

HYWEL DDA LOCAL HEALTH BOARD



Mental Health and Wellbeing Strategy 2012 - 2017

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Brief Summary of Document:	The NHS is one part of a whole system which can respond to the needs of the diverse population of Wales. Hywel Dda Health Board will aspire to improve how it works in partnership with local authorities and the third and independent sectors to improve the health and wellbeing gains for people who are or have potential to experience mental health problems. That said, at the time of writing this document, the Health Board is undergoing significant and crucial transformational change. It is expected that the wider and all encompassing Clinical Services Strategy, which asserts a vision for of care closer to home for its population and delivery mechanisms which are inclusive of services users and communities and aspire to be better integrated with key partner organisations, will be launched for consultation imminently. Therefore, this strategy will be regularly reviewed to ensure it aims and principles continue to be aligned with the health board's strategic vision and thus Implementation Plans supporting the delivery of the strategy are appropriately adjusted and aligned.
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To be read in conjunction with:	
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Classification:	Corporate	Category:	Strategy	Freedom Of Information Status	Open
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Authorised by:	Trevor Purt	Job Title	Chief Executive	Signature:	
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HYWEL DDA LOCAL HEALTH BOARD

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Scope	ORGANISATION WIDE	✓	DIRECTORATE		DEPARTMENT ONLY		COUNTY ONLY	

Staff Group	Administrative/ Estates	✓	Allied Health Professionals	✓	Ancillary	✓	Maintenance	✓
	Medical & Dental	✓	Nursing	✓	Scientific & Professional	✓	Other	✓

CONSULTATION	Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.			
	Individual(s)		Date(s)	
	Group(s)		Date(s)	
	Committee(s)		Date(s)	

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Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Mental Health, Wellbeing, MHL, D,
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HYWEL DDA LOCAL HEALTH BOARD

Document Implementation Plan			
How Will This Policy Be Implemented?	This strategy will be regularly reviewed to ensure it aims and principles continue to be aligned with the health board's strategic vision and thus Implementation Plans supporting the delivery of the strategy are appropriately adjusted and aligned. The local primary mental health support services will not be appropriate for all individuals who present to primary care with mental health problems, and GPs will still have the option of managing patients themselves or referring to secondary care, according to the needs of each individual.		
Who Should Use The Document?			
What (if any) Training/Financial Implications are Associated with this document?			
What are the Action Plan/Timescales for implementing this policy?	Action	By Whom	By When

HYWEL DDA LOCAL HEALTH BOARD

CONTENTS

1. Foreword	6
2. Introduction and Aims	7
2.1. Some of the facts:	7
2.2. Cost to the economy	9
3. Strategy Values and Principles	9
3.1. The overall strategy:	9
3.2. Services will be inclusive	10
3.3. Services will promote dignity and respect	10
3.4. Promoting positive health and wellbeing	11
3.5. Personalised Services and Choice	11
3.6. Improved access and equality to services and support	11
3.7. Substance Misuse Services	12
3.8. Needs-led	12
3.9. Services will be integrated and seamless	12
3.10. Services will promote recovery	12
3.11. Services will deliver quality and value for money	13
3.12. Services will be measurable	13
4. Where we are	13
4.1. Historical background	13
4.2. Good mental health and wellbeing	15
4.3. Demographics: Communities, Localities and Counties	16
4.4. Elements that require change	17
4.5. Political and Organisational Drivers	17
4.6. Stakeholder Expectations	20
4.7. Rurality	20
5. The Plan	21
6. The Plan - Create a Healthy Community	21
6.2. Outcomes	25
6.3. How we will deliver	25
7. The Plan - Through Integrated Services	26
7.1. What are we proposing?	26
7.2. The Mental Health (Wales) Measure	27
7.3. Barriers and Enablers	27
7.4. Inpatient services	27
7.5. A service for all ages	28
7.6. Information Technology; Collaboration and Integration	28
7.7. Outcomes	29
7.8. How We Will Deliver	29
8. The Plan - with a Clear Service Model	30
8.1. What are we proposing?	30
8.2. Outcomes	31
8.3. How We Will Deliver	32
9. The Plan - Specialist Mental Health Services	34
9.1. What are we proposing?	34

HYWEL DDA LOCAL HEALTH BOARD

9.2.	Outcomes.....	38
9.3.	How We Will Deliver	39
10.	The Plan - and Identified Service Developments	39
10.1.	What are we proposing?.....	39
10.2.	Outcomes	44
10.3.	How we will deliver	44
11.	Making it happen	45
11.1.	Service Model.....	45
11.2.	Mental Health Promotion and Wellbeing	47
11.3.	Improving Access to Psychological Therapies	47
11.4.	Workforce Planning	47
11.5.	Innovations	48
11.6.	Implementation and Delivery	49
12.	Appendix - Strategic Context	50
12.1.	Glossary and References	52

HYWEL DDA LOCAL HEALTH BOARD

1. FOREWORD

The development of this Mental Health and Wellbeing Strategy has been challenging and rewarding. The process has been collaborative inclusive of service users, their families and carers, our staff and colleagues from across our statutory partner agencies, Hywel Dda Community Health Councils and the Third Sector.

The many conversations, workshops, informal and formal, and other gatherings held during 2011/12 have significantly helped and supported us to form the views and intentions expressed within the document and reflect the majority opinion.

We acknowledge that it is not always possible to meet the wishes of a diverse population across what is predominately a large rural area with distinct pockets of urbanisation. We remain committed to providing care as flexibly and innovatively as possible to meet the demands of all the communities across the area covered by the Hywel Dda Health Board whilst delivering and maintaining a safe, high quality and equitable mental health service.

Further, as demonstration of our continued commitment to working with our partner organisations and service users and carers, we are already considering how we might better include them in the implementation of this strategy over the course of its lifetime, while ensuring we capture the learning and evidence gained to build for the longer term future.

In line with Together for Health and Together for Mental Health (Welsh Government), this strategy aims to improve and support good mental health and wellbeing, focusing on sustainable recovery and preventing mental health problems and illness through:

- promoting mental wellbeing
- a new partnership with the public
- a well designed, fully integrated network of care
- promoting one system for mental health

This document has purposefully been written in pragmatic format in order for the reader to be absolutely clear what it is the Hywel Dda Health Board is setting out to achieve and it will deliver it aims within a framework of values and principles.

Sian-Marie James
Vice-Chair of Hywel Dda Health Board

2. INTRODUCTION AND AIMS

2.1. Some of the facts:

Mental illness is common and disabling, affecting all people of all ages (children, adults and older adults). Estimates of the overall prevalence of mental distress suggest that one in four adults across the United Kingdom experience at least one diagnosable mental health problem in any one year, and one in six experiences this at any given time.

Mental health problems range from common disorders of depression and anxiety, which affect between 8 – 12% of the population (depression is more common among older people than in any other age group) in any year, to two in 100 with the less common serious mental illnesses, such as schizophrenia.

- Between 1:10 and 1:15 new mothers experience post natal depression;
- 1:10 children/young people aged between 5 – 16 years will have a diagnosable mental illness
- Between 1:2 and 1:15 children/young people will self harm
- 1:16 people aged 65+ and 1:6 people aged 80+ will be affected by dementia
- 9:10 prisoners have a diagnosable mental health and or substance abuse problem

In respect of conditions such as dementia, it is estimated that:

- There are currently 700,000 people in the UK suffering from dementia, of whom 37,000 live in Wales
- By 2021 it is estimated that the number of people with dementia in Wales will have increased by 31%, and
- One third of people with dementia are over 65, and two thirds of people with the condition currently live in the community

Conservative estimates of mental health problems in older adults suggest a prevalence of approximately 40% of people attending their GP, 50% of hospital inpatients and 60% of care home residents.

Two thirds of NHS beds are occupied by people aged 65 or over, and up to two thirds of some inpatient groups either have mental health problems already, or will go on to develop them during their inpatient stay.

Within the community, depression is present in around 15% of older people and dementia affects 5% of people over 65 years and 20% over 80 years old.

In the next ten years the number of people aged over 65 will increase by 15% and those over 85 by 27%.

Mental health problems, of which depression and dementia are most common, have a worse outcome in the 60% of older people who suffer from long-standing illnesses. Hywel Dda Health Board has the second highest prevalence and percentage increase of people with a diagnosis of dementia within Wales, reinforcing the need to prioritise local developments for people with dementia within our community and population.

A broad range of responses and services are needed to promote and sustain good mental health and to support people who develop a mental health problem. This is particularly the

HYWEL DDA LOCAL HEALTH BOARD

case for those with more serious mental health problems, who may often need support from such services as health, social services, housing and employment.

Mental health disorders in children and young people are equally as prevalent, with one in 10 children and young people aged five -16 suffering from a diagnosable mental health disorder. Between the ages of one -12, 1:15 children and young people deliberately self harm.

Mental health problems in children and young people are associated with educational failure, family disruption, disability, offending and anti-social behaviour placing significant demands on families, social and health services, schools and youth justice services. Untreated mental health problems create distress, not only in the child and young person, but also for the family and carers, the wider community continues into adulthood and the next generation.

The NHS is one part of a whole system which can respond to the needs of the diverse population of Wales. Hywel Dda Health Board will aspire to improve how it works in partnership with local authorities and the third and independent sectors to improve the health and wellbeing gains for people who are or have potential to experience mental health problems. That said, at the time of writing this document, the Health Board is undergoing significant and crucial transformational change. It is expected that the wider and all encompassing Clinical Services Strategy, which asserts a vision for of care closer to home for its population and delivery mechanisms which are inclusive of services users and communities and aspire to be better integrated with key partner organisations, will be launched for consultation imminently. Therefore, this strategy will be regularly reviewed to ensure it aims and principles continue to be aligned with the health board's strategic vision and thus Implementation Plans supporting the delivery of the strategy are appropriately adjusted and aligned.

Mental health problems maybe reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the development of concepts of right and wrong, and in distress and maladaptive behaviour. They may arise from any number or combination of congenital, constitutional, environmental, family or illness factors. They include a very broad range of emotional or behavioural difficulties that may cause concern or distress. They are relatively common, may or may not be transient, but encompass mental disorders, which are more severe and/or persistent.

The distinction between a mental health problem and a mental health disorder is not exact, but depends on the severity, persistence, effects and combination of features found. Sometimes, what begins as a relatively minor and easily managed problem will progress into a more severe and chronic condition, with significant consequences not only for the individual affected but also on those around them.

When our health fails we expect health services to help restore it, but it is even more important to take steps to promote and protect good health. Central to improving health is mental health. It is inextricably linked to a sense of wellbeing and is a fundamental building block of good physical health. As indicated by the World Health Organisation 'there is no health without mental health'.

There are a number of internal and external factors which influence mental health and wellbeing. The risk factors may include the following:

- Congenital illness/disability, lack of social status, poor self-esteem, feelings of helplessness, problems with sexual identity

HYWEL DDA LOCAL HEALTH BOARD

- Hunger/cold, homelessness/poor housing, experience of loss or separation, experience of violence or abuse, illness or disability of a family member
- Poor quality of relationships, feeling of isolation, feeling of institutionalisation, experience of conflict, experience of alienation
- Feeling of discrimination, being stigmatised, lack of autonomy, negative experience of peer pressure

2.2. Cost to the economy

The annual cost of mental ill health; both direct and indirect, in Wales was estimated at approximately £7.2 billion (data circa 2007-8) – not including dementia which is estimated to add a further £20 billion per year across the UK.

The economic cost of mental ill health extends further than mental health service provision. Costs borne by employers, individuals, government and wider society include:

- 'Work lost' time, (including replacement and loss of productivity)
- Litigation and prosecution costs where work has contributed to the ill health
- State benefit claims for people who are unable to work

In cost of illness studies, the direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease

Work related stress constitutes the majority of sickness absence in the UK. The Health and Safety Executive estimates that 12.8 million working days are lost per annum at a cost to society of over £3.7 billion per year.

The treatment of mental illness is an essential service, however it is reactive. By taking a proactive and holistic approach, promoting mental health and providing early interventions before mental illness is manifested, it may be possible to reduce the impact of mental illness.

It is therefore our aim that the services across the Hywel Dda Health Board area work actively with its communities to minimise, as far as reasonably possible, the development of mental health problems and work, together with individuals, communities and partner organisations, to achieve our aims to:

- Promote and sustain good mental health and wellbeing, building individual and community resilience
- Improve timely access to resources which have been shown to support people to improve their mental health and contribute to their ideal of recovery
- Wherever possible actively reduce progression of illness, and support and maximise the quality of life for those who suffer chronic and persistent mental health problems
- To treat people with respect and dignity preserving their right to individuality and choice wherever possible
- To tackle and reduce the stigma and discrimination associated with mental health
- Working with service users, their families and carers and partners we want to demonstrably increase the chances for people to experience good mental health and wellbeing

3. STRATEGY VALUES AND PRINCIPLES

3.1. The overall strategy:

This document has purposefully been written in pragmatic format in order for the reader to be absolutely clear what it is the Hywel Dda Health Board is setting out to achieve and it will deliver its aims within a framework of values and principles.

HYWEL DDA LOCAL HEALTH BOARD

The proposals and intentions laid out in this strategy are consistent with the wider Hywel Dda Clinical Services Strategy and with the direction of travel for the people of Wales as described in the draft document, Together For Mental Health and the draft Social Care (Wales) Bill, both of which, at the time of writing this document, the Welsh Government is consulting with the people of Wales upon. The Hywel Dda Clinical Services Strategy sets out to ensure that the people in the Hywel Dda Health Board community can access the best possible support and care in the future; an ambition which is echoed throughout this, a strategy for promoting and sustaining good mental health and improving service delivery. Together, they will ensure a whole systems approach to health and social care delivery; from supporting and enabling people to stay well through improved health promotion activities which engender and encourage self-care, extending all the way through to specific mental illness interventions and treatments.

We are confident that the proposals within this document will provide an improved access to and delivery of services, and the continued development of these services in line with best practice and evidence.

The overarching imperative and emphasis of the Strategy is on the promotion of mental wellbeing, mental illness prevention, appropriate and easy access, early interventions and timely treatment. Effective and evidence based treatments will be delivered at the most appropriate stage with an emphasis on early intervention.

3.2. Services will be inclusive

Many people experience multiple disadvantages through discrimination on the grounds of their mental health problems. When individuals present with a mental illness, regardless of predisposing conditions or diagnosis e.g. those with a learning disability, complex behavioural disorders, forensic history, the service will respond and determine access to the most appropriate service at each tier whilst ensuring specific skills and dedicated teams provide the necessary support.

As indicated in Equal Treatment: Closing the Gap 2006 (a formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems), this investigation revealed an inadequate response to the physical health inequalities experienced by some of the most socially excluded citizens. It provides evidence that they are more likely to experience major illnesses, develop them younger and die of them sooner. They are less likely to get some of the evidence-based treatments and checks that they need and face real barriers in accessing services.

Improvements in access for these groups of citizens will drive up the patient experience. Improved early interventions will reduce unnecessary costs and ill health later. Planning now to reduce inequalities in health will mean that organisations will meet their duties under the Disability Equality legislation.

3.3. Services will promote dignity and respect

Placing dignity at the heart of everything we do is a Hywel Dda Health Board priority. When dignity is absent from care, people can feel devalued and a lack of control including physical and mental comfort. They may also lack confidence, be unable to make decisions for themselves, and feel humiliated, embarrassed and ashamed. This can be further compounded if an individual has a mental illness and/or learning disability.

Ensuring service users, their families and carers are treated with dignity and respect in practice means*:

HYWEL DDA LOCAL HEALTH BOARD

- **Respecting** patients' and clients' diversity and cultural needs; their privacy - including protecting it as much as possible in large, open-plan hospital wards and the decisions they make
- Being **compassionate** when a patient or client and/or their relatives need emotional support, rather than just delivering technical nursing care
- Demonstrating **sensitivity** to patients' and clients' needs, ensuring their comfort

3.4. Promoting positive health and wellbeing

3.4.1. Positive images of mental health and mental illness will be promoted and cultural diversity will be respected.

The strategy recognises that mental health should not be interpreted as mental illness, and is more than the absence of symptoms of illness.

Positive mental health is a key factor for good health and relevant to the whole population. Mental health and Wellbeing involves any action taken to enhance the mental wellness of individuals, families, organisations or communities. It is essential that these actions are delivered in an equitable way. An individual's mental health is affected by a range of factors. This strategy relates to all settings, organisations and services.

The health and Wellbeing of individuals and communities is influenced by a wide range of social, environmental and economic factors, as well as genetics, behaviour and experiences. Health can be influenced by personal behaviour and lifestyle, support and influence within communities, living and working conditions, access to services, economic, cultural and environmental conditions. There is a complex interaction between these determinants, which impacts on physical and mental health and wellbeing.

3.5. Personalised Services and Choice

Individuals will be encouraged and supported to become central to their own care and treatment: A partner in their care. They will be empowered to access services at the most appropriate level and in a timely manner; being fully informed of the resources and options available to them and their families and carers.

**Royal College of Nursing: 'Dignity: at the heart of everything we do'*

International, national and indeed local evidence and experience demonstrates that wherever possible, most people choose to receive their care within or close to home or community. Access to clear information in relation to interventions and services will result in individuals having a greater influence in determining their preferred options and choice.

3.6. Improved access and equality to services and support

It is intended that individuals have improved timely access to the appropriate level of service interventions at the point of illness when they are most required.

Services will be designed to provide a range of interventions that will stop or reduce distress or ill-health. Timely and early interventions to the appropriate level of service will help return individuals to a sense of health and wellbeing. Further, this targeted and service sensitive approach will reduce the burden of mental illness for individuals and in turn the demand for higher and resource intensive tiers of service intervention.

Hywel Dda Health Board will work with its partners to ensure it meets its equality duties and positively promote the removal of discriminatory practices: access to support and treatment will be based on need and not on age, gender, disability, race and religion or sexual orientation.

HYWEL DDA LOCAL HEALTH BOARD

Access to services by vulnerable groups, and those with protected characteristics such as veterans, refugees and asylum seekers might experience such conditions as Post Traumatic Stress Syndrome (PTSD) as well as requiring physical healthcare interventions will be given the specialist support required to ensure a positive outcome and patient experience.

3.7. **Substance Misuse Services**

Supporting individuals with a mental health illness and substance misuse problem – alcohol and/or drugs – is a major challenge to front line services. The complexity of issues makes diagnosis, care and treatment more difficult, with service users being at a higher risk of relapse, readmission to hospital and suicide.

One of the main difficulties is that there are a number of agencies involved in a person's care, and as a result care can become fragmented.

We will ensure that those with co-existing presentations have access to appropriate services within the design of the care pathway.

National Care Standards for Substance Misuse Services in Wales were developed in 2010. There are 25 core standards, which will ensure that a full range of good quality services is delivered consistently throughout Wales to meet the needs of the population.

3.8. **Needs-led**

Individual need will be the primary reason for people accessing services: regardless of age the relevant support, services and staff that have the appropriate expertise will be available through a single point of access to care.

There will be no automatic transfer to services based solely on an individual's age. The delivery of services to older people experiencing mental illnesses such as dementia or depression will be based on their needs.

3.9. **Services will be integrated and seamless**

Whenever possible and practicable, health services will work together with local authority partners and other key stakeholders to provide an identified integrated service. These integrated teams will develop a holistic approach to improve physical and mental health and wellbeing. The Hywel Dda Health Board's Mental Health, Learning Disability and Substance Misuse Services, aspire to reduce barriers between services and organisations thereby promoting access to wider opportunities. These will include meaningful occupation, employment, education and training. Hywel Dda Mental Health Services will actively seek and support services users, families and carers to receive services provided by voluntary and third sector organisations when appropriate.

3.10. **Services will promote recovery**

Individuals will be encouraged to define the outcomes they desire and be supported to achieve their own ideal of recovery; individual to them and based on their own experiences and aspirations.

Recovery means that the individual is supported to 'recover' their life so that it feels worthwhile; so that they are working towards aspirations and goals that give value and meaning to their lives, although they may not 'recover' fully from their illness. They find themselves living in and contributing to the community. In practice this means that housing, employment, education and

HYWEL DDA LOCAL HEALTH BOARD

participation in mainstream leisure and community activities become a focus of treatment and care.

To achieve recovery, the individual must be at the centre of their treatment and care planning process and have greater power in determining the support and input that will assist their recovery.

In order to facilitate recovery, services will be much more sensitive to the needs of the individual; the individual's uniqueness and culture has to be understood and acknowledged.

This includes helping people who are in employment to remain in employment, providing support for others to gain employment and become economically more stable, have access to settled and supported accommodation, supporting service users and carers in maintaining health and wellbeing return to education and access to a range of opportunities. The health board will work with third sector providers, Job Centre Plus, adult and higher education establishments, county councils, registered social landlords, homelessness teams and advocacy services.

3.11. Services will deliver quality and value for money

Measuring quality will become fundamental and thus pivotal to further development of service provision, with the focus on the experience of individuals and their carers. We aspire to positive health and social outcome focused service provision with efficiency and effectiveness being key drivers within a continuous quality improvement culture. Actively promoting and sustaining our effective partnership arrangements between service users, clinicians and other health and social care professionals, families, carers and other key stakeholder organisations will underpin and drive through the changes required to deliver this strategy.

3.12. Services will be measurable

Through the identification of agreed outcomes, tangible results and an effective process that monitors progress we will deliver these strategic changes. Wherever practicable we will measure what we do and continually raise our standards and expectations. An agreed performance framework will allow us together with service users and other stakeholders to measure progress and determine the success of the strategy.

4. WHERE WE ARE . . .

4.1. Historical background

The pattern of provision of mental health services across the three counties that make up the Hywel Dda Health Board area (Carmarthenshire Ceredigion and Pembrokeshire) evolved following the phased reprovision of inpatient services from St Davids Hospital, Carmarthen. These services tended to be centred on the larger towns in the localities, particularly the district general hospitals. There were inconsistencies in the development of models of service and teams across the three counties as a result. Community services were under pressure to meet the increasing expectations of service users and carers through the development of comprehensive services to enable more effective interventions.

Inequity in service provision across the three counties remained an area of concern. Some services were not fully established and were therefore unable to fulfil their potential and make sufficient impact.

HYWEL DDA LOCAL HEALTH BOARD

The commitment of predecessor organisations to innovation and developing mental health services, occasionally at times of great challenge has provided an excellent platform on which to be creative and further develop service provision.

Further, a variety of community based services were introduced in line with the Adult Mental Health Services Strategy for Wales (2001) and the National Service Framework for Wales (2002). The Sainsbury Centre for Mental Health Services assisted the service in developing new community models, supporting the workforce through modernisation.

Specialist Child and Adolescent Mental Health Service (CAMHS) are provided across the three counties of Hywel Dda Health Board. The service is situated within the Child and Adolescent Health Directorate, which ensures close working with other Paediatric and Child Health Services whilst maintaining close working relationships with the Adult Mental Health and Learning Disability Services. Current services are being reconfigured to meet the needs of the local population and to ensure equity of services.

Substance services are provided across the three counties of Hywel Dda Health Board. The health board teams work closely with partner agencies within a multi-agency structure, reporting to an Area Planning Board.

HYWEL DDA LOCAL HEALTH BOARD

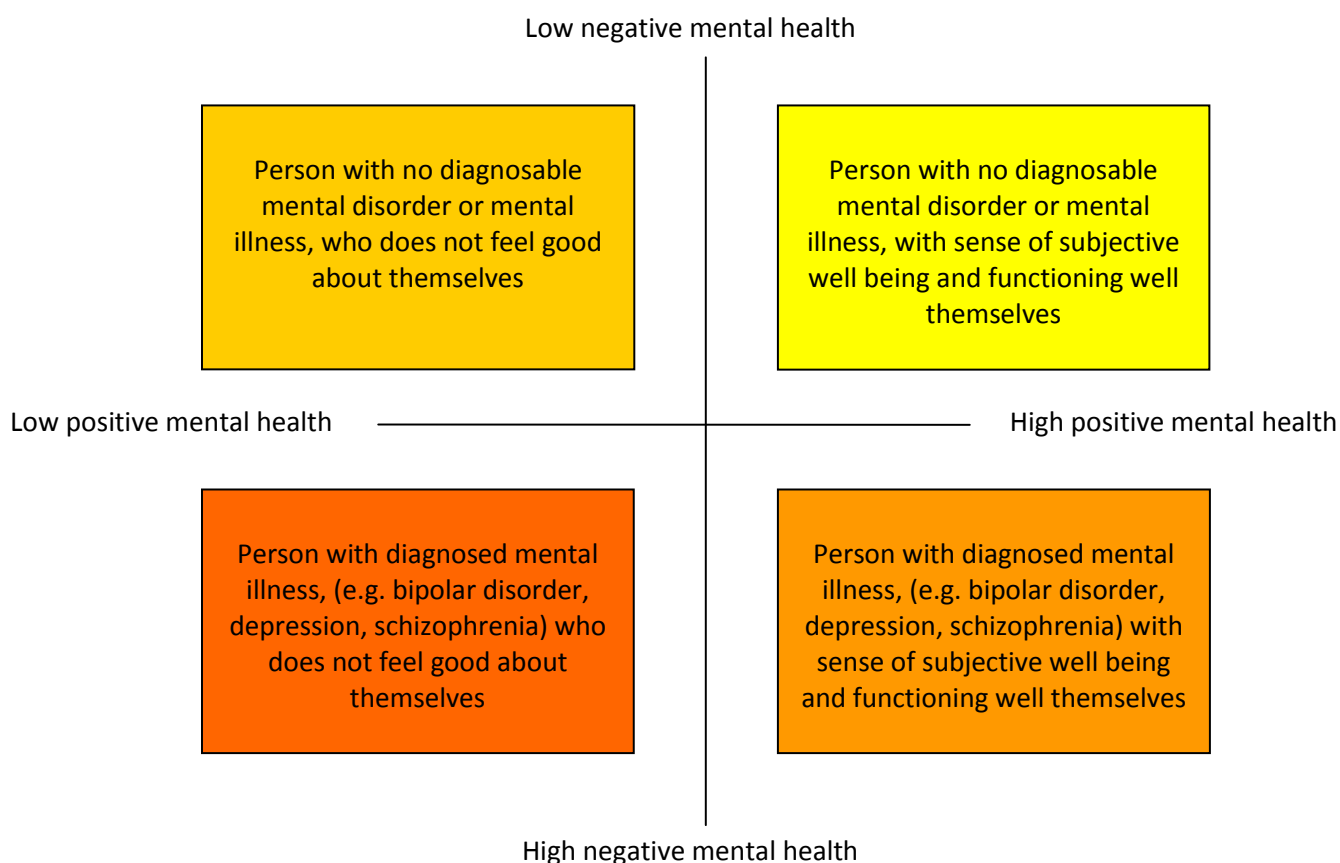
4.2. Good mental health and wellbeing

Positive or good mental health is not merely the absence of mental illness but a positive health attribute in its own (World Health Organisation). Even with a mental illness, people can and do enjoy excellent mental wellbeing; involved in family life, attaining and sustaining meaningful careers and contributing to the wider communities' development. Ironically, some people without a mental illness can and do endure poor mental Wellbeing.

As previously stated, working with service users, their families and carers and partners, we want to demonstrably increase the chances for people to experience good mental health and wellbeing. We know this can be done by increasing emotional resilience, promoting self esteem and developing coping mechanisms.

Further, we also know that those people who endure poor mental health and indeed mental illness are at an increased risk of poorer physical health which can be compounded by higher levels of smoking, alcohol and drug use and a propensity for less than optimal nutrition.

We know that the earlier in a person life we can do this, the better the outcomes for all will be. The diagram shown below as devised by the Scottish Government demonstrates how this might look in reality. The overarching aim being to support individuals to gain access and whenever clinically appropriate, remain in the upper half of the system.



Adapted from the 'dual continua' model in Tudor K. Mental health Promotion: Paradigms and Practice. London: Routledge, 1996

4.3. Demographics: Communities, Localities and Counties

There has been a significant amount of work conducted between Hywel Dda Health Board and the three County Councils of Carmarthenshire, Ceredigion and Pembrokeshire; hence, this strategy will build on this good work and the subsequent Health, Social Care and Wellbeing Strategies currently in place as a result of this collaboration.

The Hywel Dda Health Board area is home to approximately 13% of the total population of Wales, though it covers roughly a quarter of the landmass. It is the second most sparsely populated health board area in Wales and a lot of the area is classified as rural.

Many people associate a rural environment with better health – beautiful scenery, fresh air and green countryside. However, this is not always the case. Rural health is affected by many factors, including income, housing, education, deprivation and access to services.

Deprivation implies a standard of living or a quality of life below that of the majority in a particular society, to the extent that it involves hardship, inadequate access to resources and under-privilege.

In general, people living in the most deprived areas have worse health than those living in the more affluent areas. Behaviours that lead to poor health, such as smoking, and low levels of physical activity have been shown to be much more common in deprived areas. These are reflected in the distribution of illness and poor health.

Current projections show that if current trends continue, the population will stay relatively stable for all the age groups under 64-years-old. However, for those aged over 65, the population is set to increase significantly with a 50% increase from the 2008 figures by the year 2026. The proportion of people aged 65 and over is above the average of Wales, at 21% compared to 18.6% for Wales.

It is anticipated that by 2021 the number of people living in Wales with dementia will increase by some 30% and by as much as 40% in more rural areas; a salutary consideration for the majority of the communities across the Hywel Dda Health Board area.

It is estimated that the prevalence of people with a learning disability is around 1.5% worldwide, so, within Hywel Dda Health Board, whose population is approximately 375,000 the number of people with a learning disability would be in the region of 5,625 of which the majority would have a mild learning disability .

This change in the profile of the population will have an impact on health, and the health and social care services that the health board and its partner local authorities will need to provide. As well as the challenge of promoting healthy ageing to a growing proportion of older people, an ageing population brings with it the challenges of managing a higher burden of disease. Many conditions are much more common in older people, including dementia.

Adding to the challenge here in Hywel Dda Health Board is the rurality. This can greatly affect some of the wider determinants of health, including physical and social isolation, access to transport services, housing and lower than average earnings, and these may impact

HYWEL DDA LOCAL HEALTH BOARD

disproportionately on rural communities. The ageing population is an added challenge in rural areas.

Mid Year Population estimates (2007) indicate that Hywel Dda Health Board serves a population of approximately 375,237, with a child population of 81,299.

	Ceredigion	Pembrokeshire	Carmarthenshire	Total
0-4 years	3,243	6,401	9,712	19,356
5 – 10 years	4,167	7,915	11,714	23,796
11 – 18 years	7,224	12,526	18,397	38,147
Total 0-18 years population	14,634	26,842	39,823	81,299
Total Population	76,400	117,400	180,800	374,600
CYP as % of Total Population	19.15%	22.86%	22.03%	21.70%

4.4. Elements that require change

As identified in the document *Building a High Quality and Sustainable Healthcare System for Hywel Dda*, 'there are a number of reasons why the local healthcare system has to change'.

4.4.1. Children and Young People

There is an increasing understanding of the need for early identification and early intervention in schools. By promoting good emotional health and building resilience during early childhood we are supporting our children to reach their potential.

4.4.2. Older People

We have an increasing population of older people, who are living longer and many with chronic conditions. Evidence supports that whenever possible these conditions are better treated at home or in a community setting. We need to increase and broaden the level of community care thereby reducing hospital admissions.

4.4.3. Staying Well: physically and mentally

We need to move from a 'sickness' service to a 'wellness' service; supporting illness prevention, supporting those with long term, sometimes described as chronic conditions which include mental illness, to live a fulfilling and rewarding life as is reasonably practicable.

4.4.4. Quality and Value for Money

We have to provide qualitative services within Government's resource allocations safely, sustainably and equitably, demonstrating value for money.

4.4.5. Workforce: recruitment and retention of the best

We need to work with others to tackle some of the most challenging recruitment challenges the health sector has seen in recent times. This needs to be tackled head on by developing creative and innovative solutions that ensure safe and sustainable staffing requirements in line with policy, Royal College and other best practice guidelines.

4.5. Political and Organisational Drivers

There is a range of political and organisational drivers which influence the pattern of services delivery. General Practitioners (GPs) are independent contractors, with various interests in specialist elements of healthcare, often including mental health. The opinion, views and

HYWEL DDA LOCAL HEALTH BOARD

practices in relation to mental health provision therefore can be variable across the Hywel Dda Health Board community.

The configuration, constitution and priorities of the local authorities both within the Hywel Dda Health Board area and those which sit across its borders and indeed, the previous NHS health organisations, have resulted in different models of primary mental health services being introduced across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire. This resulted in varying responses to GPs and thus variable patient experiences. Some aspects of service have traditionally been associated with mental health delivery and are now increasingly being realigned to wider health service responsibilities e.g. dementia services, psychological interventions, children's mental health services.

The Action Plan associated with CAMHS services was developed following publication of the document *Breaking the Barriers: Meeting the Challenges 2010*. It includes shifting the emphasis from mental health services, with the implication that these are issues for the NHS only, towards recognition that many services and wider society all have a role to play in improving the emotional and mental health of all children and young people. This is a model which can be considered by the wider health board in managing other service specialties in an integrated manner.

Welsh Government legislation, national guidance and policies along with mental health pressure groups have understandably influenced the direction of service development and the subsequent statutory measures introduced to provide specific care and treatment options.

At time of writing, the Social Services (Wales) Bill is out to consultation and this strategy will remain mindful of its implications. The principles of the Bill are inherent of those in the strategy.

The Bill concerns giving people a stronger voice and real control over the social care services they receive. The Bill will drive the development of the new models of service that maintain and improve the wellbeing of people in need.

There will be a stronger focus through the Bill on preventative and early intervention services, based on greater partnership working and integration of services between local authorities and partners. Assessments will be based on outcomes that are important to service users and carers and not just about eligibility for a particular service.

The Mental Health and Wellbeing Strategy will remain sufficiently flexible, and respond to the impact of this and other legislation that emerges.

4.5.1. The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 (the Measure) addresses the access, receipt of care and interventions within primary and secondary mental health services and received Royal assent in December 2010. The intended effect of the Measure is to:

- Expand the provision of local primary mental health support services (Part 1)
- Ensure that all service users within secondary care have a care co-ordinator and a care plan (Part 2)
- Provide a mechanism for re-access to secondary care services for previous service users (Part 3)
- Expand statutory independent mental health advocacy to all in-patients and all hospital and community sections of the Mental Health Act 1983 (Part 4)

4.5.2. Part 1 - Local Primary Mental Health Support Services

Part 1 of the Measure seeks to strengthen the role of primary care in delivering effective mental health care and treatment, and to support primary care providers in working with people of any age (children and adults) with mental health needs in primary care.

It sets out the requirement that local primary mental health support services will be provided throughout Wales, and it places a statutory duty on all health boards and local authorities in Wales to develop joint schemes for the provision of local primary mental health support services to people of all ages.

These services will be delivered by local health boards and local authorities in partnership, and it is expected that they will, in the main, operate within or alongside existing GP practices.

Most people who will access the local primary mental health support services will do so through primary care, but the Measure also allows scope for the joint schemes to include people who are subject to the Mental Health Act 1983, or who are receiving secondary mental health services.

In addition certain categories of individuals who would not otherwise be entitled to an assessment will be determined within secondary legislation (Regulations) under the Measure. These categories are likely to include prisoners and young offenders, among others; hence access arrangements will need to be flexible to accommodate all the groups covered by the local scheme.

The local primary mental health support services will provide local access to support for people of all ages who have mild to moderate and/or stable severe and enduring mental health problems, including psychosocial, behavioural and emotional difficulties experienced by children and young people, and memory impairment in older people. The services that will be provided within local primary mental health support services, as set out in the Measure, are:

- Comprehensive mental health assessments for individuals who have first been seen by their GP, but for whom the GP considers a more detailed assessment is required, or individuals who are referred through secondary care services
- Short term interventions, either individually or through group work, if the initial assessment has identified this as appropriate. Such interventions may include counselling, a range of psychological interventions including cognitive behavioural therapy, family work and online support, stress management, and bibliotherapy and education. Such interventions can be categorised as either low or high intensity;
- Onward referral and the co-ordination of next steps with secondary mental health services, where this is felt to be appropriate for an individual
- Provision of support and advice to GPs and other primary care providers (such as practice nurses) to enable them to safely manage and care for people with mental health problems
- Provision of information and advice to individuals and their carers about interventions and care, including the options available to them, as well as 'signposting' them to other sources of support, such as support provided by Third Sector organisations.

4.5.3. The target dates for implementation of Part 1 is October 2012 and Parts 2 & 3 in June 2012

The local primary mental health support services will not be appropriate for all individuals who present to primary care with mental health problems, and GPs will still have the option of

HYWEL DDA LOCAL HEALTH BOARD

managing patients themselves or referring to secondary care, according to the needs of each individual.

As indicated, the Measure applies to all ages and the service model will be developed in conjunction with other teams.

These objectives will be achieved by increasing and developing the capacity across the primary care services for appropriate assessment, targeted brief therapy interventions, onward referral, advice and information for people of any age with any form of mild to moderate and/or severe and enduring mental health problem. This will include psychosocial, behavioural and emotional difficulties experienced by children and young people, and memory impairment experienced by older adults.

(Ref: Mental Health (Wales) Measure 2010, National Service Model for Local Primary Mental Health Support Services August 2011)

The primary care services within specialist CAMHS have become well established in line with the recommendations of the NHS Health Advisory report of 1995. The role of the Primary Mental Health Worker (PMHW) was introduced in order to implement this model. The role of the PMHS and their interventions along with access to specialist practitioners will be clearly defined within the 'scheme' and represented within the service model.

4.6. Stakeholder Expectations

A significant range of workshops, stakeholder events and general feedback conducted during 2011/12 assert that access to services is, or at times, can be, complicated and sometimes, difficult. Further, following review, (the Hywel Dda Acute Mental Health Service Review, 2012), there are variances in eligibility criteria, team resource allocation and equity of service provision. Currently, methods of referral and responses may vary according to where an individual lives.

4.7. Rurality

Living within what is primarily a rural area, across a significantly large geographical location, can present its own challenges for both accessing services and providing services to the Hywel Dda Health Board communities, particularly for those people who rely on public transport.

Whilst the centres of population across the three counties that make up the Hywel Dda Health Board area are significantly rural, there are those populations that consider themselves to be urban and thus in addition to geography there are also understandably distinct cultural differences, with many communities displaying loyalty to local services. The health board is committed to providing services locally whenever this is possible, recognising that some specialist services will require a critical mass of patient population and skilled workforce. It is clinically unsafe and impractical to provide small isolated provision of such services within each individual locality or indeed county. Feedback confirms that the majority view expressed by service users was a willingness to travel to access and receive the most specialist care when it is clinically necessary. Otherwise, the rural nature of the area supports development of community focused services and particularly the proposed primary mental health services model.

Imaginative service delivery options will continue to be considered and the future service model will endeavour to provide a range of specialist services wherever possible within communities. Such specialist care will include outreach and 'hub and spoke' arrangements,

HYWEL DDA LOCAL HEALTH BOARD

and services will include a range of psychological therapies, forensic services and medical treatments.

Specialist services provided on a single site will include acute admission facilities, including assess to admit facilities, intensive care and rehabilitation services. Facilities for those with a learning disability and for those with an eating disorder, or children requiring mental health inpatient support, will be appropriately according to their needs.

5. THE PLAN

Create a **Healthy Community**
through **Integrated Services**
with a **Clear Service Model**,
Specialist Mental Health Services
and **Identified Service Developments**

Each of the five sections setting out 'the plan' is divided into three parts.

1. What are we proposing?
2. What are the outcomes?
3. How we will deliver

This is the outline of the plan to deliver our strategy. For detailed planning and implementation, there will be further detail with clear accountabilities, responsibilities and timescales. Such detail is not appropriate for this document.

6. THE PLAN - CREATE A HEALTHY COMMUNITY

6.1.1. What are we proposing?

We believe that the best way to ensure that services are flexible, responsive and participative is to respond to the needs of individuals in the context of their own lives; families and friends, work and leisure. Our aim is to improve the way our services support individuals to live independently and achieve their potential.

The tiered service model (see section 5. The plan - with a Clear Service Model,) will ensure that we work with, others, in partnership to support and treat service users in the community whenever this is possible. Lessening the chance of disengagement from people in their communities, their support systems and networks, improves an individual's chances of recovery and reduces the potential for a protracted period of illness. The services should be easily accessible, wrapping around an individual, encouraging self-help, early access and intervention if required.

Although living in a primarily rural area creates some difficulties owing to the thinly spread population, and what for some can be significant distances that need to be travelled to access many services, we recognise that within the area covered by Hywel Dda Health Board we are also privileged to have relatively stable and often close-knit communities which can have a beneficial impact on the quality of our lives. We intend to build on this making greater use of 'natural communities' and the formal and informal support mechanisms which already exist within our towns and villages.

One significant focus of the community is the local GP surgery. Across many of the GP surgeries, many of us are well known to the staff, and we already access and receive many services. As the 'first port of call' for health issues, the GP surgery and associated staff are well placed to be the base for developing new and extended community health services. It is

HYWEL DDA LOCAL HEALTH BOARD

our intention to extend the concept of primary care to include mental health services which currently are only available through a secondary care model and to support a person's health needs by staff trained in mental and physical health working more closely together.

6.1.1.1. *Children and Young People*

Our aim is to improve the emotional, mental health and psychological wellbeing of all children and young people and their families across West Wales. This will be achieved by working alongside local communities and helping to develop primary care workers to promote positive emotional and mental health wellbeing, reducing risk, building resilience and ensuring the delivery of 'needs' led services which are local, responsive and accessible.

To achieve this there will be an emphasis on prevention, early intervention and the early identification of need. We will continue to expand our presence in local communities with Primary Mental Health Workers (PMHW) for children, adolescents and their families providing advice and support, early intervention via consultation and advice across all agencies. This is a priority for the Mental Health Service and will be achieved by the delivery of evidence-based interventions to improve the health of children and young people as they grow up so they can positively influence the mental health of future generations.

6.1.1.2. *Older People*

The likelihood of developing dementia increases with age but there is evidence to suggest that increasingly, older middle age people are succumbing to the common determinants of dementia, namely Alzheimer's disease and vascular dementia. Whilst there remains no cure for such a crippling, destructive and demoralising chronic condition, research suggests that certain activities can contribute to lowering an individual's risk; balanced diet, exercising body and mind, stop smoking and reducing blood pressure.

Working more closely across our general and mental health services and with service users and partner agencies we aspire to ensure that individuals will be supported and treated in a holistic way which will reduce the confusion caused by multiple agencies support, reduce repetition and duplication and reduce the burden on services provision thus improving our effectiveness and efficiency.

6.1.1.3. *An Integrated Community Response*

Although the speed with which we can develop will sometimes be influenced by factors such as available space in community care settings, we intend to integrate our mental health staff who currently work in Community Health Teams into an extended service based in, as near as possible to, GP surgeries.

In line with our intention to prevent and minimise the development of emotional and psychological problems, many of which have their roots in social, financial and relationship stresses, we will be working in partnership with and jointly commissioning a range of organisations to help people resolve such difficulties before they become persistent, or can lead to more serious health problems.

6.1.1.4. *Promoting Self Management and Responsibility*

Further, there will be a range of self-help resources which will be accessible to anyone who wishes to use them, at health and local authority premises, libraries, schools and colleges, shopping centres and increasingly at other non-stigmatising venues.

Where it becomes necessary for an individual to obtain advice, or assessment, this should be available in local GP surgeries. This will be provided by a trained member of staff who can advise on a range of services which might be helpful, in addition to providing psychological and other treatments for more commonly occurring problems such as mild-moderate depression

HYWEL DDA LOCAL HEALTH BOARD

and anxiety disorders. Where an individual is already receiving treatment for other health problems, these staff will work with the GP and others to minimise appointments and repetitive assessment processes, and to ensure that the individuals overall health needs are met effectively. They will also be able to link with the more specialist services to obtain further advice or access to treatments which may not ordinarily be available within their surgery. The configuration and model of service will be determined locally and in accordance with the Scheme. The referral pathway is [described on page 44](#).

6.1.1.5. *Returning Home and to the Community*

For people who are already engaged with mental health services, we will improve the quality of the service we offer supported by the introduction of a new care and treatment planning mechanism, as described earlier in Chapter 4, ensuring all aspects of an individual's needs are considered discussed and addressed through improved staff co-ordination, liaison with partner agencies and services provided through local surgeries and within the person's local community. This will enable us to predict and respond to difficulties more readily and effectively, having clear contingency arrangements, reducing the degree of distress, risk and estrangement which can otherwise occur.

It is our intention that this responsive coordination will both reduce and wherever possible prevent unnecessary admission to hospital and also facilitate safe and timely admission where this is absolutely necessary and appropriate.

We will ensure appropriately skilled staff engage actively with the individual and those who support them, reaching out into their community and working with them, rather than taking them away from the structures which are essential in helping to achieve and maintain their potential and recovery.

6.1.1.6. *Managing Long Term Conditions (Chronic Diseases)*

Improving the management of long-term conditions represents one of the best opportunities to improve productivity in the NHS, particularly by reducing unplanned hospital admissions. A core component of this will involve responding more effectively to the mental health and psychological needs of people with long-term conditions. There is a strong association between mental ill health and physical health problems such as diabetes, arthritis or cardiovascular disease. Depression has been associated with a four-fold increase in the risk of heart disease. The presence of a morbid health problem can lead to poor results in care for the physical condition, decreased adherence to treatment, increased health service costs and poorer health outcomes.

In addition to the presence of a distinct mental health concern or issue in people with long-term physical conditions, there is often a psychological component to physical illness that can be addressed using tried and tested mental health interventions such as Cognitive Behavioural Therapy (CBT). There is an increasing body of evidence that asserts addressing a person's mental health and psychological needs can produce a sustainable reduction in recurrent admissions to hospital for people with a range of long-term conditions, including angina, diabetes and irritable bowel syndrome.

Such approaches will assist in the management of individuals with medically unexplained symptoms i.e. physical symptoms that lack a medically identifiable organic cause. Some patients may have underlying mental health problems such as depression or anxiety that might be linked to physical symptoms, but even where this is not so, psychologically minded

HYWEL DDA LOCAL HEALTH BOARD

approaches can help the individual and their family gain a better understanding of their condition and the factors that influence it, thereby helping them cope better with it.

The Equality and Human Rights Commission was established in 2007 with the responsibility to protect, enforce and promote equality across seven 'protected' grounds, including age and disability. Evidence shows that people with mental health issues or a learning disability tend to have poorer physical health at the same time as poor access to care. It is our intention to introduce a service model to improve access to physical health care.

Promoting and sustaining good mental and physical health

Mental health and wellbeing is therefore 'everybody's business'. We want improvements in knowledge, experience and understanding across organisations and amongst health and social care professionals and the public to affect the success of this strategy and reduce the stigma associated with mental health issues both directly and indirectly.

HYWEL DDA LOCAL HEALTH BOARD

6.2. Outcomes

Outcome	Measurement
Service users, families and carers will feel empowered and informed to choose and live a healthy life	Increase in interventions that provide options and choice to individuals Improved information available to help people make informed decisions Monitor the number of carers assessments undertaken
Reduction in number of children and young people directed to secondary care mental health services	Monitor the numbers of children and young people accessing secondary care mental health services
Reduction in number of older people admitted to in-patient services	Monitor activity data Identify the alternative community options Monitor joint and shared care within community team initiatives
Increase in number of people living longer and in better mental health	Monitor health population data and statistics Audit number of health checks undertaken in primary care
Appropriate access and use of hospital secondary care mental health services	Monitoring of Mental Health Act data and activity Monitor the activity associated with secondary mental health inpatient services Monitor out of area activity
Improved experience of out of hospital support and care services	Monitor activity data associated with community services Monitor data in relation to the implementation of the Measure

6.3. How we will deliver

Building on previous work in the counties, and in partnership with our stakeholders, develop a Mental Health Promotion and Wellbeing Strategy for the communities that make up the Hywel Dda Health Board area

The service model will identify, particularly at Tier 0 and Tier 1, opportunities and actions that will create and strengthen support and care, including the interaction between people and their environments/communities. These settings and structures include homes, schools, communities, health services, the workplace, social environments and should support and promote positive mental health

Health and social care staff within the primary and community care setting will provide and contribute to a seamless provision of support and care, contributing to the pursuit of health as well as the treatment of illness. There is a shared responsibility for health between individuals, services, and communities. In this setting the needs of the person as a whole should be addressed; physical, emotional, spiritual, social and economic circumstances

HYWEL DDA LOCAL HEALTH BOARD

Developing the self-help skills of individuals, including improved self-esteem, communication, relationships, coping and problem solving skills can be effective and allow individuals to take better control over their lives and thus improve their mental health. Recovery and resilience being pivotal to achieving optimum levels of health, Wellbeing and personal achievement. The service delivery model will be based on the application of the Mental Health (Wales) Measure with an emphasis on allowing the individual to remain engaged within local communities.

Provide improved access to physical health care and working with others, actively support social inclusiveness for those with mental health needs.

Maintain wherever possible the care and treatment of individuals with long-term mental health needs within local communities, ensuring socially inclusive access to services and opportunities.

7. THE PLAN - THROUGH INTEGRATED SERVICES

7.1. What are we proposing?

From extensive consultation with service users, their families and carers, local authority, third sector colleagues including our Community Health Council colleagues, we know there are four general areas for consideration and further work:

- **Communication**
Mental health services across the three counties have made significant progress in meeting the demands of service delivery, notably in the development of specific teams. However, there are issues in relation to communication difficulties. In particular, the review report reflects the communication difficulties between the component service teams within the current service model, e.g. Community Mental Health Team (CMHT), Crisis Resolution Home Treatment (CRHT) Team, inpatient service etc.
- **Interfaces between teams**
The variations in mental health service provision have essentially led to teams working in isolation, often across remote rural geographical areas, experiencing problems working in an integrated and whole systems way. Further, prescriptive roles and responsibilities have on occasion resulted in a rigid approach to service response.
- **Workforce Issues**
The review has highlighted significant variations in resource skill base and manpower across services, as previously reported within the strategy.
- **Access and Admission**
Where good quality liaison with primary care services has been developed, (link worker development) referral numbers have been significantly reduced. Shared care working practices have benefited the service user and improved relationships across primary and secondary care services. These arrangements are not in place consistently across the Hywel Dda Health Board community.

The implementation of this five year strategy will be facilitated through a series of dynamic plans: Service Implementation Plans. In the same way that we developed this strategy, will endeavour to develop these Plans in conjunction with our partner organisations, service users, their families and carers. We intend to explore and use wherever possible the National Institute for Health and Clinical Excellence (NICE) clinical guidelines to support this, with specific reference to NICE clinical guideline 136: 'Service user experience in adult mental health:

HYWEL DDA LOCAL HEALTH BOARD

Improving the experience of care for people; using adult NHS mental health services' (Dec 2011). To this end we have already established working group to take this forward.

7.2. The Mental Health (Wales) Measure

The implementation of the Mental Health (Wales) Measure 2010 requires a joint scheme to be developed between the four statutory public sector organisations across the Hywel Dda Health Board community. These organisations – Carmarthenshire, Ceredigion, Pembrokeshire local authorities and Hywel Dda Health Board – already work closely together and continue to be committed to the progression of further integration.

At the time of developing this strategy with others, the detail supporting the service model is being determined, with a commitment to the equitable allocation of limited resources to ensure we optimise the advantages set out in this ground breaking legislation.

Whilst the Measure requires dedicated reference to primary support services and secondary mental health services, delivery will be sufficiently flexible to maintain our statutory responsibilities and allow for a needs led service on the primary/secondary care continuum.

7.3. Barriers and Enablers

It is recognised that the removal of artificial organisational barriers enabling easy and timely access to services will improve health and social outcomes, improve effectiveness and efficiency across services providers and thus enhance the experience of individual service users, their families and carers.

It is acknowledged that access to mainstream health service for people with a mental illness, learning disability or have a dual diagnosis can sometimes be frustrating and challenging and at worst difficult. As part of its wider Clinical Service Strategy, the Hywel Dda Health Board will increase its emphasis and energy to remove the unnecessary and artificial barriers and obstructions that can exist.

We conducted a detailed review of our inpatient acute mental health services during the latter half of 2011. It clearly identified specific issues that will be addressed during the timeframe of this five year strategy.

7.4. Inpatient services

Further, and to reinforce and confirm the findings of our in patient services review the same issues were identified at various stakeholder events, with specific action required to:

- Improve assessment/discharge and step down arrangements
- Improve the communication and relationship between primary and secondary mental health services
- Reduce unnecessary use of inpatient services to a minimum
- Determine appropriate configuration of community teams
- Reduce out of area placements
- Improve access to psychological therapies

Hywel Dda Health Board Mental Health Services aspire to ensure that care pathways which include partner agencies are conjoined and are focused on the needs of the individual, instead of operating independently.

We understand that this way of working creates additional demands on our professional and management skills, and requires front line staff to innovate and adapt. However, the

HYWEL DDA LOCAL HEALTH BOARD

opportunities it creates are worth it, and when coordinated and well managed lead to increased service flexibility, job satisfaction and improved health and social outcomes for service users and those who support them.

7.5. A service for all ages

The Mental Health and Wellbeing Strategy includes care for people of all ages, with access to age appropriate services. This will require integrated working across other existing and new services, including children's services, health and social care and older adult services within social care and the voluntary and third sector. The further development and alignment of integrated community teams will require shared care pathway agreements and potentially new governance arrangements as we move forward which we welcome and will actively pursue in order to benefit our patients, their families and carers and communities.

The issues associated with transition of children to adult services and from one service provider to another will be addressed and supported by an outcome focused operational framework. Care pathways will be reinforced supporting people of all ages to make a smooth and seamless transition through services and across organisations.

The transition as it affects those with a mental health or a physical health care issue will be identified within the context of primary care and will reflect the Health Advisory Services (HAS) strategy document Everybody's Business 2001.

The formation of new partnerships with other service providers particularly the third sector, will be vital in determining and pursuing aspects of care that are better provided by others and furthermore, favoured by service users.

7.6. Information Technology; Collaboration and Integration

The mental health services are fully electronic in their administration and record keeping. Considerable efforts have been made to develop, implement and sustain the Functional Assessment the Clinical Environment (FACE) electronic records system. Despite some recent difficulties in implementation and maintenance, we have recently invested in upgrading this system and are more confident that the benefits of a transferable electronic patient record system will contribute to improving integrated care planning across mental health teams, within and outside of normal working hours, across health and social care staff and allow access to the system at each of our Accident and Emergency Departments.

Recent partnership work with the Mid & West Wales Fire and Rescue Service has led to the introduction of hand held computer devices (tablets), to record fire safety checks undertaken by health staff as part of the home assessment process. Information is then transferred directly to the Fire Control Centres and the respective fire crews. The Tablets have been made available to clinical staff for remote recording of consultations and assessment, which can be transferred directly to the FACE system.

We know that improved communication and the easy transfer of information can contribute significantly to the successful safe provision of community services. Increasing emphasis on care closer to an individual's home and their community will require further advancements and investment in new technology.

HYWEL DDA LOCAL HEALTH BOARD

7.7. Outcomes

Outcome	Measurement
All parts of the Mental Health Measure (Wales) will be completed within their individual timescales, with the final element, Part 1, being implemented in September 2012	Data template to be completed in relation to the Measure
An operational delivery plan for service provision will be developed with partners identifying the key responsibilities for the Hywel Dda Health Board and its partner agencies	Monitor progress against the plan
A strategy for citizens' engagement and inclusion of Hywel Dda Health Board has been developed which mental health services will ensure underpins the operational delivery of its services and in turn mental health services will contribute to its further development and implementation	Service user feedback, patient stories and formal meetings to gain views
Service users will move seamlessly across services and through care pathways being an active participant in the development of their care and treatment plans	Audit of Care and Treatment plans
Service users will have positive experience of Health Services provision understanding their potential for recovery	Feedback process to determine the patient experience
Healthcare staff including those employed by primary care contractors will feel more confident and empowered to support and care for people experiencing mental distress or mental illness	Evidence of training and support PDR and PDP feedback. Supervision process audited
A new Tiered model of service delivery will be implemented across the Hywel Dda Health Board providing clarity for both service users and staff of care plan progression, anticipated outcomes and accessing timely service provision	Activity data monitored within targets set by AQF
Having a mental health problem will not be a barrier to accessing other health or social care and support	Improved level of physical health checks Improved range of services available

7.8. How We Will Deliver

- Develop the scheme associated with Parts 1 and 3 of the Measure in partnership with the three local authorities.
- Determine the service model and identify the specific roles of partners within the model and care pathways, commissioning the most appropriate services to meet specific needs, in the most appropriate way including provision by third sector organisations
- Ensure individuals are socially included when wider service provision from local authority and other services is required e.g. housing, domiciliary care etc
- Integration of services across county, locality, primary care, community resource teams including virtual wards as required, within local contexts. Active and demonstrable working

HYWEL DDA LOCAL HEALTH BOARD

connections within the wider community/primary care services will particularly improve access for older people and those with chronic conditions and multiple pathology to a comprehensive range of specialist support

- Training, advice and support will be provided to all health service staff across all services, including primary care staff and those from other organisations. This will assist in the development of a wider and more meaningful organisational understanding and improved delivery of mental health, including learning disabilities interventions across service provision. When needed and wherever possible, specialist or highly skilled staff will work alongside staff from non-mental health specific services. Furthermore, it is proposed that generic staff across services (i.e. staff regardless of health or social care background) will be supported to deliver appropriate levels of care within community teams
- Implement the tiered model of service as indicated within the National Service Model for Local Primary Mental Health Support Services within each locality and deliver via integrated teams in a way which ensures that there is recognisably the same access to all elements of the service regardless of where a person is living, and which takes into account the differences between communities. In order to ensure that resources are used to obtain best value and effectiveness, we will determine what interventions and treatments will be available based on need and that staff are appropriately placed and trained to deliver these. (See section 5. The plan - with a Clear Service Model)
- Services will be actively managed to ensure that the necessary resources are available within each of the tiers and also that resources within the tiers are utilised in a sufficiently flexible manner to enable the individual to access the right services at the right time in the right place
- Provide an agreed, clear and inclusive menu of care that will be delivered by a range of organisations
- Work with others, in partnership to ensure appropriate and timely access to physical healthcare
- Work with others, in partnership, to develop and implement a mental health model for unscheduled care which will ensure appropriate access to advice and support to all statutory agencies
- Continue to develop and improve electronic systems of care management across mental health services and wherever possible linked to other service and organisation systems. Consider the Project Initiation Document (PID) to develop the FACE record system to allow staff to deliver and maintain compliance with Part 2 & 3 of the Mental Health (Wales) Measure 2010, i.e. Electronic Care and Treatment plans, reporting software to monitor compliance. The system will have the ability to provide reports in a number of areas, including serious incidents, unmet needs and performance. In addition the development of 'off-line' forms, mobile solutions and the integration of care pathways to reduce duplication of patient records and support a whole system approach to patient care
- In addition to continuing to train and develop our staff to meet the needs of our services users we will actively encourage staff taking personal responsibility for their own development, supporting them to access training and take advantage of the evolving technological advances that emerge in this arena

8. THE PLAN - WITH A CLEAR SERVICE MODEL

8.1. What are we proposing?

A Tiered Model of Mental Health Services will provide for an integrated, whole system approach to service delivery which is critical for the effective delivery of mental health care and support. Previous Welsh Government guidance sets out the requirements for the development of seamless services, best delivered through a tiered, or stepped, approach to care, with the

HYWEL DDA LOCAL HEALTH BOARD

Welsh Government's aim to achieve this across all mental health services in Wales. A tiered care model with appropriately allocated resources is necessary to ensure that the appropriate expertise and interventions match the complexity of assessed need and thus should minimise the necessity for multiple assessments of an individual. However, it is essential that the tiered model is structured and implemented as a conceptual framework which is demonstrably flexible and is not a rigid structure, ensuring that the flows and linkages between the tiers are pervious and thus are as important as the content of the tiers. To provide the best support for individuals, services need to be seamless and fluid and delivered in a supportive and integrated way across the primary/secondary care continuum.

8.2. Outcomes

Outcome	Measurement
Improved mental health and wellbeing across local communities and across all age groups	Measurable targets against themes within mental health promotion action plan
Services that communicate effectively across all areas of provision	Audit protocols related to formal communication pathways Feedback surveys to inform effectiveness and potential improvements Monitor incidents, concerns and compliments Monitor clinical information systems
Service model introduced with access to least restrictive intervention. Options and choices available at each tier of the service provision	Feedback surveys in respect of various aspects of service delivery Increase in number of interventions available within the service model. Data collection in relation to the Measure

Tiered Service

HYWEL DDA LOCAL HEALTH BOARD

TIER 4

Services for Children & Young People with the most serious problems inc. day units, highly specialised out patient teams / in-patient units.
Adult Mental Health highly specialist in-patient , high secure and residential services.

TIER 3

CAMHS services usually provided by a multi-disciplinary team/service in a community mental health clinic offering specialised services for those with severe, complex & persistent disorders. Adult Mental Health specialist in-patient services e.g. low and medium secure care, specialist community teams

TIER 2

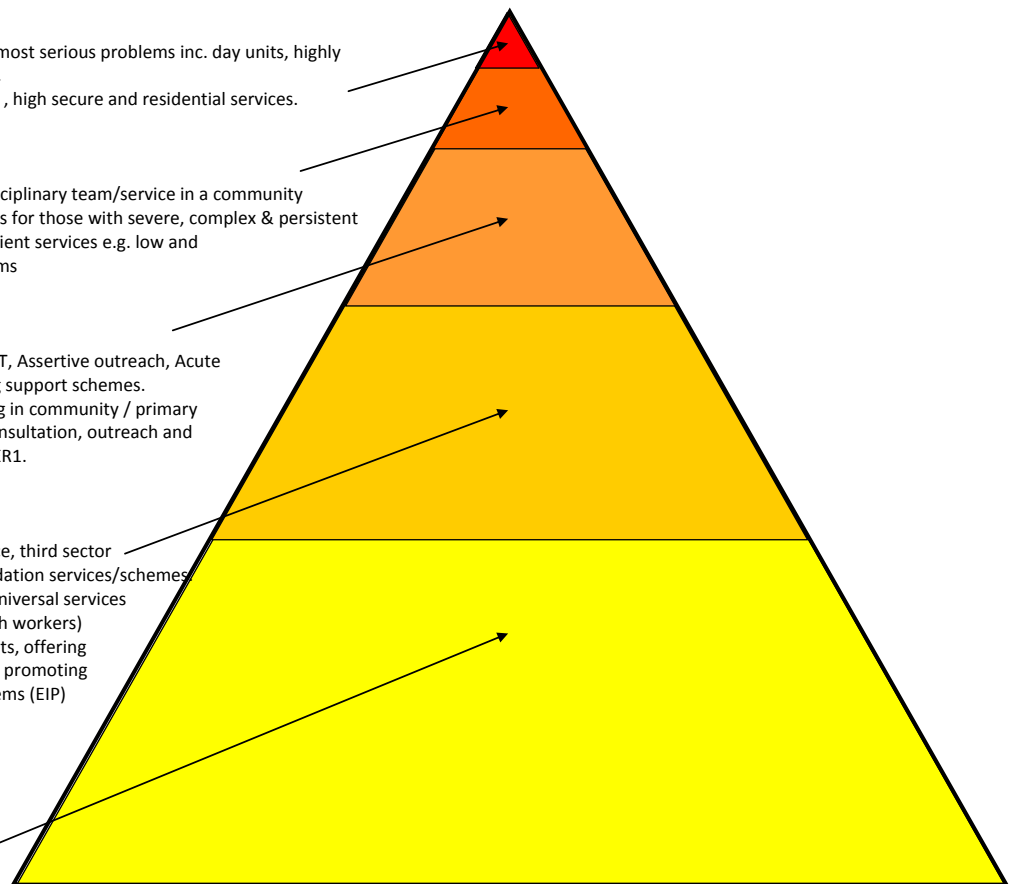
Adult Community Mental Health including CRHT, Assertive outreach, Acute in-patient care, supported residential / housing support schemes.
CAMHS services provided by specialists working in community / primary care settings in uni-disciplinary way offering consultation, outreach and assessments and training to practitioners at TIER1.

TIER 1

The Primary Care Mental Health Support Service, third sector services, low support & mainstream accommodation services/schemes
Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers) who are not necessarily mental health specialists, offering advice and treatment for less severe problems, promoting mental health and early identification of problems (EIP) and referral on to more specialised services.

TIER 0

Foundation Tier – Self-help resources, mental health promotion / education, local community resources and support.



8.3. How We Will Deliver

Through the single point of access, an individual or indeed a carer can engage with services at each or any tier, determined by their particular needs at any time. Hence someone who may need the help of a specific therapist working within tier 3 will also receive support through staff based within the primary care team (tier 1) and may well be involved with services provided by the third sector also (tiers 0, 1 and 2) There will be no requirement that interventions at lower tiers should be tried before higher tiers can be accessed, as the purpose is to ensure that the person accesses the part of the service which is most appropriate to their needs.

The resources available within each of the tiers will be determined by best evidence of what constitutes the most effective interventions delivered in the most helpful way. This will take the form of 'care pathways' for the most commonly encountered mental health problems.

8.3.1. Children and Young People

Child and Adolescent Mental Health Services: Everybody's Business (National Assembly for Wales, 2001) set out a concept of CAMHS which is multi-agency and multidisciplinary, within a 4-tier approach, built in partnership with young people and families. At the time of publication it was estimated it would take 10 years to implement. We aspire to continue to build on the excellent progress made thus far.

CAMHS is used as a broad concept embracing all the services that contribute to the emotional wellbeing and mental health care of children and young people provided by health, education, social services, youth justice services or other agencies. CAMHS is usually described within a four tier concept collapsing tiers 0 and 1 of the adult tiered model of care. It is important to stress that whilst the framework is a conceptual tool, as with the adult tiered service model it

HYWEL DDA LOCAL HEALTH BOARD

should never be seen as something constraining or limiting. Neither people nor services will always fall neatly into the tiers and nor should they. Similarly there is a misconception that a child or young person will move up or down the tiers as their condition is recognised as more complex. In reality, there are some children that may require services from a number of, or even all tiers at the same time.

The primary function of Specialist-CAMHS is the provision of mental health care to children and young people with complex, severe and /or persistent mental health needs across tiers 2, 3 and 4. It is composed of a multi-disciplinary workforce with specialist training in child and adolescent mental health.

Specialist CAMHS uses the Choice and Partnership Approach (CAPA) to ensure service delivery is collaborative and focused on meeting the needs of children, adolescents and their families.

CAPA is a clinical system that is focused on the young person and the family. It encourages collaboration and ensures informed consent and choice incorporating care planning and supporting evidence based practice. CAPA brings together the active involvement of young people and their families, a new approach to clinical skills and job planning.

Therefore it ensures services can then do the right things, with the right people at the right time and can be tailored to fit individual services.

CAPA improves service user and service provision outcomes by:

- Focusing on engagement, therapeutic alliances, choice, goals and care planning
- Improving access by ensuring timely appointments with no waiting lists
- Ensuring service users are seen by a clinician with the appropriate skills
- Actively encourage the use of 'Outcome Measures'
- Facilitates both service commissioning and provision of CAMHS by transparency of capacity and services

HYWEL DDA LOCAL HEALTH BOARD

9. THE PLAN - SPECIALIST MENTAL HEALTH SERVICES

9.1. What are we proposing?

9.1.1. Out of Area Hospital Services

Specialist mental health services generally fall into tiers 2, 3 and 4 of our service model. They are target services which specifically deal with the assessed severity and particular challenges mental illness can present for service users, their families and carers. Service users have told us that what makes a difference for them when they are in need of support, treatment and care is the quality of the relationships and interactions that they have with our staff.

Hence, we will ensure that our staff are trained and skilled to support individuals during their journey towards recovery i.e. the optimum level of functioning. We recognise that our staff are responsive, creative and innovative in their approach. They will be encouraged to develop new skills and work creatively with service users and others seeking and researching international and national best practice, evidence based research and guidance. Further, we will encourage our staff to develop and design new ways of working, working with others when appropriate, which can contribute to the increasing evidence base of best and innovative practice in mental health service provision.

Until recently, individuals requiring significant healthcare and treatment in a secure environment have received such care out of the Hywel Dda Health Board community and sometimes outside of Wales. These facilities include a range of secure services and patients are assessed and placed in these services dependent upon the clinical presentation and risk to self and others and their status as required under The Mental Health Act, and as indicated by the Ministry of Justice and the criminal justice system. These services can range from locked rehabilitation wards to environments of low, medium and high security.

The improved provision of local mental health services, both inpatient (Rehabilitation and Recovery Service) and community based services across the Hywel Dda communities, i.e. Community Intensive Support Services (CIST), Assertive Outreach Teams (AOT) and highly skilled Community Mental Health Teams (CMHT), has facilitated the return of some appropriately assessed individuals nearer to their home, family and friends and thus the prevention of unnecessary use of such facilities. This continued transformational growth in our mental health services alongside the improvement in our risk management processes and an emphasis on the use of the recovery model is having a significant and beneficial impact on care for these individuals and has reduced the dependency on use of services outside of the Hywel Dda Health Board area.

Where individuals have returned to local services from secure mental health services special considerations may apply and opportunities to learn independence in the community may be necessarily restricted by the need to manage risk. Therefore, we will continue to work very closely with the criminal justice services to provide safe and therapeutic care based on recovery principles.

Although small in number some people with mental illness can present risk to others. We work in very close collaboration with local criminal justice agencies and the police to ensure risk is both understood and managed appropriately. As part of our contribution to managing the risk presented by some people with mental health problems to others in the community, the Community Intensive Support Teams will continue to provide support and advice to care co-ordinators and work closely within a framework of Multi Agency Public Protection Arrangements (MAPPA)*, court diversion teams and criminal justice services to ensure the safe management of individuals, including those with a forensic history.

HYWEL DDA LOCAL HEALTH BOARD

Further, through existing and evolving legislation and organisation structures we will continue to actively work with other agencies to ensure the development of joint procedures to safeguard vulnerable adults and children and in so doing share information regarding public protection arrangements through the MAPPA process.

The strategy will support the further growth in community services and the provision of acute care in the least restrictive environments.

We aspire to continue to develop and sustain specialist multi agency services, core services and stimulate the growth of alternative solutions to supporting a return to community for our patients ready to leave in patient services, including community housing and supported living arrangements.

For those continuing to receive care external to the Hywel Dda Health Board area, robust arrangements in relation to commissioning, care management and service and individuals review will be in place.

We will build on the success of community initiatives that are supporting people to live in their communities with sometimes severe, enduring and challenging mental illnesses such as Crisis Resolution and Home Treatment (CRHT) teams, Early Intervention in Psychosis (EIP) services and Assertive Outreach (AOT) and the Therapeutic Day Service (TDS). These services have had a significant impact on the necessity to admit an individual to hospital. We know this is the preferred option of many of our services users and their families and carers. Therefore, we will continue give a high priority to the continued development of these services across the three counties so that there are realistic alternatives to being admitted to hospital wherever this is considered clinically appropriate and/or possible.

9.1.2. Local Hospital Services

Acute inpatient care should only ever be provided for those at the highest level of distress and with the most complex clinical presentation of risks and need. We will continue to provide these services in safe and therapeutic settings for those who cannot be safely treated or supported adequately in, or close to, their homes or communities.

Although the majority of our services will be provided out of hospital, we are committed to ensuring that there will continue to be sufficient inpatient services to facilitate the timely admission of those who absolutely require this type of support. We know this can be a highly challenging and anxious time for patients and their loved ones and therefore, we will ensure that the time spent in hospital will be both beneficial and for the minimum amount of time as is reasonably practicable in order to treat, care and plan for a safe return home.

**MAPPA – Multi-Agency Public Protection Arrangements is the name given to arrangements in England and Wales for the ‘responsible authorities’ tasked with the management of registered offenders, violent and other types of sex offenders who pose a serious risk of harm to the public.*

MAPPA was introduced by the Criminal Justice and Courts services Act 2000 and was strengthened under the Criminal Justice Act 2003.

We recognise the need to continually improve the quality of the experience of people who have to be admitted to hospital and therefore propose to continue to work with services users and

HYWEL DDA LOCAL HEALTH BOARD

the third and voluntary sectors to develop new ways of working to ensure that they are compatible with the highest national standards and the expectations of our residents.

HYWEL DDA LOCAL HEALTH BOARD

Following engagement with services users and our partner agencies we know this will include improving the level of:

- Psychological awareness and clinical practice of our hospital based staff
- Access to specific psychological and social interventions
- Engagement with carers and other services based in the community to ensure a smooth transition between hospital and the community

We are committed to providing safe and sustainable inpatient services.

Further, we aspire to improve the effectiveness of our inpatient service by developing dedicated specialist units designed, staffed and equipped to better meet the needs of particular groups of patients. This may be through the redeployment of existing in-patient resources, or potentially through the identification of new resources designed to enable us to provide a more local or effective service which we currently may commission from service providers outside of the Hywel Dda Health Board area.

A particular example of a dedicated specialist unit is the development of the Psychiatric Intensive Acute Care Unit (PIACU). This will provide an 'assess to admit' facility for the communities of Hywel Dda and will support those in crisis requiring assessment and support during the out of working hours period (unscheduled care). This will ensure a safe and appropriately skilled environment for admission and assessment, facilitating a timely admission to hospital or more importantly a return to the local community as soon as possible. Furthermore, this will enhance and assist with the necessary smooth day-to-day operational management of the ward area and the continuation of a safe and therapeutic environment in our hospital services.

9.1.3. An Inclusive Referral Process

When an individual with a suspected mental health problem or illness is referred by a GP to the Primary Care Mental Health Worker (PCMHW), an inclusive assessment process will be set in train. This will ensure access to an assessment process and timely interventions. The range of options available are specified within the Regional PCMHSS scheme.

As part of the Mental Health (Wales) Measure 2010, we have a statutory requirement to work with our partner organisations; the three Local Authorities in the Hywel Dda Health Board community, to agree a scheme which identifies the treatment to be made available and for securing the provision of local primary mental health support services.

The scheme will be based on the formal agreement between the three local Authorities and the Hywel Dda Health Board and will provide a detailed service provision which will underpin the healthcare.

Within the scheme, the Primary Care Mental Health Worker (PCMHW) will undertake an agreed assessment and will have access to timely interventions from specialist practitioners from a range of services.

These will include; specialist CAMHS, learning disabilities, substance services, older adult services and a range of mental health services.

The implementation detail of the scheme and the integration within the service model is currently being determined. (See Pathway diagram 44)

HYWEL DDA LOCAL HEALTH BOARD

We will ensure that those with mental health problems who may also have a learning disability, substance misuse issues, maternal mental health problem, an eating disorder or a post-traumatic stress disorder can access support and treatment through any mainstream community service whenever possible and appropriate.

Health services, regardless of current service and organisational boundaries, will contribute to, and work within, the proposed service model. This will ensure that specific and appropriate skills are available at an early point and that existing referral and access arrangements are integrated, avoiding unnecessary duplication or the continuation of separate teams and systems.

Children and young people have been included at an early stage in the development of the Measure. The local primary mental health support services will provide another route into services via primary care practitioners. These services do not stop or replace referrals to CAMH via the education service, nor do they replace existing CAMH tier 1-2.

9.2. Outcomes

Outcome	Measurement
The Recovery Agenda will be embedded into the model of service, ensuring social inclusion, access to opportunities for economic stability and providing a basis for hope, aspiration and achievement for individuals and their families	Collection of data relevant to the referral pathway. Targets for levels of satisfaction with interventions and support aimed at recovery and inclusion
The workforce will be developed to meet the aspirations of the strategy and will include the embedding of a cultural shift within the organisation and the development of a skilled and responsive staff Staff will be confident and competent in assessing and responding to the range of needs as presented across the service model Encourage expertise and excellence	Monitoring of the workforce plan Training audits Staff satisfaction/patient satisfaction Monitoring of supervision/attendance Level of multi-agency training
The service will provide a range of psychological therapies within a tiered care model across all areas of service delivery	Monitor training level of staff against training needs plan User satisfaction survey Impact on access to secondary care services i.e. inpatient and CTP use
Mental wellbeing will be integrated through all health and wellbeing preventative agendas, across all age groups	Development of a mental health and wellbeing health promotion strategy embedded across all aspects of healthcare Improved Access to Psychological Therapies (IAPT) developments will be monitored against the workforce plan

HYWEL DDA LOCAL HEALTH BOARD

	Noticeable earlier intervention for individuals and families More services developed that are targeting prevention and early intervention
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9.3. How We Will Deliver

9.3.1. Out of Hospital Services

Inappropriate admissions, or extended lengths of stay beyond that which is considered clinically necessary, are unhelpful and potentially harmful for both patients and optimum service delivery. We will continue to invest in our Community Mental Health Teams who in turn will assertively 'reach in' to the ward environments assisting and facilitating as early a discharge as is clinically appropriate and agreed. This might include consideration of access to alternative, less restrictive facilities with appropriate support, such as 'crisis accommodation' and other community based step down facilities often provided by our partner mental health organisations. We commit to continuing to work with third sector colleagues and other partner agencies to ensure that such services continue to be developed and flourish.

9.3.2. Children and Young People

Ensuring the safe admission and assessment of young people in an emergency situation is a key priority for the service. Welsh Government Policy states each health board should ensure the provision of age appropriate accommodation for children and young people who require admission to hospital in line with Section 131 (a) of the Mental Health Act 1983 as amended. To ensure our safeguarding responsibilities an age appropriate bed has been developed within the paediatric services and a protocol has been developed for children and young people to access this. We need to ensure the same safeguards are in place for young adults and will work collaboratively with colleagues in the adult services to ensure there is equity of provision. This will be accompanied by the provision of training, protocols and a clear care pathway.

10. THE PLAN - AND IDENTIFIED SERVICE DEVELOPMENTS

10.1. What are we proposing?

10.1.1. Psychological Therapies (Talking Therapies)

The health board recognises the significant beneficial impact of psychological therapies at all stages of service delivery; further reinforced by the Policy Implementation Guidance for Psychological Therapies recently launched by the Welsh Government (Ref: Psychological Therapies in Wales, Policy Implementation Guidance, March 2012). Whilst many of our services are compatible with the recommendations of stated in the document, sadly, we still lack a sufficient number of staff trained in the different psychological approaches and interventions across all tiers, and thus our culture and service models need to change to come in line with best evidence and practice.

We will mainstream psychological approaches into our services and introduce psychological interventions to service areas where they are currently absent or scarce and can have a positive impact, such as our inpatient services.

We aspire to extend out across the Hywel Dda Health Board area our more successful services, such as the Therapeutic Day Service, currently only available within a limited area.

We will progressively develop our services, supported by appropriate protocols to, to ensure that all patients with physical or mental health problems are able to access psychological

HYWEL DDA LOCAL HEALTH BOARD

interventions appropriate to their need, and as part of the service which they would ordinarily access for their predominant problem (e.g. coronary care services, or cancer services).

We have recently established a service led by a consultant nurse and supported by small multi-disciplinary teams of staff across the three counties. This allows for those considered to have early signs of a psychosis, and their families, to be assessed and engaged in treatment which evidence suggests is likely to produce considerably better outcomes than standard psychiatric treatment. It builds on the fundamental treatment with medication through the use of active and assertive engagement with the person in their community, and the use of psychological interventions including psycho-education, cognitive behaviour therapy for psychosis and family therapy. It is an excellent example of a 'recovery based' approach. It is our intention to extend the availability of this approach to all those who have early or established psychosis through the introduction of a new pathway of care which will ensure that they receive all the components of effective treatment, including psychological interventions, as and when they are able to benefit from them. This will reduce the number of people who require admission, especially those who are detained under the Mental Health Act 1983, and also improve the overall experience of those using the service.

Over the past two years, we have developed a new service for people suffering with eating disorders, as part of the national framework supported by funding from the Welsh Government. This has required considerable investment in training and the development of new skills across the tiers of service as well as the development of new working relationships and care pathways. It has significantly improved access to specialist advice and treatment, delivered mainly through local services, and has enabled us to develop a greater awareness of the needs of our population and service users suffering with such problems.

10.1.2. Personality Disorder Services

We currently have in place a Personality Disorder (PD) Consultation Service. This provides assessment and advice in the diagnosis and management of people considered to have a PD, or who have highly complex and/or challenging emotional or psychological difficulties.

We also have a well-established Dialectical Behavioural Therapy service across the three counties, supported by the Psychotherapy Department but delivered by staff from within the local community teams; this is further supported by the Therapeutic Day Service. Staff have received in-house training in Emotional Coping Skills, by staff trained in Schema, Cognitive Analytical Therapy (CAT) and Psychodynamic Therapy based within Psychotherapy and Psychology, and by other staff working closely to support and care co-ordinate.

This service has had a significant impact on indices of distress and dysfunction, including admission rates, and it is therefore essential that it is staffed and developed to ensure that it is resilient, sustainable and accessible across the health board.

10.1.3. Learning Disability Services

We know that people with learning disabilities are at a greater risk of developing mental health problems and illness, including dementia. Often, people with profound learning disabilities will have a mental illness and for some this will lead to severe challenging behaviour and occasionally offending behaviour.

We also know that for people with learning disabilities or have a co-existing mental illness with a learning disability, contrary to need, can experience difficulty in accessing some health services and support from across the health spectrum e.g. access to a GP or dentist and even

HYWEL DDA LOCAL HEALTH BOARD

accessing general hospital treatment. Whilst our community nurses (Community Teams for Learning Disability) currently perform the additional physical health checks (Cardiff Health Check devised by Cardiff University), access to a GP or dentist for people with learning disabilities should be equivalent to that of others.

Our healthcare professional will continue to work with others providing healthcare services in the community, including GPs and dentists to improve timely access and service delivery.

We will continue to work within the framework of the 'Good Practice Framework for People with a Learning Disability and Fulfilling the Promises: Proposals for a Framework for Services for People with a learning disability requiring planned secondary care' and build on our achievements:

- An assessment and treatment unit for people with learning disabilities, providing specialist mental health care for people with a leaning disability
- A specialist autism service, the first in Wales to be awarded 'National Autistic Society' accreditation
- A step down facility for people who, in addition to their learning disability have offending behaviour
- Community based learning disability teams using evidence based 'applied behaviour analysis' supporting people to better and longer live in their communities
- A supportive and co-productive relationship with third sector colleagues supporting training and education initiatives

Further, we understand the Royal College of Psychiatrists is currently revising its report on joint working which we welcome and seek to explore how we can best integrate the recommendations into our working practices.

There is a lack of robust joint assessment, diagnosis and intervention services for children and adults with Autistic Spectrum Disorders across the health board within all areas of service delivery. Therefore it is imperative that a multi-agency pathway across the age span needs to be developed taking into account the Wales Autism Strategy.

Together with our partners, including service users, their families and carers the Hywel Dda Health Board will develop an Operational Framework for commissioning and providing appropriate and timely health services for people with learning disabilities; promoting and supporting good health and wellbeing and improved timely access and experience when experiencing planned or unplanned NHS care.

10.1.4. Children and Young People

Following a service mapping exercise a lack of safe and appropriate services were identified in relation to the prescribing and detoxification for children with substance misuse problems. This resulted in recognition of the high levels of co-morbid mental health disorders. A proposal was developed for funding to work in collaboration with the Substance Misuse Area Planning Boards to develop a service specification for the development of a Children and Young Persons Substance Misuse Service across West Wales which is multi agency and works in collaboration with the third sector. This new integrated service will ensure that children and young people receive timely, responsive universal and targeted services across the tiers according to need which aims to prevent further escalation of addiction, co-morbidity and suicide.

HYWEL DDA LOCAL HEALTH BOARD

10.1.5. Transitional Arrangements for Young People into Adult Services

Transitional arrangements from Specialist CAMHS to Adult Mental Health Services, learning disability services, substance misuse and generic health services need to be reviewed and strengthened to ensure clear lines of accountability and a seamless journey for children, young people and their families. Local and national guidelines should be incorporated into the new protocol and a collaborative and open approach should be adopted where key representatives from each discipline can agree / develop joint protocols and ensure training and good practice and experience is shared.

On occasions access to tier 4 in-patient Specialist Child and Adolescent Mental Health Services (S-CAMHS) beds can be a challenge and has resulted in an inappropriate admissions into adult mental health wards and can lead to a young person being placed in a facility which is out of their county resulting loss of contact for the young person with their community and culture. Research has shown that admission rates can be reduced with the provision of a Community Intensive Treatment Team (CITT).

Following positive discussions with Welsh Government and to further improve the delivery of high quality community services within Specialist CAMHS a proposal for a Community Intensive Treatment Team has been put forward for future investment. This additional service would enable us to deliver high quality services within our local community, at the right time and preventing admissions to specialist units away from family and friends.

10.1.6. Children and Young People

A key challenge for Specialist CAMHS proposed by Welsh Government will be the development of specialised mental health services for children who have both a Learning Disability and a mental health disorder across primary and secondary care services.

To achieve this work has already begun to include the development of a service specification, protocols and pathways which links across children's disability services, paediatrics and transitional links with adult learning disability services. This will form part of the new operational strategic framework.

10.1.7. Eating Disorders

Services will be delivered in line with the network arrangement for Tier 3 services and a further strengthening of local services will continue. Access to Primary Care Mental Health Services and integration within other health professionals will ensure every opportunity to assist the individual to remain within local care. Access to psychological therapy, dieticians, physical health care, inpatient care and care and treatment plans when required will be assured.

10.1.8. Substance Misuse Services

Substance services work closely with a range of treatment providers. Those presenting with substance and mental health issues present significant challenges and in keeping with the Service Framework to meet the needs of people with a co-occurring substance misuse and mental health problem, a care pathway has been developed.

All of the 25 Core Standards apply to each Area Planning Board in Wales.

Within these standards it is identified that service users should be provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs and preferences.

HYWEL DDA LOCAL HEALTH BOARD

Continued opportunity for integration will be addressed through delivery of the Measure and the emerging service model.

The development of treatment options within substance services particularly the delivery of psychological therapies will continue and integrated initiatives such as the recent involvement in the development of the Integrated Family Support Service will strengthen the partnership working.

10.1.9. Sensory Impairment

For those experiencing mental health problems that also have a sensory impairment the impact, responses and effects can be exacerbated. This may be the result of poor ability to communicate or disturbances created by misinterpretation or confusion. Services will be sensitive and aware of such impairments and provide appropriate methods to assist and support the individual.

HYWEL DDA LOCAL HEALTH BOARD

10.2. Outcomes

Outcome	Measurement
There will be accessible and responsive services available at all tiers of the model, regardless of age: - comprehensive primary care mental health service - hospital and secondary care services	Clinical audit of care pathways Survey patient experience Monitoring of specific key performance indicators, including: - length of stay - improved outcomes More patients will report that they have received effective treatment at home Monitoring of the Mental Health Act
The service model will have access to a skilled workforce for consultation, advice and treatment: - physical health care - range of psychological interventions - CAMHS specialist services - Substance services - Learning Disability services - Older Adult specialist services - services for those with sensory impairment	Monitor referral and access data Impact on secondary care services Monitor the targets for physical health screening Audit the Care and Treatment plans Completed self-assessment tools
There will be a psychologically-minded organisation, where different services working together share the same objectives Trained staff who recognise the connection and impact between mental health problems and physical illness e.g. - A&E departments - Dementia care - chronic conditions (chronic obstructive pulmonary disease, coronary heart disease)	Monitoring of training received by staff across the organisation in the synergy between mental health and wellbeing and physical presentations Demonstrate a growth in improving access to psychological therapies within physical health care settings

10.3. How we will deliver

- Introduce a project management structure to support the implementation of the strategy. Develop the primary care support scheme for the Mental Health (Wales) Measure 2010 to identify the commitments and contributions from the four partner organisations
- For those individuals with an eating disorder, we will develop a more detailed pathway of care, and identify ways of ensuring that resources are focussed on those who are most likely to benefit, when they are most likely to benefit, whilst allowing the greatest choice but safest support for those who may not wish to engage in treatment
- We will keep under constant review the use of external (tier 4) residential treatment, so that we can ensure the most effective use of resources, clinically and financially; and explore, in conjunction with our partners, opportunities to develop more intensive and effective services within our own area

HYWEL DDA LOCAL HEALTH BOARD

- Review and update the three year operational plan for repatriation of patients receiving care out of the Hywel Dda Health Board area and ensure associated work plans to manage and ensure the timely delivery of patient reviews for those placed out-of-area
- Provide an integrated unscheduled care model within the care pathway. This will ensure access to services out of office hours and support colleague agencies
- Develop a detailed workforce plan to include the assertive recruitment, development and training of staff in line with the service model. This will include a training needs analysis in order to prepare staff for the wide range of roles and skills required to deliver the service model. Training and support of staff across the wider community of health and social care will be included within this process
- We will develop a psychological therapies focused model of service particularly within the following areas of delivery:
 1. For those with a personality disorder we will develop the Therapeutic Day Service model in the other localities to enable access to it for all patients who may benefit from the service
 2. Improve the established staffing levels of the Dialectic Behavioural Therapy Service
 3. Develop and implement a model for the treatment of the 'core dysfunction' of patients suffering with personality disorders and related problems, and which can be available across all localities. Ideally this will be a community based intensive service focussed on helping the person recover and experience a normal life, rather than simply reduce the manifestations of the condition (e.g. self-harm, overwhelming distress). However, access is likely to be a major hurdle and consideration will continue to be given to the establishment of a residential treatment centre
 4. Provide therapeutic environments for recovery in our in hospital settings, by improving access to psychological therapies

11. MAKING IT HAPPEN

We aspire to delivering a service which is integrated across all aspects of health and social care traversing boundaries that currently exist between physical and mental health care and between organisational structures.

This includes health and social care, police and probation, access to housing support services, employment training, benefits advice, valued occupation, safeguarding in relation to multi-agency public protection arrangements, safeguarding children and Protection of Vulnerable adults. The impact and influence of the mental health & wellbeing agenda across strategies will be reinforced across all organisations.

The themes that have emerged as part of the development of this strategy are:

11.1. Service Model

The mental health service pathways will be inclusive and represent the 'model of care' available within tier 0 (Tiered Service diagram, page 33) and through the levels of increasing intensity of intervention, delivered as close as possible to individuals community. It will promote and support a model of mental health promotion and Wellbeing through self-care and when support is required and where it is clinical appropriate and practicable, care closer to home will always be considered as a priority.

The model will build in intensity reflecting the higher and more complex care need that is required within tiers 3 and 4. The approach throughout will be based on Recovery and for the period of time that people require a high level of input, including that of inpatient settings will be provided safely and with respect.

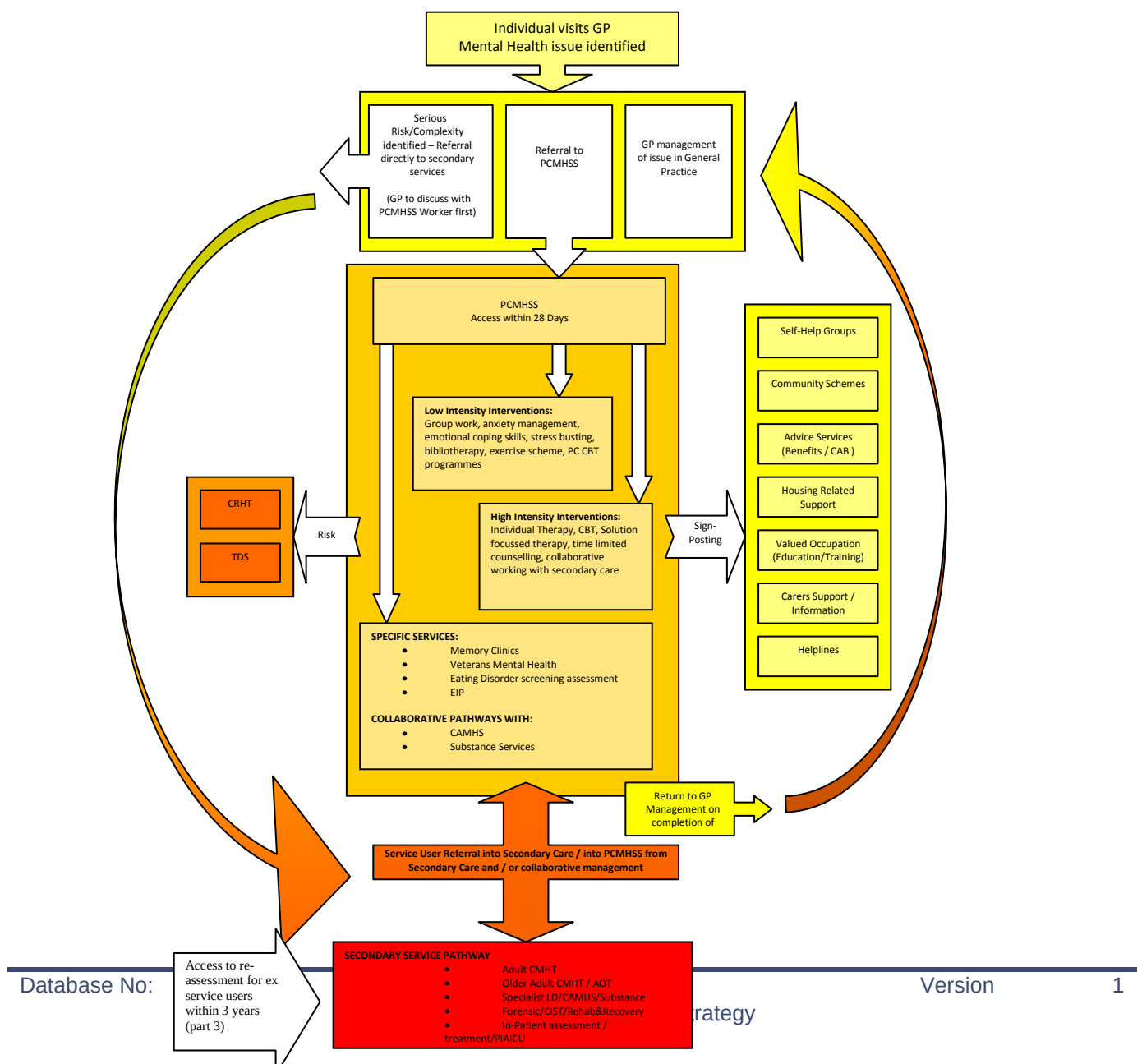
HYWEL DDA LOCAL HEALTH BOARD

In order to support our vision of mental health and wellbeing, early Intervention will be fundamental to the model of service particularly at the primary care stage in tiers 0, 1 and 2.

This intervention will resolve the potential escalation of what may be relatively minor problems and encourage the individual to take steps to avert on going problems. Acknowledging the effect of physical exercise, avoiding alcohol intake, introducing self help techniques or brief therapeutic interventions will be some of the options available. At this stage the potential to sign post individuals to alternative sources of assistance will be available and encouraged e.g. third sector provision, bereavement counselling etc.

The Mental Health (Wales) Measure 2010 gives us a unique opportunity to reconfigure and re-design the model of services. The development of the primary care scheme will make specific reference to the particular interventions from Health and local authority that will be included within both a primary and secondary care provision. This statutory requirement will forge new relationships and responsibilities between these organisations with the opportunity to delegate other aspects of service interventions to other third sector parties.

The influence of a wide range of stakeholders in determining the service model has been invaluable and the continued formal and informal mechanisms for continued engagement and involvement will be reaffirmed.



11.2. Mental Health Promotion and Wellbeing

This will include development of a Mental Health and Wellbeing Health Promotion Strategy in line with Mental Health Promotion Action Plan for Wales. (Welsh Assembly Government 2006)
It aims to:

- Improve the mental health and wellbeing of the population of Wales
- Reduce stigma and discrimination associated with mental health problems
- Promote social inclusion for people experiencing mental health problems

There are seven themes that actions have been targeted through:

1. Parenting and early years
2. Children and young people
3. Workforce employment and economic inactivity
4. Older people
5. Communities
6. Health and social care settings
7. Mental health literacy

Some themes are specific to periods within the life course from 'parenting and early years' through to 'older people'. Other themes, 'communities', 'health and social care settings' and 'mental health literacy' cut across all health promoting activity.

The recovery and early intervention principles will be embedded within this work stream. The operational aspect of this work stream will be embedded in the delivery of the service model and will influence the activity undertaken at each tier of service delivered.

11.3. Improving Access to Psychological Therapies

We will improve the health of the Hywel Dda Health Board community by offering appropriate access to services that are both psychologically minded and psychologically therapeutic.

In line within the recommendations identified within the policy implementation Guidance 'Psychological Therapies in Wales (Welsh Government 2012)', the Psychological Therapy Management Committee (PTMC) shall take responsibility for the delivery of the implementation steps set out within the guidance, in line with its quality standards.

We will measure local demand for, and capacity to deliver a locally appropriate range of psychological therapies and ensure staff are trained and developed to deliver the range of interventions within a formal supervision structure.

Psychological therapies will be delivered in each of the tiers of the service model at an appropriate level of intensity. In general, as the tiers are ascended the number of service users accessing the tier of service reduces, but the treatment intensity increases.

NICE guidance suggests that treatment outcomes are better where self help approaches are guided by trained staff.

11.4. Workforce Planning

The workforce is a vital component in the introduction of new service models and in the proposed strategy implementation. The strategy requires the development and embedding of a change in organisational and individual culture.

HYWEL DDA LOCAL HEALTH BOARD

It is important to gather information in respect of service demand, this may be undertaken by identifying the needs of those in contact with services and forecast changes based on previous experience, another will be to estimate demand from epidemiological data and this is likely to reveal current and hidden demand.

A key point in planning for the future workforce is reviewing the current workforce across the statutory, third and independent sector. This service should include issues concerned with the profile and supply (recruitment and retention) of existing staff.

The challenges in relation to recruitment are well known and there is often a difficulty in maintaining adequate numbers of qualified staff particularly nurses and medical staff in certain areas.

The availability of staff and sustained recruitment of quality staff will influence the pattern of delivery of our services.

The service strategy and plans should be sufficiently clear to estimate the workforce required and include the staffing and competencies required to deliver the service model.

11.5. Innovations

There have been a number of recent Welsh Government initiatives which have been implemented over the last two years and following successful recruitment and training these services have been introduced and continue to be further developed.

A number of these services cross other aspects of health provision and provide opportunities for integrated working.

11.5.1. Eating Disorder Service

This is a regional hub and spoke service aligned with ABMU Health Board. The tier 3 eating disorder specialist is hosted by Hywel Dda Health Board and additional multi-disciplinary staff has been recruited to this dedicated service. We continue to encourage integrated service delivery with our physical health colleagues, CAMHS and adult mental health services in order to maintain individuals within their homes wherever possible and to develop seamless support to the individual and their family.

11.5.2. Dementia Facilitators

These posts were recruited to in late 2011. Although proposals for these posts were produced by mental health services, it is recognised that those roles span all health services and include involvement with other organisations. The post contributes to the development of a co-ordinated approach to dementia care across the Hywel Dda Health Board community.

In light of the increasing profile and priority afforded to dementia both nationally and locally the health board established the Dementia Development Group. This group is a sub group of the Community and Chronic Conditions Management Executive Board. The goal is to develop more closely integrated dementia services, comprehensive programmes of care and a greater awareness and understanding of the needs of people with dementia and those close to them.

The dementia facilitator posts are involved in the development of closer working between general healthcare and mental health services. A variety of initiatives have been introduced including improved information and support systems, training for all front line staff, shared care protocols and improved liaison.

HYWEL DDA LOCAL HEALTH BOARD

Young Onset Dementia Service - this service have been developed in line with Welsh Government support and specialist staff are assigned to provide a strategic approach to the implementation of services across Hywel Dda Health Board community and progress will be monitored through the Dementia Development group.

11.5.3. Forensic service developments

Following the development of the secure services action plan through the National Programme Board, community forensic services were commissioned. This allowed the health board to strengthen the Community Intensive Support Team and ensure equity of delivery of this service across the three counties.

11.6. **Implementation and Delivery**

A series of Implementation Plans will be developed embracing the full range of work streams. They will be structured and designed to deliver the key strategic aims and principles reflecting new thinking, technology and evidence based practice as they evolve during the course of this five year strategy.

In the same way that this strategy has been developed, the Implementation Plans will be drawn together working with the service users, their families and carers, our staff and colleagues from across our statutory partner agencies, Community Health Councils, and the third sector.

The structures will support implementation across the communities of Hywel Dda Health Board. They will provide the necessary design and detail to ensure the safe and appropriately designed locally sensitive delivery of mental health services and robust management across the three counties of Hywel Dda Health Board and their seven localities.

HYWEL DDA LOCAL HEALTH BOARD

12. APPENDIX - STRATEGIC CONTEXT

The development of the Mental Health and Wellbeing Strategy has been informed by a range of national and local strategies and documents including those listed below:

Better Health and Wellbeing in Wales(1998) Welsh Government	This document highlighted the association between the wider determinants of health and mental health including housing, employment, and community safety.
Promoting Health and Wellbeing in Wales: A Consultant Document (2000) National Assembly for Wales	This strategy sets out a framework and key areas for action that organisations can take to reduce health inequalities and improve health and wellbeing. It aims to highlight the importance of health and wellbeing in everyday life and access the services and opportunities needed for a satisfying and healthy life. This involves tackling social, environmental, and economic conditions as well as action to persuade people to adopt healthy lifestyles.
Working our way to better Mental Health: A Framework for action (2009)	This document and aims to improve wellbeing at work for everyone and deliver significantly better employment results for people with mental health problems, supporting them into work, helping them to stay in work and assisting them to return to work more quickly after sickness absence due to mental health issues.
Improving Health in Wales: A plan for the NHS and its partners (2001)	This document sets out the Welsh Government vision for the NHS and its partners over a ten year period.
Child and Adolescent Mental Health Services: Everybody's Business (2001) National Assembly for Wales	This strategy sets out the aims and objectives in order to improve the mental health and wellbeing of children and young people through improved mental health services including education, youth offending, social services etc.
Wellbeing in Wales (2002) Welsh Government	This strategy was the follow up to Better Health Better Wales (NafW1998). The document addresses the connection between mental health and other factors including housing, education, strengthening communities and economic development.
Communities First Strategy (2002)	Communities First is the Welsh Government's programme to address poverty and social deprivation, to enable communities to pursue sustainable development and tackle social disadvantage locally to best meet their needs. The aims include the reduction of health inequalities and stronger partnership working to develop health communities.
National Service Framework for Children Young People and Maternity Services (2005)	This framework aims to contribute to the achievement of the Welsh Government's seven core aims for children and young people by improving quality of service delivery and reducing variations in service delivery through the setting of national standards. One of the overarching standards is 'promoting positive mental health and psychological wellbeing'.

HYWEL DDA LOCAL HEALTH BOARD

Healthy Ageing Action Plan for Wales (2005)	This plan was developed in a response to Health Challenge Wales, and provides guidance for use at a local level on evidence based health promotion interventions with older people, including mental health.
Raising the Standard Welsh Assembly (2005)	This document provided the revised adult mental health National Service Framework and an Action Plan for Wales.
Welsh Assembly Government (2008) Talk to me	A National Action plan to reduce suicide and self harm in Wales 2008 – 2013.
Choosing Health (2006) Department of Health	Supporting the physical health needs of people with severe mental illness.
The Future of Mental Health (2006)	A vision for 2015, Sainsbury Centre for Mental Health.
Acute Mental Health Service Review (2011)	Review of services across Hywel Dda Health Board.
Mental Health Modernisation Document (2001)	Iterative stages of service developments following Reprovision of mental health services, across Hywel Dda community.
Talk to me - A National Action Plan to Reduce Suicide in Children and Young people In Wales. (2008)	Plan outlines the challenges and priorities in Wales for tackling suicide and self harm.
Eating Disorders – A Framework for Wales 2009) Welsh Government	A Welsh Government document that describes a regional model for the provision of eating disorder services.
Substance Misuse Treatment Framework (2004) Welsh Government	A framework document which provides standards for the delivery of substance misuse services.
Breaking the Barriers: Meeting the Challenges (2010) Welsh Government	Better support for children and young people with emotional health wellbeing and mental health needs.
Welsh Government	Together For Mental Health. A cross Government strategy for Mental Health and Wellbeing in Wales – subject to consultation at the time of writing this document. Social Care (Wales) Bill – subject to consultation at the time of writing this document.
Welsh Government	Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales (2007)
Welsh Government	Fulfilling the Promises: Proposals For a Framework for Services for People with a Learning Disability [Learning disability advisory group 2001]
The Bradley Report Department of Health – England 2009	A review of people with mental health problems or learning disabilities in the criminal justice system.
Local Hywel Dda Health Board Documents	Pembrokeshire Health, Social Care and Wellbeing Strategy Ceredigion Health, Social Care and Wellbeing strategy Carmarthenshire Health, Social Care and Wellbeing Strategy

HYWEL DDA LOCAL HEALTH BOARD

	Clinical Services Strategy (Draft) at the time of writing this document is subject to a public engagement and listening exercise and is anticipated to go to full consultation in August 2012.
National Institute for Health and Clinical Excellence	Clinical Guidance CG 136: Service User Experience in Mental Health

12.1. Glossary and References

12.1.1. Glossary of Terms

AOT	Assertive Outreach Team
ASD	Autistic Spectrum Disorder
CAMHS	All universal services within primary care that work with children and young people
S-CAMHS	Specialist Child and Adolescent Mental Health Services at tier 2 , 3 and 4
CAT	Cognitive Analytical Therapy
CBT	Cognitive Behavioural Therapy
CIST	Community Intensive Support Team
CMHT	Community Mental Health Team
CRHT	Crisis Resolution and Home Treatment Team
DBT	Dialectical Behavioural Therapy
ECS	Emotional Coping Skills
EIP	Early Intervention in Psychosis
GP	General Practitioner
IAPT	Improving Access to Psychological Therapies
MAPPA	Multi Agency Public Protection Arrangements
Measure	Mental Health (Wales) Measure 2010
PCMHW	Primary Care Mental Health Worker
PD	Personality Disorder
PIACU	Psychiatric Intensive Acute Care Unit
Practice Staffing	Health Visitors, District Nurses, Doctors, Receptionists, Practice Managers, Social Workers
TDS	Therapeutic Day Services
Tiered Services 0 – 4	As represented in diagram p 33
WG	Welsh Government