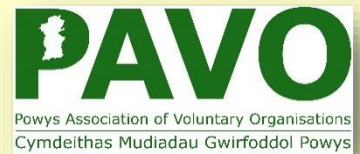
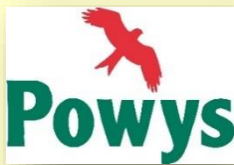


# Powys Mental Health Planning & Development Partnership



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

**Annual Report 2014/15**

## Foreword

On behalf of the Powys Mental Health Planning and Development Partnership Board, I am pleased to be able present our annual report for 2014-2015 which provides an update of our progress to implement the *Powys Hearts and Minds: Together for Mental Health in Powys 2012-2017 strategic plan*.

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



*Carol Shillabeer,  
Chair of the Mental Health Planning &  
Development Partnership and Chief  
Executive of PTHB.*

The Powys Mental Health Planning and Development Partnership brings together key stakeholders including Powys County Council, Dyfed-Powys Police, Powys Teaching Health Board, Powys Community Health Councils, Powys Association of Voluntary Organisations, and representatives of people using services and those close to them. I would like to extend my personal thanks to all partners who commit their time, efforts and resources to this work- an endeavour that is very much a shared one. I would also like to take this public opportunity to thank representatives of people using services and those close to them for their tremendous input into the partnership – the contribution really does make such a positive difference to what can be achieved.

During 2014/15, we have continued to take great care to try to involve people who use services, parents and carers in the ongoing planning and in the delivery of the Hearts and Minds Strategy. Once again, the report has been produced by bringing together the views of people of all ages using services and the agencies working to improve people’s emotional and mental health in Powys; and the Partnership in Powys has taken an approach of drawing from broad routes of participation embedded in our work through the year. The report includes poetry written by children aged 11 years and under throughout Powys, collated into a book called ‘Don’t ask a Lion, They will lie’ by Tros Gynnal Plant through the Sparks Participation Project. It also includes mental health priorities from the Powys ‘Eat Carrots Be Safe from Elephants’ Youth Forum and the views of adults using services and those close to them facilitated by Individual Representatives appointed to the Partnership.

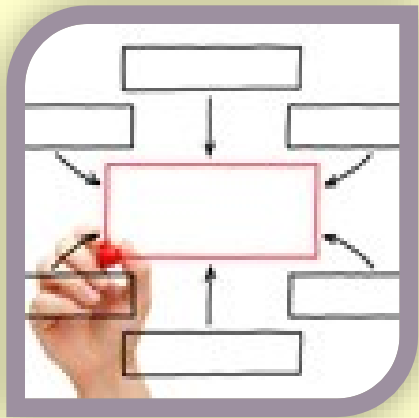
It has been another strong year of working together to deliver on priorities for Powys. As a Partnership we are immensely grateful for the significant efforts that have been made during the last financial year.

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## Annual Report Working Party

A sub group of the Mental Health Planning and Development Partnership was formed to assist in the production of this Annual Report. The sub group was representative of the Partnership consisting of members from Powys teaching Health Board, Powys County Council, Dyfed-Powys Police, Welsh Ambulance Service NHS Trust, Mid & West Wales Fire and Rescue Service, Powys Public Health Team, mental health providers, CAMHS, Powys Association of Voluntary Organisations and the Children & Young People's Partnership (CYPP) as well as individual representatives of people using services and those close to them.



The group agreed to follow the same format as the 2013/14 Annual Report. This includes mapping work undertaken using a life course approach from 'cradle to grave' thereby indicating where much of the work has focused to ensure that a balance, based on need, is maintained.

It also includes pages produced by members of the Partnership highlighting key pieces of work their agencies have been involved in and what has been achieved as a result.

There are specific participation arrangements in place for the Partnership and the working party were keen to ensure all messages gathered through various events, Sparks Project outcomes, youth forum activity and various meetings, events, recovery stories and other feedback from adults of all ages using mental health services are again captured by the Annual Report.

The group also wanted to identify good practice, marked by stars throughout the document and to identify what areas of the Hearts and Minds Delivery Plan should continue to receive energy and focus, and what else is important to target next including:

Further planned work on Section 136

Care and Treatment Planning

CAMHS investment and Community Intensive Treatment Team implementation

Roll out of new Better Books Scheme

Armed and Ex-forces Forum activity

Dementia Friendly communities

Beating the Blues – Online Cognitive Behaviour Therapy Programme

Co-occurring Mental Health and Substance Misuse

Engage to Change

At the end of the report are glossary and references sections which can be referred to for more information about projects and for definitions of any specialist terminology.

## Together for Children and Young People

### Participation

Tros Gynnal Plant has worked with children in Powys for over 10 years. During this time, younger children they have worked with felt that their voices were not being heard and wanted a greater chance to have their say.

And so Tros Gynnal Plant set up the Sparks Participation Project, working to give younger children a voice. Sparks worked in collaboration with poet Emma Beynon to carry out creative writing workshops which supported and inspired children to write about the things which were important to them, what they feel about their lives and how they might like things to be changed.

As a result, a book of poetry called 'Don't Ask a Lion, They Will Lie' was created. This book is a collection of poems and drawings created by children under 11 in primary schools in Powys. A link to the full document is included in this report under section the references section of this report. Many of the stories are imaginary and funny but there are also some very strong opinions expressed on a variety of issues to do with emotional health and well being such as bullying and children feeling they are not listened to.

Excerpts from 'Don't Ask a Lion, They Will Lie' - Poems and thoughts from the children of Powys:

#### Listen to me....

Listen to me  
When I am in pain  
and I say to you help me  
When I am sad  
and I say to you how I feel

Listen to me  
When I am being bullied  
and I say can you stop  
When I am a black belt 6  
and I say to you I won't get  
bullied.

Listen to me  
When I am in a play  
And I say my lines with joy  
When I am a tree, it is  
embarrassing  
And I say to you don't  
laugh!!!!!!!!!!!!!!

Listen to me  
When I'm in the Millennium  
Stadium  
Shouting for Wales  
and I say to you  
come on WALES.

Listen to me  
When I am being bullied  
and I say can you stop  
When I am a black belt 6  
and I say to you I won't get  
bullied.





## What to do when bullied



Tell mum  
Tell dad  
Tell the teacher  
Tell everyone  
Walk away  
Don't listen  
Get some friends to help  
Tell them what happened  
We can tell the teacher

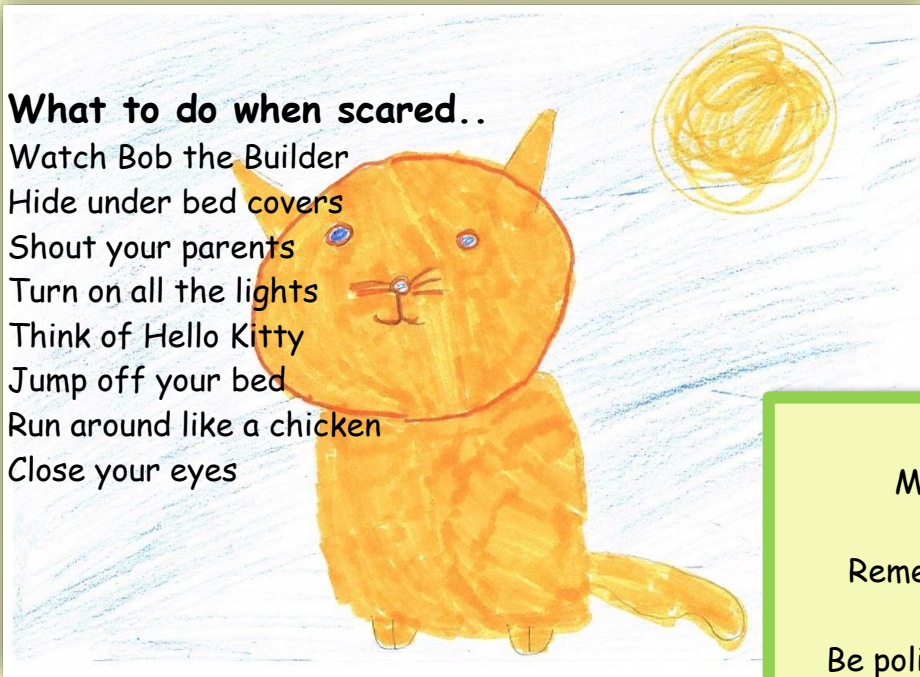
### In a perfect Powys

My perfect Powys would have  
A game hut  
A jet pack club  
Policemen wearing strawberries  
Teleporters to different places or game modes  
A swimming ocean and a beach with beach huts  
Me being Spiderman



### What to do when scared..

Watch Bob the Builder  
Hide under bed covers  
Shout your parents  
Turn on all the lights  
Think of Hello Kitty  
Jump off your bed  
Run around like a chicken  
Close your eyes



**DO**  
Make our minds work  
Make us learn art  
Remember to feed our fish  
Be kind to others  
Be polite to pupils and visitors  
**DON'T**  
Rain and make us stay in  
Storm in angry  
Become sad

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

There is no single risk factor to explain ADHD. Recent research suggests both inherited and non-inherited factors are implicated. Children struggle to develop control of attention, movement (hyperactivity) and impulses.

Rates of ADHD in childhood (age 10 years) range between 3 to 6%. Around two thirds of children continue to show symptoms in their teens, meaning around 2 to 4% of teenagers are affected by ADHD in the UK. ADHD has been recognized more fully in the last fifteen years. With the publication of the National Institute for Health and Care Excellence (NICE) guidelines there has been an increased focus on ADHD.

During the summer of 2013, the Child and Adolescent Mental Health Service (CAMHS) identified an opportunity to improve and develop care pathways for ADHD, ensuring that the patients themselves should be central to any redesign. Information sheets about the process were shared and consent forms given to the young people who were willing to take part. Patient stories were gathered from young people.

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



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

### Moving Forward

As a result of this work, an ADHD shared care protocol was developed during 2014/15 with Adult Mental Health Services in Powys to clarify issues around transition.

In order to raise awareness with schools, primary care and all those who can refer to the ADHD service letters to advise on ADHD services have been distributed.

## CAMHS – Community Intensive Treatment Team

In 2014/15, £222,000 was secured for a new Community Intensive Treatment Team (CITT) as part of CAMHS services. It will provide flexibility in provision of services to meet the day to day requirements of the young people. Recruitment to this team took place in April 2015 with children and young people very firmly part of the process.

Instead of the standard interviewing format of shortlisted candidates sitting in front of a panel of interviewers, a whole day of interaction was planned between the candidates, young people from the Powys Youth Forum, and specialist staff from CAMHS.

The day began with an introduction from the CAMHS staff interviewers followed by discussions on topics such as the challenges of delivering CITT services in a County like Powys. Candidates then met with the young people and took part in 'icebreakers', a session of games designed to be both introductory and also to draw information from the interviewees. This was followed by group discussions to consider the questions such as 'What approaches would you use to engage with young people, in particular with those who did not wish to engage?' and 'How might the young people's voice shape the service and how would you ensure that this took place wherever possible?'. The shared outcomes of these group discussions have been captured for future use by the CAMHS service.

'How can young people's voices shape the service?'

Evaluation forms - different medias

Link in with different services  
- GPs surgeries, discussion box

Encourage whole family feedback

The lunch break provided an opportunity for all involved to socialise and interact informally. The afternoon then involved mini interviews for each candidate individually from a panel of young people who asked a range of serious as well as fun questions enabling them to gain a real sense of the personality of the candidates. The CAMHS staff interviewers then gathered the views of the young people on the candidates resulting in the appointment of a number of support workers. The young people involved even contacted the successful candidates to inform them of their success.

Feedback from young people on the process was hugely positive. One of the candidates who went through the process said that it was 'one of the best interviews I've ever had'. He explained that he was in 'interview mode' at the beginning of the day but that the young people used their skills to make the process more relaxed therefore getting the best out of him.

**At the time of writing this report the CITT has only been operational for a short time but it aims to:**

1. Prevention of some hospital admissions which are always geographically displaced from Powys
2. Reduced in-patient stay for those who do require an admission
3. Reduction in length of Patient experience due to more intensive input at the onset of treatment
4. Ability to nurse the sickest young people in their homes/community
5. Reduced journey times for families who may otherwise have to travel to Tier 4 inpatient services
6. Management of Family anxiety by a local team
7. Reduction in the amount of professionals involved in a young person's episode of care



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

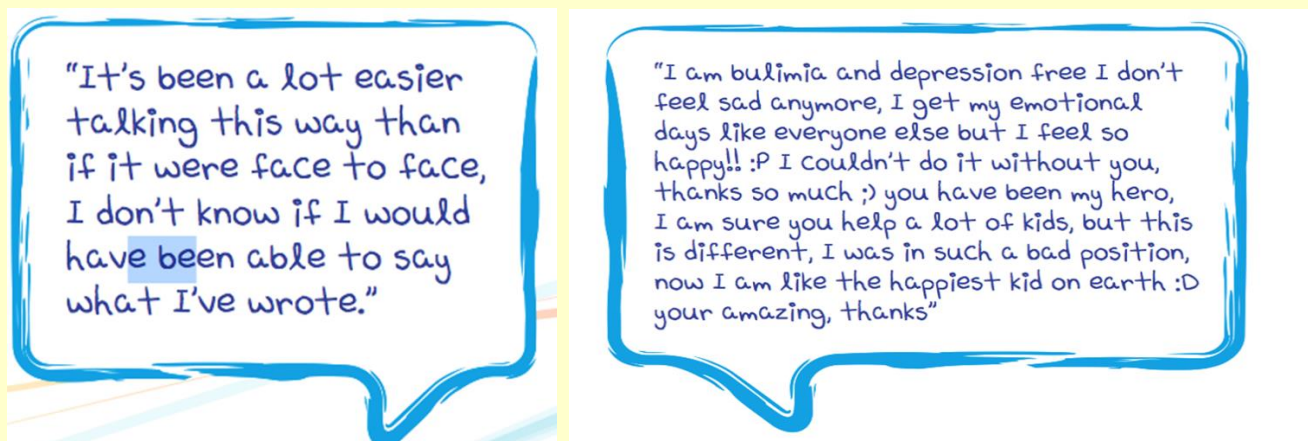
The Integrated Emotional Health & Wellbeing multi agency thematic group is a sub group of the Powys Children and Young People's Partnership. It commissions a range of services to support children and young people and their families to develop psychologically, socially, intellectually, spiritually and to build emotional resilience. Key elements of this service include a range of activities which enable Powys County Council and Powys Teaching Health Board to discharge their statutory and regulatory duties to promote the mental health and emotional well being of children and young people aged 0-25 years in Powys. These contributions include:

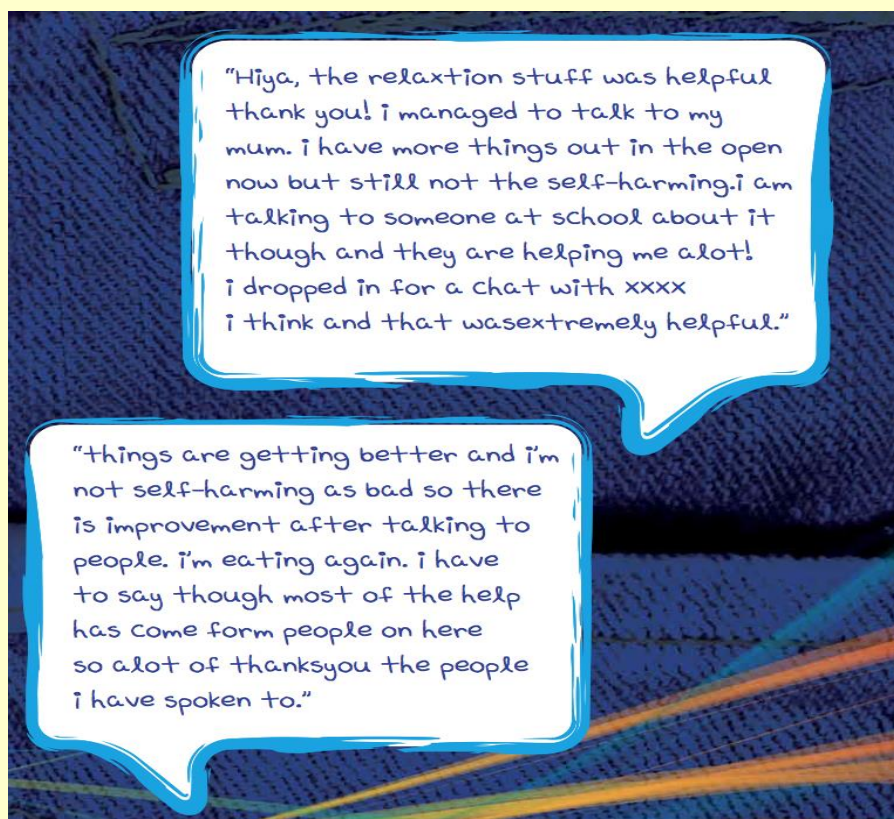
- Support to discharge Part 1 and Part 2 of the Mental Health Measure (Wales) in relation to children and young people
- School Based Counselling
- Online Counselling
- Young Carers
- Youth Mental Health First Aid
- Sexual Health (APAUSE)
- Independent Domestic Violence Adviser
- Play Therapy
- Mind, Exercise, Nutrition, Do It!

Highlighted below is some of the 2014/15 performance information associated with two of the aforementioned commissioned services:

**Mind, Exercise, Nutrition, Do It! (MEND)** helps overweight children aged 7 – 13 learn how to stay trim and healthy the natural way. A ten-week after-school programme supports and educates children and their parents/carers to overcome their obesity and other associated physical and psychological problems via healthy eating and how to enjoy physical activity. MEND in Powys has worked with 53 families and 98.3% of participants completed the full MEND course and 92% reported that MEND was a positive experience. Changes in Powys' MEND participants' BMI, waist measurements, and recovery heart rate are better than the national average for MEND participants.

**Blended counselling services** for young people in Powys includes the online therapy service KOOTH.com complimented by face to face school based counselling, both services provided by Xenzone. Performance is measure in a number of ways including feedback from young people accessing the service.





<b><u>Blended Counselling – School based and online counselling</u></b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number of young people attending a counselling session in the quarter	112	83	114	159
Total number of counselling sessions offered in the quarter	660	573	686	801
Total number of counselling sessions attended in the quarter	578	494	627	719
Number of complaints received during the quarter	0	0	0	0
Number of compliments received during the quarter	11	12	11	8
Number of young people using Kooth during the quarter	130	135	200	200
Total number of counselling hours during the quarter	315	304	325	342
Number of complaints received during the quarter	0	0	0	0
Number of compliments received during the quarter	1	2	5	6

## The Life Course

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

#### Where have we got to?

Midwifery guidance and pathways are being revised

Local Healthy School Coordinators are in place in Powys (see page 24)

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

Blended counselling services in place and developing.

Perinatal Mental Health Survey undertaken in Powys (Nov 2014) – outcomes feeding into service delivery

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

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

Youth Mental Health First Aid continues to be delivered in an accessible way

Powys Youth Forum retained mental health as a priority

★ Community Intensive Treatment Team in place (CITT) – young people involved in interviews

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

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

#### What are we trying to change?

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

Reduce levels of suicide and self-harm

Extend access to face to face and internet based counselling services



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

Resilience mapping work undertaken – to be considered by local Partnerships

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

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

Ongoing development of the CITT team

Tackle bullying which can lead to attempted suicide and self harm – particularly for children and young people with protected characteristics under the Equality Act 2010

KiVa anti-bullying programme – 40 schools to be trained by March 2016 (31 trained to date)

## Adults of All Ages

### Where have we got to?

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

Work of Powys Together for Mental Health Participation and Information team

Crisis Resolution Home Treatment Services for adults are equally accessible across Powys with positive feedback from people using the service

Change in NHS management arrangements for Adult Mental Health Services agreed by PtHB

PAVO to develop local mental health participation networks as a result of successful Comic Relief bid

Armed and Ex Forces (Health) Forum in place

Improvements made to Older people's mental health ward facilities in Powys

Mental Health First Aid - 76 attendees in 2014/15, 95% stated that the training met their expectations

### What are we trying to change?

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

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

Improve the quality of life for person/family/carers

Staff trained in recovery and outcome focused care planning

Addressing Welsh language needs

Integrated Service provision

Improved in-patient facilities

Improve feedback and network processes



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

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

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

Improve Welsh language services

More work to address mental health needs in respect of housing

Ongoing work of the Patients Council – ensure participation and equity

Extend access to psychological therapies including Cognitive Behaviour Therapy

Continue to implement and communicate the new Adult Services Model

Continue to develop Online Cognitive Behaviour Therapy – Mastermind project

Develop participation network across County

## Adults of All Ages continued

### Where have we got to?

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

Joint Dementia Action Plan in place

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

Psychological Therapies Committee established

★ More dementia friendly communities being developed across Powys

Involvement of people using services in interview processes

★ 'At Ease' Veterans' garden developed at Bronllys Hospital site (outdoor therapy space)

Local mental health resource centres expanding their work with people with dementia including hosting memory clinics, singing for life and memory cafés.

### What are we trying to change?

Improved awareness and understanding in the community of dementia

Improving training for carers and people with dementia

Dementia friendly communities across Powys

Occupational Health Mindfulness Project



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

Continue to implement The Butterfly Scheme

Identify opportunities to work more collegiately with the Fire Service

Continue to deliver the Joint Dementia Action Plan for Powys

Increase participation work with older people

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

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

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

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



## Universal Services

### Where have we got to?

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

★ Launch of new Book Prescription Scheme 'Better Books' – online library facility now in place

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

Smoking cessation services promoted to people using mental health services

★ Suicide and Self Harm Awareness raising event held by the Dyfed-Powys police and the Confidence & Equality Group

Mental Health Planning & Development Partnership continues to develop and has produced a code of conduct, business cycle and enhanced delivery plan.

★ Every child and young person using the internet counselling service can leave feedback. Website developed to include online games and a newsletter

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

ASIST training delivered to a further 34 people in 2014/15

PtHB and PAVO signed up to being Mindful employers

PCC Platinum Corporate Health Standard, PtHB Gold

Mental Health information developed on PtHB website



★ Section 136 pilot - reduced inappropriate use, reviewed at end of 2014/15 and now become embedded in multi agency practice. Full and independent evaluation to be carried out 2015/16.

### What are we trying to change?

More Mental Health Partnership agencies signed up to Time to Change

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

Determine Programme for Time to Change Champions to tackle mental health discrimination/stigma

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

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

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

Improve the physical health of people with mental health conditions

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

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

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

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

Improve knowledge of the 1000 lives programme

Launch Talk to Me 2 at a local level and develop action plan (National Strategy to prevent suicide and self harm)

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

Roll out Better Books Scheme across Powys

Continue to roll out 5 ways to Wellbeing

Prepare for implementation of the All Wales Mental Health Core Data Set

Stonewall Education Champions programme in Powys includes: PCC Cllrs trained by 'Show Racism the Red Card' in May 2015, Train the trainer course 10 school teachers involved Stonewall to prevent bullying of people with protected characteristics

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

Improve joint working between substance misuse and mental health teams – joint protocols already agreed further work planned on co-morbid substance misuse

Continue to develop information about services including Third Sector

Raise the profile of the NERS scheme

Improved communication of activity at all levels

Continue to raise awareness of the All Wales Veterans Service



## Joint Working Arrangements

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

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

Together for Mental Health aims to:

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

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

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

The intended effect of the Mental Health Measure is to:

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

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

## People Using Services and Those Close to Them

Individual representatives of people using services and those close to them are appointed to the Powys Mental Health Planning and Development Partnership. They provide the Partnership with feedback from local networks (formal and informal) and from the national forum and national partnership boards and ensure that key priorities of the Hearts and Minds delivery plan stay at the forefront of Partnership business.

Discussions initiated by adult individual representative members of the Mental Health Planning and Development Partnership and any relevant actions are captured in the table below:

Feedback;	Discussions/Action;
Increased participation at ground roots level to enable wider networking	Partnership initiated an 'engage to change' work stream. PAVO won comic Relief funding to establish regular fora across Powys for individuals to meet with each other and with service providers – this should widen and strengthen networks for a better flow of information
Care and Treatment Plans (CTPs) - Involvement of service users and carers in the auditing of CTPs to ensure their quality.	Piloting All Wales Mental Health Core Data Set. Outcomes from a service user lens – new review forms to be implemented across Wales
Gaps which open up when professional support is reduced and withdrawn after intensive care, e.g. after CRHTT input, after discharge from secondary care, after inpatient care and between MH services and other care providers	Strengthen unmet needs reports from CTP process.  CRHTTs have reported at the local Partnership Board and include feedback questionnaires  In collaboration with the Area Planning Board, joint protocols are in place between mental health and substance misuse services which is a key local action of the delivery plan. Further work is planned on co-morbid substance misuse  Online counselling (MasterMind and KOOTH) will/do provide follow-up questionnaires
Involvement of representatives of/people using services and those close to them in appointment processes for mental health staff	An important operational issue for all agencies in the Partnership – being addressed so far in 2015/16 by health board, PAVO and CITT team
Psychological Therapies	During the summer (2014) a complete demand and capacity review was undertaken for psychological therapies. Future training funding secured and implementation underway  Psychological Therapies Committee established  Beating the Blues – online CBT developed 14/15. Launched beginning of 15/16
Medication/De-medicalisation	Topic for a future Partnership development session
Advocacy	IMHA service in place, a statutory requirement to be re-commissioned on an all wales basis 15/16

Ward facilities and activities ('Meaningful Day')	Issues now reported to facilities management meetings  Patients' Council run by individuals, supported by PAVO
Crisis and Out of Hours response	Section 136 Inspector's authority pilot update provided. To become part of Section 136 subgroup regular reporting to Partnership. Individual representative part of sub group  Questionnaires now part of practice of Powys wide CRHTTs
Training package for GPs and surgery staff – good practice picked up at National Forum	Fed into multi agency training sub group of the Partnership
Services for Children and Young People	Concerns hopefully addressed by extra funding by Welsh Government and new Powys CITT team
Membership of the Partnership – who is and isn't included, who attends	Review to be undertaken December 2015 as part of a Partnership development session that will seek to prepare the Partnership for potential new work stream; Together for Children and Young People
Ring-fenced funding for Mental Health Services	Reported in Annual report. Need to ensure this includes a multi-agency perspective.
Validity of statistics	Individual representative now part of Performance sub group of the Partnership.
<b>Priorities retained for ongoing focus</b>	
Ensure 'real stories' behind statistics are captured as well as raw data, to give qualitative analysis of outcomes	
Continue to tackle waiting times , especially for Psychological Therapies for those with severe and enduring mental distress	
Improve involvement of individuals to ensure representation and continuity. Networks need to engage through methods other than meetings, e.g., by social media, email, encouraging feedback in GP surgeries, posters in schools and must allow information to flow in both directions – in to the service providers and out again to those they serve	
Work together to address current gaps by ensuring the voices of older adults are a consistently heard as part of the Partnership's participation arrangements	
Provision of early intervention, family based services and strengthen schools' involvement in the mental health agenda	





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

Mid and West Wales Fire and Rescue Service run a Prevention Home Fire Safety Check Programme where we work with carers and people living with mental health issues to make those people safer from fire, providing advice about control measures that will ensure that the level of risk in any home is reduced to the absolute minimum.



Funding for the equipment issued, such as smoke alarms, is provided by Welsh Government. Our priorities are vulnerable members of the community. These may be people who are vulnerable because of physical or mental health issues and/or they may be vulnerable because of a dependence on alcohol or drugs.

To engage with these members of the community the Fire Service is keen to create new and build on existing partnerships. For example, the Fire Service receive referrals from Kaleidoscope who provide substance misuse services. Some of our current partners have been signed up to carry out the work on behalf of the Fire Service while visiting these people in their homes. In return the Fire Service will pay these organisations a nominal fee.

Given that the Fire Service is targeting people who are vulnerable it stands to reason that we will come across people with mental health issues. Our staff are trained to recognise the signs of mental health and other issues and regularly identify and refer people not already known to services for support. Our staff have received mental health awareness training from 'Mind', Vulnerable Adult/Child Protection Training, Hoarding Awareness training and we have created a hoarding risk assessment chart, to identify the levels of hoarding on an objective basis as opposed to a subjective one.



The Fire Service has embarked upon becoming a Dementia friendly organisation and staff in 9 out of the 18 fire stations in Powys are Dementia friends (100 members). The service is part of and supports the Brecon Dementia friendly community and is working with the Alzheimer's society to have all 1400 staff become dementia friends and create links with organisations in the community who work with people living with Dementia.

The Fire Service is in a position to work with organisations, people and communities who are engaging with people living with mental health. The service is committed to setting up robust, legal and safe information sharing practices, where organisations can share relevant personal information with us, so we can visit people and make them safer from fire. We hope to work ever more closely with mental health organisations in 2015/16 to build on and formalise mutual referral processes.

If the target of 3000 properties is achieved this year, then up to approximately 4,500 members of the public will be interacted with. Mental Health Awareness, Vulnerable Adult/Child Protection Training continues, however, Crews undertaking HFSC's in their own locality often know the people whose homes they have been invited into. We will continue to encourage them to report vulnerability concerns even though the individual may be known to them.

## Dyfed-Powys Police

The Police service is often the first point of contact for mental health related incidents. This is increasingly occurring, especially at times of crisis and being available 24/7 as an emergency response. This is placing an increased strain of police resources which is exacerbated as Powys is the largest County in Wales (2,000 square miles). Furthermore, it becomes questionable whether the police response meets the required needs of the patient seeking support, their families or carers.



The Police powers under the Mental Health Act (MHA) are limited. Section 136 of the Mental Health Act empowers a Constable who finds in a place, to which the public have access, a person who appears to be suffering from mental disorder and to be in immediate need of care or control. The Constable may, if he/she thinks it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a designated place of safety for a mental health assessment to be undertaken.

The inappropriate use of Sec 136 MHA Powers in public places is costly to all relevant agencies and is not in the best interests of the individual involved and their families.

In April 2014, following a review of the police service demand and response for those in crisis, a number of desired outcomes were identified:

- To provide an effective response meeting the needs of the individual.
- To develop greater Partnership working practises and the sharing of information.
- To protect vulnerable people.
- To prevent the inappropriate use of Sec 136 MHA powers.
- To prevent the inappropriate use of Police Cells.
- To provide a more cost efficient response to dealing with people in need (Spending wisely).

The first point of contact is critical in providing an effective police response and incidents are now dealt with by providing greater consideration to alternative options that may be more appropriate for an individual than being transported a considerable distance to a Hospital. The options are discussed with partner agencies at the time and with the sharing of relevant information to identify suitable solutions. Insp Brian Jones commented, *"Sometimes it's the small changes that can have the greatest impact. We have many procedures where an Inspector's authority is required and this is often to ensure that the police response is necessary, proportionate and legal. We have just introduced a procedure where upon identifying alternative solutions, the police Inspector's authority is required before the mental health powers are used. This is not to deter the use of police powers when appropriate"*.



This change in working practice has been an overwhelming success. During the 12 month period April 2014 – March 2015, there were only sixteen occasions where Section 136 mental health powers were utilised compared with twenty three the previous year. On eleven of these occasions, the person was admitted to Hospital (**68.8 per cent**). This is the highest admission rate for the last four years. This is clearly evidencing the correct decision is being made to utilise the mental health powers.

Four persons were detained in police custody under Section 136 Powers. Each of these cases involved aggressive behaviour and drunkenness and the use of Police Cells was appropriate in the circumstances for the safety of all concerned.

Chief Superintendent Kelly of Dyfed Powys Police has commented, *“At times when resources are stretched, it is more important than ever to work with our professional colleagues to provide an effective response meeting the needs of our communities. The greater partnership approach in addressing mental health demand is benefitting the organisation and those requiring the support of services. I fully appreciate that my officers need the training and awareness to respond to incidents effectively, but with respect and understanding of what patient, family, friends and carers are going through. It is for this reason that I have instigated multi-agency training which commences in 2015. I am committed to ensuring that we provide an appropriate and considered service”.*

In Powys, a multi-agency Section 136 sub group of the Mental Health Planning and Development Partnership meets on a quarterly basis. This is also a requirement of Welsh Government. The remit of the Powys Section 136 group is:

- To review, implement and update the local Section 136 Protocol with regard to the use of Section 135 and 136 of the Mental Health Act 1983 (as amended 2007).
- Ensure that Welsh Government requirements for the Section 136 agenda are adhered to at a local level.
- Encourage and co-ordinate effective partnership working including sharing of data and other resources as and when appropriate, and considering any issues relating to the appropriate usage of places of safety including Custody Suites when necessary.
- Produce and keep up to date a local action plan of improvement activity required to assist in achieving the aims stated above.
- Ensure that the voice of people using services and those close to them are part of Section 136 Group action planning and delivery where appropriate i.e. training.
- Be responsible for the performance monitoring of S136 activity.
- Undertake a full audit of Section 136 activity on an annual basis.
- Ensure agencies have well informed staff, competent for section 136 delivery.
- Promote the work of the group and raise public awareness of achievements.
- Provide reports to the Powys Mental Health Planning and Development Partnership on a quarterly basis.

The group works hard to deliver an up to date local action plan to assist in the development of services and care pathways, with both a regional and national focus, utilising its multi-agency membership.

## The Third Sector – Supporting Mental Health

The Third Sector in Powys is an essential partner in the delivery of local, grass-roots services and support that promotes good emotional health and well-being for all. Organisations such as Mind, Ponthafren, Cruse Bereavement, Montgomeryshire Crossroads, Relate Cymru, Community Health Council Advocacy and Advocacy Support Cymru services, amongst others, who all help to meet the following three key deliverables of the Powys Hearts and Minds Strategy:

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

Together as a sector we are committed, and funded, to delivering services that not only contribute to fulfilling some key outcomes of the Hearts and Minds delivery plan, but do so in a way that exemplifies some essential aspects of a recovery and person centered approach, such as hope and aspiration.

What that means in practice: PAVO (Powys Association of Voluntary Organisations) works to support and represent the third sector in a range of ways. The Mental Health Team works directly with people who use/have used services and those close to them. In 2014/5 we worked hard to fulfil our Participation and Information

roles. We continued to support monthly Patients Council meetings at Felindre ward Bronllys, taking forward issues raised by patients such as the need for physical activities on the ward; we supported, through our expenses budget, meetings and brokering other opportunities, the individuals who represent the views, priorities and issues of people who use services and those close to them. This is a challenging role, not least because of the size of Powys. Early in 2015 we were successful in obtaining three year funding from Comic Relief to set up local groups to enable greater grass-roots participation – a process that has been welcomed by the Partnership and which will strengthen the role of the individual representatives for 2015/16.



In addition to this direct work we support other Third Sector organisations who deliver mental health services and represent the Sector at Partnership Board meetings and other strategic meetings and events.

Our Information service continues to offer information through the web-site, blogs and a dedicated phone service. This year (2014/15) people browsing [www.powysmentalhealth.org.uk](http://www.powysmentalhealth.org.uk) made over 40,000 page views between them. The most popular pages visited were our events page, our service directory page and our local links page. 39 blogs were posted and we had over 32,000 visits to the blog at [powysmentalhealth.blogspot.co.uk](http://powysmentalhealth.blogspot.co.uk).



In November 2014 we featured a blog post by a guest author from South Powys. The author writes about the impact of creating art on recovery from heroin addiction, and the invaluable support provided by a number of organisations, including Brecon & District Mind, Kaleidoscope and Gwalia Housing. The following excerpts from this inspirational recovery story highlight the importance of sharing experiences through the blog:

'I am 49 years young and about 3 - 4 years ago I tried heroin. I had never done any kind of drugs until then and because of the circumstances and one thing and another I got hooked on heroin. It is all true what they say about it, it's so addictive you would not believe. I would not want my worst enemy to try it.

It all started about a year ago. I was told by a friend to "go to Kaleidoscope, they can help you", so I did. When opening the door of Kaleido I did not know what to expect. I was shocked, it was friendly and had a good feel about the place, not what I thought it would be like. Anyway, I made an appointment. The first meeting you have is to discuss your addiction and how best to deal with it. After that you have an appointment to see a doctor. Then you have a chat and they will tell you how much methadone to put you on.

Then it's back to Kaleidoscope to arrange courses and other things you may be interested in. At the first meeting there were about nine people all with different addictions. A few people I knew, which was good. Did not make me feel as nervous as I may have been. The course was a varied amount of topics. By the end of the course I felt good and more to the point looked good (LOL). And life was starting to look good too.

While on this journey of mine, I was living in sheltered accommodation through Gwalia. They have helped me with items for the flat, trips away for the day and just a chat. I was told about a place in town that would be good for me. So I went, it is called MIND, and that is where I met two painting artists. They got me painting and now I have won competitions and other things with my art work. I do watercolours mainly, I like working with this medium.

So it was thanks to everyone from Gwalia and Kaleidoscope for getting me involved with these activities. Otherwise I would never have known that I had a raw talent for painting, which was a shock to me because I could not even draw before let alone paint. So, just proves that it is worth going to activities and things with Kaleidoscope, Gwalia and Mind.

Sobriety can seem like an impossible goal. But with the treatment and support that Kaleidoscope gave me, by addressing the root cause of my addiction - the road to recovery often involves bumps, set backs - but by examining the problem and thinking about change I was already on my way. Addiction affects your whole life, relationships, health, work and psychological well being. And the ways to handle stressful situations.

Back to my recovery. Like I said before, I was with Gwalia who helped me get off the streets. You would not believe the help and commitment these people have doing their job. They helped me no end. That is why I have got where I am today. Because of the staff there and other bodies that have helped me.

Without Mind and the staff there, I would never have been able to get where I am today. The staff at Ty Croeso (Brecon & District Mind) are brilliant and friendly. You just feel welcome, safe and at home there. Everybody is brilliant. So thanks to the staff at Mind.

So my recovery journey to now, you would not believe. The transformation from me being a smack head to now an Artist. I owe a lot of it to Kaleidoscope for getting me where I am today with the art and recovery. And the staff of Gwalia and Mind.



So a big thank you to everybody. I hope your recovery journey is as eventful as mine. Once again. Thank you all for helping me, on my recovery journey. You will never know how much you have done for me.'

Below is an additional small snap-shot of the sector's experience of delivering their share of the Hearts and Minds – Together for Mental Health in Powys.

### **Mid Powys Mind – Moving forward, listening and responding to our members**

At the end of the 2014/15 financial year Mid Powys Mind sadly saw the closure of its Art Café project. This closure did create the exciting opportunity to enable us to move our main 'drop-in' service from the basement of this building and re-launch it as our 'Wellbeing Centre' on the ground floor. As well as the physical surroundings being of a much higher standard, this opportunity also enabled us to follow our members and funders wishes to move forward on our organisations recovery pathway and make some big changes to the structure of the service; less food, more activities, more groups (music, craft, wellbeing), more surgeries from other organisations (Supporting people, Great Oak Time Bank, CAB, basic legal advice) and talks (CAB, Wildlife Trust, Smoking cessation and Fire Service) as well as completely overhauling our monitoring and evaluation systems and the way in which we receive and act up on feedback from our members. Providing less food has freed up staff and volunteer time to enable us to spend more of it with our members and listen. We have had great feedback from our members about how they value these changes in service provision and look forward to the exciting future opportunities it has created.

**Ponthafren – One person's story to illustrate the power of the Recovery approach – offering hope, building on skills.**



"When I first attended Ponthafren I was in a very bad place in my head, I couldn't see the point in anything. For a long time I was very shy, I just hid behind the laptop.

Slowly over time I joined in some art and craft classes. The courses eventually became accredited and I now have mounted up thirty four certificates so far.

Because of changes going on at Welshpool Ponthafren classes stopped for a while and I found things very hard to cope with and I was having a bad time when someone from Newtown Ponthafren called me and asked would I like to join a class they had going in Newtown. I agreed to join mainly to help get the numbers up – it was a very big shock when I realised I had signed up to a level two Btec in Art and Design. It was a challenge but one I am pleased I met.

At the same time as my Btec I also attended computer classes to refresh my skill and learn new skills on the computer like digital photography and playing with my pictures on the computer.

A couple of years ago I also started my own class where I teach others arts and crafts in Welshpool Ponthafren, putting to good use what I have learnt.

I have also had the pleasure of working with an artist painting a mural celebrating sixty years since the last commercial steam train went through Welshpool and I now have the confidence to point it out to people that if they look at the side of Welshpool Library they will see it.

All I know is five years ago I wouldn't have dreamt of being able to write what I have written never mind see myself doing what I have done for I saw no future for myself.

So I would like to say a big thanks to Ponthafren for all the help they have given me over the years and a big thanks for not seeing my visual and physical disability as a problem to becoming a volunteer."

## Public Health Wales

The mental health and emotional wellbeing of children, young people and adults cuts across a number of organisations and services within Powys.



Public Health are working with, and supporting, partners on a range of activities to support children, young people, and adults' emotional wellbeing and mental health. In addition, Public Health is promoting a whole-school approach to address children and young people's emotional wellbeing and mental health through the **Powys Healthy Schools and Pre-schools Schemes**. Mental, emotional health and well being is the theme that underpins the whole healthy schools scheme. All schools develop this aspect at some point in their journey along the Healthy Schools accreditation path, however it is pivotal in underpinning the National Quality Award and emotional wellbeing was one of the key themes focused on during 2013-14. In 2014 four schools gained this prestigious award and the ethos in the school can literally be 'felt' when visiting. Indeed, Llyr Thomas, now Deputy Head of Llanfyllin High School, told the Council Chamber, when awards were officially presented, that this was so important and the school felt that this was the key to best attendance rates, high exam results and best inclusions rates in the county.

The Powys Healthy Schools team believes it to be so important that the training budget for 15-16 has been spent exclusively on delivering Jenny Mosley training again in Powys. This comprised of two days, one being on re-energising circle time aimed at primary schools. 33% of Powys schools had at least one representative there and many went away with feedback of 'inspirational training,' 'best training ever' and 'ready to try so many new ideas. The second day was aimed at heads and mid-day staff to make powerfully positive playtimes. Again 33% of schools attended and similar feedback was received. When staff have been energised and inspired then they are in a better position to inspire children.



Jenny Mosley  
delivering the Circle  
Time training

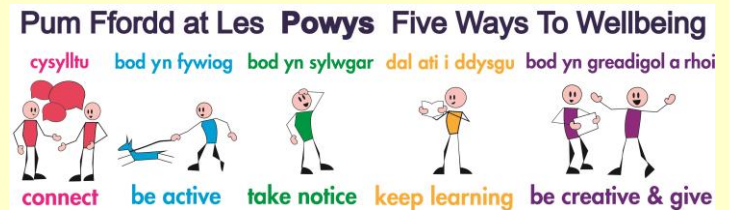
In Healthy and Sustainable preschools scheme the theme of mental health and well being has been achieved by 6 of 24 settings. It is fundamental to good practise with some settings attending the Jenny Mosley training.

**The Strengthening Families Programme** was piloted as a possible additional support for families and young people at risk of drug and alcohol issues, to be delivered alongside the Take 3 programme which is already a key service in Powys.

**Suicide and Self Harm** are recognised as being of concern in Powys across all ages so work centred on raising awareness and reduce the stigma associated with talking about mental health, as well as promoting positive mental health. 2014-15 saw a focus on shaping the Powys approach to the 5 Ways to Wellbeing, whilst at the same time endeavouring to embed the Powys Time to Change, Time to Talk Campaign. This summary will outline the background to the two key areas of work, mentioned above, as well as describe the context, incorporating some of the other developments that are ongoing.

## 5 Ways to Wellbeing

- Data and examples gathered of the 5 Ways to Wellbeing in action in other parts of the UK
- Applicability to children and young people explored
- Proposal for Powys developed and approved
- Plan of action developed to roll out the approach across Powys, targeting services that work with children and young people.
- Logo commissioned and approved
- Resources begun to be developed – post it notes printed
- Workshop and presentation designed and piloted
- Individual planner developed
- Article submitted for the summer edition of 'In Focus' and for the Powys Mental Health summer blog.



## Time to Change, Time to Talk,

The Powys Time to Change, Time to Talk campaign started in 2013 with the full support of the Powys Mental Health Planning and Delivery partnership. This support was echoed by the Vice Chair and the then Chief Executive of the Health Board which resulted in Powys Teaching Health Board hosting the first Organisational pledge event in October 2013 and being one of the first Health boards to sign the pledge. Since then, Powys Teaching Health board have joined with other organisations that have signed the pledge, to support and learn from each other through regular meetings around Wales. Working in partnership with Occupational Health and the Workforce team, Public Health have supported the development of an action plan to help embed the Time to Change approach and address stigma while raising awareness of mental health support in the area. This work is ongoing as it gets further embedded with other initiatives being taken forward across Powys.

## Childhood Resilience

- Background and rationale for this piece of work explored
- Proposal for Powys developed and approved
- Plan of action developed to roll out this work across Powys
- Questionnaire developed to gather information about the range and scope of services working to promote childhood resilience in Powys
- Workshop designed and delivered to the Emotional and MH Subgroup of the CYP, to gather information about the range of scope of services working to promote childhood resilience in Powys

## Powys County Council

In April 2014, the Council implemented a stand-alone Emergency Duty Team to jointly cover the Out of Hours Service for both Adult Social Care and Childrens Services. The team has the responsibility for delivering the statutory requirement of the Council to provide Approved Mental Health Professionals (AMHP) who undertake assessments outside office hours within the legislative requirements of the Mental Health Act 1983 (amended 2007). The team have established positive working relationships with those services which also support people outside office hours including the Home Treatment Teams and Dyfed Powys police. This has resulted in better outcomes for individuals experiencing significant mental health issues. In 2014/15 progress continued to be made regarding the consistent access to Section 12 doctors and the availability of appropriate in-patient beds with further work being undertaken by PTHB in 2015/16 to strengthen the Psychiatric out of hour arrangements across Powys.



In 2014 Adult Social Care fully implemented a new accreditation process for AMHPs to ensure ongoing safe and effective practice and all of the individuals who participated reached the required standard and continue to practice as part of the delivery of the Council's statutory duty. Further development is needed to increase the number of AMHPs across Powys and for opportunities to support individuals from other eligible professions to qualify and practice as AMHPs.

In 2014/15 Adult Social Care concluded a restructure which resulted in a move from locality based management to client/service focussed delivery with the view to developing a more consistent and equitable approach to services for people with mental health issues across Powys. As an outcome of the restructure and a reallocation of resources there has been an increase in the overall level of staffing across Powys including an increase in the number of support workers who are now available to work with people with mental health issues to achieve outcome focussed goals to support their recovery. The service has also jointly developed with Aneurin Bevan Health Board the first Integrated Team Leader post based in Brecon. The structure includes as part of the service development a Consultant Social Worker whose role covers both Disabilities and Mental Health Services and will provide expert practice support to the AMHPs as a lead officer.

Adult Social Care continue to review the effectiveness of the Joint Training Programme in meeting the needs of the services delivering support to people with mental health issues through statutory and Third Sector organisations, this work also links to the Multi-Agency Training Group which offers an oversight and direction to the more specific training needs of all relevant agencies. In addition AMHPs continue to participate in the ongoing professional development programme delivered through Chester University which offers varied opportunities to update knowledge and skills.

## Supporting People (Powys)

Supporting People provides housing related support to help vulnerable people to live as independently as possible in the community whether in their own homes or in hostels, sheltered housing or other specialised supported housing.



In 2014/15, the Supporting People outcomes returns to the Welsh Government showed 302 people with housing related support issues received housing related support. 84 of these people were assessed as having mental health problems as their lead need. The reports show that these people were supported to achieve progress in the areas of personal and community safety, independence and control, economic progress and financial control and health and well-being. The support tends to be longer than short term.

The objectives of the Supporting People Commissioning Plan for Powys are to make the most of whatever level of funding is available to improve the availability of support to people in all parts of the county and to improve its effectiveness in providing a system of prevention and early intervention. It is responding to the priority set by the Housing Minister for Supporting People to prevent homelessness. Given the current and planned reductions in the financing of public services, Supporting People are exploring different ways of working to make most use of the money available for it to invest and to increase the number of people who can access the right support at the right time.

The strategic objectives are to:

1. Improve the capability of the supported housing system to achieve the outcomes desired by the people it serves
2. Make supported housing accessible to all vulnerable people in Powys regardless of where they live
3. Help vulnerable people access and maintain good quality accommodation
4. Achieve the improvements within the reduced funding levels for supported housing allocated by the Welsh Government and Powys County Council over the next 3 years.

Consequently, both commissioners and providers of housing related support are moving to a locality based model where local teams with specialist knowledge are being developed to deliver support as and when people ask for it to help solve their problems.

Findings to date show success in achieving the strategic objectives. There are over 700 more people are registered with housing related support services than previously. The capacity of support teams has significantly increased, allowing them to work in 40% more localities than previously. Consideration is being made for locating support in the Machynlleth area, as has already been achieved in Builth. The process of change is considered to be still in its early stages as the change is gradually introduced through multi-agency collaboration.

For people with mental health issues, there is now no specialist support service in the County, although there remain 8 self-contained flats designated for rental by people with assessed mental health issues. It is now established that much housing related support is generic to all client groups. However, more work is being done to find which specialist services are needed to back up the locality provision to ensure an effective response. This includes work to find out the specialist housing related support needed to meet the demand from people with mental health issues. Evidence of the mix needed will be provided on a continuing basis to the Supporting People Management Board to inform its commissioning decisions.



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



In 2014/15 the work of Powys teaching Health Board has spanned eight main areas to improve the mental health of the people of Powys:

- Driving forward the multiagency strategy “Hearts and Minds: Together for Mental Health in Powys”
- Strengthening and reviewing mental health services commissioned by the NHS
- Taking forward the Project Board on the future of the NHS Management Arrangements for adult mental health services within the county
- Compliance with legal entitlements including the Mental Health (Wales) Measure 2010 and Deprivation of Liberty Safeguards
- Leading the implementation of the Dementia Plan
- Continuing healthcare for mental health patients
- and Child and Adolescent Mental Health Services

PTHB co-ordinates the multiagency Powys Mental Planning and Delivery Partnership - responsible for the "Hearts and Minds" strategy to improve the mental health of people of all ages in Powys. Age specific participation arrangements are in place. The representation of children and young people is routed through the statutory Powys Youth Forum and the Children and Young People's Partnership. Representatives of adults using services have been recruited to the Powys Mental Health Partnership and are actively engaged within the Partnership's structure.

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

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

In March 2015, 81.5% of the patients in the LPMHSS were assessed within 28 days (against a target of 80%). 82.6% of interventions undertaken were within 56 days (against a target of 90%) an improvement from the March 2013/14 figures but further work is being undertaken to build on this including the launch of ‘Beating the Blues’, an on-line Cognitive Behavioural Therapy (CBT) programme, for which PTHB has secured €500,000 over three years to implement (see below for more information). CBT teaches the individual how to recognise and tackle problems here and now, rather than in the past. It has been widely studied and has been proven to work especially on mild to moderate depression and anxiety.

As at March 2015, over 1200 people, due to their level of need following assessment, had a statutory care co-ordinator and written care and treatment plan in secondary care. In addition the Mental Health Department managed just under half the continuing care activity for the health board and worked to improve the quality of services in nursing homes.

The Child and Adolescent Mental Health Service (CAMHS) is managed by PTHB. Work was undertaken during 2014/15, which has ultimately led to securing £222,000 to establish a crisis assessment treatment team (CATT) which will offer an alternative for hospital admission for children and young people with serious conditions such as eating disorders.

The Butterfly Scheme is an opt-in scheme for people with dementia or cognitive problems where people are identified with a discreet Butterfly symbol next to their name. In 2014 the Butterfly Scheme was launched in all Community Hospitals in Powys. Staff are trained in a special response plan called REACH to better communicate with people with memory problems. Butterfly Scheme Champions have been identified in each hospital ward and many hospital departments to ensure implementation and ongoing delivery of the scheme. 160 staff attended the first three days training.

PTHB helped fund the internet counselling service commissioned through the Children and Young People's Emotional Health and Wellbeing Partnership known as 'Kooth'. There were 490 new registrations to Kooth for 2014/15 and there were 472 chat sessions with Counsellors delivered (this figure does not include use of the messaging and online forums which young people also access).

NHS Adult Mental Health services are provided by three neighbouring health boards within the County. PTHB decided to review these arrangements in order to deliver the new service model for adult mental health under the strategy. In February 2015 PTHB's Board approved a decision to seek to directly manage NHS staff already working within county providing Local Primary Mental Health Services; community mental health services; crisis resolution services; and staff already working on wards in Powys hospitals. It is important to stress that the proposed changes are to NHS management arrangements of staff already working in the county. The recommendation to the Board was not about changes to the location or range of existing patient services.

PTHB ensured that Crisis Resolution Home Treatment Services for adults were equally accessible across Powys. CRHTTs are fully functioning across Powys offering an alternative to hospital at home. For 14-15, 84.7% of referrals to the CRHTTs in Powys resulted in an assessment being performed and hospital admissions have significantly reduced which means more people are being supported effectively at home.



### Ring-fenced Funding

The minimum sum PTHB were required to spend on mental health (for all ages) in 2014/15 was £27,086,000. In 2014/15 the relevant budgets totalled £30,008,944.

## Beating the Blues online CBT

Cognitive behavioural therapy (CBT) is a talking therapy that can help people manage problems by changing the way they think and behave. It is most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.

CBT is a psychological therapy that works on the relationships between thoughts (cognitions), behaviours and feelings. CBT teaches the individual how to recognise and tackle problems here and now, rather than in the past. It has been widely studied and has been proven to work especially on depression and anxiety.

Traditionally CBT was run in a series of one-to-one sessions with a psychologist. However this has led to sometimes long delays in accessing the service and PTHB therefore joined a major European program (Mastermind) of delivering CBT online. This allows patients to access help and support far more quickly and at times to suit them.

### About MasterMind

The MasterMind project is European Union funded project to explore and develop the use of online services to help people with depression. Through this project, PTHB worked through 2014/15 to develop and launch online CBT through a computer program called Beating the Blues.

Beating the Blues consists of eight, 1-2 hour sessions recommended to be completed weekly. The programme is interactive. During sessions people referred to the programme can watch video clips, complete exercises and learn CBT techniques that can help with depression and anxiety. Each week they will be given tasks to complete during the week between sessions.

At the time of submission of this report, 157 people had entered the programme. Each individual participant is able to leave feedback about how successful they found the approach and intervention. The successes of Beating the Blues in Powys will be captured throughout 2015/16 and conveyed through the next Hearts and Minds Annual Report.



## Dementia – Working Together

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

PTHB has established with key agencies a Joint Dementia Action Group. This group is chaired by the Director of Nursing and has developed a Powys Joint Dementia Action Plan which pulls together the themes from the Health and Social Care Minister for Wales's five key actions for Dementia. The Powys action plan focusses on the following actions for dementia:

- **To improve public awareness in relation to dementia**
- **To ensure timely diagnosis rates in Powys**
- **To ensure appropriate post diagnostic interventions**
- **To improve the care of people with dementia in general hospital settings**
- **To ensure staff have access to dementia care training and meet expected training targets**
- **To ensure people with dementia receive a person centred approach which is appropriate to their needs**
- **To support care homes to deliver excellent person centred care to people with dementia**

Progress against these themes during 2014/15 is highlighted below;

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

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

**Dementia assessment tools** and Delirium assessments are important to ensure that people with cognitive problems are identified on admission and placed on the appropriate care pathway. A small working group, led by a Consultant in Elderly Care have developed these pathways and rolled them out to Community hospitals.

**Training;** The Dementia Lead and Training department have been working with the University of South Wales to produce a tiered Dementia training package for staff in Powys. The first cohort has completed the 'Care of People with Dementia in a Care Setting'. The next cohort is planned for February 2016.

Good progress has been made in **establishing memory assessment services** across the county but the developments do tend to vary in the three mental health provider services with different levels of resources

targeted to the service. The second all Wales Memory Assessment service audit has been completed and a report published. In Powys it is thought that only 41.4% of the projected number of people with Dementia have a diagnosis. The audit will help Powys adjust its Joint Dementia Action Plan to improve memory assessment services.

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

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

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

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

**Dementia Friendly Communities** – Brecon was the first community in Wales to be officially recognised by the Alzheimer's Society as 'working towards a Dementia friendly community'. A link to a short film produced by Powys County Council documenting the drive and commitment of volunteers in Brecon has been included in the references section of this document. Several other towns in Powys are now making good progress towards becoming dementia friendly with *Knighton Initiative for Dementia Action (KINDA)*, launched in February 2015.



A Dementia Project Officer has been appointed to support the Dementia Lead in implementing the Joint Dementia Action Plan.

PTHB has recently had confirmation from Welsh Government of funding for several initiatives for Dementia Care.

- **Dementia support workers to act as a link for those newly diagnosed.**
- **Dementia link workers to liaise with Care Homes and GPs to improve diagnosis rates.**
- **Occupational Therapy Support workers to improve the provision of meaningful activities on Older People Mental Health Assessment Units.**

PTHB is also awaiting the outcome of a bid to improve Older People's mental health liaison services with general hospitals.

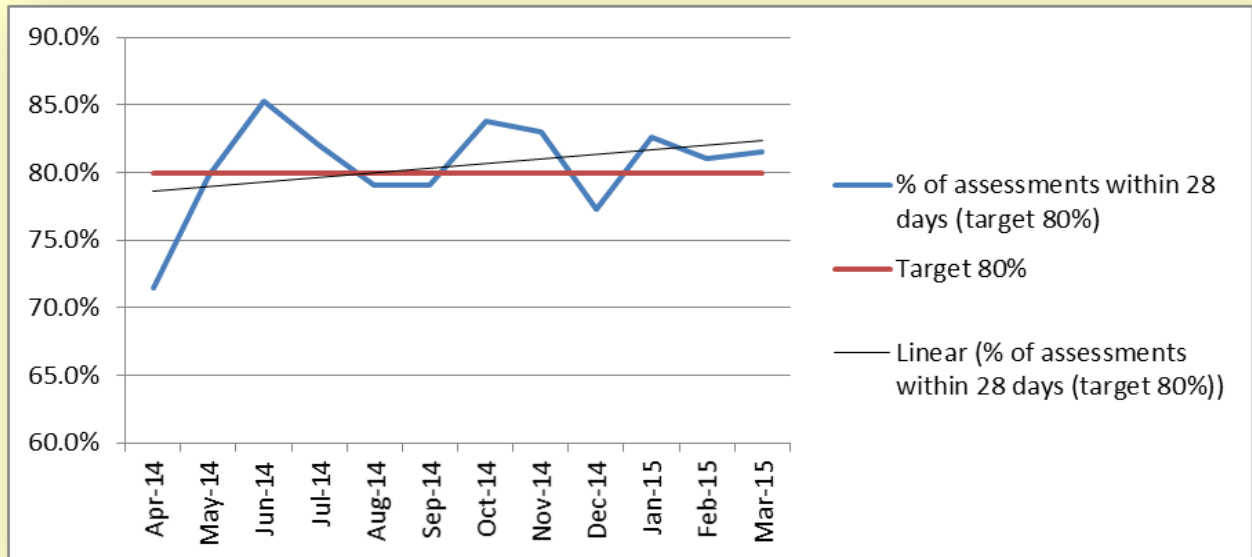


## The Evidence

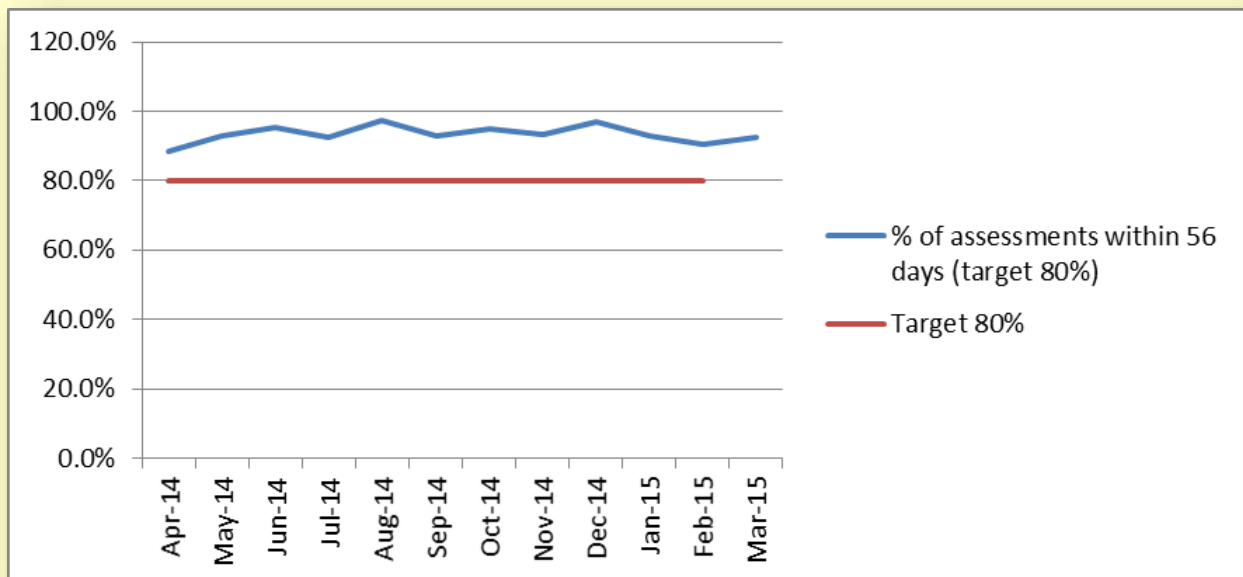
### Part 1 – Mental Health Measure (Wales 2010) Information

#### Powys – All Ages – Assessments against targets

Assessments within 28 days: Compliant –80.5% overall average for April 2014 to March 2015.

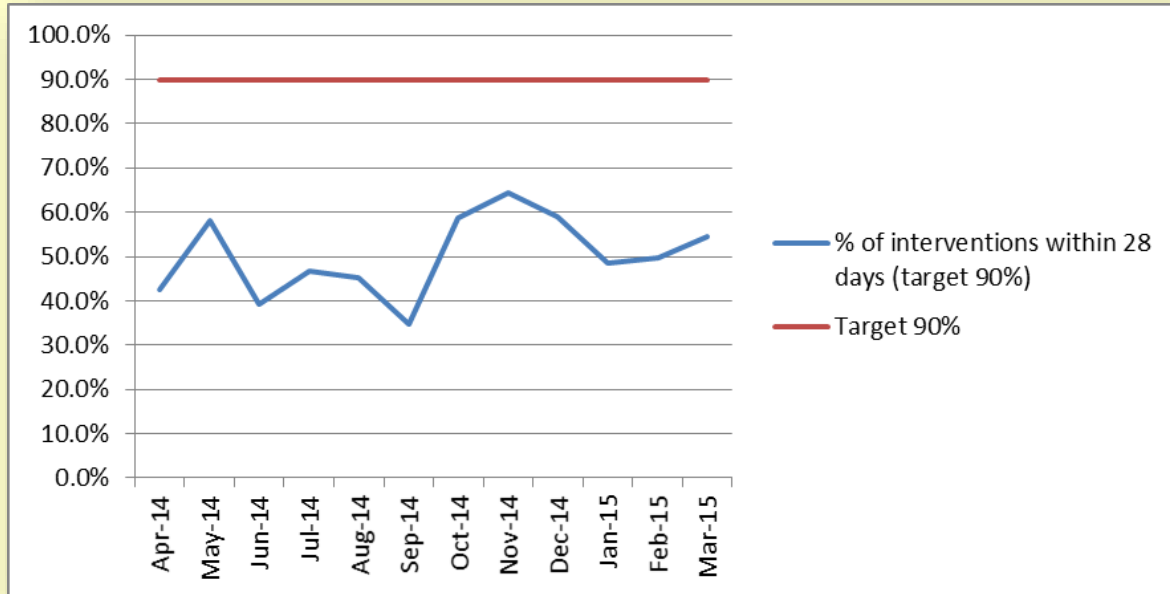


#### Assessments within 56 days: Compliant

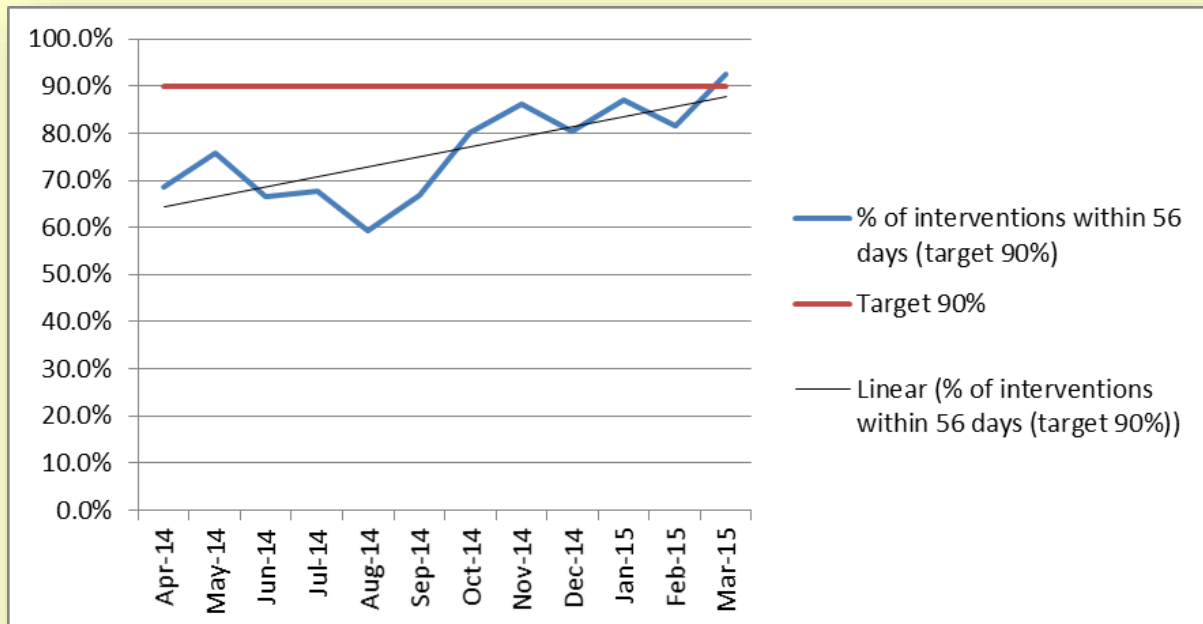


### Powys Interventions Totals April 2013-March 2014

Interventions within 28 days (The target is expected to move to 28 days from 56 days in October 2015).  
Not Compliant. Recovery Plan in place.

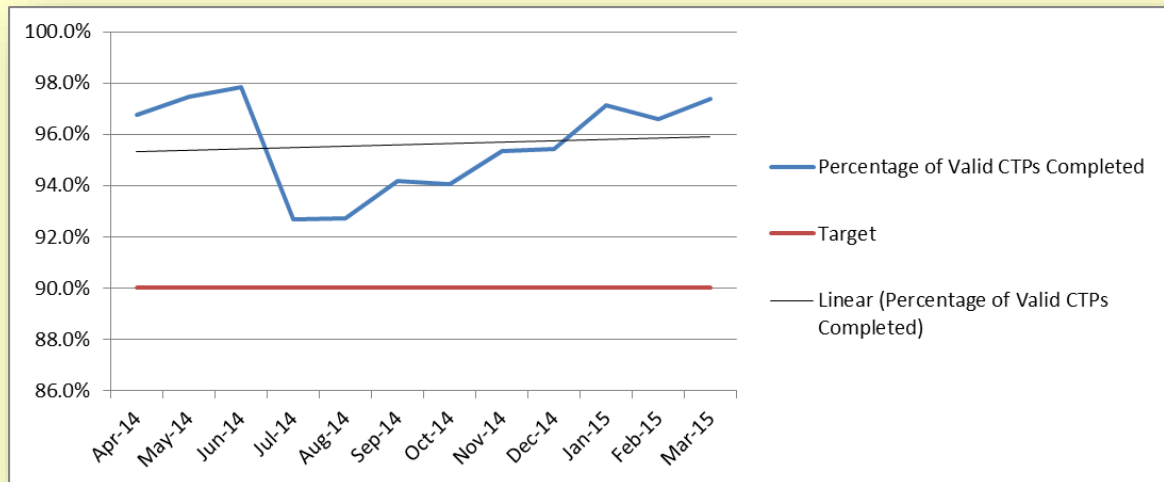


Interventions within 56 days: Compliant for March 2015. The situation has improved overall for the year.  
76.1% average for the year.

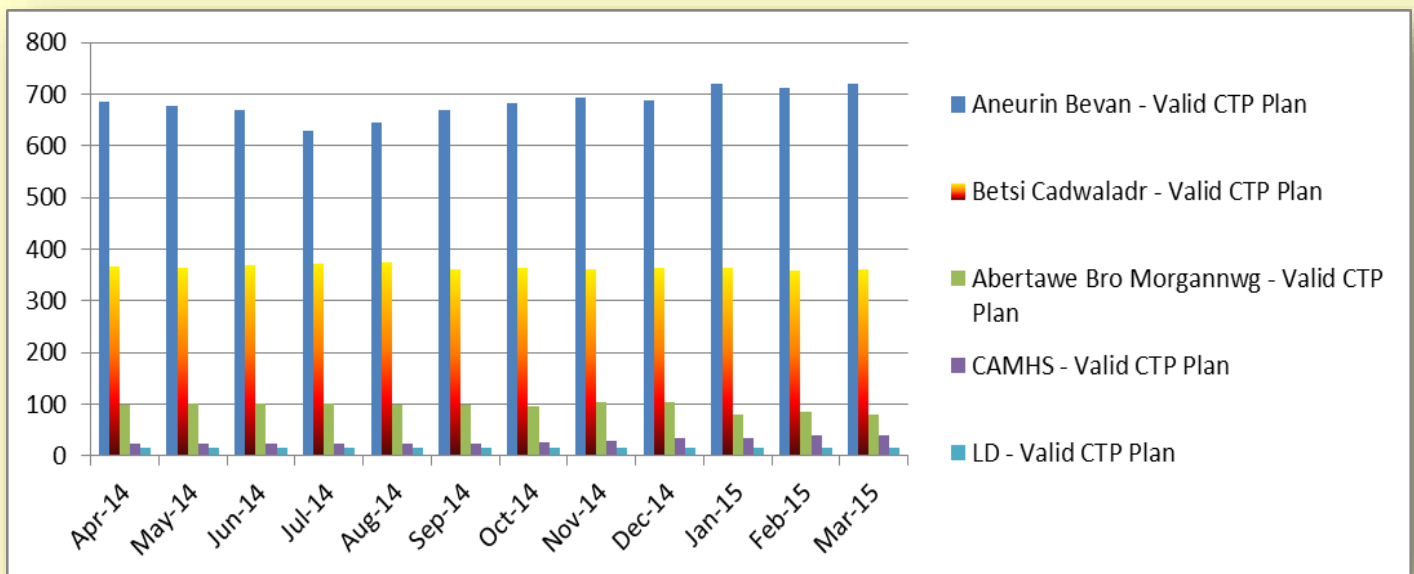


## Parts 2 & 3 - Mental Health Measure

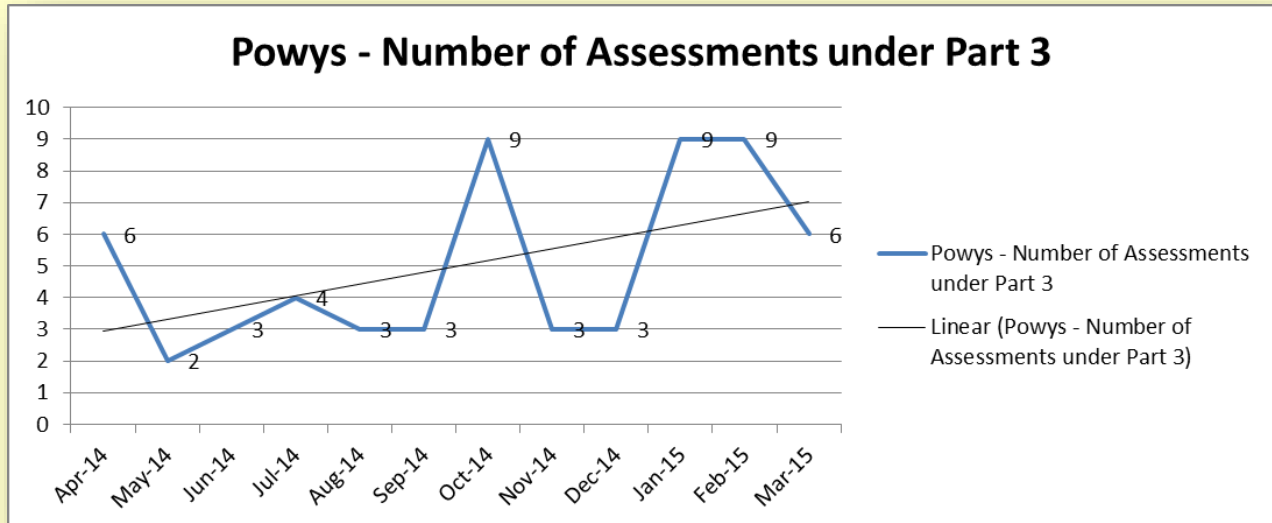
**Powys:** Percentage of Valid CTPs Completed. Compliant.



**Powys:** Number of Valid Care and Treatment Plans by Provider/Area/Speciality by month.



### Powys: Total Number of Assessments under Part 3

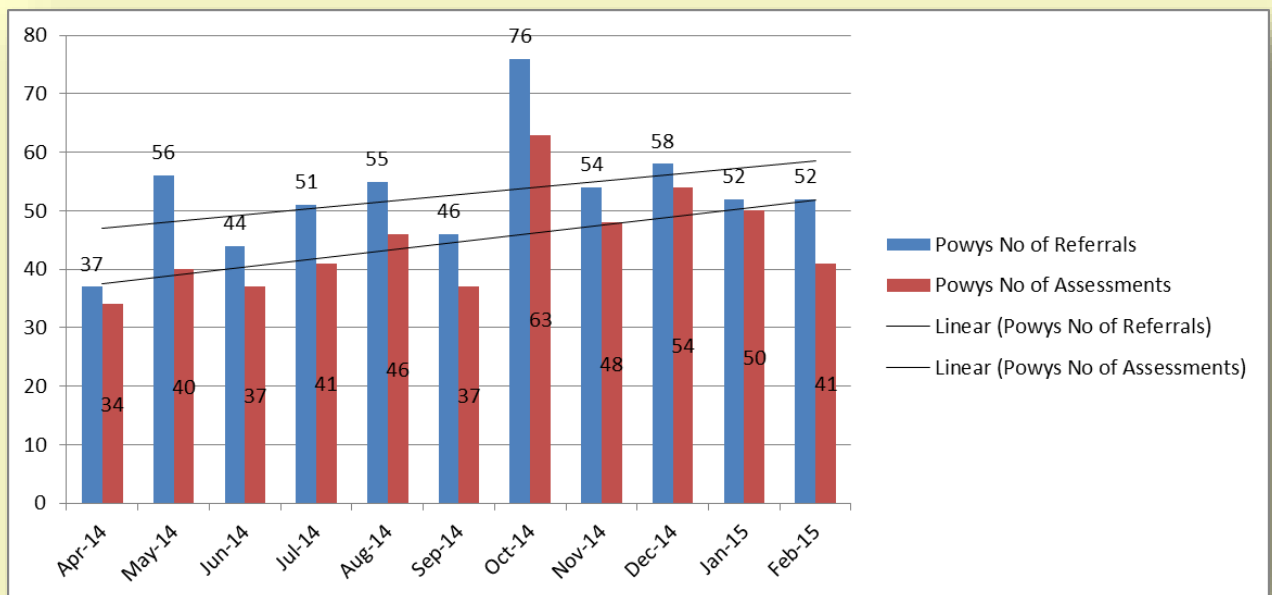


### Powys Crisis Resolution Home Treatment Team Summary 2014/2015

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

### Powys Overall Referrals and Assessments

Powys	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Powys No of Referrals	37	56	44	51	55	46	76	54	58	52	52	64
Powys No of Assessments	34	40	37	41	46	37	63	48	54	50	41	55



## Glossary

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

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

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

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

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

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

**CITT** – Community Intensive Treatment Team.

**CMHT** – Community Mental Health Team.

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

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

**CTP** – Care and Treatment Plan.

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

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



Brecon and Hay Dementia Supportive Community Group, the community successfully met criteria set out by the Alzheimer's Society's official recognition process.

**KINDA** – Knighton Initiative for Dementia Action.

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

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

**LD** – Learning Disabilities.

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

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

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

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

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

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

**MHA** - Mental Health Act 1983 (as amended 2007).

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

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

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

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

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

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

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

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

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

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

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

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

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

**Time to Change** –the first national campaign to end the stigma and discrimination experienced by people with mental health problems.

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

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

## References

<http://www.trosgynnal.org.uk/document/Page/Dont%20Ask%20a%20Lion%20They%20Will%20Lie.pdf>

[http://www.dementiafriendlybrecon.org.uk/powys\\_county\\_council\\_digital\\_storytelling\\_initiative](http://www.dementiafriendlybrecon.org.uk/powys_county_council_digital_storytelling_initiative)

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

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

Brecon and Hay Dementia Friendly Community -

[http://www.dementiafriendlybrecon.org.uk/dementia\\_friends\\_launches\\_in\\_wales](http://www.dementiafriendlybrecon.org.uk/dementia_friends_launches_in_wales)

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

<http://powysmentalhealth.blogspot.co.uk/>

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