, meant that the pace of change was slower than wished in some areas –and the pressure greater in others. The capacity needed to support the implementation of this major long term strategy must be found in collaboration with the Powys Local Services Board.
- Organisational change within Powys County Council created some initial challenges, but all key appointments at Director level have been made and should ensure strengthened opportunities for joint working.

What have we achieved in the last 12 months?

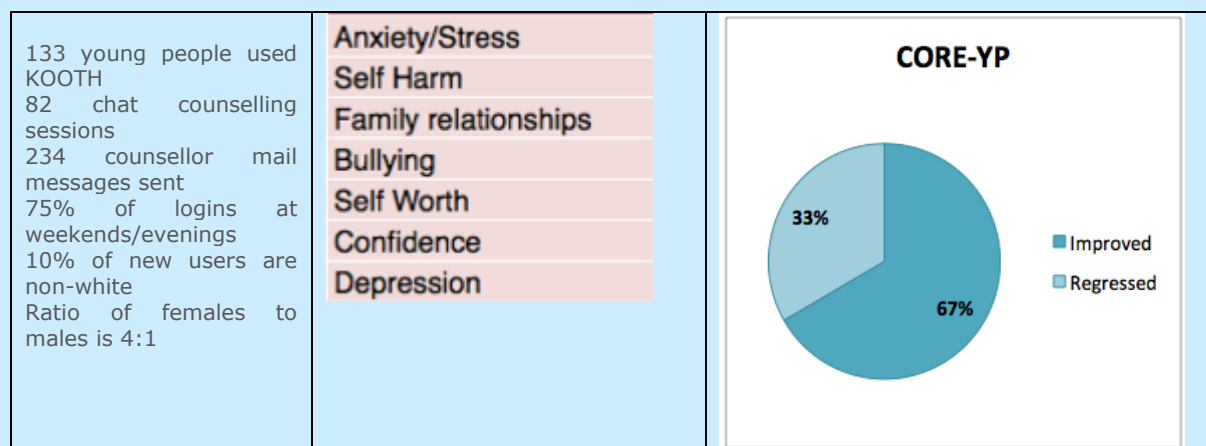
The detailed delivery plan is attached in Annex 1. However, in 2012/13 the key developments were:

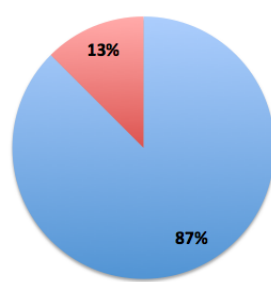
- The development of a new strategy Hearts and Minds Together for Mental Health in Powys (approved in December 2012 by Powys teaching Health Board and in January 2013 by Powys County Council).
- Establishing the Powys Mental Health Planning and Development Partnership by January 2013.
- Implementation of Part 2 of the Mental Health (Wales) Measure from 6th June 2012, to ensure all people within secondary care have a care co-ordinator and a written care and treatment plan.
- Implementation of Part 1 of the Mental Health Wales Measure, including implementation of a joint Scheme approved by Powys County Council and Powys teaching Health Board to provide Local Primary Mental Health Support Service from 1st October 2012.
- Launch of “Time to Change” in Powys, a campaign aiming to change attitudes to mental health.
- Up-dating “Talk to Me” the multiagency plan to prevent suicide and self-harm was up-dated in March 2013.
- Initiating work under programme management arrangements to achieve an effective model for adult mental health services in December 2012, following approval of the strategy.
- Re-commissioning of face to face and internet counselling services on a multiagency basis to achieve a more integrated service, also ensuring access to Welsh language provision.
- Midwifery teams worked to ensure that early identification of mental health problems during pregnancy or after birth – thus helping to tackle one of the causes of vulnerability.

- The dementia action plan was developed.
- In February a residential meeting of the Powys Youth Forum focused upon mental health and emotional wellbeing, explaining how priorities previously identified by children and young people had been acted upon.
- The Carer's Strategy was approved.
- Websites such as "Stronger in Partnerships"; Towis; and Kooth ensured information about services, strategies and entitlements was available electronically.
- Plans were agreed to ensure access to a crisis resolution home treatment team in north Powys.

What are our service innovations?

- The Powys Mental Health Planning and Development Partnership has been working to ensure that participation and engagement arrangements are appropriate for all ages, represent a range of interests and geographical areas and build on good practice already in place.
- Internet and face to face counselling services have been re-commissioned leading to increased integration. This offers more choice, support and overcomes barriers to access in a highly rural area.



Face to Face Counselling Service Final quarter 2012/13																		
<table><tr><th></th><th>Inherited from Barnados</th><th>New Referrals Q4 '12/13</th><th>Total</th></tr><tr><td>Female</td><td>37</td><td>45</td><td>82</td></tr><tr><td>Male</td><td>18</td><td>20</td><td>38</td></tr><tr><td></td><td>55</td><td>65</td><td>120</td></tr></table>		Inherited from Barnados	New Referrals Q4 '12/13	Total	Female	37	45	82	Male	18	20	38		55	65	120	<p>Preferred Location for Counselling</p>  <p>87% In the YP's School/College 13% Elsewhere in their area</p>	Mean Onset Scores: 21.55 Mean Ending Scores: 14.45 Overall, this shows the service provides aggregate clinical improvement of 7.1
	Inherited from Barnados	New Referrals Q4 '12/13	Total															
Female	37	45	82															
Male	18	20	38															
	55	65	120															

Where do we require further action? Our priorities for 2013/14

The further action underway in 2013/14 is set out in Annex 1 including:

- Continued implementation of the Mental Health Measure: (extending the use of the Local Primary Mental Health Support Service and ensuring improved co-ordination and care and treatment planning);
- Implementation of the Dementia Plan;
- Establishing a new model for adult services and strengthened commissioning arrangements;
- Ensuring a way forward on multiagency co-location and integrated teams;
- Development of alternatives to in-patient care including the CAMHS; Community Intensive Team, with improved pathways for eating disorder; emerging personality disorder and depression;
- Ensuring equity of access to early on-set psychosis services;
- Ensuring a robust clinical service support structure including workforce, I & IT and appropriate accommodation - including implementation of the CAMHS Improvement Plan;
- Improving outcome information (from user, referrer, professional and parent/carers);
- Extending the use of “talking therapies” and safe, efficient and effective use of medication;
- Ensure the needs of looked after children are met appropriately;
- Enhancing health promotion and prevention programmes including: Talk to Me (suicide and self-harm prevention plan); 5 ways to wellbeing;

Healthy Schools; and Youth/ Mental Health First Aid training;

- Spearheading Time to Change – improving attitudes to mental health – and through developing exemplary practice as employers;
- Extending specialised advocacy and all-age participation arrangements;
- Agreeing the support structure needed to support the Partnership and the implementation of the strategy, in terms of transformational work under the Powys Local Service Board.

4.0 Summary and Conclusions

“Hearts and Mind: Together for Mental Health in Powys” was approved by Powys teaching Health Board in December 2012 and by Powys County Council in January 2013. The Partnership Board overseeing implementation was also established that month. Significant change was implemented during 2012/13. Improving mental health requires agencies and the public to work together. It has been particularly pleasing to see the level of commitment of partner organisations to helping lead the changes required through:

- early recognition and response
- well co-ordinated care and treatment, as close to home as possible
- tackling inequalities, stigma and discrimination
- involving people
- promoting mental health, resilience, hope and wellbeing.

It is of particular importance to Powys that we work together to:

- create dementia supportive communities
- integrate services, as a way of sustaining much needed provision in a highly rural area
- ensure a safe and effective pattern of mental health services for local people
- prevent suicide and self-harm
- reduce absences from school and work due to mental health problems
- develop local community alternatives to in-patient and residential care
- ensure equal access to people of equal need across the county
- improve understanding of mental health.

LHB Report against Together for Mental Health Delivery Plan Actions

It had been anticipated that the first annual report to Welsh Government's National Mental Health Partnership Board would be in January 2014. The earlier reporting date has resulted in some limitations. This annual report covers a plan which was not in place for the full year 2012/13. The Partnership Board overseeing the plan was only established in January 2013. Work is still underway to put in place robust reporting and assurance processes. This is a complex process in Powys as information must be gathered not only from a range of agencies within the county, but from three other health boards also. The progress reported will be up-dated as further information becomes available. The Powys Mental Health Planning and Development Partnership wishes to establish a reporting process for future years involving the views of people who have used services and their families and carers.

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

<u>Action</u>	<u>Sub Action</u>	
Outcome 1: Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible		
<p>1.1 To ensure that mental wellbeing is given equal priority with physical wellbeing in the development and delivery of policy, programmes and services. NOTE: THIS ALSO CONTRIBUTES TO OUTCOMES 2& 3</p>	<p>d. Key partners to ensure that mental wellbeing is given equal priority with physical wellbeing in impact assessment.</p> <p>Ongoing from December 2012</p>	<p>“Hearts and Minds Together for Mental Health” was approved in December 2013 by PtHB and in January 2013 by PCC. This sets the strategic direction and commitment to ensuring mental wellbeing is given equal priority to physical wellbeing.</p> <p>This is being carried through within other three year plans such as PtHB's 3 year plan and the new “One Plan” for Powys.</p> <p>The Dyfed Powys Police Strategic Equality Plan 2013-2016 looks to improving mental health outcomes across all ages. Two of these priorities are:</p> <ul style="list-style-type: none"> • To identify and intervene in high-risk cases of disability-related harassment, to prevent the escalation of harassment, abuse, and violence, and protect victims from further harm. Victims of disability-

<u>Action</u>	<u>Sub Action</u>	
		<p>related harassment are identified by public and third sector organisations at an early stage. Information is shared between partner organisations so that the case is fully understood, and interventions are agreed to prevent further harm to the victim. Interventions are targeted at the perpetrator rather than the victim of the harassment.</p> <ul style="list-style-type: none"> • To engage with mental health services, service users and carers, to raise awareness of the police's duties and responses in cases of mental illness or distress, and provide an opportunity to influence service provision. Service-users and carers understand the police's duties and powers under the remit of the Mental Health Act, understand, and are satisfied with the actions that the police take in response to a variety of cases involving mental ill-health. <p>The Powys Youth Forum identified that young people are trained in physical first aid and asked that Youth Mental Health First Aid could be extended to Years 12 and 13. Primary Mental Health Workers are taking this forward.</p>
	<p>f. Key partners to ensure that, where appropriate, mental wellbeing is included whenever healthy lifestyle messages are being communicated to the public utilising the 5 ways to Wellbeing.</p> <p>Ongoing from October 2013.</p>	<p>In addition to the above, further examples of population wide programmes such as the healthy schools programme; and targeted work for specific groups such as prospective parents; looked after children; and older people.</p>
<u>Outcome 2: People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis</u>		

<u>Action</u>	<u>Sub Action</u>	
<p>2.1 To improve resilience of children and young people.</p>	<p>a. Local Health Boards (LHBs) and partners to ensure use of All Wales Maternity Record to identify women at risk of postnatal depression or psychosis. Ongoing from October 2012.</p>	<p>This is in place and on-going in Powys.</p>
	<p>c. LHBs to develop and put in place protocols for referral for advice from GPs or specialist services in place for obstetric services in Wales.</p>	<p>Implementation underway.</p>
	<p>d. LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably</p> <ul style="list-style-type: none"> • Flying Start • Families First • Integrated Family Support Service. <p>Ongoing.</p>	<p>The Children and Young People's Partnership has a very well attended multiagency Emotional Health and Wellbeing Group, which drives forward programmes which promote resilience - including within family focused approaches. A mental health nurse is a member of the Integrated Family Support Service. Those delivering interventions such as Flying Start and Families First are offered specific training; consultancy and advice.</p>
<p>2.3 To improve resilience of communities.</p>	<p>a. All agencies to identify contribution of third sector on mental wellbeing and resilience and to consider how joint working can further complement statutory provision. Ongoing.</p>	<p>A range of third sector services are commissioned from the third sector in Powys – across all ages. The value of this expenditure was approximately £400k in 2012/13 – and arguably just under £.5m when support for carers and young carers is taken into account. Work will be undertaken in 2013/14 to ensure coherent multiagency commissioning arrangements in line with the strategic plan.</p> <p>The Dyfed Powys Police Strategic Equality Plan 2013-2016 identifies working with the third sector at an early stage to identify and intervene in high-risk cases of disability-related harassment, to prevent the escalation of harassment, abuse, and violence, and protect victims from further harm.</p>

<u>Action</u>	<u>Sub Action</u>	
<p>2.4 To further reduce levels of suicide and serious self harm.</p>	<p>b. LHBs, LAs, Third Sector and Criminal Justice Agencies to continue working in context of the 2012 PHW review of <i>Talk to Me</i> Suicide and Self-harm Action Plan.</p>	<p>There is a multiagency “Talk to Me” plan in place in Powys. This was up-dated and presented to the Powys Mental Health Planning and Delivery Partnership in March 2013. The police have identified a strategic lead to ensure engagement with the action plan. Children’s homes are made aware of the plan through the Independent Forum for Vulnerable Children Living Away from home.</p> <p>Action 2013/14: PHW and partner agencies: review and up-date the plan. Continue awareness raising and strengthen agency compliance.</p>
	<p>c. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.</p>	<p>Mental Health First Aid training and Youth Mental Health First Aid training and ASIST training has been provided.</p> <p>Action 2013/14 Ensure multiagency training plan in place and monitor up-take.</p>
	<p>d. LAs, LHBs, Welsh Ambulance Service, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self harm in Wales. Ongoing.</p>	<p>For the agencies operating in Powys this is driven forward through the Powys Talk to me Action Plan.</p>
	<p>e. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.</p>	<p>[see c above]</p>
	<p>f. LHBs to refer to NCISH national reports. Ongoing.</p>	<p>The PMHPDP considered key messages from the NCISH report at its meeting in March 2013.</p>
	<p>g. Public Health Wales to work with LHBs and LAs through the Mental Health Leaders’ Collaborative to</p>	<p>Work has been undertaken with Public Health Wales in 2013/14, using the NCISH questionnaire as a basis for</p>

<u>Action</u>	<u>Sub Action</u>	
	develop integrated approach to managing serious untoward incidents including suicide and self harm by April 2013 .	multiagency information gathering – including in serious cases which did not result in death. Further work is required.

DRAFT

Chapter 2: A New Partnership with the Public

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 4: People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.</u>		
4.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.	a. LHBs and LAs to routinely meet their obligations under the Public Sector Specific Duties (Wales) addressing the diverse needs of their local populations in service redesign and commissioning. Ongoing.	The development of Hearts and Minds Together for Mental Health in Powys; and One Powys Yn Un used a multiagency needs assessment taking into account the diverse needs of the population.
	c. LHBs to carry out and publish Equality impact assessments on service delivery plans. Ongoing.	On-going
	d. LHBs and LAs to provide culturally appropriate assessment, responding to communication and translation needs. Ongoing.	On-going.
<u>Outcome 5: Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</u>		
5.1 To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce.	a. NHS and Social Services to ensure that principles of the Welsh Language Strategic Framework including the 'active offer' are mainstreamed into service delivery. Ongoing.	On-going. An example of how this was taken forward in 2012/13 was the re-commissioning of the integrated counselling services for children which specifically addressed Welsh language access.
	b. LAs and LHBs to deliver language awareness training for all staff coming into contact with people with mental health problems. April 2014 and Ongoing	This will require further action in 2013/14. Dyfed Powys Police are planning to deliver a Welsh language training course for call-handlers next year. (Although there is not a specific focus on responding to issues of mental health it will cover all calls.)

<u>Action</u>	<u>Sub Action</u>	
		The organisation has recruited five 'Welsh essential' call-handler posts in the Force Control room in the previous 12 months in an effort to improve the Welsh language service for non-emergency calls (101).
<u>Outcome 6: People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.</u>		
6.1 To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.	c. LHBs and LAs, together with Third Sector Partners, to ensure that Mental Health Service User Development Officers (MHSUDOs) maintain up to date web based directories of local mental health services and information available and to share these with appropriate organisations such as C.A.L.L. and NHS Direct Wales. Ongoing from October 2013.	This is in place and on-going. MHSUDOs in place through PAVO
<u>Outcome 7: People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.</u>		
7.1 To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems	b. NHS and LAs to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. Ongoing	PtHB and PCC are "gold" and "platinum" award employers respectively – with regard to the corporate health award. Dyfed Powys Police are actively raising staff awareness with mental health in order to improve the service delivery, confidence and accessibility for vulnerable groups.
	c. LHBs and LAs to identify TTCW Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff by December 2012	Jo Mussen, Vice-Chair Powys teaching Health Board is the Time to Change Champion for the Health Board. Local Authority champion still to be identified. The Health Board is delivering a local Time to Change campaign amongst its staff. Dyfed Powys Police has both

<u>Action</u>	<u>Sub Action</u>	
		internal and external mental health Champions.
<u>Outcome 8: People feel in more control as partners in decision making about their treatment and how it is delivered.</u>		
8.1 To ensure that service users feel listened to and are fully involved in decisions about their own care.	a. LHBs and LAs to ensure active participation of service users and carers in the development, delivery and review of their Care and Treatment (in line with Part 2 of the Mental Health (Wales) Measure 2010. Ongoing from June 2012.	This was implemented in June 2012 - now on-going. Robust audit mechanisms, including user views, need to be established in 2013/14.
	b. LHBs to ensure training is provided on care and treatment planning using the prescribed materials produced by Lincoln University to all Care Co-ordinators by end 2013.	Training was provided in 2012/13. Training is now an operational responsibility and must be included in workforce plans for 2013/14. Evidence of training will need to be provided.
	c. LHBs to provide service users and their carers with opportunities to discuss and agree service and treatments options. Ongoing.	As 8.1.a above
	d. Voluntary sector working as part of Mental Health Action Wales to provide training for service users to enable them to play a full role in the development of their Care and Treatment. Ongoing	Representatives from Powys have on-going involvement
	e. LHBs to implement good practice guidance and training for staff working with service users to help them understand treatment options available. (Standard 9 <i>Doing Well, Doing Better</i>). Ongoing.	Adult Mental Health services for Powys are provided by three neighbouring health boards which are responsible for the training of their staff and are delivering on this target. In addition Powys teaching Health Board has commissioned Third Sector organisations to provide Wellness, Learning and Recovery Centres to support service users understand their diagnosis and treatment options. Individual CTPs should include discussions with service users and treatment options.

<u>Action</u>	<u>Sub Action</u>	
		Training is being explored in conjunction with service users.
8.2 To ensure that relevant patients access Independent Mental Health Advocacy (IMHA). NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11 & 13	a. LHBs and LAs together with IMHA services to implement Part 4 of the Mental Health (Wales) Measure 2010 for newly eligible patients. Ongoing.	This was implemented in 2012/13. However, this needs to be audited – and the arrangements for children and young people placed via WHSCC confirmed.
	b. Independent Mental Health Advocacy providers to ensure the availability of appropriately trained advocates to meet the new statutory duties on LHBs and LAs within the Mental Health (Wales) Measure 2010. Ongoing from 2013.	This is the responsibility of providers of Independent Mental Health Advocacy
<u>Outcome 9: Families and carers of all ages are involved in assessments for support for their caring roles.</u>		
9.1 To ensure support for families and carers through implementation of the Carers (Wales) Measure 2011. NOTE: ACTION TO BE UPDATED FOLLOWING PUBLICATION OF REFRESHED STRATEGY	a. LHBs and Trusts in conjunction with partner LAs to draw up local Carers Information and Consultation Strategies by October 2012.	This was achieved in 2012/13.
<u>Outcome 10: People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services.</u>		
10.1 To ensure that service users of all ages and their families and carers are fully involved in service development. NOTE: ALSO CONTRIBUTES TO OUTCOME 17	a. HBs and LAs to agree and put in place robust arrangements for engaging service users and carers of all ages in the design, delivery and monitoring of local services by Sept 2013.	Arrangements were approved at the September 2013 Powys Mental Health Planning and Development Partnership, following the development of proposals in 2012/13.
	b. MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of	Within Powys there was already a respected approach in place through Stronger in Partnership. There was

<u>Action</u>	<u>Sub Action</u>	
	people of all ages by February 2013 . (Standard 5 <i>Doing Well Doing Better</i> guidance e-governance manual).	involvement of over 250 people in the consultation on the development of Hearts and Minds in 2012/13. Please also see 10.1 (a) above.
	c. WG and LHBs to ensure active engagement of service users and carers on Mental Health Partnership Boards at national and local levels – Ongoing from March 2013 .	Please see the response to 10.1 a above

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

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 11: Service users experience a more integrated approach from those delivering services.</u>		
11.1 To ensure that public services work together to provide an integrated approach.	a. LAs, LHBs and third sector to further develop integrated services provision and to review care pathways against the aspirations of <i>Together for Mental Health</i> by December 2013 .	This work is on-going. For children and young people there is a plan in place to develop integrated services - some elements of which are in place. However, there needs to be clarity on the way forward on co-location. Pathways previously published on a multiagency basis need to be reviewed against <i>Together for Mental Health</i> . Work is underway in relation to developing an integrated adult model.
	f. LAs to work together with the NHS to enact new duties from implementation of the Social Services Act. Timescale to be confirmed under regulation.	Subject to WG publishing timescales.
11.2 To ensure effective transition between adult and CAMHS Services.	a. LHBs, working with LAs and Third Sector, to develop plans to manage transition for young people effectively by November 2013 .	Transition was externally audited as part of the Delivery Support Unit visit in relation to Part 2. The final report is expected in October 2013. However, the verbal feedback was positive with regard to transition.
11.3 To ensure substance misuse co-occurring with mental health problems is managed effectively.	a. Each Substance Misuse Area Planning Board (SMAPB) and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the Service Framework <i>Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems</i> by September 2013 .	Protocols are in place with substance misuse services, which are jointly commissioned. However, DNA protocols need to be audited with regard to people referred between services.

<u>Action</u>	<u>Sub Action</u>	
	b. LMHPBs/SMAPBs to ensure all relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems, and have a clear understanding of protocols and integrated care pathways in place by September 2013 .	This is in place – but will need to be included in workforce plans
11.4 To improve access to CAMHS expertise in Youth Offending Teams.	a. LHBs to ensure that All Youth Offending Teams (YOTs) have designated time from an appropriate CAMHS professional and access to forensic CAMHS. Ongoing from March 2013 .	In 2012/13 there was a mental health advisor to the Powys Youth Justice Service and a full-time mental health nurse seconded to the PYJS. However, a vacancy occurred and interim arrangements are in place until it is filled. The funding remains in place and the vacancy has been advertised a number of times.
11.5 To improve physical and mental health care for those with chronic conditions including mental health problems.	a. LHBs to ensure effective liaison services to assure needs for people with mental health problems in the DGH setting are met. Ongoing from April 2014 .	All age liaison services are in place – including DGHs in neighbouring health boards.
	b. LHBs to provide physical health liaison to assure physical healthcare needs in mental health settings are met. Ongoing	Powys teaching Health Board has reciprocal arrangements for advice across their mental health and general wards in all hospitals where a mental health ward is situated. There is liaison in place between paediatrics and NHS CAMHS.
<u>Outcome 12: People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.</u>		
12.1 To ensure the expansion of primary care mental health services. NOTE: ALSO CONTRIBUTES TO OUTCOME 13.	a. LAs and LHBs to implement Primary Care Schemes in conjunction with third sector where appropriate and in line with the requirements of Part 1 of the Mental Health (Wales) Measure 2010. Ongoing from October 2012 .	A Local Primary Mental Health Support Service is in place. A joint Scheme was agreed and approved by Powys County Council and Powys teaching Health Board in 2012/13. Monthly performance monitoring in place.

<u>Action</u>	<u>Sub Action</u>	
	b. NLIAH to develop a curriculum for Primary Care Mental Health Workers PCMHWS by year end 2012-13 .	Action for NLIAH
	c. Each LHB to ensure competent workforce trained to deliver the range of interventions under the measure with a formal supervision structure including those commissioned from other sectors.	The CAMHS team and providers of adult services in neighbouring health boards have workforce plans in place.
<p>12.2 To ensure that patients are supported to access their rights for re-assessment with regard to the Mental Health (Wales) Measure 2010, when required.</p> <p>NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11, 13 & 14</p>	a. LHBs and LAs to establish systems in conjunction with Third Sector where appropriate to ensure that eligible patients are aware of their rights to reassessment in line with Part 3 of the Mental Health (Wales) Measure 2010 by October 2012 .	The multiagency Mental Health Officer's Group which supports the PMHPDP (including the third sector) oversaw the Mental Health Measure implementation Plan in 2012/13 – including the entitlement to reassessment.
<p>12.3 To improve access to and provision of Psychological Therapies.</p>	b. LHBs and LAs to review cross sector staff competencies in delivering psychological therapies and undertake gap analysis by June 2013	There has been some slippage of this timescale. Work is underway in relation to the psychological therapies committee. Please also see below
	c. Each LHB to constitute a Psychological Therapy Management Committee (PTMC) to advise on local mechanisms to take forward and develop psychological therapy services in line with WG Policy guidance and to take into account the baseline review. Ongoing	<p>In 2012/13 a Psychological Therapy Management Committee for Powys was being established. This will be the subject of further work in 2013/14.</p> <p>An extensive range of psychological therapy provision is being funded (including DBT in adult services). The PTMC will play a role in ensuring appropriate structures are in place for such services commissioned and provided on a multiagency basis.</p>

<u>Action</u>	<u>Sub Action</u>	
	d. Each LHB to ensure competent cross sector workforce trained to delivering the range of interventions within a formal supervision structure. Ongoing	This should be reflected in the workforce plans of agencies within the PMHPDP and providers of services to people in Powys in other Health Boards. Appropriate arrangements are in place for NHS CAMHS. However, arrangements need to be strengthened in relation to some commissioned services in 2013/14.
12.4 To ensure effective access for children and young people to CAMHS Services.	a. LHBs and LAs to ensure that they have in place pathways to provide appropriate specialist inpatient and community CAMHS (e.g. CIIT FACTS) for children with mental health problems. Ongoing from October 2012.	Pathways are in place to in-patient provision and to FACTS (including Tier 3). Work is underway with WHSCC with regard to finding a solution to CIT provision in a highly rural area – with a small number of admissions (although some are lengthy and distant). A solution is being developed but there has been some slippage on this task.
	b. LHBs to put in place clear pathways for children with mental health problems in crisis. Ongoing	These are published.
	c. LHBs to ensure that inappropriate admissions of those under 18 to adult wards reduced. LHB to designate a ward with appropriate staff training safeguarding checks in place for unavoidable admissions by December 2012.	This is closely monitored and was reduced in 2012/13. In the rare event of such an admission it is reported under serious incident procedures and safeguards are put in place.
	d. Staff on designated wards to have completed formal training on needs of young people. Ongoing from June 2013.	Powys does not admit any child or young person within the county. It has access to an age appropriate bed through neighbouring health boards.

<u>Action</u>	<u>Sub Action</u>	
	e. LHBs working with LAs to produce guidance as to the range of local services available from specialist CAMHS for all other children to be developed by March 2013 .	The range of services available was published through the CYPP and amended and reissued electronically. This will be reviewed in 2013/14 against the CAMHS specification.
12.5 To ensure veterans receive services appropriate for their mental health needs.	a. LHBs to continue to commission and/or provide specialist community Health and Well Being Services for veterans in each area. Ongoing .	These are commissioned through the all-Wales veterans health and wellbeing service on an on-going basis, and are delivered through neighbouring health boards for the Powys population.
	b. Clinical networks to disseminate knowledge and share best practice by March 2013 .	The Powys providers serving the Powys population participate in appropriate clinical networks.
	c. LHBs to develop care pathways for veterans to access substance misuse services by March 2013 .	There is provision for veterans within substance misuse services. However this needs to be reaffirmed following consultation on Welsh Government recommendations.
	d. LHBs work with substance misuse and mental health providers to ensure veterans with PTSD have timely access to substance misuse treatment.	As above.
	e. LHBs to establish Armed Forces Forums and Mental Health Clinical Networks. Ongoing from December 2012 .	Powys has an Armed Forces Forum. Public Health Wales is leading this work in Powys. Providers of services in Powys participate in appropriate clinical networks. However, links with primary care need to be reinforced.

<u>Action</u>	<u>Sub Action</u>	
12.6 To ensure appropriate and timely interventions for people in custody.	c. LHBs to commission and/or provide prison mental health / CAMHS services in accordance with the published guidance by October 2014 .	There is no prison within Powys
	d. LHBs to develop a care pathway for those who need to receive care or secure provision, away from their local area by 2013 .	These pathways are in place.
<u>Outcome 13: Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.</u>		
13.1 To ensure service users of all ages are safeguarded from harm while accessing mental health services.	a. LHBs and LAs to work together with third sector to implement safeguarding legislation and policies. Ongoing.	The Powys Local Safeguarding Children's Board and Vulnerable Adult Protection Committee are well established and include Third Sector and local authority staff. They are responsible for delivering on the safeguarding legislation.
	b. Services to review arrangements as the Social Services Wales Bill becomes law. Timescale to be confirmed.	Timescale to be confirmed.
	c. LHBs and LAs to adopt & share learning from published child practice reviews, POVA cases and relevant reviews by WAQ, HIW, CSSIW, Estyn and NCISH. Ongoing	On-going. Child Protection Fora in place.
13.2 To ensure that services are planned and delivered based on safety, dignity and respect.	a. LHBs, LAs and Third Sector to provide services that strive to improve the experience of all service users in line with <i>Doing Well, Doing Better</i> . Ongoing.	On-going – monitor compliance with relevant standards

<u>Action</u>	<u>Sub Action</u>	
<p>13.3 To improve in-patient environment in mental health services, ensuring care is appropriately balanced between inpatients and community services.</p>	<p>a. LHBs to ensure plans in place to ensure inpatient facilities are provided in modern, fit for purpose environments.</p>	<p>There are no in-patient services for children and young people within the county. The model for adult services is being reviewed. Ensuring all mental health services are provided from appropriate accommodation is a priority.</p>
	<p>b. LAs, LHBs and third sectors to develop joint local strategies to reduce delays in transfers of care, rates of admission to mental health beds - including repeat admissions - within 28 days by April 2014.</p>	<p>Underway. Work is also underway on revising the adult service model.</p>
	<p>c. LAs, LHBs and third sector to undertake joint training on care and treatment planning to include Health, Social Care and Housing teams training together to implement effective admission and discharge processes within care pathways by April 2014.</p>	<p>There was initial joint training in 2012/13. This needs to be embedded in 2013/14 in a joint training programme.</p>
	<p>d. LHBs and LA to ensure Crisis Resolution Home Treatment / Community Intensive Intervention support available for people of all ages within and out of hours by December 2012.</p>	<p>Arrangements were agreed for north Powys in 2012/13. Service is already in place in south Powys.</p>
<p>13.4 To improve older people's mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12 & 14</p>	<p>a. LAs and LHBs to have in place integrated assessment and care management systems and processes based on clinical need, ensuring dignity care and respect.</p>	<p>Parts 1 and 2 of the Mental Health Measure have been implemented. There are specific integrated assessment teams, such as for ASD.</p>
	<p>b. LHBs and LAs have protocols in place to manage transitions between adult and older persons mental health services. Ongoing</p>	<p>These are in place, however there are three providers of adult and older persons mental health services for Powys, so ensuring a consistent approach across the county is a challenge.</p>

<u>Action</u>	<u>Sub Action</u>	
	c. NHS, LA and Third Sector staff, including Primary Care Mental Health workers who come in contact with older people, to receive training to ensure they recognise and respond to signs and symptoms of mental illness such as depression and other functional illness, dementia and co-morbid conditions in older people by April 2013 .	Multiagency training programmes are in place, including mental health first aid and youth mental health first aid
13.5 To improve dementia care, including for younger individuals, in all settings across Wales. NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12, & 14.	a. LHBs and partners to implement the WG National Dementia Vision document, including young onset dementia services Ongoing .	A dementia action plan has been developed. On going
	b. All Part 1 PCMHs staff trained to assess for memory loss and common mental health conditions in the elderly by January 2013	All LPMHS staff are encouraged to refer people with suspected cognitive problems to the established local Memory Assessment Service.
	c. LHBs to implement 1000 lives + dementia Intelligent Targets. Ongoing .	On-going
	d. All newly diagnosed people provided with Alzheimer's Society Dementia Information Packs. Ongoing .	On-going (adult mental health service providers)
	f. LHBs and LAs to ensure access to specialist advice available to all care homes.	On-going
13.6 To review Eating Disorder Services for all ages.	a. LHBs to commission and complete review of the pattern and cost effectiveness of inpatient eating disorder treatment across all ages services by end 2013 .	Powys is linking in with hubs provided by other health boards

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs to develop services in line with outcome of review and Eating Disorders: A Framework for Wales by end 2015 .	underway
<u>Outcome 14: Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.</u>		
14.1 To ensure that services are based on a recovery and reablement approach supporting to gain more control over their lives.	a. LHBs and LAs to ensure that Care and Treatment Plans for service users embed the principles of recovery and reablement, where appropriate, from October 2012 .	Implemented – ongoing
	b. All Care Co-ordinators are competent in using recovery and other relevant skills through Care and Treatment Planning training, using Lincoln University materials. Ongoing .	In 2012/13 training was provided within Powys and in health boards providing services for Powys on the implementation of Part 2 of the Mental Health Measure using the Lincoln materials. On-going training in 2013/14 is an operational responsibility. In 2012/13 the CAMHS team was externally audited with regard to Part 2. The Delivery Support Unit report is not yet available. Powys teaching Health Board will be asking Adult Mental Health service providers and CAMHS to provide evidence that this training is being delivered. Evidence is needed on the number of staff trained and whether service users have been involved.
	c. LHBs and LAs to ensure that individual service user views of what recovery means to them become a core part of Care and Treatment Planning. Ongoing from October 2013 .	Implemented – on-going and audit in 2013/14

<u>Action</u>	<u>Sub Action</u>	
	e. LHBs and LAs to provide support for children in addressing issues of attachment and developmental problems. Ongoing.	Some services are in place – however, this is a priority for review in 2013/14.
	f. For people with dementia, LHBs, third sector and LAs to provide services that support them to maintain independence for as long as possible, sustaining quality of life. Ongoing.	Underway and on-going
14.2 To develop service culture for positive risk management.	c. LHBs, LAs and Third Sector to ensure evidence based risk assessment training is provided for appropriate staff to extend to cover all settings, client groups and all ages. Ongoing.	Risk assessment training is available and needs to be built into workforce plans – however, providers of adult and older people services are provided by 3 different health boards responsible for training.

Chapter 4: One System to Improve Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 15: People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</u>		
15.1 To ensure that people with mental health problems have access to advice and support on financial matters.	a. LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. Ongoing from April 2013.	Links in place
15.2 To improve mental wellbeing by improving the condition of housing.	b. LAs and LHBs to develop plans for joint working and developments on housing and associated services incorporating mental health as a priority by June 2013.	Powys County Council is leading a multiagency housing strategy, with consideration of mental health needs.
15.3 To reduce homelessness and help people with mental health problems sustain tenancies.	c. LAs to implement Supporting People Programme Guidance ensuring that commissioning decisions take account of mental health needs. Ongoing.	A Supporting People Plan is being implemented.
	d. LAs and LHBs to develop plans for joint working and developments on housing and associated services, incorporating mental health as a priority by June 2013.	As above
	e. LHBs to provide senior representation on Supporting People Programme Regional Collaboration Committees by December 2012.	Powys is represented through the Director of Planning.
	f. Social landlords (local authorities that still own their own housing and registered social landlords) take into account the needs of people with mental	On-going. Provide further training.

<u>Action</u>	<u>Sub Action</u>	
	health problems when discharging their landlord functions. Ongoing.	
15.4 To ensure vulnerable groups have equitable access to safer homes	a. Professionals, Fire and Rescue Services and LHBs to promote safe homes through fire safety and slips and trips initiatives. Ongoing.	In place – ongoing
	b. Staff awareness to be raised of where there is heightened risk for home fire or falls for vulnerable individuals (such as those with dementia) and of the need to share information on those individuals with the Fire and Rescue Service and other relevant agencies. This will ensure appropriate action is taken to mitigate the risks where possible.	There is a direct link to the fire service.
15.8 To ensure that the physical health needs of people with mental illness are recognised and better met. NOTE: SEE ALSO ACTION 1L3 IN CHAPTER 1	b. LHBs and PHW to ensure that general health promoting initiatives are signposted for people in contact with mental health services. Ongoing from April 2013.	On-going
15.9 To promote employment opportunities for people with mental health problems.	a. WG, LAs and the NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing, and both recruit and retain people with lived experience of mental illness. Ongoing from March 2014.	PCC platinum award for the corporate health standard. PtHB gold.
	b. All agencies to formulate policies to promote mentally healthy workplaces including policies to make reasonable adjustments to assist people to	As above

<u>Action</u>	<u>Sub Action</u>	
	gain and retain employment.	
<p>15.10 To promote the health and well-being of the people of Wales by enabling people to access information from libraries to promote, manage and improve their health status throughout their lifetime.</p> <p>NOTE: SEE ALSO ACTIONS UNDER OUTCOME</p>	<p>a. LA library services and public libraries to work with PHW to promote BPW. Ongoing</p>	<p>This is in place and on-going</p>

Chapter 5: Delivering for Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 16: Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.</u>		
16.1 All staff across the public sector to promote a culture this is respectful and experienced as empowering.	a. LHBs, LAs and Third Sector to ensure all their services embed a culture of dignity and respect. Ongoing.	On-going through training, awareness, monitoring, compliance with standards and policies, listening to the messages from users and complaints
	b. LHBs and LAs with their partners to ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it. Ongoing.	Mental health first aid training is provided. Dyfed Powys Police are currently developing a training programme to raise awareness with all staff.
<u>Outcome 17: Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering</u>		
17.1 To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness.	a. LHBs to develop sustainable and affordable workforce plans to support the delivery of <i>Together for Mental Health</i> . Ongoing.	Workforce plans are in place within PtHB.
	b. Personal Development Plans (PDPs) to be in place for all staff with annual appraisal process. Ongoing.	PDPs are the responsibility of the Adult Mental Service providers for their staff. CAMHS staff appraisals are monitored through ESR system and performance is monitored on a monthly basis.
	c. LHBs, LAs and Third Sector to adopt evidence based team working with an emphasis on clinical networks and locality teams. Ongoing	Powys teaching Health Board is proactive in multi-agency working and the Mental Health Planning and Development Partnership has been established supported by a multi-agency Officers Group. Powys teaching Health Board is

<u>Action</u>	<u>Sub Action</u>	
		structured on a locality basis but within a specific Mental Health Network. The Mental Health General Manager has been involved in Aston Team Building exercises with Locality Senior Nurses. The Women and Children's Directorate and CAMHS team have been involved in the Aston team-building approach. Further information is awaited on the arrangements for CAMHS planning and clinical networks in Wales. However, CAMHS in north and south Powys link with peers in other health boards. Specifically, there is a strategic partnership with Aneurin Bevan Health Board.
	d. All clinical staff to be engaged in 1000 Lives and trained in methodologies. Ongoing	This is underway. PtHB is aiming at 25% of staff trained by the end of 2013/14. This will need be reflected in the workforce plans for providers – including CAMHS.
	f. Mental Health Clinical Leaders Group to be expanded for all ages to participate in a clinical leadership programme pilot during 2013	There has been participation in all-Wales events.
<u>In addition, the following actions will provide assurance that the aims of <i>Together for Mental Health</i> are being delivered</u>		
<p>19.1 To ensure that appropriate arrangements are in place to oversee the implementation of <i>Together for Mental Health</i> at national and local levels.</p> <p>NOTE: SEE ALSO ACTION 10.1 IN CHAPTER 2</p>	b. LHBs to put in place local multi-agency partnership arrangements on LHB footprint by January 2013 .	<p>The partnership was established by January 2013.</p> <p>Work is needed in 2013/14 to identify the support structure needed to support the Powys Mental Health Planning and Delivery Partnership. No additional funds were provided to support the development of the partnership.</p>
<p>19.2 To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of</p>	c. Local partnership boards to routinely consider unmet need in the planning and delivery of services. Ongoing from 2015.	<p>The partnership was established in January 2013. Unmet need was considered as part of the development of the strategy based upon strategic needs assessment. Work is</p>

<u>Action</u>	<u>Sub Action</u>	
<i>Together for Mental Health</i>		underway to ensure information is aggregated so it can be used in an anonymised form to improve service planning and delivery.

Key Organisations

CYPP	Children and Young People's Partnership
DPP	Dyfed Powys Police
EHWBG	(Powys) Emotional Health and Wellbeing Group
LHBs	Local Health Boards
LSB	Local Service Board
MHPNB	Mental Health Promotion Network Board
MHSUDOs	Mental Health Service User Development Officers
MWWFS	Mid and West Wales Fire Service
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PDP	Personal Development Plan
PHW	Public Health Wales
PtHB	Powys teaching Health Board
SMAPB	Substance Misuse Area Planning Board

Annex 2

Joint Chairs	Lead Director for Mental Health and Children	Powys teaching Health Board (PtHB)
	Director of Social Services/People (Deputising Officer, Head of Adult Social Services)	Powys County Council (PCC)
Members*	Lead Director for Children and Chair Powys LSCB	PCC
	Chief Officer	Powys Association of Voluntary Organisations (PAVO)
	Director of Public Health (i)	PtHB/Public Health Wales (PHW)
	Director of Planning	PtHB
	Director covering Housing (ii)	PCC
	Director of Education or representative	PCC
	Strategic Director Place	PCC
	Director of HR	(PtHB or PCC)
	Inspector	Dyfed Powys Police (DPP)
	Fire Officer	Mid and West Wales Fire Service (MWWFS)
	Brecknock and Radnor CHC and Montgomeryshire CHC	Powys Community Health Councils (PCHCs)
	Clinical Director CAMHS	PtHB
	Adult consultant representative	To be agreed
	Mental Health Service User Development Officer	PAVO
	Independent advocacy for children	Tros Gynnal
Officers in attendance	Head of Mental Health Planning and Performance (A)	PtHB
	Shire Manager Montgomeryshire/ Mental Health Lead (A)	PCC
	General Manager, Mental Health (A)	Aneurin Bevan Health Board
	Associate Chief of Staff, Mental Health and Learning Disability (A)	Betsi Cadwaladr University Health Board
	General Manager, Mental Health (A)	Abertawe Bro Morgannwg University Health Board
	Principal Health Promotion Specialist	PHW Powys Public Health Team
	Head of Clinical Strategy (C)	PtHB

	CAMHS Manager (C)	PtHB
	Children's Services, Leaving Care/16+ Team (C)	PCC
	Partnership Support Manager or CYPP Emotional Health and Wellbeing Project Manager (C)	Powys Local Service Board

A= adult and/or older people services C = children and young people services

- i) will lead on interface with substance misuse services
- ii) Director of Social Services/People will cover this function

The Welsh Ambulance Service Trust and the Probation Service will be invited to receive papers.

There will also be direct representation on the Board of people using services, parents, carers. The arrangements for this are set out below.

The [Stronger in Partnership 2](#) (SIP) guidance (2008), recommended by Welsh Government, aims to help build the framework and mechanisms that ensure individuals who have had contact with mental health services and those close to them are involved in the design, planning, delivery and evaluation of mental health services. In addition specific measures and guidance provide the framework for participation for children and young people.

Since 2009 to date, the Powys Stronger in Partnership Participation Network continues to be guided by the why, the how, the principles and the charter, laid out in Stronger in Partnership 2 to develop the participation activities and opportunities, that strive toward this aim.

Powys Association for Voluntary Organisations (PAVO), facilitates the Powys Stronger in Partnership Participation Network, and were asked to develop recommendations/priorities regarding participation mechanisms linking individuals to the Powys Mental Health Planning and Development Partnership (PMHPDP).

The arrangements for those over the age of 18 should cover a range of interests; young people under 25; those using services; families; carers; and different geographical areas. Appropriate links will be made with the partnerships driving forward work with older people, carers and children and young people. Three representatives are being selected.

The Powys Mental Health Planning and Delivery Partnership will ensure robust links with the Powys Youth Forum, which includes young people from a wide range of organisations and groups including School Councils; Coleg Powys; Young Carers; and the Junior Local Safeguarding Children Board. It is recognised that in turn Powys Youth Forum in turn links with the Youth Assembly.