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1.0 Joint Foreword from the Minister for Health and Social Services and Deputy Minister for Health

We are pleased to present Welsh Government’s second Annual Report on our implementation of the Together for Mental Health Strategy. Reports have also been produced across Wales, setting out the detailed local progress against the Strategy in its second year and priorities for local action in 2015. Taken together, the reports demonstrate our ongoing commitment in Wales to the mental health agenda.

We have previously described 2014 as the year of prudent health care and this report sets out how, within both our ground breaking mental health legislation and wider mental health policy, such principles have long underpinned our approach. We believe in and will continue to provide the services that seek to minimise waste and which deliver effective and effectively funded interventions. This perspective is clearly influencing the re-design of mental health service models across Wales and there are clear examples of this in the annual reports.

Service user and carer engagement is at the heart of the strategy, and it is very encouraging to see where the involvement of individuals has had a real impact on our policy making within Welsh Government, and where engagement has made a real difference locally. Demonstrated at an individual level by service users and clinicians making joint decisions about care and treatment, and at a strategic level through service user involvement in the planning and design of services, this is co-production in action; an area where mental health can offer the lessons from which others can learn. Service users and carers across Wales have had active roles in developing the annual reports this year and we expect that to develop further in the future.

The local reports demonstrate that good progress continues to be made in implementing the strategy across Wales. As we travel around the country and talk to those who use mental health services, they have regularly raised the need for better access to psychological therapies. We have this year provided additional funding to health boards to allow them to reconfigure services, to invest in, train and reshape the workforce to deliver the treatments and approaches patients want and need. Pharmacological treatment must of course play its part when clinically indicated, but the consideration of ‘talking treatments’ as an alternative embodies our prudent healthcare perspective.

We must continue to make further improvements. The Child and Adolescent Mental Health Services: Follow-up Review of Safety Issues shows we need to take further action to ensure vulnerable children and young people are not put at risk. Recognising the increasing demand for services for children and young people, we are initiating a major change programme to reshape services to reflect the needs, wants and perspectives of service users, their families and carers. At the other end of the life-course, Trusted to Care has provided a stark reminder we have much to do to ensure people with confusion and dementia are treated with the respect and dignity they deserve. Addressing these areas will be priorities over the next 12 months.

Together for Mental Health makes the clear link that protecting our physical health will protect our mental well-being. In May this year we joined my UK counterparts in signing a consensus statement on promoting brain health and reducing the risk of
dementia. Dementia is not an inevitable part of ageing and by taking actions such as drinking less and increasing our physical activity we can significantly reduce that risk.

Mark Drakeford, AM
Minister for Health and Social Services

Vaughan Gething AM
Deputy Minister for Health

December 2014
2.0 Introduction

2.1 Views of National Mental Health Forum members

Over the course of the year we have listened to the views of the service users and carers from across Wales through the National Forum. Their feedback on those issues that are most important to them and to their families has been routinely reported to the National Partnership Board. Many of these issues are already included in the delivery plan and our progress on them is set out in this report but, equally, they set very clear priorities for us for the future. They are summarised in the box below.

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<th>Feedback from the National Mental Health Forum</th>
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<td><strong>Welfare reform.</strong> The process of assessment coupled with a reduction in income affecting peoples’ ability to meet their financial obligations can bring about a deterioration in a person’s mental health and well-being. Forum members see it as a major priority to provide more consideration, support and advice for those with mental illnesses who have to suffer the impact of these reforms.</td>
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**Access to services.** Forum members report different levels of services available and waiting times across Wales. In particular they are looking to local planners to learn from the best practice that exists in parts of Wales to take action to:

- Improve access to evidence–based psychological interventions and primary care mental health services
- Increase access to specialist services, for example support for eating disorders, suicide intervention and self-harm, services for veterans, forensic services, early intervention services and CAMHS provision
- Provide enhanced access to community mental health services and increased support for carers through the re-investment of monies released through reducing in-patient beds
- Increase provision of local or regional services that could reduce the need for people to travel long distances to access out of country placements, re-investing the monies from those remote services to further develop local services
- Provide on-going support from CMHTs
- Allow for better access to out-of-hours services and crisis resolution to ensure that support is available for people when they most need it.
- Improve communication and transparency by, for example, access to figures and statistics.

**The balance between primary and secondary services.** Forum members want to see evidence that as well as developing new primary care services, health boards are meeting the needs of vulnerable persons who have severe and enduring mental health problems. The new services cannot be funded through a shift of resources from those services for the most vulnerable. People requiring in-patient care need support and care to provide a meaningful day whilst they are in hospital and that they receive the talking therapies they need to support their recovery. Discharge arrangements must be planned and safe with appropriate follow-up provided in the community. Members have provided examples of where they were left confused, scared and socially isolated with carers having to pick up the pieces.

**Care and treatment planning.** Forum members welcome the statutory requirements for care and treatment plans. They now want to see that they are truly co-produced with users...
of the service and, where appropriate, their carers. They want these plans to reflect the areas of life that are important to them and to help them achieve their personal outcomes.

**Carers Issues.** Forum members are clear that the needs of carers must also be addressed. They play a vital and often unrecognised role which can impact on their own physical, emotional and mental health, and too often they have to fight to get the support they need.

**Protection of mental health resources.** Forum members will be asking for reassurance from their LPBs that health boards are re-investing savings made from mental health in mental health provision, and that they respond in due course to the recommendations of the ring-fence review.

**Service user and carer engagement.** Forum members will be challenging LPBs to ensure that they have effective arrangements in place for service user and carer engagement and that these are properly resourced at both a national and local level. This year has seen some good steps forward in the co-production of the annual reports and they want that to be built on across Wales for the 2015 reports. In turn they expect that all service users and carers on local boards to engage fully with the Forum.

Please note a fuller statement outlining the Forum’s position is attached at **Annex 2**.
2.2 Purpose of this report

*Together for Mental Health* is our ambitious strategy aiming to improve the mental health of the people of Wales and setting out our vision for 21st century mental health services. It is our first mental health strategy to cover all ages and centres on the 6 high level outcomes set out below:

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<th>High level outcomes</th>
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<td>a. The mental health and well-being of the whole population is improved.</td>
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<td>b. The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.</td>
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<td>c. Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.</td>
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<td>d. Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.</td>
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<tr>
<td>e. Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.</td>
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<tr>
<td>f. The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.</td>
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The National Mental Health Partnership Board (NPB) continues to oversee delivery and provide an assurance role. Members closely scrutinise progress against the delivery plan actions and membership of the NPB is set out in Annex 1. Two delivery groups, one for older people and one for children, young people and their families, support the NPB in ensuring we are responding to specific age related needs. Local Partnership Boards are also in place in each health board area, bringing together the key stakeholders to drive forward the actions and all now have strengthened service user and carer membership.

This is the second annual report, providing an overview of the Welsh Government’s cross-governmental progress against *Together for Mental Health* over the last 12 months. The 7 Local Partnership Boards and the 3 NHS trusts in Wales have all also produced their second annual reports. These include detailed templates setting out progress against each of the actions in the delivery plan and, following approval by the full health board, they will be published on those organisations’ websites. This national report does not attempt to capture the detailed information contained in those local reports; rather it provides some examples of local good practice highlighted by the Local Partnership Boards. This should provide the opportunity to spread broader learning across Wales. These have been drawn from the local reports and are set out in the blue boxes within each chapter of the report.

Annex 3 provides quantitative data on the high level outcome indicators of the strategy, against which we continue to plot progress.
3.0 Delivering Together for Mental Health

3.1 Chapter 1 - Promoting better mental well-being and preventing mental health problems

What are our strategy outcomes?

- Population wide physical and mental well-being is improved; people live longer, in better health and as independently as possible, for as long as possible.
- People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.
- Child welfare and development, educational attainment, and workplace productivity are improved as we address poverty.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Improving health and preventing poor mental health

Interventions to improve physical health help to improve our mental health too and we are supporting a broad range of initiatives to help people to make changes to their lifestyles to improve their health and well-being.

Change4Life Wales. Our Change4Life Wales campaign supports families to make positive small and sustainable changes to their lifestyle to help them achieve and maintain a healthy body weight, to eat well and be physically active. This year we have run two campaigns: the Pedometer challenge campaign, in partnership with Ramblers Cymru, to encourage people to walk more and to track their progress; and the Smart swap campaign to encourage people to change their eating habits by giving them vouchers to swap fatty and sugary foods for healthier alternatives.

The Five Ways to Well-being. This evidence-based set of actions developed by the New Economics Foundation is now being rolled out across Wales, with some local health boards having specific elements for children, adults of working age and older peoples. Details of the local schemes can be found in the individual LPB reports.

Reducing the risk of dementia. The Caerphilly Cohort Study provides clear evidence that by taking actions such as stopping smoking, drinking less, improving our diet and increasing our physical activity we can significantly reduce our risk of developing dementia. It showed that people who consistently followed four or five of these behaviours had a 60% lower level of dementia and cognitive decline - with exercise being the strongest mitigating factor. This study supported a growing scientific evidence base and in May this year, the Minister for Health and Social Services joined his UK counterparts in signing a Blackfriars Consensus statement on promoting brain health and reducing the risk of dementia. The message is that dementia is not just an inevitable part of ageing and that there are steps we can take to reduce our risk.
Over the next 12 months we will continue to promote the Change4Life campaign to encourage people to be physically active and to eat healthier. We will also work with Public Health Wales, as part of the Transforming Health Improvement review, to ensure that improving mental health remains a priority. We will also work with a range of stakeholders to develop a new dementia prevention approach and revise our ‘How to reduce your risk’ guidance.

- The Gwent Five Ways to Well-being virtual network now includes over 250 individuals from a range of statutory and third sector organisations trained in this approach. Primary care professionals in Gwent are undertaking training on brief interventions that includes a Five Ways to Well-being component.
- Cwm Taf health board has delivered 32 mindfulness and stress control courses in community settings using the Wales Wellbeing Bond to fund their work to improve well-being, develop resilience and help reduce prescribing costs.

Support in schools

A good start in life is fundamental to good mental health, and schools and colleges play a vital role in supporting the well-being of children and young people.

**Welsh network of healthy school schemes.** Schools continue to develop work as part of the [Welsh network of healthy school schemes](#). This requires a whole-school approach to a range of health topics, including mental and emotional health and well-being. 70 schools have now achieved the national quality award, which is independently assessed after 9 years involvement in the programme.

A similar whole setting approach to mental and emotional health, well-being and relationships is taken in 581 pre-school settings, which are actively involved in the Healthy and Sustainable Pre-School Scheme.

**Healthy eating in schools.** We continue to support children and young people to develop good eating habits through the free breakfast in primary schools initiative. In June this year we published [statutory guidance](#) to support healthy eating in maintained schools and [free breakfasts in primary schools](#).

**Physical activity in schools.** The [2013 school sport survey](#) highlighted that making sport and physical activity enjoyable and fun is critical to boosting wider engagement by children and young people and in improving well-being. In response, we launched a new [physical literacy programme for schools in March 2014](#) to help deliver a sustained increase in physical activity amongst school-aged children in Wales to help get them hooked on sport for life and to adopt healthy lifestyles.

**Bullying.** This year we have increased our communications to ensure that children and their parents know what to do in the event of bullying. Schools from all over Wales entered a competition to provide a storyboard on how bullying happens in school and the effect it has on children and young people. The winning schools were invited to transfer their stories to film, which were made available on the [Learning Wales website](#), as a resource for all schools. We have also produced new anti-bullying advice. The leaflet and poster [Are you](#)
**being bullied?** is available online to help pupils who are worried about bullying and a separate leaflet offers advice to parents about what to do if their child is being bullied.

Advice for teachers, pupils and parents around staying safe in the digital space is available through the new e-safety zone on the Hwb website. This will contain latest news and research around e-safety, and details of a range of events for teachers which promote the staying safe online message. New resources for schools have been piloted across Wales for launch later this year including a powerful self-assessment tool – 360 degree Safe Cymru - and comprehensive digital literacy and citizenship materials, covering foundation phase to key stage 4.

**Personal and Social Education Framework.** Since April 2013, local authorities have been required to provide counselling services for children and young people aged between 11 and 18, and children in year 6 in primary schools. This work is supported by the **Personal and Social Education (PSE) Framework** which promotes the personal and social development and well-being of learners, and is part of the basic curriculum for all 7 to 19 year olds registered in maintained schools. Opportunities are provided for learners to be helped to maintain their emotional, physical health and well-being, and to consider how the successful management of feelings and emotions can increase personal and social effectiveness. The elements on emotional intelligence and self-esteem look to increase learners’ ability to cope with conflict, stress, loss and change. Central to the process is equipping learners with knowledge and practical skills and to know where and how to access personal information and support.

**Pupil Deprivation Grant.** We have provided extra funding through this grant to help overcome the additional barriers poorer pupils face which prevent them from achieving their full potential – whatever their ability. We know that pupils with emotional and mental health problems are disproportionately represented amongst children who are eligible for free school meals and looked after children.

**Book Prescription Wales.** To help ensure children and young people are equipped to manage mild to moderate mental health conditions, we have established a new group to review a selection of books, as part of the Book Prescription Wales scheme (BPW). This will assist health professionals to prescribe by public libraries and healthy schools.

Over the next 12 months we will continue to make progress by considering the findings from the review of the curriculum and assessment in Wales being led by Professor Graham Donaldson. We will roll-out the draft physical literacy framework and develop a nationally agreed list of books for children and young people under BPW.

There is further detail on supporting the well-being of children and schools in section 3.4.

- Hywel Dda health board is continuing its role out across primary and secondary schools of its **Getting the lowdown Wales** bilingual mental health promotion DVD. Short films produced with young people sharing their experiences of emotional and mental health difficulties aim to improve knowledge, increase resilience, develop coping strategies and reduce stigma.
Supporting families and communities

Family engagement and early years. In June we published the programme *Rewriting the future: raising ambition and attainment in Welsh Schools*. It draws together current work, identifies where we need to do more and what we will do to deliver a cohesive approach to improve learning outcomes for children and young people from deprived backgrounds. *Rewriting the future* also supports the work and ambition of our *Schools Challenge Cymru* programme.

Support around the family. Infants who experience positive secure attachments have the best foundation for their future emotional and mental well-being. This will increase their chances of educational achievement, to reach their potential and to develop social relationships. We are providing significant investment in early years through the expansion of our *Flying Start Programme*. Initiatives under our *Families First* and the *Integrated Family Support Services* will provide further support as the programmes develop. *Team Around the Family* approaches are being developed across local authority areas, creating links between a broad range of professionals, such as health visitors and school nurses.

Communities First. Promoting and supporting mental health and well-being features prominently in initiatives being delivered by *Communities First* clusters. Activities include community based counselling; dealing with stress; befriending; support for those affected by depression; creative art as therapy; and healthy lifestyle advice. Communities First are now working with a training provider from Wales Council Voluntary Action to make this available to all Communities First staff.

Food co-operative programme. This aims to improve access to, and consumption of, fruit and vegetables, particularly amongst those most deprived. There are now over 300 food co-ops running across Wales, with over 50% based in the most deprived communities. Around 40% of food co-ops are based in schools.

Over the next 12 months we will continue to work with local authorities and schools across a number of policy areas which support children and young people to develop resilience and good mental health; and we will raise the Pupil Deprivation Grant from £450 per pupil to £918.

Child Poverty Strategy. On 6 November we launched a consultation on a revised *Child Poverty Strategy*, which reaffirms our commitment to our three strategic objectives of increasing skills, tackling worklessness, and reducing inequalities in health, education and economic outcomes. It also sets out where we intend to do more, including around in-work poverty, childcare and mitigating the impacts of welfare reform.

We will publish our annual report against the targets detailed in the Tackling Poverty Action Plan in July, setting out our progress against priorities including early years, improving educational attainment, reducing the number of young people who are not in employment, work or training (NEET) and housing and regeneration.
• The Mental Health Foundation and Gingerbread are working with single parents to develop tools and techniques to **improve the mental well-being of single parents** in South Wales. Single parents and the 2 charities are co-producing community resources that will benefit hundreds of single parents across South Wales. These include information packs, web based resources and creative use of social media to enable single parents to take control of their lives and support each other.

• Caerphilly County Borough’s Communities First structure includes **Communities’ First mental health officers** who work with people of all ages presenting with low mental health issues. This ‘self help’ service encourages people to establish networks in their own communities – there are groups include for mothers with young children post-natal depression, anxiety and depression, bereavement and loss.

**Supporting workplaces**

Being in work is good for both physical and mental well-being and can help in the recovery from ill-health. The workplace is widely recognised as an effective setting for improving health and well-being.

**Healthy Working Wales.** The Welsh Government’s Healthy Working Wales programme aims to improve health at work; prevent people being made ill at work; retain or rehabilitate those made ill at work; and prevent the link between work-related ill health and economic inactivity. The programme provides a range of support to employers to improve their policies and practices to improve the health and well-being of their staff. A total of 1,808 organisations in Wales, employing 388,260 people, have engaged to-date in Healthy Working Wales representing 27.9% of the working population of Wales.

**Fit for Work.** We are also engaged, as part of a cross-Government partnership with the Department for Work and Pensions and the Scottish Government, in developing the UK Government’s Fit for Work service. This aims to support people who at risk of long-term sickness absence by providing advice and specialist occupational assessments to support a return to work. The service will focus on mental health issues and musculoskeletal disorders.

To build upon this, and to strengthen and expand the *Healthy Working Wales* initiative, we are developing a proposal for the 2014-2020 European Social Funding (ESF) bidding round. The ESF programme, if approved, aims to deliver in-work and out-of-work support targeted at people most at risk of falling out of work or remaining unemployed, including those with mental health problems. With a focus on sustainable employment, the programme aims to tackle poverty and social exclusion caused by ill-health and unemployment through a range of services between 2015 and 2020.

**Information service for businesses.** *Business Wales* has included a zone for corporate social responsibility, covering how to deal with stress and support for employees with mental ill health. Attracting over 50,000 visitors a month, our *Business Wales* brand also offers social media channels with over 20,000 followers and a fortnightly newsletter with over 6,000 subscribers. It therefore provides an important way to ensure businesses across Wales are aware of their responsibility for the mental well-being of their staff.
• Gofal has worked with the Wales TUC to develop a **Workers’ guide to mental health and well-being**, which includes information about mental health and how to access advice and support. They have also produced a comprehensive briefing for trade union representatives about promoting well-being, supporting employees with mental health problems and working with employers to create mentally healthy workplaces.

Over the next 12 months, we will continue to deliver the Healthy Working Wales programme with Public Health Wales and support the implementation of the *Fit for Service* in Wales the ESF project, the latter subject to approval from the Welsh European Funding Office.

**Supporting older people**

We want everybody in Wales to be clear on what they can do to keep both their physical and mental health in good shape as they get older. This will help ensure that we are resilient in difficult times, with people living fuller lives.

**The Strategy for Older People.** Phase 3 of this strategy, *Living Longer, Ageing Well* was launched in May 2013 and is supported by a [Delivery Plan](#) published in September 2014. The delivery plan sets out our planned actions to create a Wales where older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.

The *Strategy for Older People* and its delivery plan were developed with and for older people living in Wales. They are rooted in what older people told us was important to them. As with *Together for Mental Health*, the delivery plan contains commitments from across the Welsh Government portfolio. Local authorities in Wales are also producing delivery plans.

**Ageing well in Wales.** The Older Person’s Commissioner has established and hosts a 5 year *Ageing Well in Wales Programme*, launched by the First Minister in October 2014. One of the programme’s 5 strands aims to make Wales a dementia supportive nation by building and promoting dementia supportive communities. Each work programme will also support an all Wales learning network.

**Over 50s health check.** In April 2014 we launched *Add to Your Life*, a confidential and easy to use self-assessment, which can be undertaken on-line or over the telephone with support from NHS Direct Wales. It provides an opportunity for people who are 50 or over to get an overall picture of their health, supports them to improve their health and well-being in small achievable steps, and helps increase access to the most effective prevention services. The assessment includes advice and feedback on a range of issues including mental well-being, depression and anxiety and forgetfulness.

*Add to Your Life* has real potential to help people become better informed about their health and well-being by providing them with personally tailored advice. Since its launch, 7,746 people have accessed the site with 3,985 completed assessments undertaken.

Over the coming year, we will continue supporting older people and consider options for Phase 2 of the *Add to Your Life* Programme.
Cwm Taf health board has used funding through the Intermediate care grant to develop an **introduction to self management course for older people**. With messages on both emotional and physical health it is currently being piloted with members of the local Fifty-plus forums.

### Prevention of self harm and suicide

**Thematic Review.** The *Thematic Review of Deaths of Children and Young People Through Probable Suicide in Wales* was published by the Public Health Wales NHS Trust in March 2014. The report highlighted that although rare, suicide is a major cause of death in teenage years, with around one in four deaths of children aged 12-17 likely to have been a suicide.

**Talk to Me 2,** our suicide and self harm prevention strategy and delivery plan for Wales was being issued for public consultation in December 2014. The final *Talk to Me 2* is scheduled for publication in spring 2015. The primary aim of *Talk to Me 2* is to reduce suicide and self harm in Wales across a number of identified Priority People associated with a number of Priority Places. For the next five years a range of statutory and third sector services will need to work together to deliver the 6 objectives and 16 priority actions designed to meet this aim.

A group has been established to improve prison mental health and reduce the risk of suicide by prisoners. This group will look to address the implementation of the *Mental health services for prisoners in Wales policy guidance* and to deliver the relevant components of *Talk to Me 2*.

- Betsi Cadwaladr health board is delivering the **connecting with people suicide awareness and emotional resilience training** across the organisation. The training is delivered by trainers who do not work exclusively in mental health. This gives a very powerful message that emotional well-being and suicide prevention is everybody’s business and relevant to all.
3.2 Chapter 2 - A New partnership with the public

What are our Strategy Outcomes?

- People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.
- Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.
- People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.
- People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.
- People feel in more control as partners in decision making about their treatment and how it is delivered.
- Families and carers of all ages are involved in assessments for support in their caring roles.
- People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Promoting equality

Reducing inequalities for vulnerable groups. During 2014 we announced that further third sector mental health grants totaling more than £1,000,000 per year will be made available between 2015-18. Voluntary organisations were invited to submit bids to support projects which will help deliver our priorities for mental health and vulnerable groups across Wales.

Grant funding will enable the third sector to undertake activity to directly deliver the objectives of Together for Mental Health. We were looking for projects which promote mental well-being and which tackle stigma and discrimination. Bidders will be informed of the outcome of the process by the end of December.

- The Shana Bashana/Shoulder to shoulder project brought together over 120 people in June from a range of Newport’s diverse communities to raise awareness of mental health issues and reduce stigma among the city’s black and ethnic communities.
- Black and minority ethnic focus groups have been held in Cardiff to gather the experiences of communities in relation to older people’s mental health services. These were then shared with providers and planners in a multi-agency partnership event.

Gypsies and travellers experience a range of health inequalities when compared with the general population. They live shorter lives, have higher rates of mental illness, mental health problems and chronic ill health, smoke and drink more, and have poorer diets. To respond to
this we issued *Travelling to Better Health* – *Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers* for consultation in August 2014. It aims to improve practitioner knowledge and support gypsies and travellers in understanding their mental and physical health needs, and how best to use health services. The final guidance is due to be published in early 2015.

**Provision for Welsh speakers.** ‘*More than just words…’*, the strategic framework for Welsh language services in health and social services is now in its second year of implementation. The first year (2013-14) laid the foundations through developing processes and partnerships to strengthen current Welsh language provision for individuals, including those with mental health problems. Key expectations included strengthening leadership, mapping the workforce and accepting responsibility for meeting users’ language needs. A Welsh language dementia assessment tool has been developed with funding from the NISCHR (National Institute for Social Care and Health Research) Clinical Research Centre (CRC). This provides a series of cognitive assessment tools translated into Welsh by Bangor University, and was rolled out in autumn 2014.

The 4 most popular books on the book prescription Wales scheme are available in Welsh in both written format and on CD. As we move further into year two we will be monitoring the specific request to map and monitor the ability of the NHS workforce to provide an ‘active offer’ within dementia services.

- A **bilingual pathway** is being developed by Betsi Cadwaladr health board. Work is ongoing to explore how referral information can be improved to include the offer of a bilingual service and to develop a Welsh language training course specifically for mental health staff.
- All information on **mental well-being and emotional health** on the NHS Direct Wales website is bilingual.

**Tackling stigma and discrimination**

**The Time to Change Wales campaign.** Over the last year, Mind Cymru, Hafal and Gofal have continued to deliver the *Time to Change Wales* (TTCW) campaign which seeks to end the unacceptable stigma and discrimination faced by people with mental illness. Their survey of March 2014 shows a 3.1% shift in public attitudes as a result of their 3 year campaign. As part of this first phase:

- 3 social marketing campaign bursts have been heard over 19 million times, reaching over 1.7million individuals (58% of population)
- A network of over 300 champions and 120 educators has been established to speak out about their own experience of mental health problems to challenge stigma and discrimination
- Over 11,000 members of the public have attended events or had conversations with champions around mental health issues
- **TTCW** partnered with S4C on a mental health awareness week developing content and advising on scripts which gave great visibility for the brand. This will now be an annual event.
The campaign launched the TTCW organisational pledge in October 2013. Since that date 20 major employers across all sectors in Wales, including Welsh Government and a number of health boards, have signed the pledge to take forward anti-stigma work in the workplace.

A tangible example of positive shift in public attitudes towards mental ill-health was in October 2013. Two leading supermarket chains withdrew 2 Halloween outfits following the backlash they received across social media that these were stigmatising people with mental health issues. For many leading the campaign this was a strong indication of the growing movement for change.

- Hywel Dda was the first health board to sign the TTCW organisational pledge. Their local cross sector delivery group has developed an action plan with 3 strands: Connecting inwards (actions for health board staff), Influencing inwards (actions designed for patients, and Reaching outwards (actions for partners and the wider population). Local events have included citizen panel survey taking place in all 3 counties, a walk across the 3 counties to celebrate the people and environment of west Wales and promote positive attitudes to mental health, and launch events by the fire and rescue service and Dyfed-Powys police.

Raising mental health awareness

The work of the National Centre for Mental Health. Since October 2013, the National Centre for Mental Health (NCMH) has produced six new information leaflets with input from the healthcare community, with over 20,000 copies distributed so far. The Centre has recruited 8 new ‘research champions’ with first hand experience of mental illness to help promote research and an anti-stigma message, while its PlusOne campaign provides carers and families with the opportunity to engage with research.

NCMH has engaged with service users, carers and the general public through activities including two multi-media advertising campaigns, television and radio appearances, press coverage and over 40 events. These events included a public screening of a feature length documentary made in partnership with the Welcome Trust that has been distributed online and broadcast as a series on The Community Channel.

#TellNCMH, the centre’s public involvement scheme, allows the public to share ideas for future mental health research through an online questionnaire and live twitter discussion. Over 600 GP surgeries, community mental health teams and child and adolescent mental health services across Wales, and over 30 voluntary organisations have been invited to take part.

NCMH has developed and delivered group psycho-education programmes for bipolar disorder to over 450 individuals via group sessions (bipolar education programme – Cymru, BEP-C) and to over 4000 individuals via on-line modules (Beating Bipolar). The psycho-education package won the British Medical Journal (BMJ) Innovation in Healthcare Award 2014.
- Velindre NHS trust has developed “top tips” for patients aimed at increasing patients’ coping strategies with common difficulties when coping with cancer; these include fatigue and low mood. The trust recognises the need to support children through a family member’s illness pathway which enables clinicians to develop skills to signpost the family to information and indirect or direct clinical interventions.

- Bipolar UK’s link mentoring service has supported over 50 individuals on a one to one basis and has trained and supported over 45 volunteer mentors who themselves have or are affected by bipolar. Link Mentoring addressed an important ‘missing link’ between being diagnosed and coming to terms with the implications of diagnosis by enabling people to access peer support and guidance.

- Service user trainers in Cwm Taf deliver mental health awareness training alongside a facilitator from RCT county borough council through the CSUITS programme (carers and service users involved in training). The service user trainers talk about their experiences of mental health, recovery and the type of support that has helped.

**Mental health awareness in primary care.** A new *Directed Enhanced Service* (DES) under the general medical services contract aims to engage the whole practice team – clinical, managerial and administrative staff. It looks to develop a clear and shared understanding of the experience of patients with mental health issues, the links to physical health, the needs of young people and the elderly, and the management of self harm and threatened suicide. Informed teams can ensure that services respond effectively to patients needs, with patient experience a key priority. The practice must confirm that 85% of the primary care team has completed one of the six priority topics training sessions.

Since its launch, nearly 30% of practices in Wales have completed dementia awareness training using the award winning package described in section 3.3, with other practices taking up training on issues such as diagnosis and management of depression in the elderly, understanding the mental health needs of young people and suicide and self harm.

Over 800 people from across Wales submitted their views into Gofal's second Primary Care Snapshot assessing the implementation of Part One of the Measure. This shows significant increases in advice and information being given by GPs and some improvement in empathy and understanding.

- Cwm Taf health board’s *INFORM training package*, co-produced with service users and carers, aims to raise awareness amongst practice staff of patients’ and carers’ experiences of accessing primary care for a mental health-related condition. It uses digital stories, group activities and presentations to highlight common themes and demonstrate how small changes to working practices can be effective in supporting people. Training delivered in GP surgeries in Aberdare and Porth has helped these practices meet the criteria for the direct enhanced service.
Engagement of service users and carers

Engagement in care and treatment planning. Service users have reported to us that where they have been involved in developing their own Care and Treatment Plan (CTP) they feel more empowered and more in control. Supporting and encouraging them to become as involved as they wish in the development of their CTPs is therefore essential. The ongoing training and supervision of care co-ordinators in the principles of recovery, co-production, and the maintenance of independence is central to making this happen. Practitioners, third sector organisations and services users will also be developing an all Wales audit tool to monitor the quality of CTPs and this will specifically include engagement.

The overall percentage of people with a valid CTP has increased over the last 12 months to over 91% of service users.

<table>
<thead>
<tr>
<th>% of Welsh residents, in receipt of secondary mental health services, with a valid CTP - September 2014</th>
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<tr>
<td>Adults</td>
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<td>98%</td>
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In learning disability (LD) services this has increased from 62.9% in July 2013 to 96.2% in July 2014. Involving service users and their families in these plans is key to ensuring that those people with a LD and a co-morbid mental health problem requiring secondary mental health services are receiving safe and respectful care which maximises opportunities and minimises risk. A task and finish group is considering the content and format of the CTP for this group of service users and this will report its findings later this year.

- Hafal and its partners have developed a training programme for service users and carers called ‘How to get a great care and treatment plan’. The Agored-accredited version of this training programme is now being rolled out to Hafal clients in all of its projects across Wales. Their comprehensive guide on care and treatment planning has gone into 4 editions and over 48,000 copies have now been sent out (or downloaded) on request to health professionals, service users and carers. A survey of recipients provides evidence that the guide enables users to negotiate an improved CTP and make progress in their recovery.

Support for carers. The Social Services and Well-being Wales Act 2014 places a requirement on local authorities and health boards to undertake an assessment for carers who need help and support. This will identify the extent to which those needs are being met and the range and level of services required to meet those needs. We will be consulting on draft regulations and a code of practice in late 2014.
A specific carers section is available on the NHS Direct Wales website. The Welsh Ambulance Service NHS trust has developed a **carers' information leaflet** that can be handed out by frontline staff to carers, advising them of their entitlements and signposting them to other relevant organisations. Carers awareness posters have also been circulated to ambulance stations.

Hafal’s **free family support transport service** for mental health carers was set up following the decision to relocate the mental health wards in St Tydfil’s Hospital, Merthyr to the Royal Glamorgan Hospital, Llantrisant. The service also provides advice, support and guidance to carers on their individual situations with trained staff using the journey to discuss issues that affect carers as a whole and to provide one-to-one support where needed. The bus has also taken patients home on leave, delivered property to patients when their carers are unable to visit and helped with laundry.

Hafal held two in-depth focus groups and supported Cardiff and the Vale health board to reach out and engage carers and families in their own communities to inform the LPB's annual report. Carers identified both the positives and negatives about local services and **co-designed, achievable solutions and opportunities** to work together to overcoming the issues discussed. The recommendations for change will form the action plan for 2015.

**Support for people with dementia and their carers.** The Alzheimer’s Society’s five year strategy (2012-2017) *Delivering on Dementia* is guided by seven outcomes that people diagnosed with dementia have told us they want and need if they are to live well with dementia – these are called the ‘I’ statements and apply equally to the carers of people with dementia. The Alzheimer’s Society provides a range of information support and care services across Wales. *Dementia Cafes* now run in almost every local authority area in Wales and provide the opportunity for people with dementia and their carers to access information and to meet with people sharing similar experiences. Dementia support workers provide home visits and will signpost to other local services, offering advice on benefits and entitlements as well as practical and emotional support.

There is still much fear and misunderstanding surrounding dementia. The Alzheimer’s Society's *Dementia Friends* initiative (recruiting volunteers through local information sessions to become dementia friends) and wider dementia friendly / supportive communities work will help to reduce stigma and increase public understanding and awareness so that people with dementia and their carers feel safe, less isolated and more able to lead active and meaningful lives in their communities.

- The Alzheimer’s Society run carer’s support groups and facilitate information programmes which offer advice and guidance on the understanding and management of dementia including behavioural problems, communication, financial planning and looking after yourself. The Big Lottery funded *Try Something New* project gives people with dementia and their carers the opportunity to learn new skills and activities working closely with the local adult community learning service. The Society’s *Voice and Choice* project offers independent advocacy to people with dementia and their carers.
- **The Side by Side befriending** service recruits and trains volunteers to provide one-to-
one befriending for people with dementia, giving them the opportunity to enjoy activities in the community and giving their carer a much needed break.

All Wales arrangements for service user and carer engagement. The National Mental Health Forum was established last year to provide a strong and diverse voice for people with experience of mental health service and carers across Wales. Every Local Mental Health Partnership Board (LPB) has now recruited service user and carer members and, as with the NPB, membership is already changing the nature of the debate and having a strong influence on priorities. The Forum brings together the local and national partnership board members, their deputies, and a further ten members recruited nationally to ensure that it reflects the diversity of the people of Wales and the range of their mental health needs. We have actively recruited to fill any gaps from this perspective and we hope to see this commitment mirrored at a local level to ensure more holistic engagement across communities.

Members have their own networks to ensure that the Forum is well informed about what matters to people using services and their carers. These views are then presented directly to local and national decision makers through the partnership boards and direct contributions to local and national consultation exercises. Forum members have debated and influenced both The Duty to Review on the Measure and the review of Sections 135 and 136 of the Mental Health Act. We have also adopted standard rates for expenses reimbursement and prompt payment arrangements for attendees which we have required health boards to follow.

Bringing people together will increasingly providing the opportunity to share solutions from one area and apply them in others. We expect LPBs to adopt best practice in their engagement processes. In 2015 the Forum will develop advice on this, and signpost LPBs to existing best practice.

The areas identified as priorities by Forum members are set out in the introduction to this report, providing a clear focus for future actions.

Engagement proposals for children and young people. The CAMHS Delivery Assurance Group continues to keep the needs of young service users under review and to develop engagement mechanisms for children and young people. Earlier in 2014 meetings were held with Funky Dragon – the children’s Assembly for Wales – to agree how young people can engage within the remit. Specific discussions took place about the proposal to expand the Book Prescription Wales scheme to encompass books for children and young people. We will now consider other mechanisms to engage with young people and will continue our discussions with the Children’s Commissioner for Wales to see how young service users can engage in mental health policy development.

- Children and young people engaged in CAMHS services have been actively involved in developing Powys’ local 2014 annual report, describing their experiences and identifying what has improved and what could be done better. The report includes photos of the artwork developed by children and a CD of “different voices.”
Deprivation of Liberty Safeguards

The Supreme Court has expanded the number of people who will require a Deprivation of Liberty Safeguard in the future. These safeguards ensure that those individuals without the capacity to consent to care and treatment that deprives their liberty have a comprehensive assessment to confirm and authorise this as being in their best interest.

The Mental Health Act 1983 Code of Practice for Wales was published for the first time in 2008. This is now being revised to recognise changes to the law, including the Measure, and to reflect the principles of Together for Mental Health.
3.3 Chapter 3 – A well designed, fully integrated network of care

What are our strategy outcomes?

- Service users experience a more integrated approach from those delivering services.
- People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.
- Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.
- 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.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Safety and dignity

In July 2013 a plenary debate took place relating to learning from the Francis Inquiry. A Ministerial commitment was made in Delivering Safe Care, Compassionate Care, Learning for Wales from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, to review and update the Standards for Health Services in Wales and the Fundamentals of Care Standards. The new set of standards will be centred on individuals and their needs, and will set out clearly the expectations of the general public, patients, service users, and carers.

To be successful, the revised standards have to be owned by the service. The Welsh Government has therefore developed them in close collaboration with stakeholders across sectors, inspectorate and regulatory bodies, and patient representatives. Initial feedback on the current standards was sought via a questionnaire sent out to 104 stakeholders across Wales in June 2014. 3 informal engagement events have been held to test out the results from the questionnaire evaluation with a total of 182 delegates; 60 in North Wales, 56 in Swansea and 66 in Cardiff.

Feedback from the questionnaires and the engagement events has informed the draft of the Health Standards Framework. The Minister for Health and Social Services launched a consultation on this new framework in November proposing that we integrate the current 26 standards for health services in Wales and the 12 fundamentals of care standards, into 7 quality themes and 24 health standards.

The Older People’s Commissioner’s review of residential care for older people, A Place to Call Home? was published in November 2014. Supportive of the efforts of staff in both public and private settings, and emergent good practice, the report states more must be done to challenge the institutionalisation and emotional and physical frailty of residents, and to improve basic healthcare needs, commissioning, inspection and regulation systems, and forward planning.
To meet the recommendations requires action from statutory agencies, care homes and, of course, Welsh Government. For mental health specifically, advocacy, support and communication, training, and future nursing capacity and provision are key issues. Welsh Government and other statutory bodies are required to issue formal responses to the review and members of the Older Person’s Delivery Assurance Group will be asked to provide their input into this process.

*Learning from Trusted to Care*, a report on the unannounced spot check visits to elderly care wards at district general hospitals across Wales, was published in October. The spot checks were a core element of the Welsh Government’s response to the earlier publication of the *Trusted to Care* report. Unannounced visits took place to 70 wards across 20 district general hospitals. They focused on medicines management, hydration, the use of night-time sedation and continence care for elderly patients. Overall they found no systemic issues of concern about patient hydration, continence needs or the use of sedation, rather they saw individual areas where improvements were needed, and also observed many examples of notable practice. They did, however, find areas for improvement with medicines management on wards throughout NHS Wales, in particular relating to the safe and secure storage of medicines. A national working group has therefore been set up to look at the administration, recording, review and storage of medicines.

The spot checks have now been extended to look specifically at the standard of care elderly patients receive on mental health wards across Wales. These will be completed by the end of the year.

- All CAMHS teams in the Betsi Cadwaladr health board are members of the quality network for community CAMHS (QNCC). This is a Royal College of Psychiatrists quality and audit programme, providing accreditation to Royal College standards and aiming to facilitate quality improvement and development through a peer review process. It enables teams to demonstrate progress against national standards.

- Aneurin Bevan University Health Board staff working within the mental health intensive care ward in St Cadoc’s Hospital have developed a safer ward initiative. This includes a discharge message tree painted by a service user where people leaving the unit leave messages about their care and the unit itself. Staff collate the information from the tree as a means of continued service improvement.

### The Mental Health (Wales) Measure 2010 (The Measure)

The *Mental Health (Wales) Measure 2010*, sets unique duties upon providers of services to underpin and support mental health services in Wales, and has now been in force for two years. The legal *Duty to Review* the implementation of the four parts of the Measure was developed to promote and comment on the vision behind the legislation and reports. We published our *Interim Report* in April of this year, describing this process and the findings to date. Broad support was expressed for the vision, principles and aims of the Measure and for the lever it provides to improve and develop services and to formalise good practice. However the report recognised that the pace of change required has presented services in some areas with challenges. Whilst the same legislation and guidance applies across Wales, local need and the previous
configuration of services have clearly influenced implementation. Our final report will be published prior to January 2016.

**Primary care support services (Part 1).** Providing services when people are first concerned about their mental health is key to delivering this part of the Measure. In many areas of Wales the Measure has inspired the promotion of open access courses that address stress, anxiety and depression.

Statutory local primary mental health support services (LPMHSS) offering assessment, information, advice and short term interventions are available throughout Wales. Since December 2013, on average just over 2,600 people every month have received these new services. Targets have been set for assessment and intervention, and are being closely monitored as part of the NHS delivery framework which lays out the performance requirements for all health boards. This is an important factor in helping us to move to mental health having parity with physical health.

In the past year on average 84% of those needing a LPMHSS intervention have been seen within 56 days. Over 71% of people are now being assessed within 28 days, a target that was reduced from 56 days in October 2013.

Satisfaction with the primary care schemes is good, with over 95% of those completing a 10 part questionnaire giving these services a positive rating. This year many more GPs have also responded to the questionnaire, a 10 fold increase in one health board. The engagement of primary care services is essential in improving communication, knowledge and therefore ensuring an equal status with other areas of healthcare.

Gofal have undertaken their second primary care snapshot this year, assessing the implementation of this part of the Measure. Over 800 people from across Wales submitted their views. They reported significant increases in advice and information being given by GPs, a slight improvement in empathy and understanding and small increases in the proportion of respondents waiting less than 4 weeks for assessments and less than 2 months for support services.
• “ACT-ion for Living” provided by Cardiff and the Vale health board consists of 4 weekly sessions of 2 hours of mindfulness-based, values-orientated behavioural therapy. It has two main messages, accept what is out of your personal control and commit to action that improves and enriches your life. It also helps you clarify what is truly important and meaningful to you then uses that knowledge to guide, inspire and motivate you to change your life for the better.

• Staff from the LPMHSS in Cwm Taf Health Board are providing training for health visitors and maternity staff to improve the care and treatment for women experiencing peri-natal mental health problems.

Secondary care services (Part 2). Ensuring that people in need of secondary mental health services have a Care and Treatment Plan (CTP) that is available to them and addresses the areas of life they consider important is a fundamental part of the Measure. Now over 91% of secondary care users of all ages across Wales have a CTP - 89.9% for CAMHS, 91.2% for adults of working age and 90.3% for older adults.

• Unllais are delivering care and treatment planning training across the 6 counties of North Wales. This is available for the third sector, service users and carers and others.

We are aware how much service users value being fully involved in their CTPs. This is outlined earlier in this report and we recognise that further work is necessary to improve the quality of the plans and service user satisfaction in their production. We will continue to monitor this.

Re-accessing care (Part 3). In the 12 months to September 2014, 1,298 individuals had exercised this right to re-access services following discharge under Part 3 of the Measure.

Independent advocacy (Part 4). The expanded provision of independent mental health advocacy services has been welcomed by all sectors, and is being used by an average of just under 390 people a month.
Service providers working together

Integrated services. The Social Services and Well-being (Wales) Act received Royal Ascent earlier this year. The Act gives Welsh Ministers powers to direct partnerships and give stronger direction to the integration of services where this is appropriate. Integration aims to:

- Improve outcomes for the individual in need of care and support and for their families and carers
- Increase opportunities for person centred care
- Make the most effective use of scarce resources by reducing duplication and improving transparency
- Improve staff morale and motivation through effective decision making
- Develop more sustainable models of service.

Mental health services have already made significant progress in this area with its strong history of integrated community mental health teams and of joint cross-sector working. Bringing together the key stakeholders in each health board area, LPBs are now providing the vehicle to further drive forward this approach. They need to further strengthen these arrangements through the use of formal partnerships with single management, joint commissioning, unified performance regimes and the use of pooled budgets.

- Developed using Vanguard whole system management methodologies, a LEAP team-listen, engage act and participate - has been established in the north of the Caerphilly borough, bringing together staff from health and social care to take all secondary care referrals from 3 GP practices. They are piloting what a team without boundaries can achieve through working with patients in an integrated way, putting the service user at the centre of support and pulling teams and services in around them where appropriate.

- Cwm Taf health board gained funding from ‘social investors’ to develop a new third sector organisation ‘Valleys Steps’. This project will co-ordinate and deliver support to people who are suffering with mild to moderate mental health difficulties and who have traditionally only been offered antidepressants. The project aims to improve patient outcomes and reduce health board spending.

- Hafal is working with health professionals in the early intervention service in Gwent to deliver a service to young people who experience a first episode of psychosis. Links are being made to support this client group to return to education and to receive a range of other services such as housing, leisure and employment.

Service development priorities

Better supporting those in crisis. Crisis Resolution Home Treatment Services (CRHTs) are now in place across Wales to respond to people who present in a mental health crisis in a timely manner, and to provide a gate keeping function to secondary inpatient care. We are making good progress against our targets with latest figures showing that:

- 99% of service users admitted to a psychiatric hospital between 0900 and 2100 have received a gate-keeping assessment by the CRHT service prior to admission (target 90%)
100% of service users admitted to a psychiatric hospital, who have not received a gatekeeping assessment, receive an assessment by the CRHT service within 24 hours of admission (target 100%).

**Gofal crisis intervention services** are integrated into statutory homeless and mental health acute wards in eight local authorities. Achieving self-reported positive outcomes from 87% service users, they are helping individuals to resolve immediate crisis, have appropriate discharge arrangements, avoid homelessness, and access supported accommodation.

Cardiff and the Vale UHB’s **new crisis assessment ward** opened in January 2014 acts as a single point of access into adult acute in-patient services and provides a high quality assessment service for those who cannot be safely managed in their usual home by the home treatment team.

**Psychological therapies.** Improved access to psychological therapies is regularly raised as a priority by service users and is a key action area in the delivery plan. The *Independent Review of Psychological Therapy Treatments in Wales*, published in November 2013 identified good practice in many areas, but also revealed variations in access and service delivery across the country as a whole.

We have provided an additional £200,000 in 2013-14 and £650,000 this financial year to health boards to improve access to psychological therapies including £100,000 to support veterans with post traumatic stress disorder. This builds on the work already underway in training existing staff employed in mental health services to improve their skills and competencies in delivering evidenced-based and NICE-approved psychological therapies. We believe that a unified approach is required to ensure that service users of all ages across Wales have equitable access to core psychological therapies for the commonest conditions.

£45,000 of this extra money has been committed by Welsh Government in 2014-15 for a programme of work to improve the measurement of psychological therapy outcomes. It will also support the development of a framework to support a multi disciplinary workforce with the required competencies to deliver the breadth of **psychological therapies set out in the policy implementation guidance** developed in 2013.

Progress is also being made across Wales in developing low-cost, high-volume self-management (sometimes known as tier 0) interventions. These approaches are supportive of a prudent healthcare approach; allowing people to receive support in a timely manner and enabling more intensive therapy to be targeted at those in greatest need.

We will work with the National Psychological Therapies Management Committee (NPTMC) in the year ahead to consider what further strategic support we can provide to LHBs to continue the drive to improve access to evidence-based talking treatments across Wales into the future.

**Velindre NHS trust** runs patient groups to enhance patients’ psychological resilience as they move through their cancer treatment. This includes sessions on
Together for Mental Health: A Strategy for Mental Health and Well-being

December 2014

Anxiety management using cognitive therapy.

- Betsi Cadwaladr health board has trained staff from all professions within CAMHS and adult mental health, across primary and secondary services in mindfulness, eye movement desensitisation and reprocessing (EMDR) and dialectical behaviour therapy (DBT) so that they use these skills as part of their core engagement with service users.

- The Powys children and young persons’ partnership commissions blended counselling services for young people which includes online therapy services complemented by face to face school based counselling. Young people can self refer for face to face counselling and benefit from online support whilst waiting for an appointment.

- Hywel Dda health board has incorporated a document written by service users of their perspectives on psychological therapies in their psychological therapies strategy.

Child and Adolescent Mental Health Services (CAMHS). In October 2013 the Minister for Health and Social Services announced an additional £250,000 investment in CAMHS to support improved eating disorder (ED) Services in South Wales. This funding is providing for:

- New specialist ED clinicians for the south Wales inpatient unit
- Training of the wider workforce in ED across Wales, with a dedicated training module Developed in association with South London and Maudsley NHS Trust
- Specialist outpatient ED clinics in south Wales and southern Powys
- Plans to increase capacity within the CAMHS in-patient unit in Bridgend by opening a high care ward, enabling young people with a range of complex conditions traditionally sent to England for treatment, to receive their care in Wales (savings on these costly out of area placements will be reinvested back into specialist CAMHS provision in Wales, further improving local provision).

We have developed a comprehensive service improvement plan to address some of the concerns raised by the Children’s Commissioner for Wales, the WAO/HIW Follow-Up Review of CAMHS Safeguarding Issues and others. Implementation of the key actions is being overseen by a Welsh Government steering group and in April 2014 the all-Wales, NHS led, CAMHS and ED Planning Network was also established to further support implementation of the plan. Early success of this work is already being seen and by 2015 we will have:

- Opened the second ‘high care’ ward in the South Wales CAMHS inpatient unit
- Enhanced staffing levels and skills within this unit to work with more complex cases, allowing more young people to be placed within Wales rather than be sent out of area
- Established Intensive Community treatment teams across Wales, enabling young people, who previously would have required inpatient admittance to be cared for within their home and community.

We have issued comprehensive guidance on ‘inappropriate admissions’ of young people to adult wards for consultation.

We are also working with health boards to facilitate action to ensure CAMHS is delivered in line with the principles of prudent healthcare. This work, to be taken forward next year, will ensure that service users are seen by the most appropriate provider, proportionate to their need and that specialist CAMHS focuses on those with the most enduring and severe mental
ill-health. The additional capacity will take the form of a nationally recognised clinical leader to shape and inform CAMHS strategic development, a senior ‘turnaround manager’ experienced in leading service change within the NHS and Welsh academic input.

Our service improvement work will be informed by the current CAMHS Inquiry being taken forward by the Children, Young People and Education Committee of the National Assembly for Wales which will report in due course.

- The establishment of a **CAMHS Home Treatment / Intensive Support Team (Kite Team)** in north Wales has resulted in a reduction in the number of under 18s admitted to out-of-area beds and reduced lengths of stay on the adolescent unit.

- The **Skills for Living Service** in Gwent, supported by local authority and health board funding focusses on the mental health needs of looked after children, recognising the significant additional risks faced by this group.

- Rhondda Cynon Taf local authority now has 2 social workers based in the local CAMHS service to support a **joint approach to resolving issues** faced by young people.

**Older people’s mental health services.** Many of the service initiatives described within this chapter are equally relevant to older people as they are for adults of working age. In addition we have recently provided £1.1million from the invest-to-save funding to assist Cwm Taf University Health Board in establishing a consultant-led psychiatric liaison service for older people with mental health needs and a new acute assessment service covering unscheduled care activity. These new services aim to ensure that patients are assessed more rapidly when arriving at the hospital; shorten patient's length of stay, reduce accident and emergency waiting times and improve patient experience. Funding will also support the introduction of staff e-rostering arrangements. Overall, the initiatives are forecasting savings of some £3.4million by 2018. Evaluation of this initiative will help inform other health boards in developing effective arrangements to manage unscheduled care and to support people with dementia in the most appropriate environment for their needs.

Health boards have been asked to demonstrate that this year’s additional funding for psychological therapies from Welsh Government is being used across all ages in line with **Together for Mental Health.** One health board has already indicated that they will invest their total allocation in provision for older people, recognising that this is the greatest gap in their area. The Older Person’s Delivery Assurance Group will review the position across Wales.

It is clear from the recent findings of **Trusted to Care** and the Review of Older Persons’ Services in North Wales that we have further work to do to improve the experiences of older people using our services, and this will be further informed by our spot-check visits. We will be agreeing a set of priorities with the Older Person’s Delivery Assurance Group which will in turn be included in the second delivery plan for the strategy, to be published next year.

- **Cwm Taf health board is taking forward a major re-design programme of their older people’s mental health service.** Following a comprehensive engagement exercise in early 2014, Phase 1 has resulted in the development of a single site assessment unit. Their psychiatric liaison services will concentrate on services to older adults in an in-
patient setting. Closely modelled on the RAID service this will relate closely to a developing older adult community liaison service. CIAS (Community Integrated Assessment Service) already provides in-reach liaison services to domiciliary, residential and nursing homes to support discharge and avoid admissions.

Dementia. Statistics show that 1 in 3 people will end their lives with a form of dementia, 1 in 5 people over the age of 80 presently has dementia and two-thirds of those with a diagnosis live in the community. In September, data was published by the Alzheimer’s Society suggesting that over 45,000 people in Wales are living with dementia, and this is forecast to increase by 40% over the next 12 years.

We recognise there remain concerns about rates of dementia diagnosis in Wales, and have asked health boards to work to improve this. This year, the Wales Mental Health in Primary Care (WAMH in PC) network’s new primary care training module is being rolled out across Wales. Developed in conjunction with the Alzheimer’s Society and launched in November 2013, it is designed for delivery to entire primary care teams (GPs, nurses, practice managers and receptionists) through the Directed Enhanced Service. This aids more timely diagnoses, and ensures primary care across Wales is better equipped to understand the needs of those with dementia and their carers. It provides advice and support to patients on lifestyle changes that can reduce the risk of developing dementia (as described in section 4.1 of this report). Recently this resource won the overall prize in the Independent Newspaper’s Peer Awards for Excellence, over major industry players such as British Gas and RBS.

We undertook a national audit of memory clinics earlier this year, adapting the tool used in England. Whilst the audits showed variation in service provision in both countries, they showed that, on average, people wait only five weeks from the point of referral to receiving their memory assessment in Wales. We will continue to drive improvements in dementia services through our Older Persons’ Mental Health Delivery Assurance Group which brings together service providers, service users and third sector partners.

- The dementia care training team in Abertawe Bro-Morganwg health board has worked with stakeholders to develop an all-Wales dementia e-learning modular programme. This will ensure that all NHS staff, no matter what their role, have a general understanding of dementia, how it can affect people and how everyone can help and support people with dementia.

- Cardiff and Vale have adapted the SPIDER model (Supporting public service innovations using design in European regions) to develop a dementia re-ablement service. A consultant psychiatrist from Cardiff was also awarded the 2014 best consultant service development prize by the Royal College of Psychiatrists for his work with dementia patients in relation to the community Response Enhanced Assessment, Crisis and Treatment service (REACT).

- In February 2014 the Butterfly scheme was launched in all community hospitals in Powys. Staff are trained in a special response plan – REACH – to better communicate with people with dementia. Butterfly scheme champions have been identified in all hospital wards and many department to ensure delivery. 160 staff attended the 1st training day.

Dementia Friends. In January 2014, the Minister for Health and Social Services launched the Alzheimer’s Society’s Dementia Frindiau (Dementia Friends) initiative. Funded by Welsh Government, it is designed to increase wider understanding, augment advocacy services and
roll-out training for those delivering care. It aims to bring the issue of dementia to the forefront of people’s minds in communities across Wales. Since March 2014, 180 dementia champions and approximately 3,000 dementia friends have been recruited. The campaign has signed a ‘pledge’ with a number of major organisations and Brecon received an award for becoming a Dementia Friendly Community – the first in Wales to do so.

**Veterans mental health services.** Coinciding with the launch of the rebranded *Veterans NHS Wales* in June 2014, the Minister for Health and Social Services announced an additional £100,000 investment for 2014-15, to reduce waiting times for treatment. Additional therapist support has already been provided with this money, increasing therapy sessions to deal with the backlog of veterans waiting to access services. Initial indications are that waiting times are reducing considerably as a result; in the four months since the funding was made available, one health board has been able to reduce its waiting time from 7 months to 6 weeks. We will receive a full evaluation of the results of our investment in March 2014. In June, the Minister asked Public Health Wales NHS Trust to review the operation of the service to ensure that:

- The service specification and ‘hub and spoke’ model of service delivery is appropriate
- The veterans service is working effectively with wider mental health provision and services provided by others, such as the ministry of defence and third sector.

The findings are currently being considered and will be taken forward during 2015.

- **Step Change Wales**, a peer mentoring welfare and advice service delivered by veterans, for veterans and their families is hosted by CAIS and AVOW in North Wales. CAIS also offer the new *Listen in* service for families and carers of veterans.

**Co-morbid substance misuse.** Last year we reported that we would be revising the existing Substance Misuse Treatment Framework (SMTF) *‘Meeting the needs of people with co-occurring substance misuse and mental health problems’*. An external reference group, established in January 2014, has updated the framework to cover key developments since its first publication. The revised framework will be issued for a six week targeted consultation with key stakeholders and the final document is expected to be published in early 2015. This will drive consistent implementation across Wales.

- The Western Bay area planning board is **re-designing the service care model and care pathway for people** with a co-morbid substance misuse, working to identify key areas for development, barriers to change and solutions for a person-centred service.

**Offender health.** We have again this year developed a range of guidance to assist providers to meet the needs of those people with mental health problems within the police and court systems:

- **Policy implementation guidance in relation to mental health services for prisoners** and the requirement to further improve treatment access and intervention within the custodial estate in Wales. It is designed to improve the personal well-being of individuals, as a means of helping to reduce crime; delivery will be overseen by each of the prison health partnership boards.
- **Policy implementation guidance addressing mental health problems of Children and Young People in the youth justice system** was issued in September 2014. This guidance,
Together for Mental Health: A Strategy for Mental Health and Well-being

jointly published with the Youth Justice Board will provide renewed impetus to prevent young people being drawn into the justice system unnecessarily, particularly when they have mental health needs. Publication also contributes to the delivery of Children and Young People First, also jointly published.

- The All Wales Reducing Reoffending Strategy was launched in March 2014. It includes a health pathway, designed to ensure that the health needs of offenders are addressed, particularly in relation to dependency on alcohol and illicit drugs. This strategy, co-launched by the Welsh Government and its statutory partners in the field of criminal justice, recognises the need to improve the health of offenders as a means to help achieve a reduction in offending.

The National Offender Management Service (NOMS) has developed a Personality Disorder Pathway in Wales. Working in partnership, the Wales Probation Trust and NHS Wales, are delivering a programme to improve the management of offenders with personality disorder who pose a risk of violence or sexual offending, as they move through the prison system and return to the community. This includes initiatives to improve professionals’ knowledge and understanding of personality disorder and of the risks that offenders may pose.

To help bring about a reduction in the use of Place of Safety Detention (under Sections 135/136 of the Mental Health Act), each health board has been asked to prepare and deliver an action plan for improved delivery by March 2015. Joint training between healthcare clinicians, police and key local authority staff will help further enhance the understanding of the needs of mentally unwell people when they present with problematic behaviour. The emphasis to use hospitals as the place of safety of choice- and not police custody suites- is now better understood. The collaboration between the Welsh police forces and Welsh Government is central to this approach and we are also working with the Home Office on proposed legislative changes.

Our next step will be developing a pan Wales, Crisis in Care ‘Concordat’ to improve the response and provision of services and particularly, how all partners deal with episodes of mental ill health when played out in public. A first draft of this partnership document will be prepared by March 2015 with the aim of reducing further the need to arrest and detain individuals under the powers of the Mental Health Act.

- The Mental Health Foundation is working in partnership with G4S on a Lottery funded project that trains prisoners in self-management techniques that have already helped mental health service users across Wales improve their health, mental health and well-being. Groups of prisoners are being trained to train and support other prisoners using self-management and peer support.

- Dyfed Powys Police and Hywel Dda health board have run trials of a street triage service for cases relating to people in mental distress or crisis. A year long pilot is now taking place where police officers and mental health practitioners will share information and undertake joint need and risk assessments on people coming to police attention in mental distress. It is hoped that this will reduce the use of Section 136 detentions.
3.4 Chapter 4 - One system to improve mental health

What are our strategy outcomes?

- People of all ages experience sustained improvement to their mental health and well-being as a result of cross-Government commitment to all sectors working together.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Finance and money

Welsh Government’s ongoing commitments to help mitigate the impact of the UK Government welfare reforms are set in the context of the Tackling Poverty Action Plan. The Action Plan makes specific reference to Together for Mental Health, and targets the areas with the greatest problems to improve the lives of people using mental health services, their carers and their families. It sets out key milestones and targets that support the delivery of better outcomes for families living in poverty. These have a strong focus on preventing poverty in the longer term, as well as helping people into work and mitigating the impact of poverty. As outlined earlier in this report, we published our revised Child Poverty Strategy for Wales for consultation in November 2014. It reaffirms our ambition to eradicate child poverty, whilst recognising that this will be extremely challenging, particularly in light of the impact of austerity and UK Government welfare reform.

Mitigating the impact of UK Government’s welfare reforms

Our Minsterial Task and Finish Group has commissioned and published research into the impact of the UK Government’s welfare reforms in Wales. These findings have and will continue to be used to help inform the Welsh Government’s response to the reforms in Wales. We are delivering a significant range of support and interventions to help those affected by the welfare changes, for example:

Advice services. Our Review of Advice Services in light of the welfare reform changes and legal aid reform reported in May 2013. This looked at social welfare advice, as the area of greatest demand. Our main priorities, in responding to the review, are around funding free and independent front-line advice services, developing a national advice network and encouraging greater consistency in quality standards for information and advice.

We provided over £1 million for advice services last financial year, to help organisations to respond to the impact of welfare reform on the demand for their services; and provided a further £2 million to support front-line advice services in 2014/15. The funding will help ensure that there is specialist advice available across Wales on debt, welfare benefits, housing and discrimination.

Communities 2.0. Our £21.9 million Digital Inclusion Programme is running from April 2009 to March 2015. It prioritises support to the most digitally excluded groups in society by helping them overcome barriers, building their confidence and creating opportunities for them to use new skills. Building strategic alliances with organisations representing and working with the most digitally excluded people, has already helped more than 50,000 people get...
online and is opening up opportunities that the latest technologies can offer. Mitigating the online elements of the welfare reforms is a key focus for the extension work.

**Council tax reduction scheme.** We have introduced a *National Council Tax Reduction Scheme*, providing an additional £22 million per annum (to the £222 million transferred by the UK Government) to support this in 2013/14 and 2014/15. We have committed to provide this sum to local authorities for a further two years. This means all eligible applicants for council tax reduction in Wales have received their full entitlement to support for 2013/14 and 2014/15 and will continue to do so for at least a further two years.

**Discretionary Assistance Fund.** We set up the national *Discretionary Assistance Fund* following the abolition of the discretionary social fund by the UK Government. It offers urgent payments or in-kind support to vulnerable people where there is an emergency or to safeguard their health or well-being. In 2013/14, £7.2 million was provided to support people in an emergency (emergency assistance payments) or to help them live independently in the community (individual assistance payments).

**Lift.** This programme reflects the commitment in our *Tackling Poverty Action Plan* to provide 5,000 training and employment opportunities for people living in households where no-one is in work by the end of 2017. It focuses on people who have been out of work for more than six months and who face employment barriers, such as young single parents, adults with few or no formal qualifications; people with poor employment records and disabled people. *Lift* is now fully operational in nine areas across Wales, based on *Communities First* clusters. It is working intensively with people from workless households, with over 500 training and employment opportunities already provided, and over 100 people supported into employment.

**Working with the Department for Work and Pensions (DWP).** The DWP is generally responsible for employment matters and delivers a range of provision and support to help people into employment. Welsh Government is working to help ensure that the Welsh context is reflected in DWP policy and delivery arrangements. This includes ongoing work to introduce a more structured approach to Jobcentre Plus signposting vulnerable young people to advocacy services in Wales.

In December 2013 DWP launched its ‘report’ *Disability and Health Employment Strategy – the discussion so far* which set out potential proposals for helping more disabled people and those with health conditions, to get and stay in work. This includes a specific focus on support for people with mental health problems. We have been liaising with the DWP and brokering consultation with Welsh stakeholders to help inform the DWP’s thinking.

- Cwm Taf health board is commissioning support for users of secondary care mental health through the **benefits transition process**. Merthyr and the Valleys Mind Personal Independence Payment (PIP) advocacy service anticipate over £600,000 PIP claims being generated and safeguarded for people with serious mental illness in Cwm Taf. The Rhondda, Cynon Taf citizen advice bureau has advised 341 service users and carers, achieving financial gains in of nearly £186,000 and dealing with debts totalling over £400,000.
Housing and accommodation

The Housing Act (Wales) 2014 received Royal Assent in September 2014. Key elements include:

- Introducing a compulsory registration and licensing scheme for private rented sector landlords and letting and management agents
- Reforming homelessness law, including placing a stronger duty on local authorities to prevent homelessness and allowing them to use suitable accommodation in the private sector
- Introducing standards for local authorities on rents, service charges and quality of accommodation.

We are working closely with local government to implement the Act and we will issue a draft code of guidance to support its implementation for consultation before the end of 2014.

Supporting People. The Welsh Government has been working closely with colleagues from the statutory and voluntary sectors to ensure that we have a better understanding of the outcomes for Supporting People. We now have aggregate outcomes data for over 32,000 people using services, including more than 3,300 people with a mental health support needs. The Welsh Local Government Association and Cymorth Cymru are supporting us to make further improvements to this data collection system.

Six regional collaborative committees across Wales, are working with local authorities to advise on the best way to provide Supporting People services. During the past 12 months each regional collaborative committee has put in place a service user framework which outlines how people can be involved in decision making. These frameworks are being reviewed by the Supporting People National Advisory Board.

Supporting vulnerable people with mental health needs to find and keep a home. We recognise that much more can be done to help people by better co-ordinating existing housing and accommodation services. Last year a multi-agency task group came together under the Effective Services for Vulnerable Groups’ Board. Its report, Helping People with Mental Health Problems to Find and Keep a Home was published in September 2014. It makes recommendations at a strategic level, and for action to improve effectiveness at an operational service level. It builds on earlier work, offering practical examples to increase the pace of change to implement preventative approaches. Many of the recommendations can be achieved without additional resources, or be less resource intensive than current arrangements.

- All registered social landlords in North Wales and 3 of the local authorities have introducing a single access route to housing known as SARTH. This removes the current need for people to make multiple applications for housing. Registered social landlords in this area also make arrangements for a home visit to any new tenants to extra care schemes to offer welfare benefit advice.

- Family Housing Association Wales Ltd has a total of 565 homes providing a range of housing related services to older people in south west Wales. In response to the increasing tenant profile with dementia they have developed a; Dementia strategy and action plan. This will influence the organisational ethos, the actions of staff and
the environment in which tenants reside to assist people with dementia to live well.

Physical health of people with mental health problems

Our progress within primary care is set out within section 4.2 of this report. The Royal College of Psychiatrists is running a campaign across the UK to achieve a *parity of esteem* between physical and mental health- valuing mental health equally with physical health. The initial report *Whole-Person Care: From Rhetoric to Reality*, published in June 2013, highlights the inequalities that currently exist between physical and mental health care and makes recommendations for how parity for mental health might be achieved.

- The **Eating disorders team** in Cardiff and the Vale UHB has a consultant physician working with them part time to ensure that their patients have an experienced clinician reviewing their physical health needs.

"Let's Get Physical!...". This major third sector campaign run by service users and carers themselves sets a challenge – both to service users and carers, and to service providers and policy makers – to radically improve the physical health of people with a mental illness and their carers. "Let's Get Physical!..." is a practical example of empowering people with a mental illness and their carers to take better care of their physical health, setting their own goals for diet, physical exercise and getting the right medical support. Through Hafal projects throughout the summer of 2014, 22 county events have engaged over 15,000 service users and carers across Wales, giving them the opportunity to get a physical health check from a qualified healthcare professional, take part in physical activities and have a go at preparing Healthy meals. The campaign is supported by Hafal, with its partners Bipolar UK and the Mental Health Foundation and Diverse Cymru, and has helped to ensure the campaign reaches out to minority and disadvantaged communities.

The campaign reached its climax in October, on World Mental Health Day, with the launch of Hafal's new *Let's Get Physical!* guide for mental health services on how to promote physical health, based on the experiences and insights of hundreds of service users and carers across Wales and a *Let's Get Physical!* website for mental health services providing tools and information on promoting physical health.

- As part of the 'Let's Get Physical!' campaign, nurses provided a physical health check to people with a serious mental illness at 22 local events. 8% of people checked were found to have above threshold blood pressure, and 35% of people above threshold blood glucose levels. All clients were given advice about where to receive support, and where appropriate advised to see their GP immediately.

- The **all stars football team** has been recruited from local users of the mental health rehabilitation service in Cwm Taf. The team has achieved a number of accolades including becoming the runners-up in the street football of Wales finals and having a team member selected for the street football world cup hosted in South America in November.
Early years, school, education and training

Multi agency working, with the child or young person at its centre, is crucial to support the health and well-being of children and young people. This is being taken forwards in a number of ways:

**Qualified for Life.** Our plan to improve education and ensure all learners in Wales benefit from excellent teaching and learning was launched in October 2014. *Qualified for Life – an education plan for 3 to 19 year old in Wales*, sets out the Welsh Government’s vision and aims for education up to 2020 and outlines 4 strategic objectives that will help deliver improvements in the sector. These centre around a strong workforce, an engaging curriculum, internationally respected qualifications and education leaders working together to drive up standards.

The plan reinforces our key education priorities of raising standards in literacy and numeracy and breaking the link between deprivation and low attainment.

**Early years and childcare plan.** We are continuing to deliver on the commitments that were included in *Building a Brighter Future: Early Years and Childcare Plan (2013).* The plan brings together priorities, policies and programmes that impact on or influence children and families in the early years and plans for improvement across a number of government departments. The achievements made in the first year since its launch were published in the first *Annual Progress Report* in July 2014 which also sets out key priorities for the coming year. These include the implementation of the *Healthy Child Wales* programme, the roll out of guidance that encourages parental engagement and preparation for the introduction of a Bill to support children with young people with additional learning needs.

An *Early Years Outcomes Framework* is currently being developed to support a collaborative approach to delivery. This will allow us to see where our early years policies and programmes are making a difference. It will also help all individuals working across the early years and childcare sector to see and understand the contribution they are making to achieving improved outcomes. We hope that it will provide a useful tool to support planning and evaluation of performance at local level. The framework is currently open to public consultation which will run until mid January 2015.

**Additional learning needs.** Our proposals to introduce a new legislative framework for children and young people with Additional learning needs (ALN) include the introduction of *Individual Development Plans* (IDPs). These plans provide the opportunity for schools to develop a more learner-centred, personalised approach to learning and will require greater multi-agency cooperation. IDPs will be a statutory requirement for learners with ALN, but there is no reason why the principles of the approach should not be applied to all learners. A Bill on ALN will be introduced to the Assembly in summer 2015.

**Looked After Children.** The emerging *Looked after Children (LAC) Strategy*, scheduled to be published in Spring 2015, will reaffirm that the health needs of looked after children are a corporate responsibility, requiring a multi-agency approach across local authorities and health agencies.
The WARM (Widening access, research and mentoring) learning group is working with students in Gwent to improve their mental health and well-being, raise their confidence and aspirations and to develop supported pathways into higher education.

Work and daily activities

Our work in this area is described in detail in section 3.1 of this report.

- 90% of those referred to Gofal pathways to employment project in Caerphilly achieved an outcome that enabled them to take up a volunteering, vocational, educational, training or employment placement with Gofal or a partner organisation.
4.5 Chapter 5 - Delivering for mental health

What are our strategy outcomes?

- Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.
- Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.
- Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Improving, quality and safety through our workforce

Nursing. The experience of Mid-Staffordshire NHS Foundation Trust served as a bleak warning of the consequences of not having a rational, evidence-based strategy to planning nurse staffing levels and the Francis Report was critical of the employer who made staff cuts and skill mix changes without robust management of risk. The observations in the Trusted to Care report on staffing levels confirm the importance of using evidence-based tools along with professional judgement and nurse sensitive indicators in setting staffing levels. This applies to all clinical settings. A series of unannounced spot check visits were undertaken on general hospital wards in June and July 2014 resulting in a Learning from Trusted to Care spot check report, subsequently extended to cover older persons mental health wards in late 2014.

The Chief Nursing Officer and the health board nurse directors have commissioned the mental health senior nurse group to introduce an evidence-based acuity or workforce tool for use in mental health settings. We will assess the acuity tool developed by the Scottish Government in a Welsh setting, through piloting its use in NHS Wales in the next few months. This will inform our next steps towards implementation.

Transforming Care is an example of a quality initiative in Wales that has reaped significant rewards in terms of ward organisation, management and quality patient care using patient outcomes/nurse sensitive indicators.

- Abertawe Bro Morgannwg mental health directorate was a finalist at the National Patient Safety Awards for the successful introduction of the first patient safety care indicators within mental health services in Wales. These indicators are now being considered as part of the work on the introduction of all Wales nursing acuity tool for mental health.

Social care workforce. The Continuing Professional Education and Learning (CPEL) Framework for social workers consists of learning programmes for social workers at different stages of their career. The first intake onto the Experienced Practitioner Programme (EPP) was in October 2014. This is for social workers in their third year of practice and beyond - the biggest group of social workers in Wales. It includes a core, compulsory module on mental health and well-being. This module is designed to enable non
mental health specialists to understand and work with mental health and well-being issues better and to incorporate these issues into the work with people of all ages.

The CPEL Framework for Social Care Managers currently being developed will also include content on mental health and well-being. The Care Council has started work to identify priorities for action for the dementia care workforce. Research into current policies, reports and initiatives is being carried out to draw up ideas about areas for further investigation. This will be followed by conversations with key people and focus groups with people who have experience of, or an interest in, services for people living with dementia.

Learning the lessons. We fund 3 national meetings a year with senior professionals and incident teams within mental health, to learn the lessons from untoward incidents. The meetings provide a safe learning environment, where root causes and lessons learnt can be shared. The wider learning from incidents aims to improve care for patients of all ages, in hospital or the community, and frequently features suicides, homicides, near miss and never events.

The Well-being of our staff. *Working Differently, Working Together*. As part of our implementation project we have delivered a number of products and resources which are being rolled out across NHS Wales to support and improve staff health and well-being. A selection of these tools is listed below.

- **Guidance for Trust and LHB Health & Well-being Web Pages** – to improve staff access to health and well-being information.
- **Caring for Staff: The NHS Wales Staff Psychological Health and Well-being Resource** – an interactive, web based tool that will signpost managers to information and resources that can help them to promote better staff psychological health and well-being.
- **Using the Fit Note; eLearning** – an on-line training resource to enable managers to better use the fit note information.
- **STAR** – a system of peer support, adapted from use within the army, due to be trialled in a number of areas to support staff who deal with stressful and emotional issues.
- **Lighten Up Programme** – a package developed within NHS England, which is being rolled out in a number of organisations that support staff with the psychological well-being.

As part of its health and well-being courses, NHS Wales provides training on recognising signs of stress and anxiety in employees or colleagues at an early stage and to help to de-stigmatise mental health conditions.

- The Welsh Ambulance Service NHS Trust’s new management of stress policy includes proactive stress assessments and guidance for managers and staff. A mental health practitioner supported the development of the STAR stress and protocol and procedure. 14 STAR supporters have been trained in 2 pilot areas.

Supporting the implementation of Together for Mental Health

National Core Dataset. Establishing a National Mental Health Core Dataset to standardise the data collected at an individual service user level is a priority action within the delivery plan. The first phase of this complex project is now complete and the initial data set consists of 3 key elements:
• Demographic data, including equality information
• Data on an individual’s presenting problems and needs
• “Service lens outcomes” data to enable service users to monitor and report their views on achievement of their agreed outcomes.

Following pilot work with service users of all ages and across all care settings, we have rolled out this project for implementation testing. Officers from the 1000 Lives Service Improvement Team within PHW are working with each health board to develop local implementation plans for roll-out from December 2014. The learning from this will be reported in June 2015 when we will assess the ability of the service to routinely collect this data and refine the dataset based on the learning from this phase.

This is an important step forward in helping us to better understand demand and activity and to enhance the effectiveness of mental health services across Wales in meeting the needs of service users.

**Investment in mental health services.** We set out the minimum funding health boards should spend on mental health through the “mental health ringfence” within their overall financial allocation. After listening to the views of third sector partners and service providers we have brought forward our planned review of these arrangements to link them more closely to the outcomes in *Together for Mental Health*. Following a tendering process have commissioned an independent organisation to develop recommendations for the Minister. Price Waterhouse Coopers, who are undertaking this work, will shortly be issuing their call for evidence to ensure that they can listen to as many views as possible.

**Research and development.** Following the G8 summit in January 2014, it was announced that Cardiff University will lead the Medical Research Council’s new £16 million *UK Dementias Research Platform* (UKDP), to initiate new approaches in the detection, treatment and prevention of dementia. This partnership builds on over £10 million existing UK and European research funding, secured by scientists in Wales to understand the causes of dementia through genetic, epidemiological and big data approaches. Information from these studies will provide scientists with the best evidence yet for why the disease develops and the degrees of risk it poses to different individuals. This will help them to identify new genetic and lifestyle risk factors, and the factors that reduce risk, leading to a better management of the condition for future generations.

Researchers at Bangor University have also been awarded £4 million to lead the ‘*Improving the experience of Dementia and Enhancing Active life: Living well with Dementia*’ (IDEAL) project. This is a five-year UK wide collaborative study of 1,500 people with dementia and their family and carers. Researchers will investigate how social and psychological factors affect the way in which people adapt to the effects of dementia and the challenges it presents, and how this changes over time as dementia progresses. The aim is to better identify at what stage individuals, communities, health and social care practitioners, care providers and policy-makers can intervene to improve the likelihood of living well with dementia.

• Abertawe Bro-Morgannwg health board is adopting a thematic learning programme around *Recovery into practice* for mental health workers and for family members and
people with lived experience. Using an action learning cycle a dedicated multi-agency
group is identifying the action needed to create a robust recovery based culture. A
whole system 3 year programme is being planned to embed this learning into the
wider mental health service.

- Spend to save initiatives have funded work on **psychiatric liaison services** in Cwm
  Taf. This aims to provide evidence for reductions in length of stay and re-admissions
resulting in bed reductions and cost savings. From a patient perspective it looks to
demonstrate improvements in: patients’ mental health, satisfaction with care and return
to independent living for the elderly.
5.0 Conclusion

This is Welsh Government’s second annual report on Together for Mental Health. It sets out progress made over the last 12 months in delivering the high level cross-governmental outcomes of the strategy and in implementing the actions set out in the 2012-16 Delivery Plan.

Progress must continue over the next 12 months, with our priorities for action including the following:

**Child and Adolescent Mental Health Services.** The Child and Adolescent Mental Health Services: Follow-up Review of Safety Issues demonstrates the importance of taking effective action to tackle risk and the needs of vulnerable young people. We will be reviewing the future shape and function of CAMHS to ensure that they meet the principles of prudent healthcare. This process will commence with a Ministerial-led discussion in February 2015.

**The Mental Health (Wales) Measure and associated legislation.** Attention will be focused on the delivery of valid and meaningful Care and Treatment Plans, improved outcomes for service users and their ongoing engagement in service delivery and design. With that in mind, we will be publishing the first Duty to Review report into its implementation. Work will continue to streamline the Deprivation of Liberty Safeguards process in a way that meets the rights and needs of service users. A revised Mental Health Code of Practice will also be developed, and we will work to further raise awareness and embed the principles of the Mental Capacity Act.

**Psychological Therapies.** We will continue to monitor that health boards are using the additional monies provided by Welsh Government to develop, and improve access to, evidence-based psychological therapies.

**Dementia.** Concerted efforts to improve rates of diagnosis will continue.

**Older people.** The learning from our spot checks of elderly mental health in-patient units will help us identify best practice from which all services can learn, continuing our focus on safety, dignity and sensitive, effective treatment.

**Suicide and self-harm.** Our consultation on Talk to Me 2, the Welsh Government’s updated strategy to reduce rates of suicide and self-harm, will conclude in early 2015. A five-year strategy will be developed and published following this exercise.

These, and the issues raised by National Forum members, set out in the introduction to this report, will inform our development during 2015 of the next three-year Delivery Plan.
### Annex 1

#### Membership of the National Mental Health Partnership Board
(as at November 2014)

<table>
<thead>
<tr>
<th>Representing</th>
<th>Name</th>
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<tbody>
<tr>
<td>Director of Corporate Services and Partnerships, Department of Health and Social Services, Welsh Government (Chair)</td>
<td>Jo Jordan</td>
</tr>
<tr>
<td>All-Wales Mental Health Promotion Network</td>
<td>Sir Professor Mansel Aylward</td>
</tr>
<tr>
<td>All-Wales Senior Nurses Advisory Group (Mental Health)</td>
<td>Grace Samson</td>
</tr>
<tr>
<td>Applied Psychologist in Healthcare Specialist Group</td>
<td>Benna Waites</td>
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<tr>
<td>Association of Directors of Social Services</td>
<td>Neil Ayling</td>
</tr>
<tr>
<td>Association of Chief Police Officers</td>
<td>Lorraine Davies</td>
</tr>
<tr>
<td>Carer Member</td>
<td>Junaid Iqbal</td>
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<tr>
<td>Carer Member</td>
<td>Jane Treharne-Davies</td>
</tr>
<tr>
<td>Housing Leadership Cymru</td>
<td>Angie Bowen</td>
</tr>
<tr>
<td>Local Health Board Mental Health Executive Leads</td>
<td>Stephen Harrhy</td>
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<tr>
<td>Mental Health Clinical Leaders’ Group</td>
<td>Dr Mark Winston</td>
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<tr>
<td>National Delivery Group</td>
<td>Peter Max</td>
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<tr>
<td>National Offender Management Service</td>
<td>Rob Heaton-Jones</td>
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<tr>
<td>Royal College of General Practitionans</td>
<td>Dr Mark Boulter</td>
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<tr>
<td>Royal College of Psychiatrists</td>
<td>Dr Clare Lamb</td>
</tr>
<tr>
<td>Service User Member</td>
<td>Carina Edwards</td>
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<tr>
<td>Service User Member</td>
<td>Rhysian Parry</td>
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<tr>
<td>Third sector: Wales Alliance for Mental Health</td>
<td>Ewan Hilton</td>
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<tr>
<td>Third sector: Wales Alliance for Mental Health</td>
<td>Bill Walden-Jones</td>
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<tr>
<td>Third sector: Children and Young People</td>
<td>Desmond Mannion</td>
</tr>
<tr>
<td>Welsh Local Government Association</td>
<td>Steve Thomas</td>
</tr>
<tr>
<td>Youth Justice Board</td>
<td>Dusty Kennedy</td>
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<tr>
<td>Welsh Government: Education</td>
<td>Emma Williams</td>
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<tr>
<td>Welsh Government: Health Improvement</td>
<td>Irfon Rees</td>
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<td>Welsh Government: Housing</td>
<td>Ceri Breeze</td>
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<tr>
<td>Welsh Government: Mental Health &amp; Vulnerable Groups and Office of the Chief Medical Officer</td>
<td>Dr Sarah Watkins</td>
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<tr>
<td>Welsh Government: Mental Health Strategy Lead</td>
<td>Siân Richards</td>
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<tr>
<td>Welsh Government: Office of the Chief Nursing Officer</td>
<td>Jeni French</td>
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<tr>
<td>Welsh Government: Social Services</td>
<td>Albert Heaney</td>
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National Mental Health Forum Statement

Comprising service users and carers, the National Forum provides views on progress to date and priorities for the future. A statement from the Forum follows:

We, the National Mental Health Forum, are committed to representing the views of the people of Wales in the co-production agenda and as a partner in the delivery of Together for Mental Health. As a forum, we exist in relative infancy but have high hopes for the future. We acknowledge the progress achieved so far - in the formation of the forum and appointment of service user and carer representatives - although there is still a long way to go. We are aware this Annual Report aims to give an update regarding the progress of Together for Mental Health, but we believe where progress is not happening, it is extremely important that this be highlighted and acknowledged.

Priorities we have raised over the past year and continue to remain a concern and where we would like to see significant progress are as follows:

**Engagement of Service Users and Carers in the Development and Delivery of Services**

Effective engagement at all levels by those who use services or care for those who do is fundamental. We can see great progress in that the National Mental Health Forum has been established and carer and service user representatives are in place throughout Wales but we are conscious of the need for further investment and improved communication, and processes for this engagement. With regards to this report, we hope next year to co-produce the entire report with partners, rather than have a separate comment. There is also a clear need for more time and funding to allow for truly effective engagement, so people can have their say in a meaningful rather than tokenistic way; this means really listening to what those who have experiences of using services have to say, acting upon this and giving sufficient time and money to the process. This applies at a local level as well as nationally. We are also aware of the many people who come into contact with public services who do not engage and may not be aware of the opportunity to do so; these are perhaps the most important people to reach out to and we hope the work of the forum will be able to achieve this.

**Communication and Transparency**

Communication and transparency should exist at all levels, from professionals working directly with patients to Welsh Government. Where funding is concerned, we must know exactly where it has been invested and the outcomes of this investment. We must have easy access to figures and statistics relating to mental health services, for example, waiting times for services.

**Support for, and the Rights of Carers**

Help for carers must be high on the agenda. It is well known that the work carers do saves public services vast amounts of time and money, and it is therefore only prudent to ensure they are sufficiently supported. Carers would like support with long term strategies, skills and knowledge to help their loved ones to recover and stay well, not only temporary fixes. Carers must be actively involved by professionals in their loved one’s care. The Carers Measure is in place yet we know by speaking to carers, it is not being used and implemented.
Protection of Resources

We would like reassurances that savings made in mental health services are reinvested in mental health services and that there is an opportunity through the ongoing ring fence review to help ensure this. In times of austerity, mental health services have often been the first to lose out, and we want to prevent this from happening.

Access to Services

This is inequitable from area to area. Geographical location should not impinge on one’s chances of recovery, and we should all have access to the services we need wherever we live in Wales. This needs to improve throughout, from specialist services to primary care mental health services. Examples are:

- Psychological therapies - waiting times vary dramatically as do type of services
- Primary care mental health services - implemented as part of the Mental Health Measure Wales
- Specialist services including addressing eating disorders, suicide and self harm prevention, veterans’ needs, forensic services, early intervention and CAMHS
- A need for increased support for people with mental health problems released from custody so that people are not discharged with no support package in place
- Improved support from Community Mental Health Teams, which varies greatly
- Crisis intervention and out-of-hours services
- Prevent people being sent long distances by investing locally or regionally.

We know times are hard but where funding is at risk, consultation must take place rather than services closing without prior warning and leaving people in great difficulty with no support. Finally, prevention is better than cure and where someone is heading towards a foreseeable crisis and they or their carer seek help, they should get the help they need; this way everyone wins, the individual, the carer and public services. Equally this is where services like early intervention can be a prudent option.

The Balance between Primary and Secondary Services

This is a delicate balance and although we are committed to ensuring those at a primary care level get the support they need, this must not be at the expense of those with serious, enduring illnesses. This includes inpatients and those in specialist services. Safe and appropriate discharge arrangements must be in place; in some cases - where people have been left unsupported, socially isolated and dependent on carers only – we know they are not. There must be meaningful day services in place to provide people with social, educational and employment opportunities.

Care and Treatment Planning

The Mental Health Measure mandates health boards to ensure those in secondary services have a care co-ordinator and a holistic care and treatment plan. Although we know figures on the amount of plans that are in place, we have little information on the quality of these plans and how their implementation is working for patients and carers in terms of meaningful outcomes. This is vitally important so that the excellent legislation is used as it should be,
and that plans are dynamic and active and not just another form to be signed.

We know from speaking to service users that some people are unaware they have a Care and Treatment Plan in place. Awareness needs to be raised and the plans must be used for their desired purpose. Also, they must be devised with the individual. It is not good enough for a person to see their psychiatrist every few months with no support in between. Historically, services have been too focussed on certain areas, and it is the individual who must identify what they would like to achieve and which of the eight life areas are most important to them, be it their spiritual life, their accommodation or their financial situation.

A plan must be in place and made with that individual with timescales, not just signed and filed away unused. The clear guidance in the Mental Health Measure Wales Code of Practice must be followed in this respect which will ensure people have effective Care and Treatment Plans and therefore the best chance of achieving their desired goals.

Welfare Reforms

The welfare reforms have had a devastating impact on many people who are in mental health services and as part of care and treatment planning, this aspect of a person’s life should be discussed and planned with a care co-ordinator. Where people have been left unable to support themselves and have had deterioration in their mental health, they should be able to access advice and help on this issue.

As forum members, we are committed to representing the views of the people of Wales. We have noted progress in that there is now recognition that the views of service users and carers do matter. Nevertheless, from our collective experiences, it is apparent that improvements are needed so that these views can be used more effectively to inform the planning and delivery of services. We have been able to agree on priorities and these are addressed above. We know there is a lot of work to do but we would like to see a system in place so that we can look for examples of best practice outside of Wales so that innovative ways of improving and/or maintaining mental health and well-being can be adopted. Having a National Mental Health Forum in place with representatives on local and national boards shows real progress and we acknowledge this as a great start.
Report against Strategy Outcome Measures

Technical Annex 2 of Together for Mental Health sets out a number of measurements against the high-level Strategy Outcome Measures set out below (a-f). This Annex provides assessment against a selection of these.

| a. The mental health and well-being of the whole population is improved. |
| b. The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced. |
| c. Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced. |
| d. Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions. |
| e. Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result. |
| f. The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved. |

1. Children in Workless Households (Outcome a)

There has been a 14.6% reduction in the number of children living in workless households in the last three years of reporting, falling from 100,700 in December 2010 to 86,000 in December 2013.

![Percentage of Children Living in Workless Households](image)

Source: National Statistics Labour Market Statistics for Households (November 2014)

**What will improvement look like?** Improvement will be a further reduction in the number of children living in workless households.

2. Employment and Support Allowance Claims and Mental Health (Outcome a)

In October 2008, Employment and Support Allowance replaced both Incapacity Benefit (IB) and Income Support (paid on incapacity grounds) for new claimants. A complementary programme of reassessments for existing claimants of IB ran from October 2010 to spring 2014 in order to determine their ESA eligibility, and it is this process of transition which...
explains the dramatic increase in the numbers of ESA claims seen in recent years, from around 71,000 in May 2012 to almost 139,000 in May 2014.

The proportion of ESA claims relating to mental ill health in Wales has risen marginally in the last three years, from 44% of the total number of claims in May 2012 to 46% in May 2014.

<table>
<thead>
<tr>
<th></th>
<th>May 2012</th>
<th>May 2013</th>
<th>May 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>70,750</td>
<td>111,440</td>
<td>138,730</td>
</tr>
<tr>
<td>Other</td>
<td>16,220</td>
<td>23,490</td>
<td>28,590</td>
</tr>
<tr>
<td>(24%)</td>
<td>(22%)</td>
<td>(21%)</td>
<td></td>
</tr>
<tr>
<td>Mental and Behavioural Disorders</td>
<td>31,410</td>
<td>50,150</td>
<td>64,230</td>
</tr>
<tr>
<td>(44%)</td>
<td>(45%)</td>
<td>(46%)</td>
<td></td>
</tr>
<tr>
<td>Diseases of the Nervous System</td>
<td>3,080</td>
<td>5,550</td>
<td>7,340</td>
</tr>
<tr>
<td>(4%)</td>
<td>(5%)</td>
<td>(5%)</td>
<td></td>
</tr>
<tr>
<td>Diseases of the Circulatory or Respiratory System</td>
<td>4,150</td>
<td>6,970</td>
<td>8,700</td>
</tr>
<tr>
<td>(6%)</td>
<td>(6%)</td>
<td>(6%)</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal / Connective Tissue</td>
<td>10,760</td>
<td>18,050</td>
<td>21,630</td>
</tr>
<tr>
<td>(15%)</td>
<td>(16%)</td>
<td>(16%)</td>
<td></td>
</tr>
<tr>
<td>Injury, Poisoning, External Causes</td>
<td>5,130</td>
<td>7,240</td>
<td>8,240</td>
</tr>
<tr>
<td>(7%)</td>
<td>(6%)</td>
<td>(6%)</td>
<td></td>
</tr>
</tbody>
</table>

Source: ONS Nomis Website

What will improvement look like? An improvement will be a reduction in the proportion of people receiving Employment and Support Allowance for mental and behavioural disorders, suggesting that fewer people are excluded from the workforce for reasons of mental ill health.

3. Suicide Rate in Wales (Outcome a)

There has been an increase in rates of suicide in Wales for men, from 17.9 per 100,000 of population in 2008-10 to 20.6 in 2010-12, and women, from 4.9 to 5.4 in the same period.

The rate for women in Wales is now higher than England, is comparable with the UK average and considerably lower than in Scotland and Northern Ireland. The rate for men in Wales is higher than in England but lower than in Scotland and Northern Ireland.

Suicides, directly age-standardised rate per 100,000, males and females aged 15+, UK Nations, 2010-2012
Produced by Public Health Wales Observatory, using data from ONS, GROS & NISRA

What will improvement look like? Improvement will be a reduction in the suicide rate per 100,000 of population for both men and women.
4. Emergency Admissions for Self Harm (Outcome a)

With respect to men, the rate per 100,000 of population of emergency admissions citing incidences of self-harm remains broadly static for most age groups, especially those aged 10 to 14 years, 45 to 74 years, and 75 years and older. Rates of self-harm amongst 18 to 24 year olds have dropped considerably since 2005 and have levelled off since 2010. Since 2010 there has been a slight increase in rates of self-harm amongst those aged 15 to 17 and 25 to 44 years.

For females, the 25 to 44 years, 45 to 74 years and 75 years and older rates are relatively stationary, and there has been a detectable decrease amongst those aged 18 to 24 years. Rates of self-harm for those aged 10 to 17 years have risen steeply since 2009-11.

What will improvement look like? An improvement will be a continued reduction in the number of admissions citing self-harm alongside a reduction in the number of people taking...
their own lives. It is a possibility we will see an increase in the number of people being treated for self-harm as a consequence of better identification and the recording of treatment. This too would represent an improvement given the reported rate of self-harm within the population compared to currently recorded interventions.

5. Community Advice and Listening Line Contact Volumes (Outcome e)

The number of contacts with Wales’ Community Advice and Listening Line (C.A.L.L.) rose significantly between 2010-11 and 2011-12, rising from 15,406 to 20,996. Since then, contact volumes have fluctuated, dropping to 19,643 in 2012-13 before rising to 20,664 in 2013-14.

![C.A.L.L. Helpline Data: 2010-11 to 2013-14](image)

Source: Community Advice and Listening Line Call Volumes / Statistics.

What will improvement look like? Improvement will be an increase in the volume of contacts with C.A.L.L., reflecting both increased use of an open service and, potentially, reduced demand for primary and secondary mental health services. Ongoing efforts to raise awareness of the existence and function of C.A.L.L. will continue to have an impact.

6. Mental Health Summary Score SF36 (Outcome a)

The Welsh Health Survey indicates the mean mental health of those aged 16 and above continues to worsen, likely the ongoing impact of a prolonged economic downturn. This worsening is most pronounced amongst those aged 45 to 64 years of age, although the rate of decline is not as acute between 2012 and 2013 as in preceding years.

The mental well-being of those aged 16 to 44 years of age continues to decline, albeit it less slowly, while the health of those 65 years and older continues to improve, a trend sustained from 2010 onwards. Overall, mental health status scores remain lower for women than men.

![SF36: Mean Mental Component Summary Score, by Age](image)

Source: Welsh Health Survey 2013
What will improvement look like? An improvement will be an increase in the SF 36 score, particularly in women and those aged 65 and under, to the international average of 50 or above.

7. Treatment for a Mental Illness (Outcome b)

According to the Welsh Health Survey 2013, 12% of those aged 16 years or older reported being treated for any mental illness, an increase on 11% in 2012. 9% reported treatment for depression, 8% anxiety and 2% any other mental illness.

Women presently report greater rates of need than men throughout the life course, and of the available age groups, those aged 45 to 64 years (both sexes) report a greater incidence of depression (13% compared to 8% for those 16-44 years and 65 years and older).

Source: Welsh Health Survey 2013

What will improvement look like? Improvement will be a reduction in the number of people reporting treatment for mental ill-health as a result of improved treatment outcomes. Such improvements are most likely in those reporting mild to moderate mental ill health, rather than those with a diagnosis of a severe and enduring mental health illness - such as bipolar affective disorder or schizophrenia - where prevalence tends to be similar across countries.

8. Local Primary Mental Health Support Service Assessments (Outcome e)

Established by the Mental Health (Wales) Measure, this service commenced in October 2013 and will continue to bed-in over the life-course of the Strategy.

Source: Welsh Government Collated Local Health Board Statistical Returns

What will improvement look like? Improvement will be consistency in the number of assessments reported. Demand for and the number of assessments is likely to fluctuate until GP surgeries are accustomed to the demands of this new service. High numbers of assessments by primary care will reflect the prevalence of common mental disorders; reduction to a lower steady state would suggest improvements by primary care teams in addressing mental ill-health.
9. Number of People on GP Dementia Registers (Outcome e)

The number of people placed on GP dementia registers continues to rise, year-on-year, from 16,297 in 2010-11 to 18,591 in 2013-14, which equates to a rise of approximately 14%. Being placed on the GP register increases the potential for earlier, timelier interventions and for more effective treatment and support, and allows Health Boards to project demand and configure services accordingly.

![Graph showing number of people on GP dementia registers from 2010-11 to 2013-14]

Source: Quality and Outcomes Framework Data, Welsh Government (November 2014)

What will improvement look like? Improvement will see greater commonality between the number of people recorded on GP dementia registers and projected population estimates for dementia. The number of people on GP dementia registers should therefore increase as rates of diagnosis increase.

10. Mental Health Delayed Transfers of Care (Outcome e)

Between 2011-12 and 2013-14 there has been a reduction of over 17% in the number of mental health patients whose transfer from hospital has been delayed, a reduction in the annual average from 127 to 105.

![Graph showing mental health delayed transfers of care from 2011-12 to 2013-14]

Source: NHS Wales Informatics Service, Delayed Transfers of Care Database

What will improvement look like? Improvement will be the continuation of a downward trend in delayed transfers of care.
11. Percentage of Welsh Service Users in Receipt of Secondary Care with a Valid Care and Treatment Plan (Outcome d)

2014 has seen a continued increase (albeit with minor in-year fluctuations) in the number of mental health secondary care service users in possession of valid Care and Treatment Plans, as required by Part 2 of the Mental Health (Wales) Measure. The number has increased from 84.6% of service users in July 2013 to 91.3% by the end of September 2014, a rise of 6.7%.

![Percentage of Secondary Mental Health Service Users with a Valid Care and Treatment Plan](chart)

Source: Welsh Government Collated Local Health Board Statistical Returns

**What will improvement look like?** Improvement will be continued achievement of the 90% target (of Welsh secondary service users in possession of a valid Care and Treatment Plan). The figure was set at 90% to allow up to 6 weeks for services to develop an appropriate and meaningful plan for new users of secondary care.

12. Fundamentals of Care Audit (Outcome f)

The Fundamentals of Care Audit is used to identify operational and service user satisfaction against five key standards.

Standard 1 regarding communication and information asks respondents to comment on the performance of services in offering full information about care in a language and manner sensitive to the patient’s needs.

Standards 2 and 5 relate to respect for people and relationships, and the Audit is designed to enquire to the extent services protect human rights, privacy and informed choice at all times, and encourage the patient to maintain involvement with family, friends and others, in accordance with the patient’s wishes.

Standard 3 focuses on ensuring safety, specifically the extent to which the patient’s health, safety and welfare is promoted and protected, and risks are identified, monitored and, if possible, reduced or prevented.

Finally, Standard 4 relates to the promotion of independence, specifically that the care the patient receives makes the most of ability and the individual’s desire to care for oneself.

As regards the operational perspective, the 2013 Audit demonstrates satisfaction at the same level for Standards 1 and 4 as in 2012. Operational satisfaction with Standards 2 / 5
and 3 has dropped, from 83% to 78% and 91 to 88% respectively. Service user satisfaction with Standards 1 and 4 has decreased marginally, from 98% to 93% and 95% to 94% respectively; responses to Standards 2 / 5 and 3 are more favourable than in 2012, rising from 94% to 96.5% and 96% to 97%.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Operational View</th>
<th>Service User View</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Communication and Information</td>
<td>86% 86%</td>
<td>98% 93%</td>
</tr>
<tr>
<td>2 / 5: Respecting People and Relationships</td>
<td>83% 78%</td>
<td>94% 96.5%</td>
</tr>
<tr>
<td>3: Ensuring Safety</td>
<td>91% 88%</td>
<td>96% 97%</td>
</tr>
<tr>
<td>4: Promoting Independence</td>
<td>88% 88%</td>
<td>95% 94%</td>
</tr>
</tbody>
</table>

Source: Fundamentals of Care Audit 2013

What will improvement look like? Improvement will look like increased rates of operational and service user satisfaction with the five constitutive standards of the Audit.

13. Number of 16-24 Year Olds Not in Employment, Education or Training (Outcome a)

Education, training, employment and other meaningful activities are of critical importance to mental well-being, both of the individual and country as a whole.

Provisional National Statistics have revealed the proportion of 16 to 18 year olds in education or training increased between 2012 and 2013, as did the proportion of those in employment; the numbers not in education, training nor employment (NEET) decreased.

As regards 19 to 24 year olds, the proportion in education, training and employment increased, and the number of young people who are NEET fell. Please note that young people can be in education / training and employment.

The Youth Engagement and Progression Framework and supporting implementation plan was published in October 2013. The Framework outlines the Welsh Government’s approach to reducing the number of young people aged 11 to 25 who are not engaged in education, employment or training (NEET).

The purpose of the Framework is to provide a systematic mechanism for local authorities to identify those in need of support, to establish the support available, and to track the progress of young people as they make the transition from education into further education or employment.
What will improvement look like? An improvement will be a further reduction in the number of NEETs in Wales, with a complementary increase of the number in education, training or employment.

14. Flying Start Children Reaching Developmental Milestones at Year 3 (Outcome a)

Many mental health problems stem from the early years experience, and are often the result of deprivation, including poverty, insecure attachments, trauma, loss or abuse.

The Welsh Government’s flagship targeted early years programme, Flying Start provides assistance to families with children less than 4 years of age in some of the most deprived areas of Wales. Core elements include free quality, part-time childcare for 2 to 3 year olds; an enhanced health visiting service; access to parenting programmes; and early language development.

Children assessed at 3 years of age (i.e. 35 to 37 months) to establish whether they are reaching their developmental milestones. Welsh Government Flying Start Data Monitoring Returns reveal 55% met the anticipated milestones in both 2012-13 and 2013-14.

What will improvement look like? An increase in the number of Flying Start participating 3 year olds reaching anticipated developmental milestones.

15. Settings meeting National Healthy and Sustainable Pre School Scheme Award Criteria (Outcome a)

Our Healthy Future, which articulated Welsh Government ambitions relating to public health, advocated the extension of the Welsh Network of Healthy School Schemes into the pre-school settings, acknowledging increasing evidence that early intervention is key if improved health outcomes are to be delivered. Consequently, a Healthy and Sustainable Pre-school Scheme Framework was developed encompassing indicators relating to, amongst other things, nutrition and oral health, physical activity, mental and emotional health and well-being and relationships.
As at September 2014, there are 4,003 pre-school settings across Wales, including registered child minders, full day care, sessional day care, crèches and open access play provision. Of those 4,003 settings, 581 (approximately 15%) are actively engaged with the scheme and 329 (57% of those settings engaged with the scheme, or 8% of all such settings) have completed at least one aspect of the Healthy and Sustainable Pre-School Scheme.

Source: Welsh Government Statistics

**What will improvement look like?** An increase in the proportion of pre-school settings meeting Healthy and Sustainable Pre-School Scheme criteria.

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**16. National Exercise Referral Scheme Uptake (Outcome a)**

Launched, in phases, from 2007, the National Exercise Referrals Scheme (NERS) acknowledges the benefits to health of a physically active lifestyle and the impact on, for example, mental health and well-being of a broadly sedentary lifestyle.

The NERS makes available local authority embedded Exercise Co-ordinators and (EC) and Exercise Professionals (EP) to deliver tailored subsidised 16-week activity programmes in local leisure facilities. Participants must be sedentary and have at least one medical condition, which can include a diagnosis of mental ill-health.

Whilst the number of referrals has increased in recent years, there has been a slight decrease in the number entering and / or completing the 16-week programme. Furthermore, the numbers attending a 52-week consultation appointment have also fallen.

In 2012-13, 27,338 individuals were referred, compared to 29,427 in 2013-14 (an increase of approximately 8%). In the same period, the number attending consultations rose by 0.4% from 18,884 to 18,927.

As regards those who entered the 16-week programme, there has been a marginal decrease of 0.4%, from 16,409 in 2012-13 to 16,345 in 2013-14.

Those numbers of those completing the course have fallen by 6%, from 9,266 in 2012-13 to 8,719 in 2013-14. This decrease is also reflected in a 7% fall in those attending the 52 appointment: 3,493 in 2012-13 compared to 3,252 in 2013-14.

Source: Welsh Local Government Association

**What will improvement look like?** Improvement will be an increase in the numbers referred and the proportion of that number who successfully complete the 16-week programme.

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**17. Smoking Cessation Rates (Outcome a)**

Together for Mental Health acknowledges the importance to good mental health of physical well-being and an active, health lifestyle, and efforts to encourage smoking cessation by Health Boards are crucial to wider public health outcomes.

The percentage of Welsh resident smokers who have attempted to quit via Smoking Cessation Services remain especially low (approximately 0.5% of the cohort) but the
proportion of those who have attempted and successfully refrained from smoking for 4 weeks (established through carbon monoxide validation) is increasing.

![Percentage of Welsh Resident Smokers Validated as Having Quit at Four Weeks](image)

Source: Welsh Government Tobacco Policy Team

**What will improvement look like?** Increased numbers of those attempting to stop smoking, and an increase in the proportion of those who have successfully stopped after 4 weeks.

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18. **Public Sector Bodies with Domestic Abuse Workplace Policies (Outcome b)**

Traumatic experiences such as abuse by one’s partner or other family member can have a marked impact on one’s well-being and mental health.

42 public sector bodies in Wales – responsible for disbursing approximately 80% of the Welsh Government budget - have workplace policies on gender-based violence, domestic abuse and sexual violence. The number presently includes all local authorities and health boards, Public Health Wales, the Welsh Ambulance Services Trust, police and fire and rescue services, Natural Resources Wales, Welsh Council for Voluntary Action and the Probation Service.

Source: Welsh Government

**What will improvement look like?** An improvement will be an increase in the number of such organisations, and a complementary increase amongst private sector organisations. This will help ensure individuals at risk of emotional or physical domestic violence will have improved sources of information and advice on how they might best act.
19. Supported Housing Placements and Mental Health (Outcome b)

The Supporting People programme provides housing related support to help vulnerable people in Wales to live as independently as possible and is offered to a range of individuals, including those whose mental ill health necessitates additional support. Funding decisions are the responsibility of local authorities.

Despite pressures on public spending, there has been a decrease of only 0.4% in the provision of mental health related supporting people units across Wales. In 2013-14, local authority supporting people teams planned to spend approximately £14,500,000 on 2,235 units of support for people with mental health needs. In 2014-15, this is to drop to collective expenditure of £14,300,000 on 2,227 units.

It is noted that there is a small reduction in the funding committed by Local Authorities for Mental Health services provided under the Supporting People services. However, it should be noted that whilst the level of funding has gone down by £250,000 there is only a reduction of 8 units of support. Regional Collaborative Committees, working with local authorities, are responsible for commissioning decisions across Wales there is a complex relationship between levels of funding and services available.

Source: Welsh Government

What will improvement look like? Sustained investment at comparable levels in future years.

20. Looked After Children Placements (Outcome a)

The total number of looked after children has remained relatively constant in recent years at 5,721, 5,764 and 5,756 on 31 March 2012, 2013 and 2014 respectively. The percentage of that number with three or more placements during the given year also remains broadly static, albeit with minor fluctuations across the years: 9%, 10% and 8% in 2011-12, 2012-13 and 2013-14 respectively.

![Number of Looked After Children with Three or More Placements](chart)

Source: SSDA 903 (Welsh Government)

What will improvement look like? A reduction in the number of looked after children and the proportion of that number with three or more placements in any given year, encouraging greater stability for a greater proportion of such children and, in turn, one would expect, improved well-being.
21. Carer Assessments (Outcome b)

The number of carers of adults aged 18 years and older and offered an assessment or review of their own needs has remained for the most part stationary: 16,810 in 2011-12, 18,011 in 2012-13 and 18,195 in 2013-14. The percentage of that number assessed or re-assessed in their own right too remained broadly stable: 42% (6,978) in 2011-12, and 39% in both 2012-13 and 2013-14 (6,968 and 7,163).

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>42% (6,978)</td>
</tr>
<tr>
<td>2012-13</td>
<td>39% (6,968)</td>
</tr>
<tr>
<td>2013-14</td>
<td>39% (7,163)</td>
</tr>
</tbody>
</table>

Source: PM2 Collection, Performance Management of Adult Services (Welsh Government)

What will improvement look like? An increase in the number of carers offered, and who choose to undertake, assessments of their own needs in any given year. This will make possible more effective identification (and resolution) of those issues that impact negatively on their own mental health.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPO Cymru</td>
<td>Association of Chief Police Officers - Cymru</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>ALN</td>
<td>Additional Learning Needs</td>
</tr>
<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td>AWVHWS</td>
<td>All Wales Veterans Health and Well-being Service</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>BMJ</td>
<td>British Medical Journal</td>
</tr>
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<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CIAs</td>
<td>Community Integrated Assessment Service</td>
</tr>
<tr>
<td>CPEL</td>
<td>Continuing Professional Education and Framework</td>
</tr>
<tr>
<td>CTP</td>
<td>Care and Treatment Plan</td>
</tr>
<tr>
<td>CRHT</td>
<td>Crisis Resolution Home Treatment</td>
</tr>
<tr>
<td>DES</td>
<td>Directed Enhanced Service (under the General Medical Services contract)</td>
</tr>
<tr>
<td>DWP</td>
<td>Department for Work and Pensions</td>
</tr>
<tr>
<td>ED</td>
<td>Eating Disorder</td>
</tr>
<tr>
<td>EPP</td>
<td>Experienced Practitioner Programme</td>
</tr>
<tr>
<td>ESF</td>
<td>European Social Fund</td>
</tr>
<tr>
<td>FEP</td>
<td>First Episode Psychosis</td>
</tr>
<tr>
<td>HIW</td>
<td>Health Inspectorate Wales</td>
</tr>
<tr>
<td>IDPs</td>
<td>Individual Development Plans</td>
</tr>
<tr>
<td>IFSS</td>
<td>Integrated Family Support Services</td>
</tr>
<tr>
<td>IMHA</td>
<td>Independent Mental Health Advocate</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Children</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disability</td>
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<tr>
<td>LHB</td>
<td>Local Health Board</td>
</tr>
<tr>
<td>LPB</td>
<td>Local Partnership Board</td>
</tr>
<tr>
<td>The Measure</td>
<td>Mental Health (Wales) Measure 2010</td>
</tr>
<tr>
<td>MCA</td>
<td>Mental Capacity Act</td>
</tr>
<tr>
<td>MHFA</td>
<td>Mental Health First Aid</td>
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<tr>
<td>MRC</td>
<td>Medical Research Council</td>
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<tr>
<td>NCMH</td>
<td>National Centre for Mental Health</td>
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<tr>
<td>NICE</td>
<td>National Institute of Health and Care Excellence</td>
</tr>
<tr>
<td>NISCR</td>
<td>National Institute for Social Care and Health Research</td>
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<tr>
<td>NPB</td>
<td>National Mental Health Partnership Board</td>
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<tr>
<td>NPTMC</td>
<td>National Psychological Therapies Management Committee</td>
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<tr>
<td>PD</td>
<td>Personality Disorder</td>
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<tr>
<td>PCMHSS</td>
<td>Primary Care Mental Health Support Services</td>
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<tr>
<td>PHW</td>
<td>Public Health Wales NHS Trust</td>
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<tr>
<td>PIG</td>
<td>Policy Information Guidance</td>
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<tr>
<td>PIP</td>
<td>Personal Independence Payment</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>--------------</td>
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<tr>
<td>PSE</td>
<td>Personal and Social Education</td>
</tr>
<tr>
<td>PTMC</td>
<td>Psychological Therapy Management Committee</td>
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<tr>
<td>RCN</td>
<td>Royal College of Nursing</td>
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<tr>
<td>THB</td>
<td>Teaching Health Board</td>
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<tr>
<td>TTCW</td>
<td>Time To Change Wales</td>
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<td>UHB</td>
<td>University Health Board</td>
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<tr>
<td>UK DP</td>
<td>UK Dementias Platform</td>
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<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<tr>
<td>WAMH in PC</td>
<td>Wales Mental Health in Primary Care</td>
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<tr>
<td>WAO</td>
<td>Wales Audit Office</td>
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<tr>
<td>YJB</td>
<td>Youth Justice Board</td>
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<tr>
<td>YOI</td>
<td>Youth Offenders Institute</td>
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<tr>
<td>YOT</td>
<td>Youth Offending Teams</td>
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