



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Together for Mental Health

Betsi Cadwaladr University Health Board
Local Partnership Board Annual Report 2012 – 13



Contents

	Page
1.0 Introduction from the Local Partnership Board Chair	1
2.0 Mental Health and Wellbeing in Betsi Cadwaladr University Health Board	
2.1 Local Mental Health and Wellbeing Needs Analysis	2
2.2 Service Delivery Model	9
3.0 Delivering <i>Together for Mental Health</i>	
3.1 Promoting Better Mental Wellbeing and Preventing Mental Health Problems	16
3.2 A New Partnership with the Public	22
3.3 A Well Designed, Fully Integrated Network of Care	25
3.4 One System to Improve Mental health	33
3.5 Delivering for Mental Health	36
4.0 Summary and Conclusions: Looking ahead to 2014 and beyond	38
Annex 1	
LHB Report against Together for Mental Health Delivery Plan Actions 2012 – 2016	39
Annex 2	
Membership of the Betsi Cadwaladr University Health Board Local Partnership Board	67

1.0 Introduction from the Local Partnership Board Chair

I am pleased to present the first annual report for the North Wales Mental Health Partnership on progress of the implementation of Together for Mental Health.


The report highlights significant progress to date on the actions required as well as highlighting the challenges and priorities for the partners over the coming year. Whilst not exhaustive, it does demonstrate a collective approach to taking forward the National Strategy and supporting local innovation and delivery.

The establishment of the North Wales Mental Health Partnership does come at a challenging time for the public sector in Wales, with increased demand for services, an ageing population and reductions in real term funding. In North Wales the challenge for all partners is to progress our plans across a large geographic area, comprising of six local authorities, with different cultures, service models and different populations in terms of age distribution, employment and socio-economic status.

The membership, set out in Annex 2, reflects a broad range of stakeholders from both the public and third sector including primary care, housing, Community Health Council and six service users and carers to bring their life experience to the Partnership to inform and shape our work.

Whilst the Partnership Board has only recently been established, there is a history of partnership working in mental health across sectors in North Wales over a number of years with the establishment of the Child Adolescent Mental Health Services (CAMHS) Specialist Planning Network, the Conwy and Denbighshire Mental Health Partnership and County based planning groups as examples. We will therefore be building on sound foundations as we develop the Partnership to drive improvements to Mental Health Services as well as opportunities to enhance mental well-being.

Over the next 12 months we will develop a clear vision for Mental Health Services across North Wales, continue to develop the Partnership Board and ensure all members have the information and support to be able to contribute to its effectiveness. We also need to ensure that we have the necessary infrastructure and engagement processes in place to monitor progress and identify needs and key issues at both a regional and county level.



Geoff Lang
Chair-North Wales Mental Health Partnership

2.0 Mental Health and Wellbeing in Betsi Cadwaladr University Health Board

2.1 Local Mental Health and Wellbeing Needs Analysis

Betsi Cadwaladr University Health Board (BCUHB), covers almost a third of the landmass of Wales, and is the largest Health Board in terms of population. It comprises the local authority areas of Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

2.1.1 Demography

In 2011, the approximate population of the BCUHB area was 687,800. Flintshire in the North East has the largest population of 152,500 and Anglesey in the North West has the smallest population, 69,700. Overall there has been a 3.5% increase in the population of BCUHB between 2001 and 2011, with Conwy experiencing the largest percentage increase.

Population change, Wales, Betsi Cadwaladr University Health Board & Unitary Authorities 2001-2011

	2001 population (number)	2011 population (number)	Change since 2001 (%)
Wales	2,910,200	3,063,500	5.3
Betsi Cadwaladr UHB	664,500	687,800	3.5
Isle of Anglesey	67,800	69,700	2.8
Gwynedd	116,800	121,900	4.4
Conwy	109,700	115,200	5.0
Denbighshire	93,100	93,700	0.6
Flintshire	148,600	152,500	2.6
Wrexham	128,500	134,800	4.9

Source: Office for National Statistics

The population is predominantly white British, with 1 per cent of the population coming from a minority ethnic background.

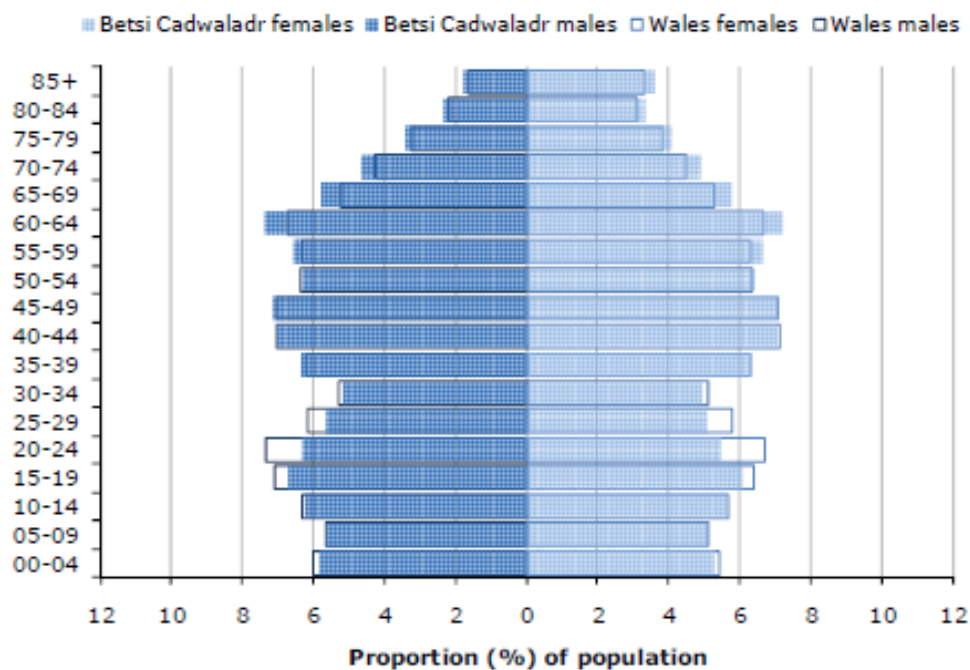
BCUHB has a larger proportion of the population aged 55 years and over compared to the rest of Wales and a smaller proportion of the population in the younger age groups, particularly the mid teens to early 30s age groups. 20.7% of the population is under the age of 18 years, compared with 21.0% in Wales as a whole. The proportions of each age band, over 55, over 65, over 75 and over 85 are all individually higher than the average for Wales as a whole. There has been a 6.8% increase in the population aged 75+ between 2001 and 2011, with the population aged 85+ growing by 12.5%.

This is important as need for healthcare varies according to age, and in particular, the young and elderly, whose populations are not evenly distributed across the area.

Increases in healthcare costs are strongly associated with increasing age and it is widely projected that the healthcare of the very elderly will account for an increasing proportion of health budgets in the future. Of the ten Middle Super Output Areas (MSOAs) in Wales with the highest proportion of older people (aged 75 and over), five are situated in Conwy. This presents considerable challenges to providers of health and social care.

**Proportion of population by age and sex
Betsi Cadwaladr University Health Board: 2009**

Produced by the Public Health Wales Observatory
using data from 2009 mid year population estimates, Office for National Statistics



2.1.2 Key Factors Impacting on Mental Health and Wellbeing

Mental health, as well as general health is affected, positively and negatively, by many factors.

People **living in deprived areas** have poorer health outcomes in relation to almost every indicator of health and wellbeing. Areas of deprivation are mainly found along the coastal fringe in places such as Rhyl and Colwyn Bay, and also in Wrexham. Around 12 per cent of Lower Super Output Areas (LSOA¹s) in the Health Board area are among the most deprived fifth in Wales with 19 per cent in the least deprived fifth. However, within less deprived areas there are often pockets of hidden deprivation.

Rurality is also important when considering the impacts of deprivation for the North Wales population. Large areas of North Wales are classed as rural with low

¹ Lower Super Output Area, a small geographical area created by the Office for National Statistics for statistical purposes.

population density. In general, the population of older people is increasing faster in rural areas, which clearly has implications for services.

Low income is likely to reduce community participation and limit access to enabling resources and choices – thus impacting negatively on mental health and wellbeing. Higher levels of households estimated to be living in poverty are clustered in the south and west of Gwynedd, most of the Conwy and Denbighshire coast from Llandudno to Prestatyn, the easternmost edge of Flintshire and the areas to the north of Wrexham town. More isolated higher levels were estimated for the towns of Denbigh, Bangor, Caernarfon, Holyhead and the north and central area of Anglesey.

Gross weekly earnings for employed adults in North Wales differ quite markedly across the region. Levels in Flintshire and Wrexham are consistently higher than levels for North Wales as a whole, whereas levels in Denbighshire, Conwy, Gwynedd and the Isle of Anglesey are much lower.

Unemployment can adversely affect psychological wellbeing, which in turn may reduce community participation. The six local authorities covered by BCUHB are below the Welsh average for people having never worked or being in long term unemployment. However, there is considerable variation in the percentage of the working age population claiming employment-related benefits, from just 5.3% in parts of Flintshire to 34.6% in part of Denbighshire. Employment related benefits, unsurprisingly, show a similar pattern to that of poverty, being generally highest in the coastal areas and larger towns.

Educational outcomes affect physical and mental health, as well as income, employment opportunities and quality of life. The six local authorities covered by BCUHB were below the Welsh average (25.9%) of residents aged 16 and over and under 74 years who have no academic or professional qualification, with the exception of Wrexham (26.7%). The areas with the highest percentages are found in the Queensway and Wynnstay areas of Wrexham and in the Kinmel Bay area of Conwy.

2.1.3 Mental Health and Wellbeing Needs of Children and Young People

The importance of psychological well-being in children and young people, for their healthy emotional, social, physical, cognitive and educational development, is well-recognised. A broad range of universal and targeted programmes are available to support 'parenting', which has been identified as the single largest variable in health-related outcomes for children through its impact on child self-esteem.

At any given time it is estimated that:

- 20% of children and adolescents may have a mental health problem
- about 8% of these may be moderate to severe; a further 2% are sufficiently severe to be disabling.
- the prevalence of disorders requiring inpatient treatment per year has been estimated as approximately 0.02% of children aged 0-16 years
- the prevalence of serious mental health disorders begins to increase in young people aged 16 years and over.

- at least 1.3% of 5-10 year olds and 2.1% 11-15 years olds will have tried to harm, hurt or kill themselves
- almost one in eight 15-16 year olds report having deliberately harmed themselves.

Data is not collected on the actual prevalence of mental health problems in children and young people. The number of children in the BCUHB area with mental health disorders has been estimated by applying prevalences obtained from the survey *Mental Health of Children and Young People in Great Britain, 2004*, to mid-year population estimates for 2010 from ONS:

Estimated numbers of children (aged 0-16) in BCUHB with a mental health problem

<i>Condition</i>	<i>Estimated Prevalence</i>	<i>Number of children</i>
Emotional disorder	4%	4,900
Conduct disorder	6%	7,300
Hyperkinetic disorder	2%	2,500
Other disorder*	1%	1,250
More than one disorder	2%	2,500

Source: Department of Health & Office for National Statistics *Includes autism and anorexia nervosa

In general, more boys than girls have a mental health problem, and the prevalence for both boys and girls increases with age.

2.1.4 Mental Health and Wellbeing Needs of Adults

The Office for National Statistics asked questions about life satisfaction, happiness and anxiety for the first time in a survey in 2011. In North Wales, people reported being generally more satisfied and happy, but also more anxious, than the UK as a whole:

Life Satisfaction in North Wales by Local Authority: percentage of adults (aged 16 and over) who gave a rating of 7-10 on an 11 point scale

	Satisfaction	Worthwhileness	Happiness	Anxiety
Anglesey	80.2	85.5	77.3	65.5
Gwynedd	77.1	81.6	73.5	63.8
Conwy	73.7	81.2	74.7	62.6
Denbighshire	73.2	80.0	72.1	65.8
Flintshire	79.7	84.7	75.9	65.0
Wrexham	74.6	80.9	68.2	58.4
UK	75.9	80.0	71.1	60.1

Source: ONS Subjective Well-being APS Mar 2011-Apr 2012. © Crown copyright and database right 2011 http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc34/Well-being_map.html

The Welsh Health Survey is a continuous survey that collects information about the health of people living in Wales. It comprises of an interview followed by a self-completion questionnaire, and includes questions about respondents' mental health and psychiatric disorder. Estimates of population prevalence can be made from the survey data, although it should be noted that these are likely to be under estimates of the true prevalence as the data is self-reported.

The Mental Health Component Summary score (MHCS) can be derived from the Welsh Health Survey data, and gives an indication of the mental health of the population. A higher score indicates better mental health. Overall, adults in all six Counties in North Wales enjoy better mental health than the average for Wales, although this does vary between Counties:

Mental health component summary score, adults aged 16 years and over, Wales, Betsi Cadwaladr & UAs: 2009/10, 2010/11 and 2011/12			
	2009/10	2010/11	2011/12
Wales	49.9	49.8	49.7
Betsi Cadwaladr University Health Board	50.8	50.7	50.6
Anglesey	50.6	51.0	51.5
Gwynedd	51.0	51.3	51.3
Conwy	51.1	50.4	50.2
Denbighshire	50.6	50.8	50.5
Flintshire	51.3	50.7	50.4
Wrexham	50.2	50.4	50.0

Another composite measure – adults free from a common mental disorder – can also be calculated from the information collected as part of the Welsh Health Survey. Again, adults in North Wales are more likely to report being free from a common mental disorder than the average for Wales as a whole:

Adults free from a common mental disorder		
	Mental health score (95% CI)	Compared to Wales
Wales	75	
Betsi Cadwaladr University Health Board	78 (77 to 79)	Sig. high
Anglesey	77 (74 to 80)	No sig. difference
Gwynedd	78 (75 to 81)	Sig. high
Conwy	80 (77 to 82)	Sig. high
Denbighshire	77 (74 to 80)	No sig. difference
Flintshire	79 (77 to 82)	Sig. high
Wrexham	75 (72 to 77)	No sig. difference

The Welsh Health Survey also asks respondents directly about whether they are being treated for any mental illness. Overall rates are the same as or lower than the average for Wales:

Adults who report currently being treated for any mental illness		
	% population >16	Compared to Wales
Wales	10	
Betsi Cadwaladr University Health Board	11	Sig lower
Anglesey	8	Sig lower
Gwynedd	6	Sig lower
Conwy	10	No sig. difference
Denbighshire	12	No sig. difference

Flintshire	11	No sig. difference
Wrexham	10	No sig. difference

Source: Public Health Wales Observatory (2013): Our Health Future National Indicator set.
<http://www.wales.nhs.uk/sitesplus/922/page/65976>

Using mental illness prevalence rates from the Adult Psychiatric Morbidity Survey provides the following estimates of population prevalence of mental disorders:

Condition	Estimated prevalence	Estimated number of people affected in BCUHB area aged >16
At least one of the common mental disorders	16.2%	88,960
Mixed anxiety and depressive disorder	9.0%	50,040
Generalised anxiety disorder	4.4%	24,460
Major depressive episode	2.3%	12,790
Phobias	1.4%	7,780
Obsessive Compulsive Disorder	1.1%	6,116
Panic disorder	1.1%	6,116

Source: Adult Psychiatric Morbidity Survey 2007/ONS 2010

The estimated prevalence of a common mental disorder is higher than the estimated number of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help.

2.1.5 Mental Health and Wellbeing Needs of Older Adults

Increasing numbers of older people live with low levels of life satisfaction and wellbeing that impact significantly on their quality of life. An estimated 20-25% of older people have depression; this excludes those with psychological distress associated with isolation, loneliness or loss.

Dementia presents a significant public health concern; it is a significant cause of morbidity, mortality and health care use. It is a debilitating condition which describes a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities.

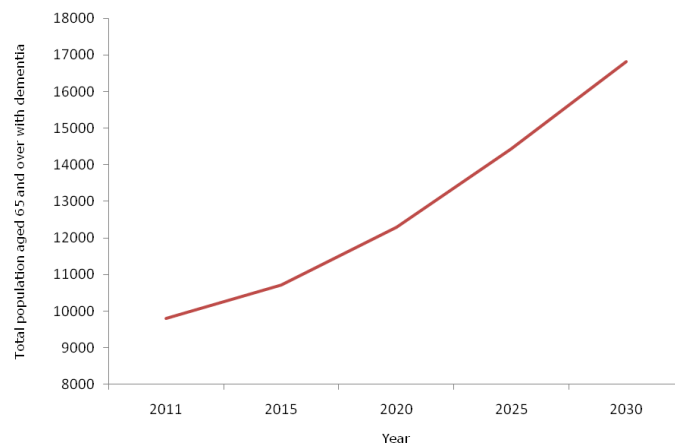
Dementia is more prevalent in people aged over 65, and prevalence roughly doubles every 5 years from this age onwards. The projected increase in dementia prevalence over the next 20-30 years means that dementia prevention and early intervention are key to securing improved health and wellbeing outcomes for people with the condition and their carers.

Rates for men and women with dementia in the 65 and over population

Age Range	Males %	Females %
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-84	10.2	13.3
85+	19.5	25.0

Data is not collected on *actual* dementia prevalence. It is estimated that there are currently 9,800 number of people aged 65 and over in the BCUHB area with dementia. The number is predicted to increase significantly in the next 20 years:

Estimated number of people in the BCUHB area with dementia, 2011-2030



Source: Welsh Government Statistical Directorate (Daffodil)

2.1.5 Summary

The available data shows that the population of North Wales as a whole enjoys better mental health, and lower rates of mental disorder than the average for Wales. However, there is considerable variation between and within Counties. Universal and targeted work to reduce socio-economic risk factors for poor mental health / mental illness need to continue to reduce the inequalities that exist.

Ensuring that babies, children and young people have the best opportunities to develop the resilience and life skills for a mentally healthy future is essential. Those at increased risk of poor mental health include children of parents with mental health problems. There is a clear opportunity within adult mental health service provision to identify service users who are also parents, and where appropriate, to ensure that their parenting role is supported.

As the proportion of older people in the population increases, it will be important to deliver effective general and mental health promotion initiatives to reduce dementia

risk, as well as to ensure sufficient services are available and accessible to treat and support those with the condition.

2.2 Service Delivery Models

2.2.1 Child and Adolescent Mental Health Services (CAMHS)

Children, young people and families will seek help from mental health services through a large number of professionals working across many agencies as well as through their GPs in primary care. GPs are kept informed when this happens. This is important to reduce unnecessary visits to the GP when another professional is well placed to recognise the need for mental health service help, and prevents needless repeated assessments.





GPs, allied primary health care providers and multiagency front line services all access mental health services for children and young people through one single route into CAMHS in each county. A range of services are delivered for children and young people in and alongside primary care and other front line professionals, aiming to promote good mental health under the 'mental well-being' agenda. Over time there are plans to increase access to preventive and early interventions for those with identified emerging difficulties. Where there are concerns, either about an individual young person or a theme/general issue, professionals are guided to seek help from their local CAMHS. A number of possible outcomes occur some relying on joint working between primary care and other front line service professionals and CAMHS, others resulting in mental health assessment and intervention by specialist CAMHS. Where an individual's needs are more severe or complex, thus requiring coordination of mental health care, a Care Coordinator will be appointed and Care and Treatment plans are agreed.

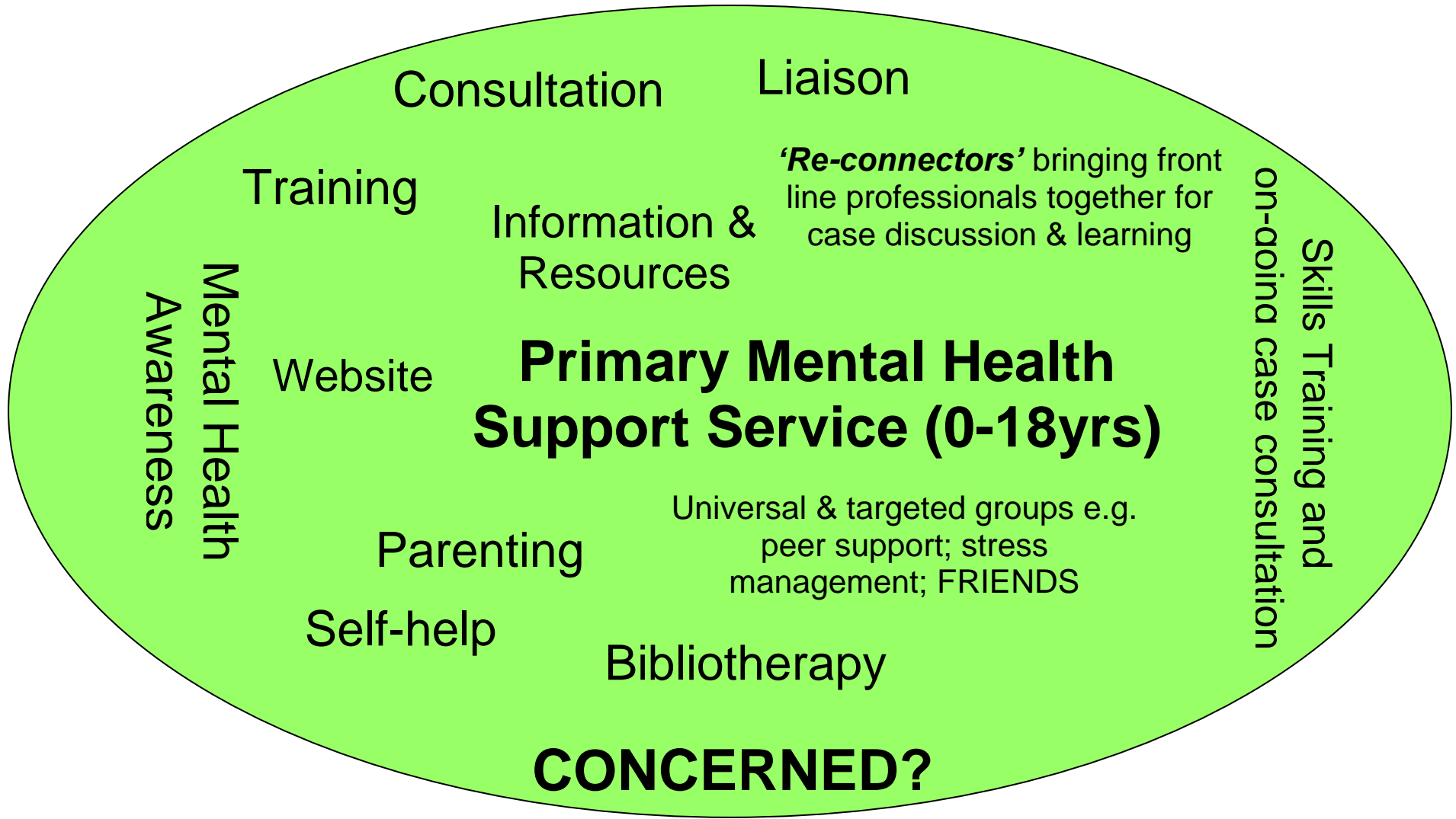
The role of the Local Primary Mental Health Support Services (LPMHSS) is to support people to deliver good quality evidence-based mental health promotion, prevention, and early intervention programmes in community settings that are easy to access and non-stigmatising for children, young people and families. This is a focused part of the work of each county specialist CAMHS team.

When young people are referred into specialist CAMHS for help it is important that they see the right people at the right level of service at the right time; which means working closely with all front line professionals, including GPs in primary care, to work out who needs mental health assessment within specialist services and who will do just as well or better with other interventions.

Access to specialist CAMHS for children and young people is by telephone or in writing to one central place in each county, leading to a range of possible outcomes such as advice and information; signposting; group work; further consultation (including joint working); or mental health assessment. The service aims to increase the ease of access for GPs and multi agency front line professionals to have a conversation with a CAMHS professional first to discuss concerns where needs are not clear.

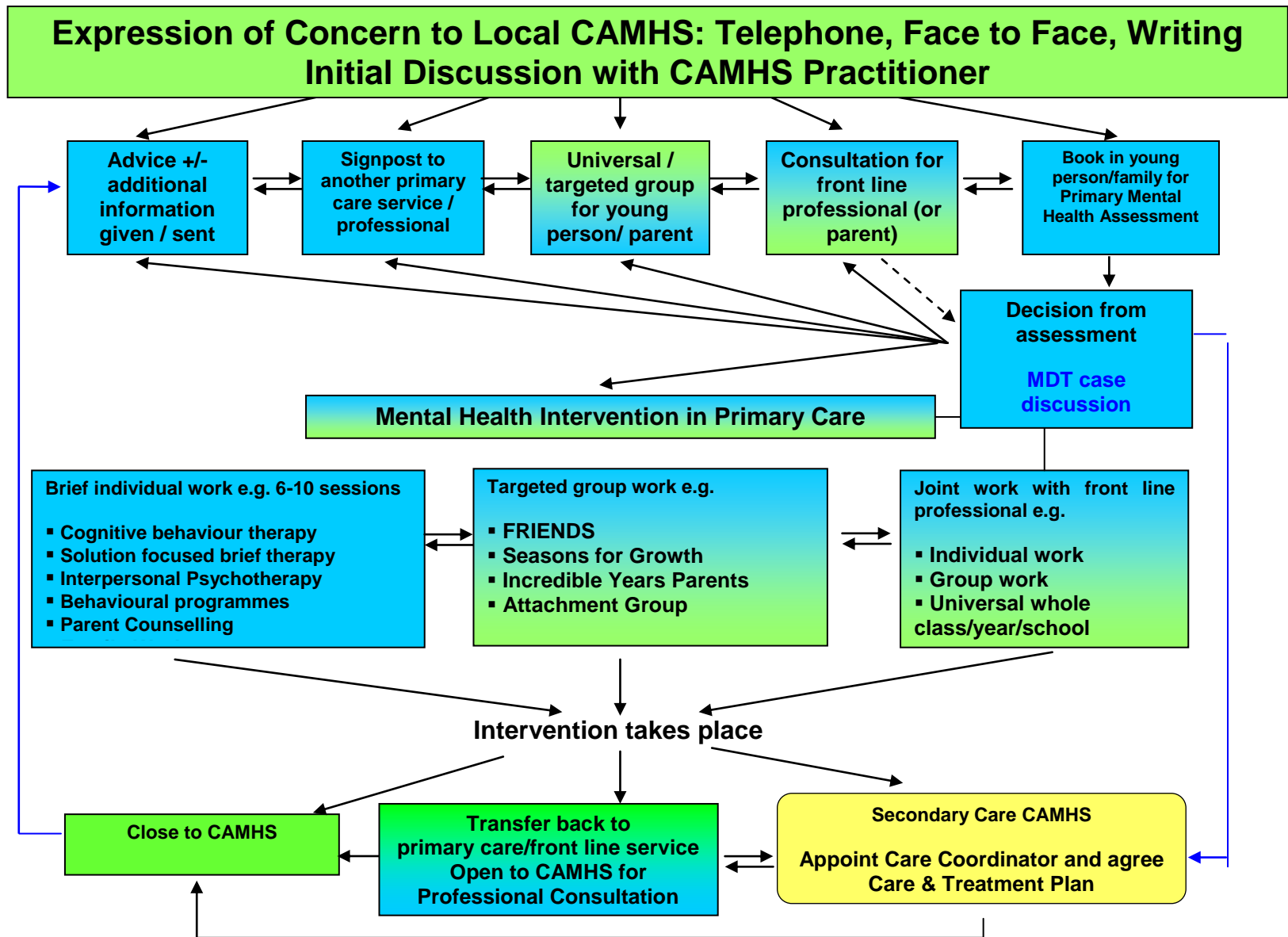
Key

Primary care & front line services  Joint primary care / front line & Specialist CAMHS 
Specialist CAMHS Primary Care  Specialist CAMHS Secondary Care 



↓

Contact Local CAMHS



2.2.2 Adult Mental Health Services (AMHS)

The County Mental Health Service model provides community-based care and treatment to adults living in the respective county catchment areas. The service is multi-disciplinary and is provided as a partnership between BCUHB and their Local Authority partners at county level

The service operates in the individual county areas of North Wales and aims to promote health and well-being, individual recovery and meaningful social inclusion. The service offers appropriate community and recovery focused mental health and social care to adults with mental health needs. Principally within primary care, where needs allow, with additional, secondary and specialist care provision to meet severe and/or complex needs when required.

The service as a whole provides a multidisciplinary approach which is flexible and prompt in its response to individuals. It includes assessment of mental health needs and provision of effective, evidence-based treatments/ interventions which put the individual at the centre of the process.

Services are accessible and relevant, non-discriminatory, respect cultural values, and are user friendly for service users and carers. The service helps reduce the stigma attached to mental health care and ensures that care is delivered in the least restrictive and disruptive manner possible.

To deliver effective, holistic services that address the medical, psychological, social, physical and spiritual needs of people accessing mental health services, an integrated approach is required and this has proved successful. The provision of health and social care under an integrated management framework enables the sharing of expertise and resource, and to meet the changing and demanding nature of work within Tier 2, County Mental Health Services. This provides access to both NHS and Social Care services to improve service delivery, quality and outcomes to the service users and their family.

County Mental Health Services:

- Are co-located with health and social care staff working in and from the same premises, with integrated working practices and shared objectives
- Are jointly managed under single line management with appropriate supervision for the individual professions
- Have a joint organisational development plan that embraces all aspects of the health and social care interface, and has shared information management and data collection protocols and processes
- Have regular team meetings with designated input for part of the meeting from other teams e.g. crisis/inpatient/assertive outreach etc.
- Have effective working arrangements agreed with local criminal justice agencies and forensic services
- Have a core staff base that comes from the following areas
 - Social Care
 - Nursing
 - Psychiatry
 - Psychology

- Occupational Therapy
- Administration

The service is delivered in the established 'Tier' system and works closely with Primary Health Care Services, Social Care Services and other key care providers, particularly third sector organisations, to provide effective mental health care within the least restrictive environment, tailored to an individual's needs and aspirations.

The County Mental Health Service works within the wider care system by managing the majority of referrals, assessments and brief interventions within the Primary Care environment. More substantial secondary care services are accessed and are care coordinated as per the requirements of the Mental Health Measure with care and treatment plans being developed for all service users and carers.

The service takes place within a more integrated care system that also includes Community Rehabilitation and Crisis Resolution and Home Treatment teams as well as the established in-patient care and community support worker services.

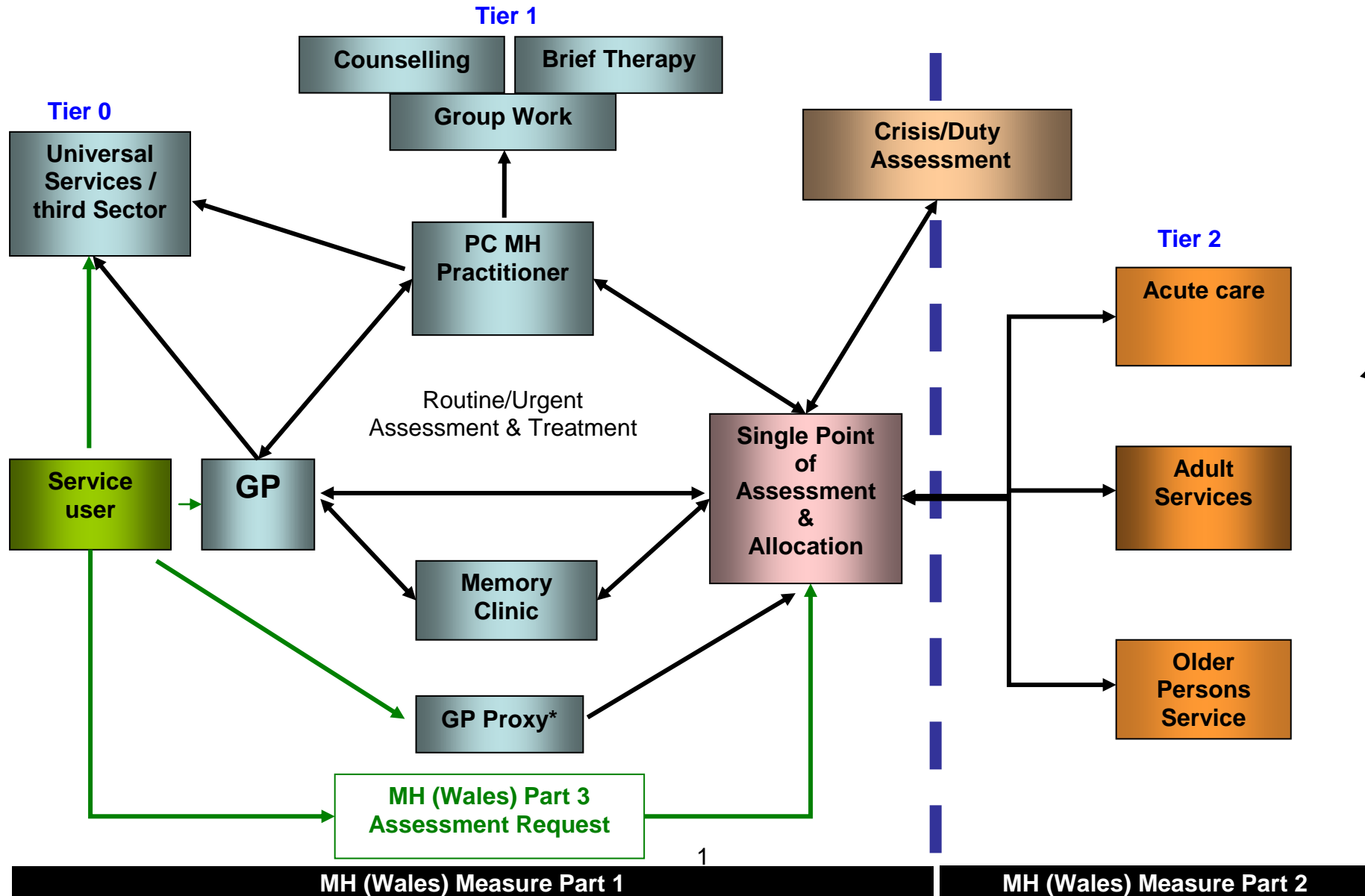
The Forensic Mental Health Service currently provides care coordination for a number of individuals requiring secure care away from their home area. The service is committed to retaining care coordination for individuals as they move through a variety of layers of secure service provision, only handing care coordination responsibility to either continuing health care or local services when the need for security and complex case management has reduced to a level which is deemed appropriate to be managed through regular service provision.

The role of the All Wales Veterans' Health and Wellbeing Service (AWVHWS) is to provide evidence based therapy to veterans with a service related mental health problem in community settings and to network with other statutory and third sector services to provide an appropriate service.

The County Mental Health Service is effectively delivered in two parts (primary & secondary mental health) but managed as a whole service to deliver a better service user experience. The service unites specialist medical, nursing, psychology, occupational therapy, social work and care co-ordination skills in a team with a substantial skill mix and an integrated management structure.

Operating as a County Mental Health Service requires a clear referral pathway to ensure the appropriate and timely assessment of needs matched by a consistent allocation and signposting process. The key to this pathway is the use of a brief, Single Point of Assessment and Allocation (SPoAA) process to minimise delay for the service user in being seen by the most appropriate element of the service. The Single Point of Access model is outlined on the next page.

Adult & Older Persons – Single Point of Assessment and Allocation



*GP Proxy would include Psychiatric Liaison, Out of Hours Service, CID 16 referrals, Out of Area transfers

3.0 Delivering Together for Mental Health

3.1 Chapter 1 - Promoting Better Mental Wellbeing and Preventing Mental Health Problems

Partnership Board Vision

The North Wales Mental Health Partnership's vision is to emphasise the benefits of good mental health, and take positive action to support the population to achieve this, reduce the numbers of people with poor mental health and to support those with mental illness to live as full lives as possible.

Improving mental health, promoting the circumstances, skills and attributes that enable people to feel good and function well, is recognised as a worthwhile goal in itself, as well as contributing to a reduction in mental health problems. Positive mental health supports good physical health, a reduction in health damaging behaviours and reduces inappropriate use of healthcare services.

Across the BCUHB area, we are supporting better mental wellbeing by:

- developing a strategy to focus on maximising the emotional health and mental wellbeing potential of babies and very young children
- delivering evidence based interventions that support parenting skills and develop the home learning environment
- working with more vulnerable families through the Flying Start, Families First and Integrated Family Support Service.
- supporting lifelong learning: pre-school education/ health promoting schools and continuing education;
- piloting a new resource to support pre-school settings to achieve the 'Mental and emotional health, wellbeing and relationships' section of the Healthy and Sustainable Pre-Schools Award
- providing easy access to counselling / support for children and young people, both through school nurse provision and the schools based counselling service
- improving working lives: promoting the Corporate Health Standard, the Small Workplace Award and back-to-work schemes
- promoting the 'Five Ways to Wellbeing' in communities and services, alongside healthy lifestyle messages regarding eating well, being active, not smoking and staying within recommended guideline amounts of alcohol consumption
- supporting communities to strengthen 'inclusion' and deliver environmental improvements
- exploring the role of 'Arts in Health' work with community groups to promote wellbeing
- supporting the Book Prescription Wales scheme across all Counties including the scheme for children and children and families
- integrating a universal mental wellbeing approach in the BCUHB Perinatal Mental Health guidance

- encouraging uptake of Mental Health First Aid training amongst staff groups and community members
- appointing a 'Time to Change' champion at Board / Senior Director level in the Health Board and Local Authorities
- disseminating information about recognising poor mental health / mental illness, together with how to access support, self-help options and other treatment that might be appropriate
- increasing access to counselling provision for adults and older people
- promoting 'healthy ageing'
- linking mental wellbeing impact assessment approaches to equality impact assessments

What are the key challenges facing us?

We recognise that the future costs of treating mental illness could be reduced by a greater focus on whole population mental health promotion and the prevention of mental health problems, alongside early diagnosis and appropriate intervention.

Although the above list highlights the current range of activity to promote mental wellbeing in North Wales, there is no specific work plan through which 'improving mental health and wellbeing' can be planned, delivered and reported upon in a strategic and coherent way. The potential for such work to impact positively on both mental wellbeing and a wide range of broader health, healthcare and social outcomes is significant, but cannot be realised to best effect without leadership and coordination.

There are no agreed ways of recording 'mental wellbeing' across the BCUHB area, so it is difficult to compare the relative effectiveness of specific community based mental health promotion interventions, or of more generic health promoting work on mental wellbeing.

There is currently a great deal of investment in ensuring the best start for babies and young children, reflecting the significance of the early years of life in terms of laying the foundations for a healthy future. However, some programmes are funded on a short term basis via grants, putting their sustainability at risk.

With the proportion of older people in the population increasing sharply in the next two decades, it will be important to deliver effective general and mental health promotion initiatives to promote 'healthy ageing' and reduce dementia risk.

What have we achieved in the last 12 months?

The key achievements to highlight for the past 12 months include:

Children and Young People

Team around the Family (TAF) is in place across North Wales with some variations in delivery. There are strong links with schools and health visitors which account for many of the referrals to TAF.

Commissioning of services under Families First has also taken place and multi agency consortia have come together to deliver services. Various family support interventions are in place, including parenting, support services for children and young people and links with flying start as well as specific services to improve mental health and support those with existing mental health problems.

Integrated Family Support Services are in various stages of development with only Wrexham and Flintshire having an IFSS up and running as a joint service. Work will start shortly on a North Wales Needs Assessment toolkit. This will assist in identifying the needs of children, young people and their families for future commissioning and will assist in ensuring that commissioned services remain relevant to the needs of the communities as well as identifying gaps and possible opportunities for joint commissioning in future.

Mindfulness training has been undertaken by some practitioners who have then been able to support families undertake the Mindfulness Programme. Mental Health First Aid has been delivered twice to date within Wrexham County Borough Council's Caia Park locality. The training is accessed by midwives, health visitors, district nurses and community workers including PCSO's, tenancy support and parent support workers.

In Denbighshire Family Resilience services, commissioned under Families First provide support to families where areas of concern have arisen (e.g. domestic abuse, bereavement). The service aims to minimize the impact of abuse, grief, loss, etc. and enable families to increasingly be independent, self-reliant and have positive future aspirations.

The Vi-Ability Educational Programme in Conwy - 'Winning Mentality' project helps young people and parents with mental health problems and raise awareness through sport (particularly football). There are also 34 pre-school settings within Conwy Borough Council who are progressing well and undertaking agreed actions to achieve the criteria for 'Nutrition and Oral Health' phase of the 'Health and Sustainable Pre-School Scheme' (HSPSS), 14 settings have received further nutrition training and basic physical activity training.

5 Ways to Wellbeing

The draft Betsi Cadwaladr University Health Board Perinatal Mental Health Pathway has embedded a universal approach to promoting mental wellbeing for all women who are pregnant, as well as recognising and responding to the needs of those with continuing or emergent mental health problems.

Postcards providing information about the 5 ways and how they can be applied to new parents have been produced by the North Wales Public Health Team. Generic posters and postcards have also been produced.

The 5 Ways to Wellbeing are used as a planning tool for Wrexham County Borough Council's, Caia Park Health Team Parent Wellbeing Group, to structure and plan activities to promote wellbeing. The 5 ways to Wellbeing have also been promoted

during brief mental health awareness sessions at local parent groups as ways to maintain positive mental wellbeing.

In Conwy a focused Learning Exchange for those working with children young people and families is planned for 2014 to raise awareness and share ideas for introducing the 5 ways to well being into everyday practice. An article has been written to raise awareness of the '5 ways to wellbeing' concept and will be included in the next Conwy Staff Newsletter. It has been decided to place the information in all staff pay slips and in the corporate induction for all new employees.

Talk to Me

Responses to Talk to Me have been developed across the region and action plans put in place in some areas. Plans are in place in some counties to put up signs in car parks and on railway bridges.

Conwy Borough Council has held a Learning Exchange event on Emotional Health, which was well attended and served as an opportunity for professionals to discover services available. It was felt that it would be useful to hold such events on an annual basis and the next is planned for May 2014.

Working with Joint County Based Planning Groups

There are 5 Groups in North Wales, which have reviewed their terms of reference in the last 12 months. Each of the groups has reviewed 'Together for Mental Health', to identify the priority areas where local Groups can contribute or deliver key actions within the regional plan. The local groups will review their progress against 'Together for Mental Health' on a regular basis and report on progress to the Partnership Board.

What are our service innovations?

The key service innovations across the region include:

'Parabl' commissioned by the Health Board to provide Talking Therapies from April 2013 as part of the Local Primary Mental Health Support Service, specifically to support people at Tier 0. An Integrated Care Pathway (ICP) was developed following 3 workshops involving circa 200 stakeholders; the ICP has now been adopted by the Health Board and Parabl partners.

Training on suicide across Clinical Programme Groups (CPG's) for all age ranges with representation from CAMHS, looking at building emotional resilience for children and young people. This also included train the trainer, which was rolled out to GP's and partner organisations.

A number of Clinical Programme Groups (CPG's) (Women's, Children's, Mental Health, Medicines Management), Primary Care Support Unit and Public Health Wales have come together to develop a guideline for practitioners with the aim of providing a standardised approach to identifying, assessing and caring for women

who have, or at risk of developing mental health problems during the perinatal period (pre-conceptual, pregnancy and the 1st year postnatally).

Early Years Nutrition courses have been delivered for day nurseries, playgroups, Cylchoedd Meithrin and Child-minders, all of which are aiming for a local 'tiny tums' best practice award for food provision. Ten settings have received practical cooking training on the WG's 'Cooking Bus' and food hygiene training has been provided. 17 settings have also received 'Busy Feet' / 'Brush your Teeth' training, which promote healthy eating and physical activity.

Vale of Clwyd Mind has been appointed the delivery partner in Denbighshire Communities First Cluster area, to provide additional capacity to improve mental health and emotional wellbeing in these specific communities.

Our priorities and actions for the next 12 months

To further develop the Integrated Family Support Services across the counties as they are in various stages of development with only Wrexham and Flintshire having an IFSS up and running as a joint service.

To implement a standardised approach to identifying, assessing and caring for women who have, or at risk of developing mental health problems during the perinatal period (pre-conceptual, pregnancy and the 1st year postnatally). To achieve this, a partnership approach between practitioners and different disciplines (midwives, GPs, health visitors and mental health services) is essential. This will improve the identification, assessment, care and follow up of women who have or who are at risk of developing mental illness in pregnancy and the postnatal period and support a patient-centred approach to care by involving women and with consent their partners, families and carers in discussions about plans and options.

A strategy aimed at ensuring babies and children and 0-5 years have their emotional health and wellbeing needs is being developed.

To develop a work plan through which 'improving mental health and wellbeing' in North Wales, can be planned, delivered and reported upon in a strategic and coherent way.

To develop the County based planning groups to progress the local priorities within the Delivery Plan and report to the Partnership Board.

To develop a North Wales Mental Health Commissioning Strategy for Third Sector services in partnership with local authorities and involvement from the third sector and service users and carers to inform the commissioning plans for the region from April 2015 .

The Health Board will progress a critical health improvement programme to progress critical health improvement programme for people with mental health problems support with smoking cessation and other life style choices, regular physical health and medication side effect screening.

To provide assurance regarding the 24 hour delivery of psychosocial assessment, quality and standards as per NICE guidance short term management of self harm. Plans need to be developed to identify the gaps in services to progress the implementation of the NICE guidance for the longer term management of self harm.

3.2 Chapter 2 - A New Partnership with the Public

Partnership Board Vision

Our vision is to put the individual and their families at the heart of our services in terms of their care and in the planning and development of services. This will require us to respond to the needs of a diverse local population effectively, innovatively and ensure that service users and their families have a voice in shaping services.

What are the key challenges facing us?

There are significant challenges facing partners over the coming years in terms of new service models, service re-design and developing improved ways of capturing the service user experience so as to improve services identify risks and incidents and provide feedback and input effectively.

We need to ensure that people participating in this work feel valued and listened to by seeing visible improvements and changes coming out of their involvement.

What have we achieved in the last 12 months?

Service Change

During the past 12 months the Health Board has consulted on and commenced the implementation of its plans to redesign services for Older Persons with Mental Health needs across North Wales, A significant number of changes have already been implemented, with further changes to be made over the next 6 months.

In order to arrive at proposals for service change a significant amount of engagement was undertaken with service users, carers and the general public. An example would be looking at the needs and demand for adult mental health services in South Gwynedd which resulted in a change to the way services are provided within the community. This work has been done in partnership with service users, local authorities, and the third Sector.

Welsh Language

The CPG Welsh Language Development Group has created an outline for a training course which would raise staff's awareness and skills in relation to using Welsh language and culture in their clinical work with mental health service users. The bilingual service user pathway was piloted by two CMHT's who serve populations that have 50% or more Welsh speakers.

There is a bilingual website in place to provide help and advice to children and young people, parents, carers and people who work with children to know what to do if they are worried about problems which may affect their mental health.

The Health Board has adopted practices to improve employee health and well-being in the workplace and holds the Corporate Health Standard Gold award.

The Health Board has given its support to MENCAP's 'Getting it Right Campaign and Charter' which has an aim of reducing discrimination against people with learning disabilities within the NHS.

The IMHA service has been extended in line with Part 4 of the Mental Health Measure. Unllais has been commissioned to provide this service for children and adults in North Wales. A training and awareness raising plan continues to be implemented across North Wales.

What are our service innovations?

Welsh Language

The Welsh Language pathway has been piloted. One function of the bilingual service user pathway has been to capture the process historically used by teams that have successfully matched bilingual service users with bilingual mental health workers. A second and progressive function of the bilingual service user pathway is to enable teams to capture solid data via unmet needs forms when / if a bilingual worker is not available to work with a Welsh speaking mental health service user.

Wrexham Local Planning Group has identified that there is only 1 fluent Welsh speaker in the County Team, and the Clinical Programme Group has agreed that future vacancies will be advertised as 'Welsh Essential' to address the language deficit in this area.

One of the principal aims of the pathway was to assist managers to identify gaps in bilingual service provisions. Efforts will be made in the medium to long term to recruit bilingual workers into teams where there may be a current deficit. The bilingual service user pathway has been piloted by two CMHT's who serve populations who have 50% or more Welsh speakers. The next stage of the Bilingual Service User pilot will involve: a) piloting in substance misuse services b) piloting in an area with fewer percentage per population of Welsh speakers.

Supporting Employees

The Health Board operates a 'Safe Recruitment' Policy which supports the recruitment of people with lived experience of mental illness, and is also planning to sign up to 'Mindful Employer' which is an initiative aimed at increasing awareness of mental health at work and providing support for employers in recruiting and retaining staff.

The Health Board's Occupational Health and Wellbeing Department provides health surveillance and a range of health and wellbeing activities. The department provides a counselling service available to all staff and has a CARE team who support staff who are unwell or returning to work. These services support the mental wellbeing and retention of staff that have, or are experiencing, mental illness.

Training and Development

Good practice guidance and training has been introduced through CPA and the Mental Health Measure training. A pool of service users and carers have been trained as trainers to co-facilitate the delivery of Mental Health Measure training. The delay in receiving the supplementary training materials from Welsh Government has meant the development of local materials, involving local service users and carer's which is currently being used in training. Half day workshops have been delivered across North Wales to provide the opportunity for service users and carer's to have information on care and treatment plans. These will be rolled out again in 2014.

Our priorities and actions for the next 12 months

To agree commissioning priorities for the third sector from 2015, and support the third sector in developing capacity to respond to the commissioning process.

Unllais mental health directory is available on the company's website. This focuses on adult services and there are links to the CALL helpline and NHS Direct. Unllais' new website, currently under development, will have a 'print' option so that parts of the directory can be selected and printed directly from the web in order for versions to be up to date.

The implementation of the redesign plans for services for Older Persons with Mental Health across North Wales need to continue.

Empowering service users to actively participate and understand alternatives and implications in relation to treatment in their care and treatment plans.

The Clinical Treatment Plan training programme runs until June 2014. A further training programme needs to be developed with the aim of ensuring it is integrated into every day practice.

The Health Board will develop a model and delivery for culturally appropriate services to include the recruitment of consultants and other medical staff to enable the delivery of mental health services through the Welsh language

The next stage of the Bilingual Service User pilot will involve: a) piloting in substance misuse services b) piloting in an area with fewer percentage per population of Welsh speakers.

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

Partnership Board Vision

Our vision is for service users to be able to access a range of safe integrated services as timely and local as possible, provided by the NHS, local authorities, third sector and the independent sector.

What are the key challenges facing us?

The ability to provide a full range of CAMHS services across the rural and urban population of North Wales. Variance in local authority provision is affecting the integration agenda and leading to inequity across the six counties, this is being addressed on a regional basis via several sub groups, listed below, to ensure consistency and equity of access:

- Eligibility and access criteria
- Mental Health Measure Operational
- Outcome Measure
- Training & Implementation
- Workforce and skills mix

All of these groups have an impact on how CAMHS Services are designed and delivered.

A Psychological Therapy Management Committee that has been established to oversee access, treatment and provision of psychological services in North Wales has to identify the means of reducing the waiting times for secondary care cases requiring psychology.

Responding to rising demand for third sector commissioned services, Parallel the new Tier 0 Third Sector services received over 1000 referrals in first five months of operation, with rising referral rates into Tier 1 services compared to the pre- Mental Health Measure baseline. Improving treatment capacity especially in the lower tiers of the system, capturing clinically meaningful data sets that inform service design and releasing resources to commission more such services is a priority for the future.

To adopt an integrated 'multi-disciplinary' approach to supporting veterans across North Wales, co-ordinating referrals and services between the All-Wales Veterans Health Service, CAIS, Combat Stress and Royal British Legion, to ensure an equitable Service to all areas of North Wales with access to suitable venues and reasonable travelling times. Further areas of work, including support to families and carers, will be identified and prioritised by the North Wales Veterans Forum.

Ensuring the estate is fit for purpose. Reviews are on-going on the 3 acute Units and the rehabilitation Units. The outcomes will need to be worked through as part of the BCUHB Estates Strategy.

There is a potential pressure on inpatient beds in North Wales due the border issues and the well published in-patient shortages in England.

There is currently no prison in North Wales, however a recent UK Government decision to build one in the Wrexham area, will require the Health Board to engage in the development and planning of the proposed facility.

What have we achieved in the last 12 months?

Mental Health Measure Implementation

Awareness raising and training in support of the Mental Health Measure implementation Parts 1 and 2; this has been delivered by the Part 1 and 2 CAMHS leads of the mental health measure across the region and to multiagency partners. Training has been delivered to G.P's, other non GP referrers and colleagues in the 6 local authorities' children's services regionally.

The requirements of the Mental Health (Wales) Measure have been implemented with the establishment of Local Primary Mental Health Service for Children, Young People, Adults and Older People established from 1st October 2012; introduction of care and treatment plans and care co-ordination implemented from June 2012 and extensions to advocacy provision are in place.

As part of the Communication and Information Strategy supporting the implementation of the Measure, GP's, North Wales Police, Welsh Ambulance Service and Third Sector Organisations were made aware of patients' rights to re-assessment under Part 3. Discharge letters to service users and GPs now include information on their rights under the Measure.

A sub group has been set up and has met frequently to create and develop a suite of documents that ensure compliance with the measure and ensure that all aspects of documented evidence and records for service users are recorded in line with Part 1 and Part 2 of the Measure.

Unllais has delivered a small number of bespoke training sessions on the Mental Health Measure, and care and treatment planning for other Third Sector providers e.g., NW IMHA Service, Anheddau, Action for Children. A further 2 sessions are being planned for Advocacy Works and Combat Stress.

The IMHA service has been extended to meet the Part 4 requirements. A training plan was fully implemented within mental health units and the district general hospitals in order to publicise the extended rights under the Measure.

CAMHS

An Eligibility and Access Criteria sub group has been set up and has met to conclude its work, formerly focussing on access in its wider terms and subsequent to implementation of the Mental Health Measure. The group has met several times to agree definitions and interpretations of access and eligibility criteria to ensure consistency of approach and access to CAMHS regionally.

The development and implementation of 'Supporting Children, Supporting Parents: A North Wales Multi Agency Protocol for parents with severe mental health problems and/or substance misuse:

The implementation of the 'Protocol for the Exceptional Admission of Children under the age of 18 years to an Acute Psychiatric Inpatient Unit' has now been disseminated to all staff and is now a working document. In addition the 'Children Visiting Adult Mental Health Wards' working document has been implemented and disseminated to all staff.

CAMHS teams have access to a Mental Health Advisor who works into and with the Youth Justice Service and provides advice and consultation to staff within the Youth Justice teams across the region. Dedicated sessions are available from a Consultant Child & Adolescent Psychiatrist for advice and consultation.

An Intensive Community Support Team (ICST) was established in October 2013 in place of CIIT. The Intensive Community Support Team (ICST) has strong links with Youth Justice Services. Forensic Adolescent Consultation Treatment Services (FACTS) is an All Wales Model with a North Wales base.

An eating disorder sub group has been set up and has mapped provision across the Tiers in CAMHS regionally. The group is working on the development of a service based on the Eating Disorders Framework for Wales 2009 and is modelled on the 1000 lives Intelligent target for eating disorders. The drivers in the target emphasise interventions considered most likely to be the most effective by Welsh Government to enable early implementation and whole system change for CAMHS and adult mental health services. The group works jointly with adult mental health to address transitional ages.

Attachment training has been delivered to all CAMHS staff across the region. There were 3 levels of training provided for cohorts of 30 staff. An evaluation of training was carried out and will inform future plans and content. WARRN training carried out, along with train the trainers so message can be relayed across the region. Structured Assessment of Violence Risk in Youth (SAVRY) training for generic and specialist CAMHS staff, along with Training to Train to build capacity has also been undertaken.

A CBT Level 6 module has been developed with Bangor University in specialist CAMHS and delivered to practitioners from specialist CAMHS and Educational Psychologists from Conwy.

A framework for safeguarding children has been jointly implemented between BCUHB and LAs in Conwy, Denbighshire, Ynys Mon & Gwynedd this will be developed in Flintshire and Wrexham during 2014.

Adult Services

County mental health teams with an agreed operating framework and single line management structures are in place for all six counties with either memorandum of understanding or S33 agreements in place to support the governance arrangements.

There are existing liaison services in the District General Hospital's, which are reviewed against the Rapid Assessment Independent Diagnosis (RAID) model to ensure good practice. Following a review it is intended that the liaison services will be extended, linking it with the out of hour's provision.

Primary care mental health staff have commenced Cognitive Behaviour Therapy training level 6, which carries 30 credits from Bangor University. Their accreditation is due October 2013. This will expand the capacity of Local Primary Mental Health Support Service (LPMHSS) staff to provide formalised CBT in Tier 1. The syllabus for extended training for 2014/15 is undergoing consultation at present with stakeholder groups.

A cohort of 12 staff from Local Primary Mental Health Support Services (LPMHSS) have undertaken training in 'Serenity Programme Computerised Cognitive Behavioural Therapy' to improve access to therapy in Tier 1 services across North Wales.

The Mental Health & Learning Disabilities Clinical Programme Group (CPG) has established a risk strategy training group and a document setting out the present risk training has been produced. The CPG has established a group of trainers who can train staff working in the CPG on WARRN and developed 'Asking Difficult Questions' training.

Training provided across services with a strong therapeutic bias to specific service models including: Early Intervention in Psychosis, Therapeutic Day Service, Primary Mental Health Support Services, Specialist Personality Disorder Assessment and Treatment Service, Veterans Therapist, Eating Disorder Service, Post-Traumatic Stress Disorder (PTSD) service, and increased therapeutic focus within in-patient services

The Veterans Service has developed a pioneering multi agency approach with Combat stress, CAIS and RBL which is ensuring that veterans are treated and signposted appropriately and that their needs are being met by the correct agency either health or third Sector. Two clinicians within the service have become Eye Movement Desensitization and Reprocessing (EMDR) qualified. All veterans have priority allocation within BCUHB Substance Misuse Service teams across the region.

The Criminal Justice Liaison Service is now jointly managed with the North Wales Community Forensic Mental Health Team and is better able to ensure a broader local awareness of the Welsh prisoner population who might require input from mental health services. The service is currently targeted at pre-sentence stage. The team assesses individuals referred by North Wales Police custody nurses prior to court appearances and proactively offers assessment to individuals within the court precincts and those detained in court custody. The team offers daily coverage to North Wales Magistrates' Courts using Mental Health Measure documentation, which is provided in full for health professionals at the prison reception stage for any defendants who have been assessed and subsequently sent to prison.

The North Wales Forensic Mental Health Service will be working to a 4 tier model and it is anticipated that this will positively impact on access to assessment, transitional care between teams, transfer of prisoners and release to the community as there will be increased capacity within the service to co-work cases with CMHT's and encourage the appropriate use of criminal justice frameworks to support treatment delivery - for example conditions of treatment on licence following release from prison.

Over 1,000 staff received dementia awareness training this year; "Dementia Champions" have been identified on the majority of acute hospital wards following the awareness training. The Butterfly scheme has been rolled out throughout acute and community hospitals. Dementia intelligent targets have been fully implemented. There is an older persons' lead established in each Primary Care Mental Health Team

A specific pathway for access to memory clinics has been developed. Memory clinics are currently working towards achieving the Royal College of Psychiatry accreditation. Provision of information following diagnosis is a requirement of the Mental Health Measure. All patients of the memory service are offered this information. This is documented in case notes and also on a separate care plan for those referred to a dementia advisor.

What are our service innovations?

Seasons for Growth programmes are in place in some Counties to help coping with bereavement.

Joint working with local Children and Young People Boards Parenting Strategies supporting the roll out of Incredible Years Parenting programmes. Providing an opportunity to work jointly across CPGs in delivering parent programmes for adults with mental health problems

A CBT module, Level 6 has been developed with Bangor University in specialist CAMHS and delivered to two cohorts of practitioners from specialist CAMHS and a third cohort of Educational Psychologists from Conwy. This expands capacity for delivering evidence based therapies under Parts 1 & 2 of the Measure, both within specialist CAMHS and in the community. This partnership with education is an example of good practice of joint working.

A Training & Implementation and Research group (T&I&R) has been set up in the region for the CAMHS workforce. A training strategy has been developed and this looks to increase CAMHS provision in all therapies including CBT, DBT, EMDR, Family Therapy, Bereavement and Counselling and extends to ensure training for those staff working with vulnerable groups such as those who are hard of hearing.

In conjunction with Bangor University, Unllais has been successful in gaining a part time research student who will be concentrating on transition between CAMHS and Adult Mental Health Services.

A Psychological Therapies Institute Group has been convened to develop and coordinate training and ensure links to the mental health and learning disability workforce and education planning process. There is an accredited course in common mental health issues and substance misuse in place. Also training has been rolled out on personality disorder and delivery of a personality disorder care pathway.

A Therapeutic Day Service has been introduced to provide home treatment aligned to the Crisis Resolution Home Treatment (CRHT) rural model which has been extended across the counties, with focus on management of emotional difficulties, including self-harm and suicidal behaviours.

The Criminal Justice Liaison Service (CJLS) service format also allows the inpatient medium secure unit to keep awareness of the relevant population up to date which in turn facilitates smoother, better informed assessment and transfer processes. To ensure appropriate and timely interventions for people in custody referrals are processed on the basis that urgent referrals will be responded to within 48 hours and routine within 7 days as per service pathway. The joint CJLS and community forensic team offers support to the management of MAPPA nominals across North Wales by attending Level 2 and 3 meetings taking health related actions where appropriate.

A North Wales Deaf Mental Health Network has been developed for adults over 18 years of age. The aim is to help and support deaf people with mental health issues to access the support they require. The Network is also supporting the development of staff awareness and training.

A dementia awareness raising project called RED (Respect, Empathy, Dignity) has been developed by a partnership of medical staff from the BCUHB, social care staff from Denbighshire County Council, and the third sector sector, particularly the Alzheimer's Society and the Denbighshire Voluntary Services Council.

Our priorities and actions for the next 12 months

The development of substance misuse services for CAMHS is being led on a regional basis by the CAMHS network manager, linking to all six Local Authorities and via the Area Planning Board mechanism that now allocates funding on a regional basis.

A regional service is being designed to ensure that at all A&E's there are suitably qualified CAMHS staff that can provide assessment and can deliver to those young people who present at A&E, this assists with early identification of substance misuse problems and the collection of robust data to identify numbers and trends.

Following the introduction of Intensive Community Support Services at the Tier 4 inpatient unit that serves North Wales and North Powys there is a need to work effectively with Tier 2 and 3 colleagues to prevent avoidable of out-of-area placements and enable the return of young people to local services from out of area wherever possible.

Further development of the 'age appropriate' accommodation policy in each of our district general hospitals for those a typical under 18 year old admissions and for those pregnant under 18's to ensure risk management arrangements for the unborn child is in place

The Heddfan Unit redevelopment is complete. There is a task and finish group reviewing the Hergest Unit. It has been highlighted that the Ablett and the Hergest Units are not fit for purpose. The four rehabilitation units are also being reviewed to ensure they are conducive to providing modern rehabilitation. These issues are being worked through as part of BCUHB Estates Strategy.

The improvements to in-patient provision need to meet the requirements of –

- Delivery Unit Review of Acute Care across North Wales and the RCPsych Review of the Hergest Unit.
- Nurse Establishment Review
- Estates Review including Ablett and Hergest Unit
- Out of Hours contingency Version 3 plan for 3 sites (long term sustainable plan for Acute Mental Health Care to be developed)
- Model for Gwynedd Home Treatment including South Meirionnydd service

To identify a third sector organisation(s) with the necessary skills, capacity and understanding to provide support to partners and families of veterans with PTSD and consider integrating publicity materials with Change Step and Combat Stress to help veterans, their families and other stakeholders understand the services available and the referral pathway.

The Psychology Therapy Management Committee to develop a strategy to reduce waiting times for secondary care cases requiring psychology.

The Older Peoples Integrated Assessment Framework will be implemented from 1st January 2014; there has been regional representation in this development. Partners will need to ensure there is an integrated approach.

Whilst specialist advice to care homes is offered on request at present it is an area that local authorities and Health Board feel there is a lack of resource at present and wish to explore the options to increase capacity.

Reducing the length of time for primary care mental health assessments to be undertaken in under 28 days as required within Part 1 of the Mental Health Measure.

The Health Board will identify the service requirement for full implementation of general hospital liaison service including the elements of Older People Mental Health Outreach, Acute Alcohol NICE Guidance delivery and medical and psychological support.

The Health Board will provide systematic information regarding the physical health investigations of all patients in secondary mental health care.

Evidence based psychological therapy in secondary care to include the delivery of the NICE Guidance Pathway for Borderline Personality Disorder and the Psychological Therapy components of the NICE Guidance for Schizophrenia including CBT for psychosis.

The Health Board with local authority partners will develop joint systems for learning lessons from Serious Untoward Incidents which will include the active involvement of carers and relatives.

3.4 Chapter 4 - One System to Improve Mental Health

Partnership Board Vision

Our vision is to support the population achieve good mental health, and support people with mental health problems and mental illness in having a good quality of life and realising their potential, by mobilising other statutory and non-statutory services such as housing, education, advocacy and advice to support service users and their families.

What are the key challenges facing us?

The introduction of the Social Services and Wellbeing Bill places additional responsibilities for integration and challenges around the delivery of well-being services of which in the widest context the primary care mental health services is considered to be a fundamental component.

The impact of welfare reform is creating a different type of service user; this will potentially increase the numbers of people presenting to primary care with mental health issues as a consequence of austerity. This changing service user group will need to be considered in planning and developing services in the future.

There is a planned reduction to 'Supporting People' funding across North Wales which could have an effect on service delivery for vulnerable adults.

What have we achieved in the last 12 months?

Registered Social Landlord's (RSL's) have profiled their stock, identified the tenants potentially affected by the changes of the Welfare Reforms, supported them by offering benefit advice via welfare rights support or specialised housing support via Floating Support Services funded via the 'Supporting People Programme'.

Imaginative ways to establish and provide accommodation via non-traditional housing grant have been considered. For example the Pennaf Housing Group, via Offa one of its subsidiaries has developed a letting agency whose brief is to work with care and support staff and private landlords to provide 3-5 year affordable private leasing rental accommodation. Using this model, RSL's are also increasingly working in formal partnership with third sector mental health providers to operate and run specialised accommodation and mental health services. Supporting People Groups have been set up regionally with local authority and Health Board representation.

A Physical Health Group has been established to improve detection and treatment of co morbidity and mental health. The group has prioritised improving Clozaril treatment arrangements and improving outcomes for co morbid diabetes.

The occupational health department provides a counselling service available to all staff and has a CARE team who support staff who are unwell or returning to work. These services support the mental wellbeing and retention of staff that have or are experiencing mental illness.

What are our service innovations?

The development and roll out of a website for children, young people, parents and professionals 'Mental Health Matters' www.meddwlamiiechydmddwl.org.uk

'Friends' prevention of anxiety and depression targeted programmes are in development across North Wales.

A Psychological Therapy Management Committee has been established to oversee access, treatment and provision of psychological services in North Wales. A review of psychological services is being undertaken to improve equitable access to services.

An event has been held to bring together the BCUHB, local authority and housing association colleagues to promote joint working and coordinate planning around housing issues to ensure successful independent living. The aim is to improve the availability and provision of supported living to facilitate service users' recovery and ability to manage independent living.

Conwy County Borough Council has introduced a joint locality board to oversee its delivery of its 'One Conwy' strategy and its 'Health and Wellbeing' agenda. One of the primary components of that is the work of the underpinning priority action groups which will have a dedicated group responsible for the delivery of all the different work streams associated with ensuring mental health services are delivered in a cohesive manner.

A contract and service specification has been developed for all hospital placements for individuals with mental health disorder, learning disabilities or acquired brain injury. All providers have been consulted and there is an agreed pricing structure from each of the providers. This will ensure care and treatment plans are carried out and the governance arrangements are in place to manage the contract.

Our priorities and actions for the next 12 months

A review will be undertaken to evaluate and ensure our existing supported housing services are fit for the identified purpose. A model of supported housing, which is conducive to a whole system approach, will be developed with partners.

Further improve access to fire safety assessments for all patients within the Care and Treatment planning process in partnership with the North Wales Fire and Rescue Service.

We will progress the agreed actions to support delivery of the 'Homelessness and Health' action plan.

Agreement and processes to be further developed to ensure that the duties for Section 117 Aftercare provision will be agreed between the Health Board and local authority partners to address delayed transfers of care, and negative risk taking.

Community Services will evidence their use of evidenced based practice including –

- Prescribing participation in the POMH Audit
- Implementation of NICE technical guidance for Mental Health prescribing
- Delivery of the intelligent targets for dementia and early intervention in psychosis

3.5 Chapter 5 - Delivering for Mental Health

Partnership Board Vision

To establish effective partnership arrangements across sectors at local and regional levels to improve mental well-being and mental health services to enable the population of North Wales to fulfil their potential.

What are the key challenges facing us?

There is a desire to ensure services are equitable across the region however one of the biggest challenges is the demography of each of the localities and local authority and Health Board boundaries.

To secure effective engagement and commitment from all partners in taking the strategy forward in a co-ordinated and effective manner.

To ensure clarity about the role of the County Planning Groups and the Partnership Board in delivering local actions and priorities within a regional context across the six counties.

What have we achieved in the last 12 months?

A Together for Mental Health Partnership Board has been established and meets three times a year as a Board. In addition workshops etc. will take place around specific issues and themes. A project team is in place to coordinate a regional approach, collecting evidence and reporting requirements.

A quality accreditation process is being undertaken that is parallel to the exceptional admissions protocol/guideline called 'AIMS', from the Royal College of Psychiatrists, that seeks to ensure there is 'age appropriate' accommodation in each of our DGH's for those a-typical under 18 year old admissions to adult wards i.e. the patient would prefer to be accommodated on an adult ward as opposed to a paediatric ward and is in line with patient choice.

Outcome measures and the development of a core data set are required to measure improved outcomes for service users in the delivery of 'Together for Mental Health'. A CAMHS sub group has been developed to focus on the range of outcome measures that are available and are in use currently, and examining those that we can undertake with immediate effect regionally within teams, that can be evidenced as effective in improved outcome measures.

Service user and relatives and carers satisfaction surveys; all CAMHS and adult county mental health services in the region have undertaken the requirements of the duty to review satisfaction of services and have undertaken surveys - of young people/service users, parents/relatives and carers to ascertain feedback to date on their experience and satisfaction of services.

Service evaluation forms have been designed by adult service user and carer's, with involvement from staff, for acute care and Home Treatment Service to use on

discharge from services. These evaluations are returned using Unllais' free post system, collated by Unllais and returned to the units for information and action as appropriate. These are currently in use in the Ablett and Hergest and will be extended to Heddfan.

Professional standards for those services commissioned from the third sector, e.g. Parabl for the provision of Talking Therapy Services across North Wales, are detailed in the service specification and monitored.

The Clinical Programme Group (CPG) has trialled a method of training staff to support the Credit Qualification Framework for Wales. The CPG is developing and beginning to monitor the uptake of training for the regulated and unregulated workforce.

The equality e- learning module is a new and innovative learning resource developed by BCUHB that is designed to improve general awareness and understanding around Equality and Human Rights. The programme is mandatory for all staff.

What are our service innovations?

The Mental Health and Learning Disability Clinical Programme Group has established a number of clinical networks, particularly access to deaf mental health, personality disorder, eating disorder and veterans services.

The Mental Health and Learning Disability Clinical Programme Group is in the initial stages of piloting awareness on compassion for staff working on mental health wards and this is taking place in one of our hospital units. This has yet to be rolled out to other service areas.

To date the Mental Health and Learning Disability Clinical Programme Group compliance is 35% with Performance and Development Reviews for staff. Total CPG workforce is 1758 - FTE with a total of 620 reviews completed between July 12 and June 13. This is monitored through the CPG Workforce Standards Meetings and corporate 'dashboard' reports. The CPG continues to strive to ensure maximum compliance is achieved.

Conwy's Joint locality Board is in the process of developing a work stream to further develop service user and third sector contribution into the planning and delivery of services.

Our priorities and actions for the next 12 months

To secure effective engagement and commitment from all partners in taking the strategy forward in a co-ordinated and effective manner.

The Partnership Board will review current partnership groups at county and regional level to ensure the infrastructure to deliver 'Together for Mental Health' in North Wales is fit for purpose and all relevant partners are engaged.

4.0 Summary and Conclusions: Looking ahead to 2014 and beyond

The Partnership Board is committed to taking forward the strategic direction to improve well-being and Mental Health Services as set out in 'Together for Mental Health.'

This is an opportunity for partners to develop innovative integrated solutions in a challenging era where demand is increasing and resources are limited. It is essential that partners work together in order to meet the desired outcomes; the Partnership Board has a key role to play in achieving this.

The next 12 months will see the development of a clear regional vision for mental health services. The Partnership Board will ensure its members have the information and opportunities to contribute to delivery of the strategic vision. It will also need to ensure that it has the necessary infrastructure and engagement processes in place to monitor progress, identify needs and key issues and implement service changes at a regional and county level in a co-ordinated and efficient manner.

Developments in the area of mental health improvement are key to the successful implementation of 'Together for Mental Health'. The Partnership Board will provide the leadership and coordination necessary to support all partners to achieve better mental wellbeing for all, through the efforts of all.

LHB Report against Together for Mental Health Delivery Plan Actions

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

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 1: Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible</u>		
1.1 To ensure that mental wellbeing is given equal priority with physical wellbeing in the development and delivery of policy, programmes and services. NOTE: THIS ALSO CONTRIBUTES TO OUTCOMES 2& 3	d. Key partners to ensure that mental wellbeing is given equal priority with physical wellbeing in impact assessment. Ongoing from December 2012	North Wales Public Health Wales staff are piloting an adaptation of Mental Wellbeing Impact Assessment that examines proposals and policies for their impact on mental wellbeing, taking account of the particular issues that might impact on people in the 'protected characteristics' groups
	f. Key partners to ensure that, where appropriate, mental wellbeing is included whenever healthy lifestyle messages are being communicated to the public utilising the 5 ways to Wellbeing. Ongoing from October 2013.	Five ways to wellbeing are incorporated into the corporate induction process of staff within CCBC and an article on Five ways was placed in the Conwy bulletin which is delivered to each home in Conwy The draft BCUHB Perinatal Mental Health pathway has embedded a universal approach to promoting mental wellbeing for all women who are pregnant, as well as recognising and responding to the needs of those with continuing or emergent mental health problems.
<u>Outcome 2: People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis</u>		
2.1 To improve resilience of children	a. Local Health Boards (LHBs) and partners to ensure use of All Wales Maternity Record to identify	The revised version of the All Wales Maternity Record has been implemented locally.

<u>Action</u>	<u>Sub Action</u>	
and young people.	women at risk of postnatal depression or psychosis. Ongoing from October 2012.	
	c. LHBs to develop and put in place protocols for referral for advice from GPs or specialist services in place for obstetric services in Wales.	A BCUHB multidisciplinary group has been established to develop a Mental Wellbeing Strategy which encompasses these requirements. The document is nearing completion. Implementation and the development of a clinical network for North Wales will require inter CPG and Executive support.
	o. LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably <ul style="list-style-type: none"> • Flying Start • Families First • Integrated Family Support Service. Ongoing.	Team around the Family is in place across North Wales with some variations in delivery. There are strong links with schools and health visitors which account for many of the referrals to TAF. Commissioning of services under Families First has also taken place and multi agency consortia have come together to deliver services. Integrated Family Support Services are in various stages of development with only Wrexham and Flintshire having an IFSS up and running as a joint service. Expansion of Flying Start has also taken place with more areas able to access Flying Start services across North Wales. More Health visitors are being recruited to support mothers in the most deprived areas.
2.3 To improve resilience of communities.	a. All agencies to identify contribution of third sector on mental wellbeing and resilience and to consider how joint working can further complement statutory provision. Ongoing.	There is agreement to develop a North Wales Mental health Commissioning Strategy. Parabl commissioned to provide Talking Therapies since 1/04/13. 3 workshops held in June and July 2013 to map care pathways across sectors. Integrated Care Pathway in place and launched on 10 October 2013.

<u>Action</u>	<u>Sub Action</u>	
<p>2.4 To further reduce levels of suicide and serious self harm.</p>	<p>b. LHBs, LAs, Third Sector and Criminal Justice Agencies to continue working in context of the 2012 PHW review of <i>Talk to Me</i> Suicide and Self-harm Action Plan.</p>	<p>Training on suicide, has taken place across Clinical Programme Groups (CPG's) for all age ranges with representation from CAMHS, looking at building emotional resilience for children and young people. Also included train the trainer rolled out to GP's and partner organisations.</p> <p>Signage with wording agreed by Samaritans has been placed at two stations in Flintshire. Mental Health First Aid courses are run on a regular basis and are being promoted amongst primary care staff through the Localities Leadership Team</p>
	<p>c. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.</p>	<p>Risk assessment training in place. There are local workforce development training plans in place</p>
	<p>d. LAs, LHBs, Welsh Ambulance Service, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self harm in Wales. Ongoing.</p>	<p>There is a Criminal Justice Liaison Group in North Wales. Multi agency representation which includes all relevant parties</p>
	<p>e. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.</p>	<p>See 2.4 C</p>
	<p>f. LHBs to refer to NCISH national reports. Ongoing.</p>	<p>Reports are considered by the Health Board and learning is applied. All recommendations are considered and implemented as appropriate.</p>
	<p>g. Public Health Wales to work with LHBs and LAs through the Mental Health Leaders' Collaborative to develop integrated approach to managing serious untoward incidents including suicide and self harm</p>	<p>Being progressed at a National level.</p>

<u>Action</u>	<u>Sub Action</u>	
	by April 2013.	

Chapter 2: A New Partnership with the Public

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 4: People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.</u>		
<p>4.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.</p>	<p>a. LHBs and LAs to routinely meet their obligations under the Public Sector Specific Duties (Wales) addressing the diverse needs of their local populations in service redesign and commissioning. Ongoing.</p>	<p>During the past 12 months the Health Board has consulted on and commenced the implementation of its plans to redesign services for Older Person's with Mental Health Across North Wales.</p> <p>The implementation of the Social Services Bill is key as it will continue to address inequalities. One of the LA's has a Vulnerable Adults Group which considers the diverse needs of people with mental health issues.</p>
	<p>c. LHBs to carry out and publish Equality impact assessments on service delivery plans. Ongoing.</p>	<p>As part of the OPMH and changes to how Adult Mental Health Services were provided, EqIA screening was undertaken. As part of the ongoing changes within OPMH services, full EqIA will be completed by Dec 2013. EqIA screening for South Gwynedd will also be reviewed by the Service Development Board by Dec 2013.</p> <p>All stakeholders affected by the changes, including the Community Health Council (CHC) have been involved in service change.</p>
	<p>d. LHBs and LAs to provide culturally appropriate assessment, responding to communication and translation needs. Ongoing.</p>	<p>As part of service reviews and changes all communication / information for service users and carers has been made available bilingually. As part of the Health Care in North Wales is changing consultation documentation was available bilingually, large print and easy read versions. People attending were also given the opportunity to advise us of any other needs. E.g. disability / sign language. Questionnaires were circulated on age, ethnicity e.g. Polish leaflets</p>

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 5: Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</u>		
<p>5.1 To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce.</p>	<p>a. NHS and Social Services to ensure that principles of the Welsh Language Strategic Framework including the 'active offer' are mainstreamed into service delivery. Ongoing.</p>	<p>Piloting Welsh Language pathway / Welsh Language programmes (mental health terminology)</p> <p>One function of the bilingual service user pathway has been to capture the process historically used by teams that have successfully matched bilingual service users with bilingual mental health workers. A second and progressive function of the bilingual service user pathway is to enable teams to capture solid data via unmet needs forms when / if a bilingual worker is not available to work with a Welsh speaking mental health service user.</p> <p>Each LA has produced a response to 'Mwy Na Geiriau' and there is a lead officer in Local Authorities to reinforce the importance.</p>
	<p>b. LAs and LHBs to deliver language awareness training for all staff coming into contact with people with mental health problems. April 2014 and Ongoing</p>	<p>The CPG Welsh Language Development Group have created an outline for a training course which would raise staff's awareness and skills in relation to using Welsh language and culture in their clinical work with mental health service users. This is an ongoing project.</p> <p>The LA's are exploring the delivery of this to its workforce located within the integrated CMHT's.</p>
<u>Outcome 6: People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.</u>		
<p>6.1 To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate</p>	<p>c. LHBs and LAs, together with Third Sector Partners, to ensure that Mental Health Service User Development Officers (MHSUDOs) maintain up to</p>	<p>Bilingual website in place to provide help and advice to Children and Young People, parents, carers and people who work with children to know what to do if they are worried</p>

<u>Action</u>	<u>Sub Action</u>	
information being available.	date web based directories of local Mental Health Services and information available and to share these with appropriate organisations such as C.A.L.L. and NHS Direct Wales. Ongoing from October 2013.	<p>about problems which may affect their Mental Health. http://www.mental-health-matters.org.uk/</p> <p>Unllais mental health directory is available on the company's website. This focuses on adult services and there are links to the CALL helpline and NHS Direct. Unllais' new website, currently under development, will have a 'print' option so that parts of the directory can be selected and printed directly from the web.</p> <p>There is work to be done on linking information and websites to ensure all ages are covered.</p>

Outcome 7: People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.

<p>7.1 To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems</p>	<p>b. NHS and LAs to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. Ongoing</p>	<p>It is the clear intention of the Health Board to ensure that no employee receives less favourable treatment or suffers any detriment because due to their disability through clear and consistent guidance on the rights of the individual and the responsibilities of the organisation. The Health Board has adopted practices to improve employee health and well-being in the workplace and holds the Corporate Health Standard Gold award.</p> <p>The Health Board has a mandatory equality e learning module that is designed to improve general awareness and understanding around Equality and Human Rights.</p> <p>The Health Board has given its support to MENCAP's 'Getting it Right Campaign and Charter' which has an aim of reducing discrimination against people with learning disabilities within the NHS.</p> <p>The Health Board is planning to sign up to 'Mindful Employer' which is an initiative aimed at increasing awareness of mental</p>
--	---	--

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs and LAs to identify TTCW Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff by December 2012	health at work. There are Champions for Mental Health within organisations. This is a development area for organisations in North Wales.
<u>Outcome 8: People feel in more control as partners in decision making about their treatment and how it is delivered.</u>		
8.1 To ensure that service users feel listened to and are fully involved in decisions about their own care.	a. LHBs and LAs to ensure active participation of service users and carers in the development, delivery and review of their Care and Treatment (in line with Part 2 of the Mental Health (Wales) Measure 2010. Ongoing from June 2012.	In over 90% of adults case notes audited the service users had signed off their CTPs. Service user questionnaires are in place. CAMHS - There is a Tier 4 Service User Group in place, a Young Person Strategy is being developed by the group to include T4 and the Third Sector. There are also INSPIRE consultation groups.
	b. LHBs to ensure training is provided on care and treatment planning using the prescribed materials produced by Lincoln University to all Care Co-ordinators by end 2013.	An active training plan has been implemented.
	c. LHBs to provide service users and their carers with opportunities to discuss and agree service and treatments options. Ongoing.	Practice development is required to empower service users to actively participate and understand alternatives and implications in relation to treatment in their care and treatment plans.
	d. Voluntary sector working as part of Mental Health Action Wales to provide training for service users to enable them to play a full role in the	Half day workshops have been delivered across North Wales to provide the opportunity for SU&C to have information on CTP. These to be rolled out again in 2014.

<u>Action</u>	<u>Sub Action</u>	
	<p>development of their Care and Treatment. Ongoing</p> <p>e. LHBs to implement good practice guidance and training for staff working with service users to help them understand treatment options available. (Standard 9 <i>Doing Well, Doing Better</i>). Ongoing.</p>	<p>Good practice guidance and training has been introduced through CPT and the MH Measure Training. The CTP Planning Programme runs until June 2014. A further training programme needs to be developed with the aim of ensuring it is integrated into every day practice.</p> <p>A pool of SU&C's have been trained as trainers to co-facilitate the delivery of MHM training. The delay in receiving the supplementary training materials from WG has meant the development of local materials involving local SU & C which is currently being used in training.</p> <p>Within the Health Board, each CPG is required to establish a group dedicated to Improving Service User Experience (ISUE) which reports to the Corporate ISUE Group. The MH CPG ISUE Group has agreed an action plan and is taking that forward in partnership with Unllais, service users and carers.</p>
<p>8.2 To ensure that relevant patients access Independent Mental Health Advocacy (IMHA).</p> <p>NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11 & 13</p>	<p>a. LHBs and LAs together with IMHA services to implement Part 4 of the Mental Health (Wales) Measure 2010 for newly eligible patients. Ongoing.</p> <p>b. Independent Mental Health Advocacy providers to ensure the availability of appropriately trained advocates to meet the new statutory duties on LHBs and LAs within the Mental Health (Wales) Measure 2010. Ongoing from 2013.</p>	<p>Unllais have been commissioned to provide the IMHA service in North Wales. A training plan has been implemented for LHB's and LA's. Ongoing emphasis on training and awareness raising is specified in the IMHA contract following the implementation of Part 4 of the Measure.</p> <p>Part of the monitoring process for the IMHA contract is to ensure the availability of appropriately trained advocates.</p>

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 9: Families and carers of all ages are involved in assessments for support for their caring roles.</u>		
<p>9.1 To ensure support for families and carers through implementation of the Carers (Wales) Measure 2011.</p> <p>NOTE: ACTION TO BE UPDATED FOLLOWING PUBLICATION OF REFRESHED STRATEGY</p>	<p>a. LHBs and Trusts in conjunction with partner LAs to draw up local Carers Information and Consultation Strategies by October 2012.</p>	<p>The LA's and Health Board agreed the Carers Strategy in October 2012 and a training programme is being launched.</p>
<u>Outcome 10: People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services.</u>		
<p>10.1 To ensure that service users of all ages and their families and carers are fully involved in service development.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOME 17</p>	<p>a. HBs and LAs to agree and put in place robust arrangements for engaging service users and carers of all ages in the design, delivery and monitoring of local services by Sept 2013.</p>	<p>Joint county based groups have been established across North Wales and will include service users and carers in their membership and will formally link to overarching policies. There is a service user and carer involvement contract in place for adults and older people for MH, SMS and LD.</p> <p>Alternative to Admission for 12 - 18 year olds in North Wales, a Young People's Participation Project:</p> <ul style="list-style-type: none"> • Meetings with Young People on "service" design • Support from Children & Young people's Assembly for Wales 'Funky Dragon' • Young people's interview panels for staff interviews • Young people's competition for team name • Young People's workshops on content of "home folders" • Work with young people on leaflets and NNAS Website work

<u>Action</u>	<u>Sub Action</u>	
	<p>b. MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of people of all ages by February 2013. (Standard 5 <i>Doing Well Doing Better</i> guidance e-governance manual).</p>	<p>There are county based joint working groups across North Wales for adults and older persons' mental health and have places for SU&C involvement/representation.</p> <p>Service User and Carer Liaison Officers are employed by Unllais and operational across the 6 Counties. Similar arrangements are in place in Powys, with PAVO to facilitate service user and carer engagement in local planning.</p>
	<p>c. WG and LHBs to ensure active engagement of service users and carers on Mental Health Partnership Boards at national and local levels – Ongoing from March 2013.</p>	<p>5/6 SU and Carers from across North Wales have been recruited to sit on the Partnership Board and Unllais supported the process. The Board members are meeting with the Chair of the NW Board before the next meeting of the Board. These Board members have automatic membership of the All Wales 'peer' Forum and have the option of applying for one of the 4 places on the NPB. The process for the NPB is being managed by Mental Health Foundation and Welsh Government.</p>

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

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 11: Service users experience a more integrated approach from those delivering services.</u>		
<p>11.1 To ensure that public services work together to provide an integrated approach.</p>	<p>a. LAs, LHBs and third sector to further develop integrated services provision and to review care pathways against the aspirations of <i>Together for Mental Health</i> by December 2013.</p>	<p>A memorandum of understanding and S33 agreements are in place in some counties with the intention to develop agreements across the six LA's. We have established 6 County Mental Health teams with an agreed Operating Framework and single line management structures for all.</p>
	<p>f. LAs to work together with the NHS to enact new duties from implementation of the Social Services Act. Timescale to be confirmed under regulation.</p>	<p>Welsh Government ran stakeholder events. Health Board and LA's have a number of forums in place to work collaboratively and progress implementation.</p>
<p>11.2 To ensure effective transition between adult and CAMHS Services.</p>	<p>a. LHBs, working with LAs and Third Sector, to develop plans to manage transition for young people effectively by November 2013.</p>	<p>There is a transition protocol currently being ratified which will be available to all staff once agreed.</p> <p>In conjunction with Bangor University, Unllais have been successful in having a research student part time and will be looking at the transition between CAMHs and adult services.</p>
<p>11.3 To ensure substance misuse co-occurring with mental health problems is managed effectively.</p>	<p>a. Each Substance Misuse Area Planning Board (SMAPB) and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the Service Framework <i>Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health</i></p>	<p>Protocols and pathways have been recently reviewed and this is currently being consulted upon.</p>

<u>Action</u>	<u>Sub Action</u>	
	<i>Problems by September 2013.</i>	
	b. LMHPBs/SMAPBs to ensure all relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems, and have a clear understanding of protocols and integrated care pathways in place by September 2013.	Training has taken place across BCUHB led by Health. There is SMS involvement in SPOA on a weekly basis across North Wales. Training across BCUHB teams will need to be part of the refreshed dual diagnosis (DD) Policy Implementation Plan. Mental health colleagues deliver training to SMS teams on a regular basis as part of the SMS annual training plan.
11.4 To improve access to CAMHS expertise in Youth Offending Teams.	a. LHBs to ensure that All Youth Offending Teams (YOTs) have designated time from an appropriate CAMHS professional and access to forensic CAMHS. Ongoing from March 2013.	CAMHS team have access to a MH Advisor who works into and with the Youth Justice Service and provides advice and consultation to staff within the Youth Justice teams across the region. Dedicated sessions are available with a Consultant Child & Adolescent Psychiatrist for advice and consultation.
11.5 To improve physical and mental health care for those with chronic conditions including mental health problems.	a. LHBs to ensure effective liaison services to assure needs for people with mental health problems in the DGH setting are met. Ongoing from April 2014.	There are existing liaison services in the DGH's, which are reviewed against the Rapid Assessment Independent Diagnosis (RAID) model to ensure good practice. Following a review it is intended that the liaison services will be extended linking it with the out of hour's provision.
	b. LHBs to provide physical health liaison to assure physical healthcare needs in mental health settings are met. Ongoing	There are ongoing discussions to clarify the DGH input into the Mental Health Units. Currently there are transfer arrangements in place. A Physical Health Group has been established to improve detection and treatment of co morbidity and Mental Health. The group has prioritised improving Clozaril treatment arrangements and improving outcomes for co morbid diabetes
Outcome 12: People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to		

<u>Action</u>	<u>Sub Action</u>	
<u>psychological therapies.</u>		
<p>12.1 To ensure the expansion of primary care mental health services.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOME 13.</p>	<p>a. LAs and LHBs to implement Primary Care Schemes in conjunction with third sector where appropriate and in line with the requirements of Part 1 of the Mental Health (Wales) Measure 2010. Ongoing from October 2012.</p>	<p>Local Primary Mental Health Service for Children, Young People, Adults and Older People established 1st October 2012. Scheme underpinning service agreed by Health Board and six LA's. Parabl Talking Therapies commissioned by Third Sector.</p>
	<p>b. NLIAH to develop a curriculum for Primary Care Mental Health Workers PCMHWs by year end 2012-13.</p>	<p>The curriculum has been received from NLIAH and will be implemented.</p>
	<p>c. Each LHB to ensure competent workforce trained to deliver the range of interventions under the measure with a formal supervision structure including those commissioned from other sectors.</p>	<p>Primary care staff have commenced Cognitive Behaviour Therapy training level 6, from Bangor University. Their accreditation is due Oct 13. This will expand the capacity of LPMHSS (Local Primary Mental Health Support Service) staff to provide formalised CBT in Tier 1.</p> <p>Psychological Therapies Institute Group convened to develop and coordinate training and ensure link to the Mental Health and Learning Disability Workforce and Education planning process. There is an accredited course in common mental health issues and substance misuse. Also training has been rolled out in personality disorder.</p> <p>Professional standards are adhered to by those services commissioned from the third sector.</p>
<p>12.2 To ensure that patients are supported to access their rights for re-assessment with regard to the Mental Health (Wales) Measure 2010, when</p>	<p>a. LHBs and LAs to establish systems in conjunction with Third Sector where appropriate to ensure that eligible patients are aware of their rights to reassessment in line with Part 3 of the Mental</p>	<p>As part of the Measure Implementation GP's, Police, Ambulance Service and Third Sector organisations were made aware of patients rights under Part 3 as part of the communication and information strategy. Discharge letters to</p>

<u>Action</u>	<u>Sub Action</u>	
required. NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11, 13 & 14	Health (Wales) Measure 2010 by October 2012.	service users and GPs include information on their rights.
12.3 To improve access to and provision of Psychological Therapies.	b. LHBs and LAs to review cross sector staff competencies in delivering psychological therapies and undertake gap analysis by June 2013	A management board has been established to oversee access, treatment and provision of Psychological services in North Wales. The emphasis will be analysing waiting times with a view to seeking reductions. Local Improving Access to Psychological therapies group convened to undertake gap analysis and build on 2012 mapping and local county team training audit and National Audit in Psychological Therapies data set
	c. Each LHB to constitute a Psychological Therapy Management Committee (PTMC) to advise on local mechanisms to take forward and develop psychological therapy services in line with WG Policy guidance and to take into account the baseline review. Ongoing	The Psychological Therapy Management Committee (PTMC) has been constituted with executive leadership; the chair is Andrew Jones, Director of Public Health. The first stakeholder group is to be convened in November 2013.
	d. Each LHB to ensure competent cross sector workforce trained to delivering the range of interventions within a formal supervision structure. Ongoing	There is an agreed supervision policy in place. There is both clinical and management supervision arrangements in place for all professionals. Joint Health and Social Care training in place.
12.4 To ensure effective access for children and young people to CAMHS Services.	a. LHBs and LAs to ensure that they have in place pathways to provide appropriate specialist inpatient and community CAMHS (e.g. CIIT FACTS) for children with mental health problems. Ongoing from October 2012.	Intensive Community Support Team (ICST) in place from October 2013 in place of CIIT. Forensic Adolescent Consultation Treatment Services (FACTS) is an All Wales Model but N Wales element is based in Abergele. Tier 4 team in place which provides step up / down between 3 & 4.

<u>Action</u>	<u>Sub Action</u>	
	b. LHBs to put in place clear pathways for children with mental health problems in crisis. Ongoing	Intensive Community Support Team (ICST) has strong links with Youth Justice Service.
	c. LHBs to ensure that inappropriate admissions of those under 18 to adult wards reduced. LHB to designate a ward with appropriate staff training safeguarding checks in place for unavoidable admissions by December 2012 .	There is a working group consisting of CAMHS, adult and safeguarding representatives working through achieving the AIMS accreditation for age appropriate standards. This is an ongoing process with no end date as yet. The Abblett Unit has achieved and the Heddfan and Hergest Units are working towards the standards.
	d. Staff on designated wards to have completed formal training on needs of young people. Ongoing from June 2013 .	As above - the accreditation standards involve the training of staff on the needs of young people
	e. LHBs working with LAs to produce guidance as to the range of local services available from specialist CAMHS for all other children to be developed by March 2013 .	The Eligibility and Access Criteria Group is developing clear guidelines on services Children and Young People can access. Consultation will be taking place with partner agencies.
12.5 To ensure veterans receive services appropriate for their mental health needs.	a. LHBs to continue to commission and/or provide specialist community Health and Well Being Services for veterans in each area. Ongoing .	North Wales have a Veterans Service in place and also commission Combat Stress for additional support. The Health Board also attends the All Wales Veterans Network whilst having a North Wales Veterans Network.

<u>Action</u>	<u>Sub Action</u>	
	b. Clinical networks to disseminate knowledge and share best practice by March 2013 .	The All Wales Veterans Health and Wellbeing Service is fully operational across North Wales. The Service has developed a pioneering multi agency approach with Combat stress, CAIS and RBL which is ensuring that Veterans are treated and signposted appropriately and that their needs are being met by the correct agency either Health or third Sector.
	c. LHBs to develop care pathways for veterans to access substance misuse services by March 2013 .	All veterans have priority allocation within BCU Health Board SMS teams across the region. There is close working with BCUHB veteran's service and other third sector support services for veterans.
	d. LHBs work with substance misuse and mental health providers to ensure veterans with PTSD have timely access to substance misuse treatment.	All veterans have priority allocation within BCUHB SMS teams across the region. There is close working with BCUHB veteran's service and other third sector support services for veterans.
	e. LHBs to establish Armed Forces Forums and Mental Health Clinical Networks. Ongoing from December 2012 .	Dr Peter Higson chairing the North Wales Veterans Network which will be reviewing best practice and identifying gaps in service.
12.6 To ensure appropriate and timely interventions for people in custody.	c. LHBs to commission and/or provide prison mental health / CAMHS services in accordance with the published guidance by October 2014 .	The North Wales Criminal Justice Mental Health Group has already discussed the implications for healthcare following the announcement of the "super prison" to be built in the Wrexham area and this item will remain on the agenda for future planning. HMP Altcourse has particularly strong links with BCUHB MH/LD CPG and the relationship with HMP Styal is being actively fostered.

<u>Action</u>	<u>Sub Action</u>	
	d. LHBs to develop a care pathway for those who need to receive care or secure provision, away from their local area by 2013 .	<p>BCUHB Criminal Justice Liaison Service is currently targeted at pre-sentence stage. The team assesses individuals referred by North Wales Police custody nurses prior to court appearances and proactively offers assessment to individuals within the court precincts and detained in court custody.</p> <p>The CJLS is now jointly managed with the North Wales community forensic mental health team and is better able to ensure a broader local awareness of the Welsh prisoner population who might require input from Mental Health Services.</p>
<u>Outcome 13: Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.</u>		
13.1 To ensure service users of all ages are safeguarded from harm while accessing mental health services.	a. LHBs and LAs to work together with third sector to implement safeguarding legislation and policies. Ongoing.	<p>Development and implementation of 'Supporting Children, Supporting Parents: A North Wales Multi Agency Protocol. Parents with severe mental health problems and/or substance misuse: A framework for safeguarding children'.</p> <p>Joint implementation between BCUHB and LA in Conwy, Denbighshire, Ynys Mon & Gwynedd. Date arranged for Flintshire / Wrexham in 2014.</p> <p>Policy being developed for those pregnant under 18's to ensure risk management of the unborn child is in place</p>
	b. Services to review arrangements as the Social Services Wales Bill becomes law. Timescale to be confirmed.	<p>Discussions taking place between Health and LA's in preparation.</p> <p>Quarterly joint forum between BCU and LA's Social Services held. NWSSIC (meeting between the six LA Social Service Directors) also takes place.</p>

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs and LAs to adopt & share learning from published child practice reviews, POVA cases and relevant reviews by WAQ, HIW, CSSIW, Estyn and NCISH. Ongoing	Serious case review summaries are shared across localities. Learning from these events is introduced into every day practice.
13.2 To ensure that services are planned and delivered based on safety, dignity and respect.	a. LHBs, LAs and Third Sector to provide services that strive to improve the experience of all service users in line with <i>Doing Well, Doing Better</i> . Ongoing.	Service evaluation forms have been designed by SU&C, with involvement from staff, for acute care and HTT to use on discharge from services. These evaluations are returned using Unllais' free post system, collated by Unllais and returned to the units for information and action as appropriate.
13.3 To improve in-patient environment in mental health services, ensuring care is appropriately balanced between inpatients and community services.	a. LHBs to ensure plans in place to ensure inpatient facilities are provided in modern, fit for purpose environments.	Heddfan Unit redevelopment is complete. There is a task and finish group reviewing the Hergest Unit. It has been highlighted that the Abblett and the Hergest Units are not fit for purpose. Issues are being worked through as part of BCU Health Board Estates Strategy.
	b. LAs, LHBs and third sectors to develop joint local strategies to reduce delays in transfers of care, rates of admission to mental health beds - including repeat admissions - within 28 days by April 2014.	Strategies are being developed as currently rates of admission are high but repeat admissions are low.
	c. LAs, LHBs and third sector to undertake joint training on care and treatment planning to include Health, Social Care and Housing teams training together to implement effective admission and discharge processes within care pathways by April 2014.	Third sector have carried out training for service users and carers. Care plans have been changed to include housing needs. Housing referral forms have been standardised to identify needs.

<u>Action</u>	<u>Sub Action</u>	
	d. LHBs and LA to ensure Crisis Resolution Home Treatment / Community Intensive Intervention support available for people of all ages within and out of hours by December 2012 .	Service offered 9am-9pm weekdays and at weekends. CAMHS have out of hour's rota service in place. Intensive Community Support Team (ICST) will be in place from October 2013 who will aim to achieve improved access
<p>13.4 To improve older people's mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12 & 14</p>	a. LAs and LHBs to have in place integrated assessment and care management systems and processes based on clinical need, ensuring dignity care and respect.	<p>Common assessment framework is in place. There is collaborative working in place and work is on-going to ensure full integration.</p> <p>The Older Peoples Integrated Assessment Framework will be implemented from 1st January 2014; there has been regional representation in this development.</p>
	b. LHBs and LAs have protocols in place to manage transitions between adult and older persons' mental health services. On-going	Work to be developed as a result of the Older Peoples Integrated Assessment Framework.
	c. NHS, LA and Third Sector staff, including Primary Care Mental Health workers who come in contact with older people, to receive training to ensure they recognise and respond to signs and symptoms of mental illness such as depression and other functional illness, dementia and co-morbid conditions in older people by April 2013 .	<p>Advice and consultation is offered. Training tailored to identified need.</p> <p>A Co-ordinated BCU Strategy will be developed.</p>
<p>13.5 To improve dementia care, including for younger individuals, in all settings across Wales.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12, & 14.</p>	a. LHBs and partners to implement the WG National Dementia Vision document, including young onset dementia services Ongoing .	The National Dementia Vision aims are reflected in the 1000 Lives dementia targets which form the greater part of the MHL D CPG Dementia plan. The Health Board has adopted 14 Localities, which focus on primary and community health and social services. Ten of the 14 localities have identified Dementia care and support as a priority. The North

<u>Action</u>	<u>Sub Action</u>	
		Denbighshire Locality has developed and is disseminating the Dementia Respect Empathy and Dignity (RED) project. The Health Board has also adopted the Butterfly scheme in the acute inpatient hospitals.
	b. All Part 1 PCMHS staff trained to assess for memory loss and common mental health conditions in the elderly by January 2013	A specific pathway for access to memory clinics has been developed. Memory clinics are currently working towards achieving the Royal College of Psychiatry accreditation. There is an older persons' lead established in each Primary Care Mental Health Team.
	c. LHBs to implement 1000 lives + dementia Intelligent Targets. Ongoing.	Dementia intelligent targets fully implemented. Progress was analysed in March 2013. Advice received from PHWIU that LHB's may start to adapt the targets to better meet local needs. Task and Finish group established to discuss this with PHWIU.
	d. All newly diagnosed people provided with Alzheimer's Society Dementia Information Packs. Ongoing.	Provision of information following diagnosis is a requirement of the Mental Health Measure. All patients of the memory service are offered this information. This is documented in case notes and also on a separate care plan for those referred to a dementia advisor.
	f. LHBs and LAs to ensure access to specialist advice available to all care homes.	The Health Board will provide advice on request.
13.6 To review Eating Disorder Services for all ages.	a. LHBs to commission and complete review of the pattern and cost effectiveness of inpatient eating disorder treatment across all ages services by end 2013.	Tier 3 CAEDS audit and monitor Adult over 18s admissions - out of area SEDU and local medical and inpatient admissions. Patterns and gaps highlighted. Tier 4 Option Appraisal with WHSSC at mid point with consultations received. MARSIPAN improvement group in place. There are designated local beds for patients with 1:1 nursing needs.

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs to develop services in line with outcome of review and Eating Disorders: A Framework for Wales by end 2015 .	In adult services: Training and consultation to primary care and secondary care treating staff. Pathways, protocols and BCUHB information intranet developed. Adequate access to evidence based quality psychological therapies at primary MH and secondary care level needs addressing, as well as monitoring of quality and urgency of initial assessment in primary care and secondary care for high risk patients.
<u>Outcome 14: Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.</u>		
14.1 To ensure that services are based on a recovery and reablement approach supporting to gain more control over their lives.	a. LHBs and LAs to ensure that Care and Treatment Plans for service users embed the principles of recovery and reablement, where appropriate, from October 2012 .	Audits are completed on the quality of plans and managers discuss their quality during supervisions.
	b. All Care Co-ordinators are competent in using recovery and other relevant skills through Care and Treatment Planning training, using Lincoln University materials. Ongoing .	The majority of staff have attended the Lincoln University Training programme.
	c. LHBs and LAs to ensure that individual service user views of what recovery means to them become a core part of Care and Treatment Planning. Ongoing from October 2013 .	Care plan includes section on service users' views. Service Users and Carers, supported by Unllais have developed additional training materials and also support delivery. 'What Matters' needs to be developed and will form part of the Older Peoples Integrated Assessment Framework.

<u>Action</u>	<u>Sub Action</u>	
	e. LHBs and LAs to provide support for children in addressing issues of attachment and developmental problems. Ongoing.	Attachment training has been delivered to all CAMHS staff across the region. There were 3 levels of training provided for cohorts of 30 staff. An evaluation of training was carried out
	f. For people with dementia, LHBs, third sector and LAs to provide services that support them to maintain independence for as long as possible, sustaining quality of life. Ongoing.	Dementia care encompasses the underlying principles of recovery and promotes coping and aiming to live well with dementia. There are dementia advisors in each memory service working to support recovery. Memory services across BCUHB offer a number of interventions aimed at coping with dementia as a chronic and enduring health problem. The CPG is piloting a psychological intervention with a view to roll out across North Wales.
14.2 To develop service culture for positive risk management.	c. LHBs, LAs and Third Sector to ensure evidence based risk assessment training is provided for appropriate staff to extend to cover all settings, service user groups and all ages. Ongoing.	<p>The Mental Health & Learning Disabilities CPG has established a risk strategy training group and a document setting out the present risk training has been produced. The CPG has established a group of trainers who can train staff working in the CPG on WARRN developed 'Asking Difficult Questions' training; This training is being focused on those staff undertaking care coordination duties for the Mental Health Measure. A data base is maintained on the numbers of staff trained in ADQ and the areas where staff work.</p> <p>CAMHS - WARRN training carried out, along with train the trainers so messages can be relayed across the region. Structured Assessment of Violence Risk in Youth (SAVRY) training for generic and specialist CAMHS staff, along with Training to Train to build capacity.</p>

Chapter 4: One System to Improve Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 15: People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</u>		
15.1 To ensure that people with mental health problems have access to advice and support on financial matters.	a. LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. Ongoing from April 2013.	Projects are in place with Citizens Advice Bureaus who target relevant groups. There are SLAs in place where there is a focus on MH. There are welfare rights teams in all Counties. Community Advocacy services commissioned by BCUHB are supporting service users to access appropriate financial support & information. LAs have processes for sign posting on initial point of contact.
15.2 To improve mental wellbeing by improving the condition of housing.	b. LAs and LHBs to develop plans for joint working and developments on housing and associated services incorporating mental health as a priority by June 2013.	An event has been held to bring together LA, LHB and housing association colleagues to develop joint working and coordinate planning to ensure successful independent living. Work streams are being developed.
15.3 To reduce homelessness and help people with mental health problems sustain tenancies.	c. LAs to implement Supporting People Programme Guidance ensuring that commissioning decisions take account of mental health needs. Ongoing.	Supporting People Groups set up regionally with LA's and Health Board representation.
	d. LAs and LHBs to develop plans for joint working and developments on housing and associated services, incorporating mental health as a priority by June 2013.	Forms have been standardised. Housing needs are assessed when accessing MH Services. Strategic housing meetings take place with social housing across all localities. The North Wales Working Group – Homeless and Vulnerable Groups Health Action Plan (HaVGHAP) has been reconvened, with membership from Health, Local Authorities and third sector, in response to the Welsh Government Standards for Improving the Health and Well-being of

<u>Action</u>	<u>Sub Action</u>	
		Homeless People and Specific Vulnerable Groups April 2013
	e. LHBs to provide senior representation on Supporting People Programme Regional Collaboration Committees by December 2012 .	Assistant Director of Community partnership development is BCUHB representative.
	f. Social landlords (local authorities that still own their own housing and registered social landlords) take into account the needs of people with mental health problems when discharging their landlord functions. Ongoing .	Key activities for Registered Social Landlord's (RSL's) has been to ensure that the impact of the Welfare Reforms, as it relates to Housing Benefit changes in particular, have been considered in the context of ensuring that our Tenants have been supported to reduce the impact i.e. tenancies are sustained.
15.4 To ensure vulnerable groups have equitable access to safer homes	a. Professionals, Fire and Rescue Services and LHBs to promote safe homes through fire safety and slips and trips initiatives. Ongoing .	Assessment documentation. Local authorities have memorandum of understanding in place for sharing of information
	b. Staff awareness to be raised of where there is heightened risk for home fire or falls for vulnerable individuals (such as those with dementia) and of the need to share information on those individuals with the Fire and Rescue Service and other relevant agencies. This will ensure appropriate action is taken to mitigate the risks where possible.	First Contact teams will offer Fire Service check.
15.8 To ensure that the physical health needs of people with mental illness are recognised and better met.	b. LHBs and PHW to ensure that general health promoting initiatives are signposted for people in contact with mental health services. Ongoing from April 2013 .	A Physical Health Group has been established to improve detection and treatment of co morbidity and Mental Health. The group has prioritised improving Clozaril treatment arrangements and improving outcomes for co morbid

<u>Action</u>	<u>Sub Action</u>	
NOTE: SEE ALSO ACTION 1L3 IN CHAPTER 1		diabetes. Wellbeing Centres are in place across N Wales provided by third sector which encourages attendees to look at lifestyle behaviours, e.g. smoking cessation
15.9 To promote employment opportunities for people with mental health problems.	a. WG, LAs and the NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing and both recruit and retain people with lived experience of mental illness. Ongoing from March 2014.	The Health Board has adopted practices to improve employee health and well-being in the workplace and has been awarded the Corporate Health Standard Gold which is one of the Health Working Wales programmes and is the national standard. One of the specific health issues in the bronze and silver standards is mental health.
	b. All agencies to formulate policies to promote mentally healthy workplaces including policies to make reasonable adjustments to assist people to gain and retain employment.	Two tick 'positive about disabled people' symbol .Employers that use the disability symbol make five commitments regarding recruitment, training, retention, consultation and disability awareness. The Health Board has guidelines in place on the fair treatment of disabled people at work. These guidelines are aimed at promoting good practice in the employment of disabled people by providing managers with guidance and information on all aspects of the employment cycle
15.10 To promote the health and well-being of the people of Wales by enabling people to access information from libraries to promote, manage and improve their health status throughout their lifetime. NOTE: SEE ALSO ACTIONS UNDER OUTCOME	a. LA library services and public libraries to work with PHW to promote BPW. Ongoing	All North Wales Library Services hold and promote the full range of Book Prescription Wales (BPW) items

Chapter 5: Delivering for Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 16: Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.</u>		
<p>16.1 All staff across the public sector to promote a culture this is respectful and experienced as empowering.</p>	<p>a. LHBs, LAs and Third Sector to ensure all their services embed a culture of dignity and respect. Ongoing.</p>	<p>The equality e learning module is a new and innovative learning resource developed by BCU that is designed to improve general awareness and understanding around Equality and Human Rights. The programme is mandatory for all staff.</p>
	<p>b. LHBs and LAs with their partners to ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it. Ongoing.</p>	<p>The MHL D CPG is in the initial stages of piloting awareness on compassion for staff working on mental health wards and this is taking place in one of our hospital hubs. This has yet to be rolled out to other service areas.</p>
<u>Outcome 17: Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering</u>		
<p>17.1 To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness.</p>	<p>a. LHBs to develop sustainable and affordable workforce plans to support the delivery of <i>Together for Mental Health</i>. Ongoing.</p>	<p>The LHB and LA's have workforce plans in place. The MHL D CPG develops a workforce plan on an annual basis. Part of this plan is the development of training. CAMHS - Workforce Sub Group established to develop blue print of CAMHS workforce over next 5 years</p>
	<p>b. Personal Development Plans (PDPs) to be in place for all staff with annual appraisal process. Ongoing.</p>	<p>Mental Health & Learning Disability Clinical Programme Group is committed to ensuring staff are continually developing and are supported to be effective in their jobs thus maintaining high quality services for the public. This is formally addressed through the PADR process. To date CPG compliance is 35%.</p>

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs, LAs and Third Sector to adopt evidence based team working with an emphasis on clinical networks and locality teams. Ongoing	The MHL D CPG has established a number of clinical networks, particularly access to deaf mental health, personality disorder, eating disorder, veterans.
	d. All clinical staff to be engaged in 1000 Lives and trained in methodologies. Ongoing	The CPG has leads for 1000 Lives Mental Health Intelligent Targets for Dementia, Eating Disorders and Early Intervention. The CPG would need to progress the action of the leads being trained in methodologies.
	f. Mental Health Clinical Leaders Group to be expanded for all ages to participate in a clinical leadership programme pilot during 2013	A clinical leadership group is attended by Chief of Staff.
<u>In addition, the following actions will provide assurance that the aims of <i>Together for Mental Health</i> are being delivered</u>		
<p>19.1 To ensure that appropriate arrangements are in place to oversee the implementation of <i>Together for Mental Health</i> at national and local levels.</p> <p>NOTE: SEE ALSO ACTION 10.1 IN CHAPTER 2</p>	b. LHBs to put in place local multi-agency partnership arrangements on LHB footprint by January 2013.	A Together for Mental Health Partnership Board has been established and meets three times a year as a board and will supplement with workshop sessions as required. A project team is in place to coordinate a regional approach, collecting evidence and reporting.
<p>19.2 To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of <i>Together for Mental Health</i></p>	c. Local partnership boards to routinely consider unmet need in the planning and delivery of services. Ongoing from 2015.	As 19.1. The action plan is reviewed regularly and developments are highlighted.

Annex 2 Membership of the Betsi Cadwaladr University Local Partnership Board

Group/Organisation Represented	Name	Position and Organisation
BCUHB	Geoff Lang	Executive Director (Chair)
BCUHB	Dr Giles Harborne	Chief of Staff
BCUHB	Simon Pyke	Assistant Chief of Staff
BCUHB	Dr Peter Gore-Rees	Clinical Director CAMHS
BCUHB	Irfon Williams	CAMHS Service Manager
BCUHB	Dr Sara Hammond-Rowley	Early Intervention Programme Lead
BCUHB	Wyn Thomas	Assistant Director Community Partnership Development
BCUHB	Sue Owen	Partnership Improvement Manager
Public Health Wales	Jackie James	Principal Health Development Specialist
North Wales Heads of Adult Social Services	Clare Lister	Head of Adult Services Conwy County Borough Council
North Wales Heads of Children's Services	Leighton Rees	Head of Children's Services, Denbighshire County Council
North Wales Local Authorities - Heads of Housing	Sam Parry	Conwy CBC
Housing Associations	Kevin Hughes	Director of Care and Support Services, Pennaf
Unllais (Link to Third Sector Adult Mental Health)	Joan Doyle	Director
Children's Third Sector Representative	Kate Newman	H&SCWB Facilitator
CVC (Third Sector H&SC)	Kieran Duff	Chief Officer, Flintshire Voluntary Council
Service User and Carers	Bronwen Pritchard Chris Eastwood Marc Spacey Monica Dyke Andrea Hughes	
LMC	Dr Huw Lloyd	GP
BCCHC (Observer with speaking rights)	Chris Jones	