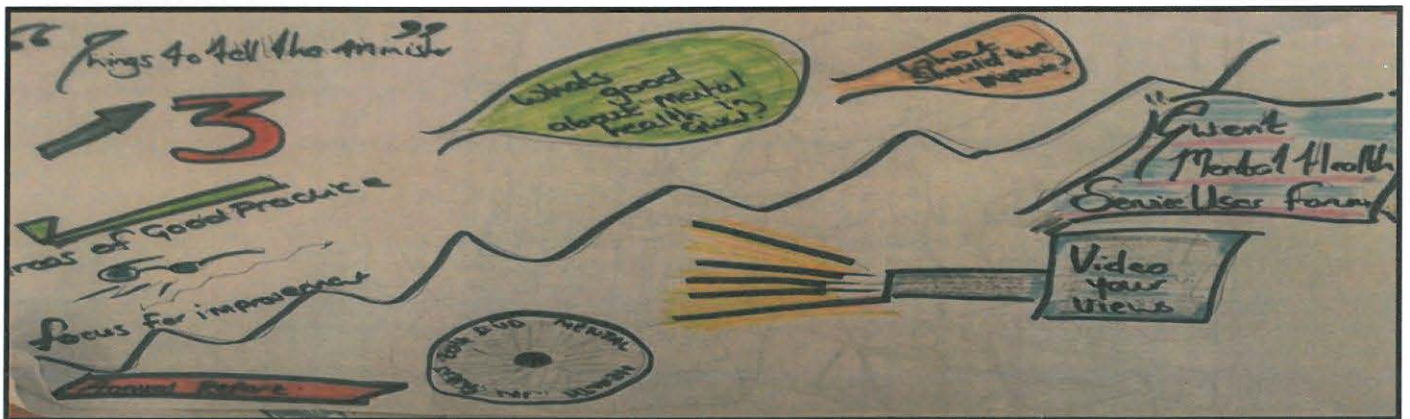


**GWENT MENTAL HEALTH & LEARNING DISABILITY  
LOCAL PARTNERSHIP BOARD  
ANNUAL REPORT**



## CONTENTS

1.	INTRODUCTION FROM THE GWENT SERVICE USER FORUM	3
2.	INTRODUCTION FROM THE GWENT MENTAL HEALTH & LEARNING DISABILITY PARTNERSHIP BOARD CHAIR	4
3.	HOW THIS ANNUAL REPORT HAS BEEN PREPARED	5
4.	PROMOTING BETTER MENTAL WELL-BEING & PREVENTING MENTAL HEALTH PROBLEMS	6
5.	A NEW PARTNERHSIP WITH THE PUBLIC	11
6.	A WELL DESIGNED FULLY INTEGRATED MODEL OF CARE	16
7.	ONE SYSTEM TO IMPROVE MENTAL HEALTH	28
8.	DELIVERING FOR MENTAL HEALTH	32
9.	LOOKING INTO 2015 ...EMERGING PRIORITIES	34
	<b>APPENDICES</b>	
APPENDIX 1	NATIONAL ACTION PLAN UPDATE	36

## 1. INTRODUCTION FROM THE GWENT SERVICE USER FORUM

Firstly we would like to say how pleased we are as service users of mental health services across Gwent to be given an opportunity to inform this annual report, where we have been able to share with you our experiences, thoughts, feelings and ideas. We feel that the Gwent Service User Forums provide us, and carers of services users, with a safe environment to have our voices heard, each and every one of us, actively participating in the development and evaluation of the services that we ourselves receive.

Working in such close partnership with ABUHB and the Councils in Gwent, not only provides us with opportunities to tell those who provide the services we receive what needs improvement and what isn't working, but also a platform to showcase all the good work and support that is being provided and received across Gwent; supporting service users through recovery and enabling us to live active and fulfilled lives.

As you read through the service user elements of this annual report, many of the experiences are negative ones – highlighting what needs to change or be developed. However, as service users we feel that the very nature of us being able to share these experiences and ideas for development provides us with a fantastic opportunity to move forward collaboratively and effectively, with service providers to get services right.

At the end of a productive day at Deri Community Centre, we – service users & carers, had agreed on a number of key priorities that we felt were emerging themes throughout the day, those that then provided us with areas that we felt were required to be developed. These were:

- Funding – More services are required such as 'out of hours.' Concerns were also raised regarding lack of staff, day centres closing do to funding cuts which are the areas where people receive peer support.
- Education – To tackle the stigma associated with mental health by providing education to schools, housing associations, GPs, employers and the media in general.
- Support – more crisis support systems and better coordination of support in Primary care.

As already mentioned, service user involvement & working in partnership with ABUHB and the Councils isn't only about highlighting the gaps. We need to regularly let people know what works well, what we like and what we need more of. Below are three strengths that came from discussions at Deri, positive areas that we feel work well and are effective contributors to us feeling supported. They are:

- Third sector support
- Development of early intervention
- Peer support

We are pleased our views are strong throughout this report.

*Developed by Linda Williams and Laura Morgan – Service User Development Officers based on the views shared by service users in Gwent*

## **2. INTRODUCTION FROM THE CHAIR OF THE GWENT MENTAL HEALTH & LEARNING DISABILITY PARTNERSHIP BOARD**

On behalf of the Mental Health & Learning Disability Partnership Board, I am pleased to present our 2<sup>nd</sup> Annual Report against the National Strategy: Together for Mental Health.

The last year has once again seen a significant amount of work pass through the Mental Health & Learning Disability Partnership Board that has responded to both the National Agenda and our local priorities. It is not however been without its challenges, a number of pressures have presented a challenge for partners locally in considering where to invest their time and priority as they redesign services for the full population.

It is exciting that this Annual Report has been compiled by Service Users, carers, and staff alike... through this approach there is a very good reality check, that tells us how it is from the lens of people both receiving and delivering our services. It is clear as you read this report that there are times when Service Users and staff share common views on the successes and areas for development, yet others where there remain very different perspectives. In knowing where these differences lie, we have a clear focus on the work that needs to be done over coming months and which will improve experiences and perspectives. The majority of examples cited throughout the approach are age inclusive.

Last year we committed to undertaking many developments. The production of this Annual Report has been a useful reflection in assessing whether we have done what we said we would do. I am pleased to say that for the majority of areas we have, and many examples of good practice are shared through this report.

I look forward to the year ahead, and know that the new Chair of the Partnership Board Simon Burch of Monmouthshire Council will continue to steer the Partnership Board with a clear and firm emphasis on ensuring Service Users are not only at the heart of this Annual Report, but also at the heart of service delivery and service improvement.

*Judith Paget*

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**Judith Paget**

**Interim Chief Executive Aneurin Bevan University Health Board  
Chair of the Mental Health & Learning Disability Partnership Board**

### 3. HOW THIS ANNUAL REPORT HAS BEEN PREPARED

This Annual Report has been co-produced between people who have a mental health issue and people who provide services that support good mental health/well-being. Whilst it looks like a traditional Annual Report, it has not been developed in a traditional way. We are proud of the approach we have followed and want to share that with you.

On the 19<sup>th</sup> August 2014, approximately 80 Service Users and carers from across Gwent, met in a community hall in Deri, Caerphilly to discuss what they thought had been particularly good about mental health in Gwent in the past year, and what they believed should be priorities for the next year.

The approach that was used to gain views was one of World Café, where discussions were held about each area within the National Strategy. Service Users and carers had the opportunity to visit each table, and were asked to draw or write their views that could be captured within the Annual Report. This session was also recorded and there was opportunity for individuals to speak individually if they wanted. A DVD that illustrates the process followed to inform the report is currently being finalised and will be shared on completion.

A number of Service Users also came forward to assist in the writing of the Annual Plan. All of the information was considered by a small group, and Service Users alongside the service user development officers then wrote sections for each chapter within the Annual Report. It is clear that Service Users and staff do not always share the same perceptions of their services and this gives us some further areas of focus for the coming year.

As this Annual Report covers the whole of Gwent via 6 statutory organisations and 5 Unitary Authority areas, it does not mean to be exhaustive but simply highlights some aspects of the work of the Mental Health & Learning Disability Partnership Board over the past year. It offers a range of updates from a variety of perspectives, and responds to Welsh Government's request for updates in particular areas. It reflects the priorities and areas of preferred updates from people who use the service and their carers and finally it presents areas of good practices that staff have selected to be included within the Annual Report. A more detailed update on progress with each of the areas contained within the National Strategy is attached at Annex A.



## **4. PROMOTING BETTER MENTAL WELL-BEING & PREVENTING MENTAL HEALTH PROBLEMS**

### **4.1 SUMMARY**

Well-being is positively associated with a range of positive health and social outcomes. Individuals who report higher levels of well-being tend to be more involved in social and civic life, to have better family and social relationships and to be more productive at work

The Gwent Mental Health and Learning Disability Partnership Board has adopted a broad approach which emphasises the importance of positive mental health as an integral part of overall health and well-being. Action is therefore focussed on building resilience, protecting and promoting mental health at an individual and population (community) level, at each stage of the life course. Emphasis is also placed on ensuring the early identification of those at risk of poor mental health and early identification of and intervention for those with a mental illness.

This approach will support resilient communities which help people to 'feel good and function well', the two elements of well-being as defined by the New Economics Foundation (2008).

With this in mind, there is an emphasis to ensure that as much activity as possible related to community well-being takes place in communities. Our vision is one which sees the wide range of community activities that are already underway through communities first, housing associations, voluntary activities etc, including aspects of mental well-being (e.g. 5 ways to well-being, tackling stigma) or indeed just recognising how being an active member of the community and meeting an individual's own aspirations for this has a significant contribution to make to individual well-being.

### **4.2 WHAT SERVICE USERS HAVE TOLD US ABOUT WELL-BEING**

#### **Views from the Gwent Service User Forum**

The benefits of the promotion and prevention of mental health illness are increasingly recognised with growing evidence of the burden of the disease and costs to the economy; however, mental health remains a low priority. Research indicates good mental well-being improves the quality of life, strengthens life and coping skills, improves emotional resilience as well as increasing self-confidence and self-esteem. At the forum, Service Users provided feedback about what they felt helps to promote better mental health, and what assists to prevent illness, and also suggested areas for improvement. Some of the feedback provides evidence to support the five ways to wellbeing. These are simple daily activities that can contribute to increased mental wellbeing which have been researched and developed by the New Economics Foundation (NEF). These activities are grouped in the areas of connecting with others, giving/doing something worthwhile, taking notice of your environment, lifelong learning and the importance of taking regular exercise.

At the Gwent Service User Forum, many suggested that good understanding and normal relationships really helped, especially interactions with the public in general. Several users talked about the importance of being with others who experience similar issues as a big help and provided them with the peer support they needed. Research suggests strong evidence that feeling close to and valued by other people is a fundamental human need and makes it clear that social relationships are critical for functioning well in society. Many users

highlighted social interaction with other humans was very comforting and extremely important to combat the social isolation to which many felt their illness contributed and is a symptom of. Further to this, users suggested that their local communities needed educating to develop greater knowledge and understanding towards mental illness and to develop more resilience, caring attitudes, patience and capacity for inclusion.

Service Users stated day centres such as Kensington Court and Hafal, provided them with numerous opportunities to get out of their homes, to visit and to avoid 'duvet days' so they could experience some form of social interaction. However, some expressed genuine anxieties about the future of these sanctuaries as the prospects of spending cuts may mean reduced avenues for connecting with others. These serious concerns appeared to generate feelings of being forgotten about, uncared for and also not mattering; and seemed an area that may potentially set people back, lead to a worsening in mental health and in turn increasing the risks to their mental well-being. Others stated they received good care and understanding from their family units, but not so much in their local neighbourhoods mainly because of the fear of being stigmatised.

Users described information, advice and guidance about healthy eating and the importance of regular exercise really helped to keep themselves in a good frame of mind. Others commented that walking the dog, being with animals and pets, and being outside in the fields or walking in the park on a sunny day helped them so much; others said their hobbies helped such as gardening. There is evidence that moderate levels of regular exercise can be considered as a viable mean of treating depression and is associated with lower rates of depression and anxiety amongst all age groups of the general public and is also regarded as essential for slowing age-related cognitive decline.

*Written by Elspeth Samuel on behalf of the Gwent Service User Forum*

#### **4.3 WHAT WELSH GOVERNMENT WANT TO SEE**

Specifically Welsh Government has asked for an update in the following areas:

- Promoting mental well-being in the broader population- including resilience in children and dementia prevention lifestyles in the elderly.
- Improving the physical health of people with mental illness.

#### **4.4 REGIONAL RESPONSE**

##### **4.4.1 PROMOTING MENTAL WELL-BEING IN THE BROADER POPULATION- INCLUDING RESILIENCE IN CHILDREN AND DEMENTIA PREVENTION LIFESTYLES IN THE ELDERLY.**

- *Community wide initiatives*

The Gwent Mental Health and Learning Disability Partnership approach to community resilience is the Five Ways to Well-being programme.

Five Ways to Well-being provides a framework for mental health promotion in the Gwent area:

- Connect
- Give
- Keep learning
- Take notice of the world around you
- Be active

Work/progress throughout the past year has built on that previously reported and includes the development and expansion of the Five Ways to Well-being network (a virtual network initially with a focus on adults but now including children and young people). It also includes the development and implementation of a Gwent wide training programme. A workshop is planned to be held in each Unitary Authority area in the coming year. Over 250 individuals from a range of statutory and third sector organisations have been trained and are members of the network.

In the last year, primary care professionals in Gwent have undertaken training on brief intervention that included the Five Ways to Well-being component.

In order to raise awareness, the Gwent Five Ways to Well-being website has been promoted and resources widely distributed, the link is: [www.publichealthwales.org/gwentfiveways](http://www.publichealthwales.org/gwentfiveways).

- ***Suicide and Self harm Prevention***

During March 2014 and in preparation for the new suicide and self harm prevention action plan for Wales (Talk To Me 2), the Aneurin Bevan Public Health Team organised a workshop to consider how partners can best work together to take forward the suicide and self harm prevention plan. The workshop was attended by over 30 individuals from a range of services including staff from Accident & Emergency, Welsh Ambulance, third sector providers and Welsh Government. A further workshop is planned for Autumn 2014 (depending on the release date of the plan) to consider next steps.

A specific example of work aimed to increase community resilience can be seen in the Caerphilly County Borough through the Communities First Mental Health Service. It is the only Community First structure in Wales that includes Communities' First Mental Health officers and works with people of all ages, who present with low level mental health issues to promote their well being. This is not a 'one to one' service but a 'self help' service encouraging people to establish networks in their own communities, these groups include:

- Bereavement and Loss
- Anxiety and Depression
- Gardening
- Ladies Singing sessions
- Mothers with young children (post natal depression)
- Advice and Information and sign posting for Mental Health Services

- ***Children***

Aneurin Bevan Public Health Team are working with key partners including ABUHB and Healthy School leads in Gwent to implement the **School Children's Health Improvement Programme (SchIP)**. The programme (based on the model being implemented in Cardiff and the Vale of Glamorgan) aims to ensure that children and young people have the necessary knowledge, skills, values and attitudes that equip them to lead safe, healthy lives. Key elements of the programme include the development of health profiles describing the health needs of children and young people in Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and supporting schools and partners to adopt an evidence based approach to promoting the health of children and young people across a range of issues (consistent with the Welsh Network of Healthy Schools Scheme National Quality Award).



The South East Wales Safeguarding Children's Board has also undertaken some useful work in respect of suicide and self harm in the last year. Interested parties may wish to consider more detail by accessing: <http://www.sewsc.org.uk/professionals/protocols-guidance-and-useful-documents/>

**SET** - The SET (Safe Exercise Together) programme was adapted from the LEAP project (Loughborough Exercise Activity Programme) for adults. The aim of group is to provide youngsters with both a practical and theoretical knowledge base to help them overcome unhelpful/compulsive exercise and provide them with positive coping strategies. The group programme runs for 10 weeks and each session lasts 2.5 hours. The age range is 11-18years.

- **Dementia**

Partners in Gwent have established the first Dementia Board in Wales. One of the priorities of the Board is a focus on community based Dementia initiatives. Some of these are highlighted here:

**Monmouthshire Local Area Co-ordination Scheme** - This is an approach that originated in - Western Australia and has been implemented in parts of England and Scotland. The approach is based on establishing local co-ordinators within communities who work with people who may have required social services. By connecting with people early-on, building on their strengths and helping to form and build local connections, they help people find their own lasting solutions. The approach has been piloted in Abergavenny and Caldicot and includes working with people with dementia.

**Healthy Lifestyle choices as a means of preventing Dementia** - Vascular Dementia is the second most common form of dementia (following Alzheimer's disease). It is caused by reduced blood flow to the brain. Unlike other forms of dementia, many cases of vascular dementia can be prevented. It is important that this work starts at childhood and early adulthood and should aim to increase fitness, avoid obesity- cardiovascular disease and risk factors for vascular dementia. The *Living Well, Living Longer* programme being implemented in Gwent, is a cardio vascular disease screening programme. The programme aims to tackle inequalities in health, targeting the areas of greatest need to identify people at greatest risk of cardio vascular disease, to support them to stop smoking and to commence appropriate treatment interventions at the earliest opportunity. A number of smoking cessation programmes are currently being planned and/or implemented in Gwent (in addition to those provided by Stop Smoking Wales), including the delivery of Community Pharmacy Smoking Cessation services and a Hospital Smoking Cessation Service for in-patients at the Royal Gwent Hospital and Nevill Hall Hospital.

In addition to the Living Well Living longer work, the Gwent Substance Misuse Area Planning Board has also undertaken an alcohol needs assessment and has recognised the need to consider as a priority, alcohol use and its contribution to dementia.

#### **4.4.2 IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH MENTAL ILLNESS**

Within the Gwent area, there are a number of examples of good practice that we would share in respect of improving the physical health of people with a mental illness.

**Improving the physical health of mental health Service Users Toolkit:** The evaluation of the use of a *Toolkit* to promote the physical health of mental health Service Users has been carried out during the last year. As a result, a bespoke brief intervention training programme for mental health and learning disability professionals is currently being developed for implementation this year. It is envisaged that the programme will include a *train the trainer* element to ensure sustainability.

#### **4.5 SUMMARY OF CHAPTER.**

Partners have made steady progress in this area in the past year. It is clear too from service user feedback that this is a very important area and is where there are many ideas at both individual and group level. A key issue for Service Users appears to be the provision of day time activities. This is an area which will be considered further in the coming year.

## **5. A NEW PARTNERSHIP WITH THE PUBLIC**

### **5.1 SUMMARY**

We know that the environment in which we live and the way that we connect with our community is a factor in good mental well-being. We know too that people with a mental health need and those that surround them are experts in their own lives. Our vision has been to see mental well-being as a shared responsibility, that sees a strong voice from people and their loved ones who have used our services, and one which is truly committed to real involvement from all who have a stake in good mental health.

### **5.2 WHAT SERVICE USERS TOLD US ABOUT THIS THEME**

#### **A NEW PARTNERSHIP WITH THE PUBLIC**

##### **Views from the Gwent Service User Forum**

Themes emerging from discussions at the Gwent Service User Forum around a new partnership with the public were dominated by the issue of stigma leading to isolation and a lack of engagement with communities; inconsistent and 'hit and miss' support from health workers, (in particular GPs); how supported, engaged, and confident people felt with third sector and day centre provision; and the continued need for changes in attitudes through better education, positive and constructive media reports, and raising awareness.

Stigma can be regarded as a perceived negative attribute that causes someone to de-value or think less of another person. Stigma and discrimination towards those with mental health problems is acknowledged as a widespread and stubborn issue which can result in people feeling isolated, prejudiced and discriminated against, misunderstood and unsupported. Despite numerous initiatives aiming for better understanding of mental illness in order to try to break down negative social perceptions and behaviour, Service Users at the pan Gwent forum reported this still to be the case.

Initially, one of the first responses was 'what is stigma?', which might be interpreted that the term 'stigma' is not fully understood by some Service Users. On a service user level, prejudice and discrimination experienced may not be described as 'stigma' as such, but more in terms of how people experience daily relationships and social interactions in their local communities. Service Users reported isolation from their geographical communities as well as a lack of engagement, communication and social interaction. Users commented that 'we don't' engage and that 'people are afraid to talk to me'. They also said they felt a burden of having to explain time and time again about their issues, only for 'people to stop being my friend', 'people not talking to me', 'my neighbours ignore me because they think I'm strange', 'they're scared of me', 'they think I'm mad', and 'they don't understand'.

People rarely communicating and socialising with their neighbours has been reported as a growing social phenomena but it may appear that the social isolation already felt by mental health Service Users is experienced more acutely with feelings they are excluded,

shunned and don't belong in their neighbourhoods on the grounds of their illness. In contrast, Service Users reported how great they value peer support. They stated they find a welcoming like-minded and comforting community from their Local Authority 'day centres' by being with peers and making new friends who become their 'new family'. They also said they had confidence and trust in the staff. Some commented they received more help and engagement from third sector 'support groups', 'self help groups', and from organisations such as Hafal and Mind, than the statutory services. Some said they only engaged with third sector providers with some saying, that this was because response from other services (e.g GP counsellors) was poor while waiting lists for more effective help were extremely long. There were some concerns mentioned about day centre staff doing more paperwork than previously, leading to users feeling staff interact less with clients. Some clients felt so much more work was being put on staff, that there was less time for them to talk to them. Users felt it was not the fault of the staff but was due to Local Authority cuts and increasing staff workloads which left users feeling less supported and not listened to enough as a result.

The media was talked about as a vehicle which frequently highlights and publicises statistics about how commonly mental illness is experienced, backed up with numerous examples of celebrities personal stories. Service Users suggested the internet, TV soaps and radio are good tools to publicise mental health issues. They also called for better education from a young age, more understanding and events to raise awareness of the detrimental effects that negative attitudes and behaviours have on people who already experience low self esteem, prejudice, and high levels of social isolation. Some Service Users said the daily tabloids did not help when they sensationalise reports of violence, stalking, and attacks which they say were perpetuated by people 'with a history of mental health problems'.

In regard to consultations and forums between providers and users, many said these were very useful, as it was 'nice' to meet and be supported by people with familiar stories and similar experiences. However, there was doubt expressed about how strong an impact their views and 'voice' would have upon actual action and provision in terms of how services would change for the better.

*Written by Elspeth Samuel on behalf of the Gwent Service User Forum*

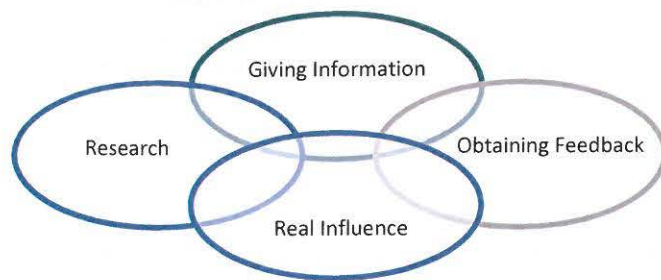
### **5.3 WHAT WELSH GOVERNMENT WANT TO SEE**

- Local approaches to service user and carer engagement
- Welsh language provision
- Addressing issues of equality and diversity.
- Tackling stigma and discrimination

### **5.4 REGIONAL RESPONSE**

#### **5.4.1 LOCAL APPROACHES TO SERVICE USERS AND CARER ENGAGEMENT**

Partners in Gwent have agreed an approach of engagement and involvement that spans the following 4 areas:



This model will form the basis of the service user engagement strategy that will be developed in Gwent in the coming year. During the last year, the following are examples of activities in each of these areas.

- **Giving information** - The Eating Disorder Service in ABUHB have developed a DVD to share information with Service Users. This has been very positively received and includes information from a service user themselves. Information is also routinely provided to patients re their right to service re-entry under part 3 of the measure.
- **Obtaining feedback** - A Service User satisfaction questionnaire has been undertaken using the All Wales NHS experience questionnaire. A total of 121 responses were received with the overall position being that of those who took part, the majority of Service Users are positive about the care they receive and how decisions regarding their care are made. They reported good experiences in respect of care planning and decision making, and areas for improvement in the environment and communications.
- **Real influence** - The Gwent Forensic strategy (1<sup>st</sup> in Wales) undertook extensive consultation with stakeholders including service holders in order to inform the priorities of the forensic service in coming years. This enables Service Users, staff and broader stakeholders to have real influence on the shape and priorities of the forensic service.
  - Service Users have been part of the recent recruitment process for the Service User Development Officer, holding real influence on what kind of skills and abilities the post-holder should have.
- **Research**- a research project has been undertaken, and supported by the University of Glamorgan and the mental health research network. The aim of the study was to consider whether Service Users were actively engaged in mental health delivery and development, and was a specific case study in the Blaenau Gwent area. The findings from the research will be incorporated within the overall service user involvement strategy being developed within Gwent.

Service Users are of course always included in decisions regarding their care due to the care and treatment planning process. Research undertaken to consider Service Users perspective of the effectiveness of this reported very positive findings.

During the past year, the capacity to properly engage with Service Users has been much reduced within Gwent due to high levels of sickness in our service user development officers. This has now been addressed and in recognition of the need to increase activity in this area, a further Service User Involvement Officer has been appointed. The small team will seek to implement a wide range of service user activities linked to both the national work program and local priorities as

they emerge. Central to this approach will be the development of a service user and carer engagement strategy and the development of an expert reference group. The Reference group will aim to ensure that the voices of those who engage through various fora across Gwent, are not lost. The reference group will enable a strong and informed voice into both the National and Local Partnership Boards.

#### 5.4.2 WELSH LANGUAGE PROVISION

All organisations that comprise the Mental Health & Learning Disability Partnership are compliant with the requirements for Welsh language. Partners in Gwent however recognise that the number of people identifying themselves as having a first language as Welsh is relatively small, moreover that there are many other languages that will need to be recognised, particularly in the Newport area which is the distribution centre for people seeking asylum, and where other languages may be dominant. Also we should consider the needs of people who may be for example deaf and where British Sign Language (BSL) may be their first language. Partners will seek to respond to the language needs of individuals as they arise, drawing on expertise across the area to support this (ie local translators).

#### 5.4.3 ADDRESSING ISSUES OF EQUALITY AND DIVERSITY

By the very nature of mental health, it could be assumed that those experiencing a mental health issue are vulnerable within our society. As such we have sought over the last year to build consistency of service delivery across all areas in Gwent.

Some examples of good practice we would share through this Annual Report are:

- **Mental Health and Deafness Steering Group** - Partners in Gwent have also established a mental health and deafness steering group. The group are developing an action plan to take forward a variety of local issues, and have within the last year undertaken an audit across all mental health teams in Gwent (children, adult and older adults to establish the baseline of awareness and practice within teams).
- **Community Inclusive Activities** - There are also examples of good practice in respect of tackling stigma and discrimination, which includes the Inside Out Art and Performance project. Inside Out Cymru is a voluntary organisation that provides community art experiences across Gwent, and seeks to ensure that people with the mental health issue are included and indeed positively targeted as part of their programs, ensuring that people with a mental health issue are supported within the activities, yet the broader community are too fully engaged. The approach seeks to reduce stigma and discrimination and aids the ability of people to connect with their community.
- **Shana Bashana Event** - Over 120 people from a range of Newports diverse communities attended an event aiming to end the stigma surrounding mental illness in June of this year. Activities at the unique event included singing, dancing and hearing from people living with mental health problems, as well as guest speakers, workshops and information stands. The event was organised as part of the Shana Bashana project - Urdu for 'Shoulder to Shoulder', which is funded by Time to Change Wales, the first national campaign to end the stigma and discrimination faced by people with mental health problems, and delivered by Newport Mind's Ashianna women's group the Ashianna women's group, based at Newport Mind. The Ashianna group aims to increase discussion and awareness of mental health issues, particularly among Newport's black and minority ethnic communities.

#### **5.4.4 TACKLING STIGMA AND DISCRIMINATION**

Implementation of Time to Change Wales is ongoing and work is building on that reported in the first annual plan. Aneurin Bevan University Health Board, Gwent Police, Torfaen County Borough Council and other members of the Local Service Board have signed the Time to Change Wales organisational pledge this Autumn. Work is still being progressed in Blaenau Gwent, Caerphilly, Monmouthshire and Newport councils.

#### **5.5 SUMMARY OF CHAPTER**

Partners locally place strong emphasis on the co-production of good mental health and well-being. Service Users clearly demonstrated the sustained challenge of discrimination and stigma, and the ability to build relationships with people who understand them and their needs.

## 6. A WELL DESIGNED FULLY INTEGRATED MODEL OF CARE

### 6.1 SUMMARY

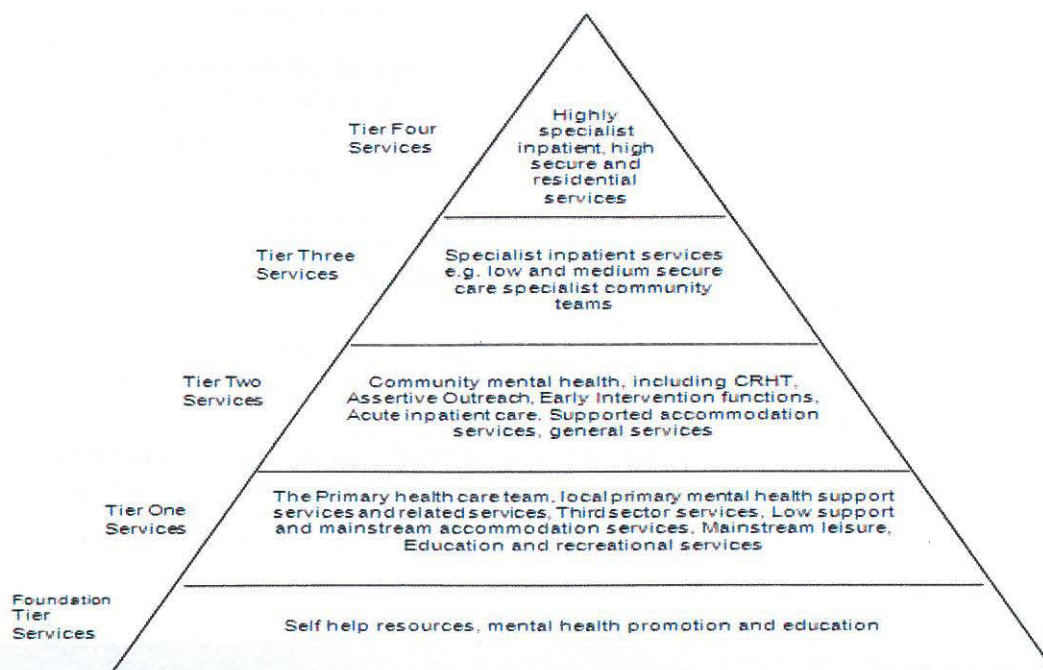
As a Partnership Board, we have been consistent in our aspirations that services that we provide should have Service Users truly at the centre of their own care, receiving evidence based interventions at the earliest possible stage which are easily accessed and delivered in a timely, flexible and responsive manner. In fact we believe and have previously cited that services by all providers in the Gwent area, should be simplified and integrated, arranged around people and not organisations, and therefore provided across the public, third sector and independent organisations, utilising the assets that exist in the communities that people live. Our design principles are worth repeating:

- recognise the dignity of individual Service Users, respecting and valuing their diversity as well as acknowledging their major role in the process of planning and developing services.
- be grounded in respect for all those people who engage with these services, not only those using them but also their supporters and carers.
- provide practical advice and information for Service Users and their carers need as well as developing a consistently high quality, comprehensive package of care and support which minimises bureaucracy.
- make sure that the best and most effective treatments are widely and consistently available.
- be open to everyone providing age-appropriate care and support. It responds to people on the basis of need not age, ensuring that people with mental health problems are not discriminated against and have their mental health needs met.
- be delivered through a person centred approach. This value base will be consistent across all service areas.
- be based on the best evidence and be informed by (as well as informing) relevant research and development.
- be of high quality, safe and with clear processes for safeguarding.
- be focussed on interfaces between parts of the service to ensure this is smooth for the service user accessing them.

We see the provision of services to people with poor psychological well-being or mental illness as a single system, regardless of provider. We also aspire to enhanced collaboration between organisations at a population level that have an impact on good mental well-being ie housing, education etc, and therefore position our services in the wider system of community health and development.

Our model is developing all of the time, however as the basis for development we utilise the national service model for the mental health whole system:





Whilst though the remainder of this chapter is structured in a way that responds to the areas that Welsh Government have requested, it is worth while considering some of the developments and areas of good practices that have been undertaken along these tiers in the past year:

Foundation Tier Services	<ul style="list-style-type: none"> <li>• Wide availability of Five ways to Well-being resources.</li> <li>• Development of model (on paper) as to what a super group self help programme may look like.</li> </ul>
Tier One Services	<ul style="list-style-type: none"> <li>• Secured funding for computers to increase access to community based CBT in a variety of settings</li> <li>• Changed contract voluntary sector providers to ensure they can roll out broader than the unitary authority areas that they originated in.</li> <li>• Consistent use of recovery and beyond model (anxiety management, stress management, anger awareness and counselling) in all five boroughs in Gwent.</li> <li>• Workshops run with primary mental health services and third sector providers in their area in each of the unitary authority areas in Gwent to facilitate increased joint working and awareness of available services.</li> <li>• Excellent “market” place event in Blaenau Gwent bringing together a number of partner organisations that contribute in some way to mental health services (majority of which were related to support and help in a much broader arena than just mental health).</li> </ul>
Tier Two Services	<ul style="list-style-type: none"> <li>• Review of Community Mental Health Services demand, capacity and service user experience.</li> <li>• Review of assertive outreach team in respect of its efficiency and</li> </ul>

	<p>effectiveness.</p> <ul style="list-style-type: none"> <li>• Use of Vanguard methodology to develop a new team and approach to work with people with a mental health issue- LEAP.</li> <li>• Development of a tool to assist clinicians and managers to manage their case loads in community mental health teams.</li> </ul>
Tier Three Services	<ul style="list-style-type: none"> <li>• Development of safe ward initiative within PICU.</li> <li>• Development and consolidation of a new female ward (Bellevue).</li> <li>• Together for a safer future and integrated forensic mental health strategy for Gwent- the very 1<sup>st</sup> forensic strategy within Wales.</li> </ul>
Tier Four Services	<ul style="list-style-type: none"> <li>• Within the year an outline of how services for people with a complex need has been undertaken and will be progressed as a needs assessment and workshop within the coming year.</li> </ul>

## 6.2 WHAT SERVICE USERS TELL US

### Views from the Service User Forum

Service Users shared positive experiences of support received by third sector organisations. Although Service Users & carers felt that key pieces of work were being “picked up” by mental health organisations & support services within the third sector, they spoke extremely positively of that support & how some of those services were a “god send”. It was clear that third sector were a key element in supporting those services users engaged within primary care, however it was also highlighted that there needed to be a focus on developing this support within primary care, ensuring Service Users are able to access “the right person at the right time”. A number of poor experiences with GPs were shared.

Core primary care services support continued to be the focus of some frustration. Service Users described GP support as “pot luck” – highlighting inconsistency in GP knowledge & understanding of mental health & the support available for Service Users. Some services users described GP’s as “amazing” and “very understanding”, however the ability to see that same GP when required was very rare, adding to the stress and anxiety of the service user. Comments such as “Doctors appointments are too long to wait for”, “not enough time with GP”, were repeatedly being voiced by Service Users. There was also a feeling that GPs needed more awareness of alternative services that were in their community “GP’s don’t recognise how good MIND or voluntary sector is”

Service Users shared experiences of “waiting too long” for specialist services, such as counselling, and in the meantime being “left high & dry”. Service Users felt that services needed to be “proactive not reactive”, offering support to people before they reach crisis.

In discussing Out of Hours care & support, Service Users shared experiences of “answer machine messages not being responded to”, and stated that “Phone numbers are useless if no one delivers with services”. Service Users continually identified a need for an emergency mental health line, “rather than resorting to 999”. There was a strong indication from Service Users that Out of Hours services were not as good as they could be and they felt that this is when ‘it breaks down’. There is suggestion that some Service Users go to extremes to access support (i.e. getting arrested or turning up at Accident & Emergency Departments). Service Users felt small changes to primary care support could dramatically reduce Service Users re-entering services unnecessarily.

Further suggestions from this discussion focussed on the need for an emergency mental health service. Service Users expressed concerns around bank holidays and weekends. "Mental health is 24/7 – the service should mirror the need".

Suggestions for improvement from Service Users were:

- Better resources for GP's to effectively support Service Users & the need to look at increasing the capacity of specialist services (talking therapies) making them more accessible.
- Emergency care & crisis response – the requirement of an emergency service for mental health.

*Written by Laura Morgan on behalf of the Service User Forum*

### 6.3 WHAT WELSH GOVERNMENT WANT TO SEE

Welsh government specifically requested update on:

- Service innovations to improve quality and safety
- Access to psychological therapy
- Ongoing implementation of the measure
- Out of hours/ crisis services
- Action to respond to the WAO/HIW report on CAMHS and transition.
- Early diagnosis of dementia (response to the Andrew's report)
- Progress towards a co-morbid substance misuse pathway

### 6.4 REGIONAL RESPONSE

#### 6.4.1 SERVICE INNOVATIONS TO IMPROVE QUALITY AND SAFETY

There are a number of service innovations that have been developed within the last year to improve quality and safety. This Annual Report will not have the potential to present all of them however the following are shared as examples of developments that have been achieved.

- **Integration**

One of the main areas of focus of the Mental Health & Learning Disability Partnership Board in Gwent during the last year has been on integrating care. The partnership has remained committed to the following description of integration:

*'integrated care is one in which I can plan my care with people who work together to understand me and my carers, allow me control and bring together services to achieve the outcomes important to me'*

The Partnership Board has over the past 3 years been exploring the best model to pursue integration. It had originally pursued an ambitious programme where integration would have been enabled at three distinct levels (service delivery, management structure and governance). It has however more recently decided that it will pursue the service delivery level in the first instance. It has therefore featured in the last year heavily on a whole system review of mental health services, applying the Vanguard Methodology.

- ***LEAP Team – A New way of working with people with a mental health need***

This spring, over 70 senior directors, operation and service / team leaders from multiple stakeholders took part in a full service review facilitated through Vanguard Whole system management methodologies. As part of the review, participants spoke to Service Users, carers and staff, and also observed our existing systems by taking part in multi disciplinary teams or working within the duty desk. They also considered patients files and looked at the processes that were running within the existing mental health system.

Through doing this, they then designed new systems principles on which mental health provision should be based putting the service user at the centre of support, pulling teams and services in around them where appropriate.

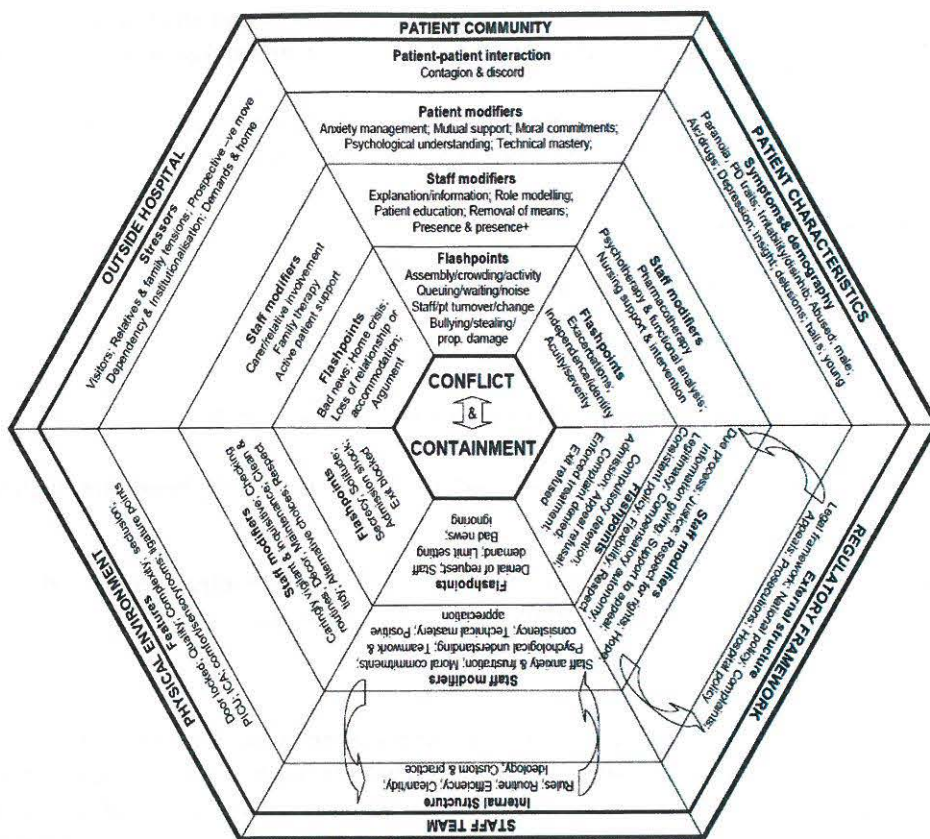
A team called LEAP (Listen, Engage, Act and Participate) has been established in the North of Caerphilly County Borough and is currently working with 3 GP practices to test a new way of working with people with mental health needs. The team comprises of a group of differing roles and skills and includes a Support Worker, an Occupational Therapist, a Social Worker, a Mental Health Nurse, a Psychologist, and rapid access to a Psychiatrist. The team is taking all referrals from the GP practices and piloting what a team without boundaries could achieve if it were to work with patients in a different way. From the pilot thus far, it is clear that the majority of people that are presenting to primary care (GPs) with a mental health need appear to have an underlying structural or social need. As such the new team has worked with people to address the issue sitting behind their presentation (e.g: depression, anxiety) and has facilitated the individual to access services that deal with the underlying cause as well as to the presenting factor.

It is hoped working in a more integrated approach, listening to the service user will see a decline in numbers of Service Users entering into secondary care and provide a more medical-social model to service user practice and support.

The pilot has helped us to learn a considerable amount about the primary/ secondary care divide and indeed the interfaces between our existing secondary care services. This is an area we would like to share with Welsh Government in respect of the development of further guidance around community based mental health teams. Our approach has been one of recovery and person centred outcomes. It appears to be having a significant effect and has the potential to change the way in which we deliver services, how responsive we are in the delivery of those services, and indeed the skill mix of teams that support people with a mental health need.

- ***Safe Ward Initiative***

A specific example of where services have been modified to improve quality and safety is on the intensive care unit within St Cadocs Hospital. Staff within the unit have developed a safe ward initiative as follows:



Two examples of specific note are a *discharge message tree* and the *getting-to-know-you folder*.

*The discharge message tree* enables Service Users that have had a stay in the intensive care unit to offer messages about their care, about the unit and a variety of other issues. The tree itself has been painted and developed by a service user and is used regularly by patients leaving the Unit. Staff on the ward are collating the information that comes from this tree as a means of continued service improvement.

*The getting-to-know-you folder* has information about every staff member that works or visits PICU, along with their picture and some general information about them (eg a favourite football team, or TV programme). The basis of this initiative is one of mutual disclosure and exchange.

- **Liaison Service**

A Nurse Liaison role, has been developed as a vital link between District General Hospitals, medical wards and Community Mental Health Teams. The service has been developed for adult, older adult and learning disability clients. The approach has helped staff across the varying disciplines to recognise issues of delirium, mental health and has improved communication and planning across service areas.

- **Children**

A **Childrens Partnership Board** made of representatives from each of the Statutory Organisations in Gwent has been created in order to develop integrated physical and mental health care services. The Partnership is currently working through its joint priorities, however is likely to

include a model for integrated children centres with Local Authority and child health to ensure a service that has emotional well being and mental health as a fundamental component of services.

The **Skills for living service**, focuses on the mental health needs of looked after children. Evidence suggests that young people leaving care are more likely than their peers to:

- Engage in substance misuse (DoH, 2009)
- Spend time in prison (Social Exclusion Unit 2002)
- Be unemployed and living in poverty (Barn and Mantovani, 2007)
- Be homeless within six months of leaving care (Coombes, 2004)
- Be a teenage parent (30 per cent are parents by the time they leave care, Richard and Lelliott, 2003)

The service has recently been successful in obtaining project funding, supported by Local Authority and Health Board funding to continue to deliver the service.

- **Older People**

**Reduction of Anti-Psychotics** - Good work has been undertaken in the last year in respect of the reduction of antipsychotics in older people's care. Efforts have been made to review the use and ensure that antipsychotics are only prescribed when other approaches have failed. There has been training and education across residential nursing homes in order to ensure that the risks of prescribing and administering antipsychotics are understood. A number of homes within the Gwent area have reduced the use of antipsychotics following the series of training and education sessions and found other ways to manage behaviours that challenge.

**Dementia Friendly Environments** – Gwent has a Dementia Friendly Environments group which focuses on building knowledge and skill across the area in relation to dementia friendly environments. Key issues include understanding of sensory difficulties that co-exist with dementia, build a knowledge base in relation to developing physical environments, reducing the potential for unnecessary spending, improving patient safety and increasing the quality of in-patient stays.

**Technology & Well-Being** – Money has been secured to develop a range of resources to deliver 'failure free activities' on in-patient units, in-line with target 5 of the Dementia Intelligent Targets. A pilot pack of technology resources including ipads, ipods, light projectors, reminiscence DVD packs, and aromatherapy equipment has been developed and will initially be piloted on one ward with a robust evaluation framework as to its impact and outcomes for patients. Subject to a successful evaluation, a Gwent wide and South Powys roll out programme will be enabled.

- **Dementia**

A **Dementia training package** has been developed to support the care of people with dementia on in-patient wards. This training includes specialist courses and one day workshops. Examples of these are:

- Palliative care for people with dementia;
- The development of the "Butterfly Scheme"
- A staff toolkit that is being cascaded right away across the Health Board's wards.

The training has given clinicians across a range of professions increased skill, which has enabled them to improve the quality of care that they provide for individuals.

**Improvements in memory services** have been seen in many areas of Gwent. The work is being collaboratively led between the Alzheimers Society and the Aneurin Bevan University Health Board. The joint approach ensures an increase in the amount of people with memory problems who are able to be assessed and enables a faster response to accessing evidenced based treatments.

The **“Butterfly Project”** has been adopted in all Older Peoples Residential EMI Care Homes in Caerphilly and Blaenau Gwent County Borough Council areas. This helps to focus on cultural change across the whole system in order to develop a person centred and relationship focused approach. In addition all managers within this service area are currently undertaking the Dementia Matters training. This training is also actively underway within Monmouthshire County Council.

#### **6.4.2 ACCESS TO PSYCHOLOGICAL THERAPIES**

During the past year, it has been a challenge within the Gwent area to achieve the Tier 1 targets relating to primary mental health services. This is been due to a variety of factors:

- The different models of care across Wales resulting in measurement of target times not been consistent across the varying models.
- A need for increased access to psychological therapies within Gwent.

This section therefore outlines work that has been planned within the current year that is likely to be achieved in the forth coming period and relates to how access to psychological therapies would be increased.

- Building therapeutic capacity at Tier One to reduce demand at Tier Two  
We will be making a significant investment in training PCMHSS staff in trauma and mindfulness based approaches (EMDR and MBCT) to reduce demand on Tier Two services
- Building capacity to deliver psychological therapies in the wider workforce  
The PTMC is committed to improving access to psychological therapies by increasing the skill base of the wider workforce across mental health services. It will be coordinating a workstream to ensure that training of the wider workforce leads to implementation and is delivered with appropriate quality safeguards (eg regular supervision).
- Increasing the availability of NICE recommended psychological therapies  
People using psychological therapy services across ABUHB are able to access the majority of NICE recommended interventions. However, the investment in training has enabled us to address gaps where these have been identified.
- Taking a cross sector approach to training  
It is hoped that some of the training initiatives (for example, introductory workshops on DBT skills and Acceptance and Commitment Therapy) can be offered to our cross sector colleagues, building links with and capacity within our foundation tier services.

#### **6.4.3 ONGOING IMPLEMENTATION OF THE MEASURE- INCLUDING CO-PRODUCTION OF CRITICAL TREATMENT PLANS AND QUALITY ISSUES**

The four parts of the measure continues to be implemented within the Gwent area. The following outlines some of the key achievements and areas for improvement in each part over the past year:

**Part 1: Development of Primary Mental Health Services-** Gwent was ambitious in its model for the development of Primary Mental Health Services and sought to ensure that there were teams of primary care practitioners working alongside General Practice delivering services in clusters that were aligned with locality network models.

This service has seen significant demand and as a service that sees everybody that is referred to it (unlike some models in Wales where clients have to opt in and then engage in telephone triage) it has been overwhelmed by the extent of demand. As such there is the need to better manage demand and also use existing capacity within the rest of the system (example: Third sector provision). There is also potentially the need for partners to pause and reflect on the model that it put in place and how this fits with the overall system. Whilst partners in Gwent remain committed to the model that they developed and believed this to be truly in the spirit of the measure, the focus and pressure on the achievement of Tier 1 targets may mean that this needs to be revisited.

**Part 2- Care & Treatment Planning** The number of people with a Care and Treatment Plan in Gwent has increased. The emphasis in Gwent in the last year and indeed in the forth coming one, is on the quality of the care and treatment plan. The LEAP project has tested a new way of working in respect of care and treatment planning, It has not used the assessment process that sits before the care and treatment plan, however has used the recovery STAR and outcomes model through which it has a meaningful conversation with Service Users. The care and treatment plan is then only developed from a meaningful conversation and reflects what the outcomes would be for the individual that has been stated through their words and not related to a structured form.

**Part 3- Re-entry to the service.** The number of Service Users re-entering mental health services across Wales has not been excessively high. As such there has been increased attention paid to cascading information relating to how Service Users can have access to service. One example of good practice within the Gwent area relates to multi-agency partnership which is in place in the Caerphilly County Borough, and seeks to support secondary care Service Users with re-entry to the service, where necessary but also preventing relapse and promoting recovery in order to prevent unnecessary demand in this area.

**Part 4- Extending Independent Mental Health Advocacy.** The introduction of Part 4 has been received positively by patients and professionals. The Measures provides a continuum of advocacy support when patients move from formal to informal status and vice versa. This has resulted in an 100% increase in activity for the service. Aneurin Bevan University Health Board has recently undertaken a re-tendering process for this service. As a result a new Provider has been commissioned to provide this service. This means that a further exercise of awareness raising and training will be carried out across the Aneurin Bevan University Health Board foot print which will prove beneficial to both patients and professionals in understanding their rights and obligations under this measure.

#### **6.4.4 OUT OF HOURS/ CRISIS SERVICES/ SECTION 136-SAFETY AND RISK MANAGEMENT**

- **Section 136 – Safety & Risk Management**

During the past year, the use of police custody suites as ‘a place of safety’ to detain individuals who appear to the police to be mentally disordered and in a public place has come under increased national scrutiny across England and Wales. Welsh Government required the Health Board and its partners ( LA’s , Police, ambulance, third sector ) to consider the findings in ‘A



Criminal Use of Police Cells' and to refocus efforts to understand the regional ( Pan Gwent ) context and performance in respect of S136. The section 136 Suite is an all age facility.

The Gwent S136 group was refreshed with a new chair, revised membership and a revised terms of reference; reporting to the Gwent Mental Health & Learning Disability Partnership Board. A work programme is in place that identifies the strategic priorities that will enable partners to develop a better understanding of performance in respect of S136 and to collaborate across partners to deliver improved performance. To date the group have:

- Engaged with ABCi Team who are supporting a piece of work to better understand the Gwent data.
- Piloting a solution to a place of safety for children and young people so they are not detained in police custody suites, this has involved providing clinicians with appropriate training to meet the needs of C&YP and commitment from CAMHS clinicians to support adult clinicians in the assessment process.
- Developed and delivered training on the S135 & 136 MHA (1983) to senior staff across partner organisations.
- Commenced development of a training package for frontline police officers to raise awareness of mental distress, mental disorder , access to information to assist with decision making and risk assessment, information on alternative options of support in the community, it is intended that this will be ready in the Autumn.

Work of the group in the coming year will include a review of the Gwent multi agency procedure for S135/136 to ensure it remains current and fit for purpose. A formal information sharing protocol (WASPI) will also be developed and consideration given to a single point of contact.

- ***Out of hours (OOH's)***

The Division currently operates a centralised OOH's service which is based at Talygarn Hospital. There are also three crises Home Treatment services; they are based in Torfaen, Caerphilly and Newport (these cover the whole of Gwent between 9am and 9pm). Feedback from patients has resulted in the need to once again review this service. A wide ranging stakeholder group has been established in order to consider a review of the service with a view to finding a sustainable solution moving forward. A preferred option for the future will be presented early in 2015.

- ***Crisis Services***

The Health Board has consistently met its Crisis Resolution Home Treatment Team Targets in the past year. It continues to strive to sustain this level of performance throughout 2015.

#### **6.4.5 ACTION TO RESPOND TO THE WAO/HIW REPORT ON CAMHS AND TRANSITIONS**

One of the two main priorities for the Aneurin Bevan University Health Board and its Mental Health & Learning Disabilities Board is the transition/interface issues. CAMHS is represented/organised alongside Health Board Partners in sub-groups to address Emergency Liaison responses, this includes Eating Disorders and Deliberate Self Harm and the associated transition from CAMHS to Adult Learning Disabilities or Adult Mental Health Services.

#### **6.4.6 EARLY DIAGNOSIS OF DEMENTIA/ DEMENTIA IN THE GENERAL HOSPITAL SETTING (RESPONSE TO THE ANDREWS REPORT)**

ABUHB has undertaken an assurance check in respect of Trusted to Care (the Andrews report) which was a review into the quality of care for older people at the Princess of Wales and Neath Port Talbot hospitals, and developed a framework of assurance and on-going audit as a result. The approach has brought together many differing teams and directorates with peer audit across clinical areas taking place. A number of audit tools have been developed and implemented focussing on the 4 key areas of continence, nutrition and hydration, medicines management and dementia.

#### **6.4.7 PROGRESS TOWARDS A CO-MORBID SUBSTANCE MISUSE PATHWAY**

Senior consultant representation has been made in all Wales discussions on the development of a co-morbid in substance misuse pathway. A workshop has also recently been held within the ABUHB area which was facilitated by Phil Chick and focussed on co-morbidities within substance misuse. Following the publication of the framework, its implementation will be part of the complex needs sub-group of the Area Planning Board.

#### **6.4.8 VOLUNTARY SECTOR AS EQUAL PARTNERS IN THE DELIVERY OF HEALTH AND SOCIAL CARE SERVICES.**

It is widely recognised that Third Sector Organisations in Gwent play a significant role in the delivery of community focused mental health services that are vital in supporting the recovery of people experiencing symptoms of poor mental well-being. Consequently, the Health Board and Local Government Partners commit a significant amount of funding to commissioning the Third Sector to provide a range of services, such as information and advice; counselling and skills focused therapeutic activity, to support the implementation of the Integrated Mental Health Strategy for Gwent.

To respond to increasing demand and changing needs the Local Mental Health and Learning Disability Partnership Board are committed to working collaboratively to review and redesign the provision of Third Sector Mental Health services across Gwent to:

- Ensure a comprehensive and co-ordinated range of high quality community focused service provision
- Provide equitable access to services across the Health Board footprint
- Use scarce resources in the most effective and efficient way possible
- Respond to changing demands, priorities and policy (for example, implementation of the measure and responding to the impact of welfare reform)
- Ultimately ensure we have the right services are in the right place at the right time to meet the needs of those experiencing poor mental health.

Adopting a partnership approach, the Local Partnership Board secured additional resources (via the Regional Collaborative Fund) allowing the strengthening of the multi-agency Commissioning Work-stream to support the progression and development of collaborative opportunities for the commissioning of third sector mental health services across Gwent. Committed to the principles of co-production, workshops with third sector organisations, commissioners and practitioners have been held to develop a shared understanding of mental health needs and evidence across Gwent, and identify priorities and gaps in service provision to shape proposals for the future of third sector mental health services in Gwent.

Responding to community needs, a number of organisations have started to provide services in wider areas than the locality in which they were originally commissioned and have taken the opportunities to develop new and innovative programs as a result. Some examples of this are shared below:

- Open Spaces, Open Minds (OSOM) is an innovative project providing green space and environmental activities for a diverse range of community members living with mental health conditions, throughout Newport and Blaenau Gwent. The project's unique selling point will be access to and engagement of forensic referrals via the Aneurin Bevan University Health Board. One of the hardest to reach communities within the mental health spectrum, forensic referrals represent mental health Service Users with learning difficulties, or associated disabilities, who have a history of, or are at risk of engaging in, offending behaviour. Growing Space and project partners will proactively engage participants in planning and delivering community-led environmental projects. The primary aim being to build the capacity of marginalised communities affected by mental health. This will be achieved through increasing physical activity, improving personal resilience, building community networks and tackling real barriers to social inclusion, participation and reducing reoffending. The secondary benefits include the regeneration and revitalisation of community spaces for all. Effecting a positive impact on mental well-being through communities feeling more secure and being more sustainable. Furthermore, taking ownership and developing pride in your locality has been directly proven to increase community cohesion.

## **6.5 SUMMARY OF CHAPTER**

Partners locally, continue to progress an ambitious programme of development and redesign across all four levels of the national service model for mental health. There is still much further to go, with many developments being further driven by Service User views.

## 7. ONE SYSTEM TO IMPROVE MENTAL HEALTH

### 7.1 SUMMARY

It is clear that a number of environmental factors have an impact on an individual's mental well-being and often contribute to the breakdown of an individual's mental health

### 7.2 WHAT SERVICE USERS TELL US ABOUT THIS THEME

#### ONE SYSTEM TO IMPROVE MENTAL HEALTH

Housing, finances & employment are all factors that can have significant impacts on peoples' mental health & well-being. Service Users shared how lack of communication & co-ordination support often lead to relatively small issues escalating into full crisis, when simple interventions such as someone to speak on their behalf, could have prevented such crisis. One service user told us that they had "been evicted from property due to benefits stalled – anxiety – loss of property & personal items". The fear that they "may have to move out of area/borough away from friends/family & support networks". These discussions and comments led to some Service Users feeling unsupported with their mental health "my housing people don't get my mental health". Some services users identified feelings of "benefit agencies being desensitized from mental health reality and the problems this brings"

Discussions around work and volunteering led to a few positive experiences of how "volunteering keeps us well/ balanced/sane", however when discussion arose around paid work and Service Users experiences with job centres, it was very different.

Service Users felt that there was a lack of support for job searches, and they were being "set up to fail" due to assumptions of competencies i.e. literacy / online capabilities. These assumptions also led to Service Users facing issues with filling in "extensive and complicated" forms, requiring additional time and support. That is currently being "picked up by third sector services".

Feelings of "stress and anxiety from being pressured to look for work" and "ATOS assessments extremely anxiety causing".

It was clear from these discussions that Service Users felt a need for further support & coordination. Such support may prevent Service Users re-entering crisis and instead being supported to manage day to day issues.

Therefore key themes that emerged from this topic were:

- Housing & Finance – More understanding in services that support wider parts of their life i.e. housing and finances).
- Advocacy support
- Much better communication/collaboration between services

*Written by Laura Morgan on behalf of the Service User Forum*

### 7.3 WHAT WELSH GOVERNMENT WANT TO SEE

- Housing .
- Education.
- Employment- meaningful day for older people.

### 7.4 REGIONAL RESPONSE

#### 7.4.1 HOUSING

There are a number of areas of good practice in the housing arena that we would wish to share with you within this Annual Report:

- ***In One Place***

There is a growing expectation from the Welsh Government that public services will work in a more collaborative way, identifying and exploiting opportunities to work together to improve services for the people of ways. This challenge was set down by ministers at the Healthy Home, Healthy Lives conference in November 2011. The In One Place programme seeks to respond to this challenge and is a collaboration of 5 Local Governments in Gwent, the Aneurin Bevan University Health Board and the 9 Housing Associations. A Special Purpose Vehicle (SPV) has been developed that enables a collaborative approach to responding to the accommodation needs of people with complex health and social care needs, enabling procurement processes to be streamlined where appropriate. It is a multi-agency program board and many discussions relate to accommodation needs of people with a mental health or learning disability.

The first professional network meeting was held on the 7<sup>th</sup> April 2014 with the first project being outlined soon after. In One Place programme currently has 15 projects underway, the majority of which are seeking to support individuals with a mental health issue.

- ***Getting to know you sessions***

The Mental Health & Learning Disability Division of ABUHB has recently taken the lead on 5 getting to know you sessions, one in each Unitary Authority area in Gwent. The purpose of the sessions was to bring Housing Association Staff together with Community Mental Health Teams, to strengthen relationships, share knowledge and make contact that will benefit Service Users onwards. The sessions will hopefully support the views shared by Service Users that 'my housing people don't get my mental health'.

- ***Housing Developments in Caerphilly (Ty Osborne & Ty Iscoed)***

An eight bedded unit with 24 hrs support for Adult Mental Health Service Users has been developed in the Caerphilly County Borough. Ty Osborne House, developed with a view to achieving independence, and supporting people to move onto obtaining their own tenancies is a collaboration between Caerphilly County Borough Council and Gofal.

Ty Iscoed in Caerphilly County Borough has successfully commissioned 3 assessment beds for Older People with Dementia, following a period of illness, hospital discharge or family breakdown. It brings together a multi disciplinary team to assess the needs with a view to optimising their ability to live independently. This is done in safe, comfortable environment away from a hospital

setting, to enable them to gain back their confidence and readjust to a more formal setting, before returning home or to establish the most appropriate placement.

#### **7.4.2 EDUCATION**

The Widening Access, Research and Mentoring (W.A.R.M.) learning group is an established approach for working with mental health service user groups. The model developed from the early widening participation work by the University of Wales, Newport, in 2008, and is a peer led (or co-produced) initiative which engages existing Service Users through a combination of recovery and widening participation models. This combination uses flexible research led curriculum alongside a multi-partnered and supported learning environment. This combined approach supports a strength's based model which in turn encourages groups/individuals to explore their learning – thus working with their existing skills – while still being able to access clinical/pastoral support. The main aims for engagement are to raise confidence, opportunity and aspiration through learning while developing supported pathways for progression across community – including into higher level learning – one of the key actions in the Together For Mental Health Delivery Plan (2012-2016). Central to this approach is the support of service user groups as well as key service and education providers.

W.A.R.M. currently works with approximately 25 students where benefits have been significant. This includes improvements in their mental health and well-being with some moving into employment, voluntary work and into higher education (both at an undergraduate level and local study). All those students who remain at W.A.R.M. suggest that their positive sense of well-being increases as a result of continued engagement as well as an increase in their aspiration for a future. There have been research papers published which evidences not only the work of W.A.R.M. – these research papers are also co-authored by those who are typically Service Users. What makes W.A.R.M. all the more interesting – is the group is an independent and formally constituted group and as such receives no formal funding.

#### **7.4.3 EMPLOYMENT/ MEANINGFUL DAY FOR OLDER PEOPLE**

Ash Park is a centre catering for adults with age related mental health needs providing respite for carers and day care for people with dementia. The Centre is operated by Community Options and based at Ysbyty'r Tri Chwm Community Hospital in Ebbw Vale supporting up to 10 individuals each day. The small enthusiastic team are committed to providing a high quality reliable service and have excellent links with the Community Mental Health Social Work Team, Community Psychiatric Nurses and the Day Hospital.

Those who attend are supported to participate in whatever activities they choose to, including;

- Reminiscence, both in groups and individually ( e.g. making life story books)
- Gentle exercise;
- Craft activities (including themes appropriate to seasonal events)
- Musical activities and entertainment;
- Mental stimulation (e.g. Crosswords and quizzes)
- Sports activities (e.g. skittles, boccia)
- Outings to local pubs/restaurants and regular user consultation;

An independent review of the service highlighted a range of responses from those who access the service. Enjoyment was the most common theme.

#### ***Family Employment Initiative Pilot***

Growing Space have set up the Family Employment Initiative (FEI) pilot project in partnership with the Coalfields Regeneration Trust and Tai Calon. It is designed to help the hardest to reach workless residents with mental health issues in the most deprived wards of Blaenau Gwent.

The FEI project works with families and individuals who have been affected by mental illness to break down barriers to employment. The project targets specific areas in deprived communities and provides support and links to existing services which offer advice and support through engagement on Green space improvement projects.

The Pilot project will proactively work with families and individuals in developing a green space improvement project in the Community, Growing Space will work alongside the local Community in selecting and developing a green space project by developing a supportive co-working relationship, making them aware of the opportunities that are available in the area, particularly the potential new jobs at the Circuit of Wales. It will provide a 'menu of support' tailored to specific needs and requirements of the community.

#### ***Working with people in a different way***

In July 2014 a joint experiment between CCBC and ABUHB to establish a pilot team called Listen Engage Act and Participate Team (LEAP) consisting of: CPN, Social Worker, Psychologist, Psychiatrist and Support Worker to look at using a different approach to respond to referrals from GP's in a defined area. The objective is to break down barriers between services, professionals and Service Users providing a collaborative approach with a speedier and better outcome for the service user. Feedback thus far from all involved, has been very positive and an evaluation will be undertaken during October 2014.

What has been clear is that majority of presentations in the North Caerphilly area during this period have been presentations of distress or crisis often with a structural or social issue at the base of the individual's need. To this end team members have worked with individuals in a person centred way and sort to identify within the issue behind the presenting need and support them to access the relevant support to address these issues as opposed to been pulled further into the medical system.

The approach was commissioned by the 5 Local Authorities and the Health Board, and is now being considered for roll in other areas of Gwent.

## **7.5 SUMMARY OF CHAPTER**

Recognising the environmental factors that impact on individuals' well-being such as housing, leaving and connecting is a key factor in avoiding crisis. There is a lot of good work underway, yet clearly from our Service User feedback, still some way to go. This is a clear area of focus in 2015.

## **8. DELIVERING FOR MENTAL HEALTH**

### **8.1 SUMMARY**

It is important that services (whether statutory or voluntary) work together to support better mental well-being and provide services when people need them. Our infrastructure therefore needs to be strong.

### **8.2 WHAT WELSH GOVERNMENT WANT TO SEE**

- Early Learning from the Core Data set pilot
- Prudent healthcare within mental health
- The work of your Local Partnership Board
- Innovations within the workforce

### **8.3 REGIONAL RESPONSE**

#### **8.3.1 EARLY LEARNING FROM THE CORE DATA SET PILOT**

No significant progress has been made in this area in the last year, however partners are ready to respond to the need to develop an outline plan for implementation by the October deadline.

#### **8.3.2 PRUDENT HEALTHCARE WITHIN MENTAL HEALTH**

The LEAP team are very much guided by the principles of prudent healthcare. The team's working principles encourage Service Users to self manage their illness, whilst ensuring that the service user is not drawn too deep into secondary mental health care. The Leap team want to encourage Service Users to manage their own recovery and look for pathways to recovery where there is more of an emphasis on the social model of mental and physical wellness with less reliance on a medical solution to recovery.

With growing awareness of evidence based interventions there have been further efforts to ensure that treatment is appropriate, effective and offers good value for money. For example, ensuring the appropriate investigations are carried out before treating memory problems. Also, use of evidence based generic prescribing, watchful waiting, cognitive interventions rather than medication, education for carers, respite to avoid inpatient admissions, use of befriending etc. These interventions are designed to use existing resources more effectively and only when other interventions have proved ineffective, or are unavailable.

#### **8.3.3 THE WORK OF YOUR LOCAL PARTNERSHIP BOARD**

The Gwent Mental Health and Learning Disabilities Partnership Board has now been in existence for over three years. The last year has proved challenging in respect of securing attendance across all partners to the partnership board however work on both the National Strategy and Local Strategy continue to be progressed. There has been a recent 'refresh' session of the Local Partnership Board and a number of new members have been invited. The Partnership board is clear in its priority for the coming year which is the integration of mental health services at a service delivery level.



#### 8.3.4 INNOVATIONS WITHIN THE WORKFORCE

There are a number of areas where innovations have been shown within our workforce model over the past year. These include:

- The creation of new staff roles.
- Flexibility within role and scope

***The Development of new staff roles*** – There are a number of good examples of where roles have been extended or modified to respond to emerging needs within Gwent:

***An advanced nurse practitioner role*** has been established to work within the Caerphilly county borough, the role was developed in response to an inability to recruit sufficient levels of medical staffing. The person will be competent to cover out physical health examinations, mental health assessments and will also often be prescribing. The person will also be developing links across the community and mental health adult directorate and also spend time working in the medical assessment unit developing relationships and offering mental health expertise.

***An Occupational Therapist role*** has been developed in Monmouthshire, working within Monnow Vale to work across both re-enablement services and the day hospital. This is proven to be very effective and the Occupational Therapy (OT) services are looking to create similar roles within the Royal Gwent Hospital as opportunities arise.

***Responsible Clinician*** - A Nurse Consultant within our personality Disorder service has become the responsible clinician (RC) for our Personality Disorder service.

***Flexibility within role and scope*** - Teams have been flexible and keen to adjust their roles according to the needs of patients. One example is the close liaison between adult and older people's team in South Powys and community teams supporting the memory service, liaison and inpatient wards when necessary. There is also a rotation now approach to OT provision in adult physical, adult and older adult mental health that seeks to develop practitioners with dual skills who can deliver holistic interventions to people with a dual diagnosis. There has been a commitment from the care of the early teams to begin job planning consultant roles with sessions within old age psychiatry.

## 9. LOOKING INTO 2015 .....EMERGING PRIORITIES

The Partnership Board's fixed priorities for the coming year are:

- Integration at a service delivery level using the Vanguard approach.
- Increase in access to psychological therapies.
- Further developing the service user and carer involvement approach.

Priorities shared from the Service User Forum are:

- Better resources for GP's to effectively support Service Users & the need to look at increasing the capacity of specialist services (talking therapies) making them more accessible.
- Emergency care & crisis response – the need for an emergency service for mental health and better Out of Hours provision.
- Housing & Finance – More understanding in services that support wider parts of their life (ie housing and finances)
- Increase advocacy support
- Much better communication/collaboration between services (eg housing)
- Increased support for carers

The Partnership Board remains committed to hearing the views of service users and using this to drive quality and service improvement. We look forward to reporting further progress in 2015.