

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Well-being Cabinet Board

10th June 2019

**Report of the Director of Social Services Health and Housing –
A. Jarrett**

Matter for Decision

Wards Affected:

All Wards

West Glamorgan Regional Strategic Framework for Mental Health Services for Adults

Purpose of the Report:

To request approval from Members to endorse Our Strategic Framework for Mental Health Services for Adults (“Strategic Framework”) (appendix 1).

Executive Summary:

The Strategic Framework has been developed through co-production with key stakeholders to identify an optimum model for adult mental health services. The intention is that the three West Glamorgan partners will use this strategic framework to underpin the development of services across the West Glamorgan area.

Background:

The Complex Care Commissioning Board (“the Commissioning Board”) was part of the Western Bay partnership, membership of which included Neath Port Talbot County Borough Council (“the Council”), Swansea Bay University Health Board (“SB UHB”), the City and County of Swansea (“CCoS”) and Bridgend County Borough Council (BCBC).

The Commissioning Board agreed that it would be beneficial to develop a strategic framework for adult mental health services, which would describe the optimum model for these services. The intention is that the three West Glamorgan partners will use this strategic framework to underpin the development of mental health services across the West Glamorgan area.

Development of the Strategic Framework was progressed through co-production with those who have experience of using mental health services, those who care for someone with mental ill health and key professionals (please see Consultation section). The result of this work is a Strategic Framework that aligns the Western Bay partner's (now West Glamorgan) approaches with the priorities identified by our stakeholders.

Following the consultation and engagement process, discussions took place with the Directors of the former Western Bay partnership to outline the key findings from the engagement and consultation process. An optimum model working group was established between the Western Bay partners to map current work undertaken by the Western Bay partners and see how this aligned with the service model arising from the engagement. In these discussions commitment was confirmed to the following way of working:

- Agreement across all agencies that views shared through the engagement process must influence the strategic framework and the priorities arising from it;
- All organisations agreed that they do not want to continue to oversee a system which provides services that result in the negative experiences consistently related though the engagement process;
- A clear commitment to change services and their focus and to address the attitudes and behaviours which people have told us can be such a barrier to them accessing the support they need.

The draft Strategic Framework was received following feedback from the engagement and consultation process. The final document outlines the need to transform our current model of service, which requires formal project management support. Integrated Care Fund monies have been successfully secured to employ a project manager.

Subsequently, the Welsh Government lead for Mental Health requested a presentation on the methodology used to develop the Strategic Framework and commended West Glamorgan on its process.

The approval process for the Strategic Framework is outlined below:

- 21st September 2018 – approval by the Complex Care Commissioning Board;
- 27th September 2018 – approval by the Together for Mental Health Local Partnership Board;
- 3rd October 2018 – approval by Abertawe Bro Morgannwg University Health Board's (ABMU HB) (now SB UHB) Senior Leadership Team
- 11th October 2018 – approval by the Western Bay Programme Team;
- 30th October 2018 – approval by the Western Bay Regional Programme Board;
- 29th November 2018 – approval by ABMU HB
- 18th April 2019 – approval by CCoC Care, Health and Ageing Well Cabinet Board

Financial Impacts:

Whilst there are no immediate financial impacts arising from this report, implementation of the Strategic Framework may require financial investment into mental health services. Any future investment in mental health services will be in line with the Council's Forward Financial Plan.

Integrated Impact Assessment:

A First Stage Impact Assessment has been undertaken (Appendix 2), this has identified that there is no need for a full impact assessment. The reason for this is that although the Strategic Framework will have an impact on people with protected characteristics, this impact will be positive as the intention of the Strategic Framework is to improve people's experiences.

Valleys Communities Impacts:

No Impact

Workforce Impacts:

Endorsement of the Strategic Framework will have no workforce impacts. If the implementation of the optimum model results in workforce impacts at a later stage, this will be considered and reported to Personnel Committee.

Legal Impacts:

The endorsement of the Strategic Framework has no legal implications. Implementation of the Strategic Framework will support the Council in discharging its duties under the following legislation

- Mental Health Act 1983;
- Mental Health (Wales) Measure 2010;
- Social Services and Wellbeing (Wales) Act 2014;
- Future Generations (Wales) Act 2015.

Risk Management Impacts:

No impact.

Consultation:

Significant consultation and engagement has taken place in the development of the Strategic Framework. The approach to consultation and engagement was co-designed and co-produced with the elected service user and carer representatives from the ABMU HB Together for Mental Health Local Partnership Board, using the “In Your Shoes” methodology.

Thirteen half-day events were held across the ABMU HB Western Bay area. Each of these sessions were split into two sections. In the first

section service users and carers were paired with a “listener”, who was a member of staff from one of the Western Bay partner organisations, in order to understand people’s experiences and what they felt could have made a positive difference to these experiences. The second section focused on grouping together the themes arising from the first section.

The ABMU HB Community Health Council attended the above events and spoke to attendees in order to ascertain their views on the process. The evaluation report is located at Appendix 3.

In addition to these sessions, the same key theme issues were discussed in the following group settings:

- Taith Newydd (low secure) patient groups;
- SUN group (Bridgend support group for people with long term enduring mental health conditions);
- Swansea Mental Health Voluntary Sector Forum (provider group);
- Swansea Carers Mental Health Group (support group for carers of people with mental health conditions);
- Deaf Focus Group (group of people for whom British Sign Language is their first language);
- The Western Bay Substance Misuse Service User Forum (service user forum for people with experience of substance misuse).

A total of 105 people gave up their time to attend the events, in addition approximately 170 people were involved in giving their views through a mixture of online surveys, the above group discussions or written submissions.

Two feedback sessions were held in which all those involved in the engagement were invited to hear us provide feedback on the themes highlighted through the engagement process and to give them a opportunity to:

- Check they recognised the issues raised from their own experiences;

- Inform us if any issues had been described inaccurately, misrepresented or if any issues were missing;
- Identify in groups the top three things that would make the most difference to their experience; these were:
 - Change culture and attitudes;
 - Enable and empower people to make their own decisions;
 - Move from a medical to a psycho-social model of support

The main findings from the engagement and consultation process is located at Appendix 4.

Recommendations:

It is recommended that Members approve the West Glamorgan Regional Strategic Framework for Mental Health Services for Adults: Our Strategic Framework for Mental Health Services for Adults.

Reasons for Proposed Decision:

The Strategic Framework will help to ensure that the Council is best placed to work with its West Glamorgan partners to deliver the optimum model of service, as developed with service users, carers and professionals. The optimum model will support the Council in further improving experiences for people requiring mental health services, their carers and families and to ensure that we have a forward thinking psycho-social model of support.

Implementation of Decision:

The decision is proposed for implementation after the three day call in period

Appendices:

Appendix 1: Our Strategic Framework for Mental Health Services for Adults.

Appendix 2: First Stage Impact Assessment.

Appendix 3: 'So Tell us what you Think' events – ABMU HB Feedback Report.

Appendix 4: Themes from Mental Health Engagement

List of Background Papers:

None

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Appendix 1: Our Strategic Framework for Mental Health Services for Adults



Our Strategic Framework for Mental Health Services for Adults

Final Draft

20.9.18

1. Introduction

In May 2017 ABMU Health Board, Bridgend County Borough Council, Neath Port Talbot County Borough Council and Swansea Council agreed that they would develop a strategic framework for mental health services for adults. This would be used to ensure there was a clear direction for these services going forward. As part of this, meaningful engagement with users of services and their carers / families plus those who have tried to access our services was felt to be crucial to ensure that this framework addressed the issues which our population face when trying to get support from our services.

This draft strategic framework has been developed by the above four organisations, based on evidence about what works best and what our service users and their carers / families have told us needs to improve and change.

2. Background

The Social Services and Well-being (Wales) Act 2014 came into force on 6th April 2016. It contains some fundamental principles:

Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being

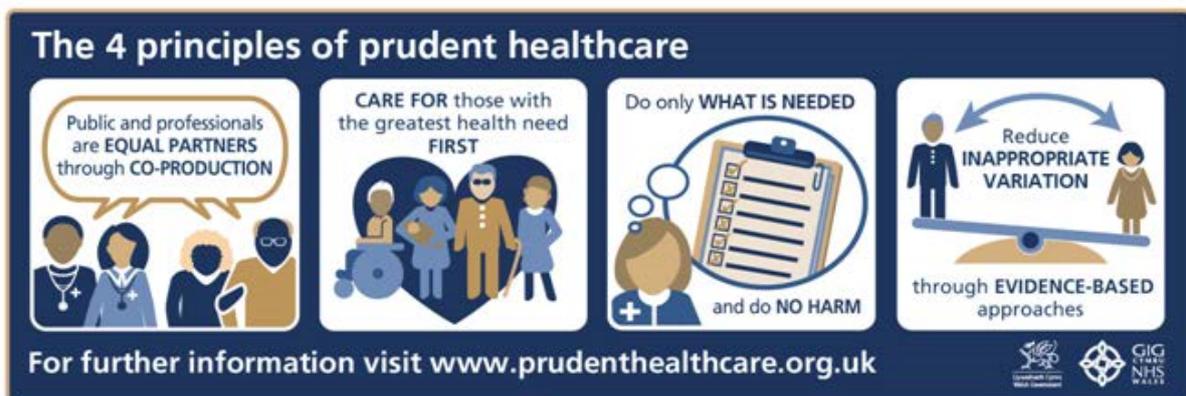
Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need

Well-being – supporting people to achieve their own well-being and measuring the success of care, help and support available

Co-production – encouraging individuals to become more involved in the design and delivery of services

These principles are fundamental to this Strategic Framework and reflect the issues raised by service users and their carers in the engagement carried out to inform this work, as outlined in section 5 below.

Prudent healthcare was endorsed by the Minister for Health and Social Services in January 2015. The four principles of prudent healthcare are detailed overleaf:



- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less, and do no harm
- Reduce inappropriate variation (inappropriate differences between the help and support available to different people) using evidence based practices consistently and transparently

Again these principles are also fundamental to this Strategic Framework, and are consistent with the issues and priorities raised through the engagement with service users and their carers.

3. Level of Need

The following facts have been provided by the Mental Health Foundation through their 'Mental Health in Wales Fundamental Facts 2016' paper:-

- 13% of adults (aged 16 and older) living in Wales were reported to have received treatment for a mental health problem, an increase from 12% reported in 2014.
- A higher percentage of women report being treated for a mental health problem than men (16% vs 10%). Mental health problems affect more than 1 in 10 women during pregnancy and the first year after childbirth, and can have a devastating impact on new mothers and their families.
- The overall cost of mental health problems in Wales is an estimated £7.2 billion a year
- In Wales, around £600m is invested in mental health services a year, which is more than any other service in the NHS.
- Over the last 30 years, the service provision for people with a mental health problem in Wales has changed to become more community based.
- The number of people resident in hospital continues to decrease from 1821 in 2010 to 1441 in 2015.
- Mental ill health can have a significant impact on life expectancy and is a key cause of health inequalities. Research undertaken in the UK in 2011, found that people with severe and enduring mental health problems die on average 10 years earlier than the general population.
- Data from the 2011 census shows that in Wales there were 370,230 people providing unpaid care, reflecting 12% of the population, a slightly higher percentage than the overall UK average of 10.3%.
- Data from the 2011 Census shows in Wales that around 1 in 20 women were providing 50 or more hours of unpaid care a week to an adult relative, friend or neighbour that has a long-term physical or mental health problem
- Self-harm is a growing problem in Wales with approximately 5,500 emergency admissions to hospital each year.
- According to the Office of National Statistics suicide prevalence in Wales decreased from 14.7 per 100,000 in 2013 to 9.2 per 100,000 in 2014.

- Findings from the 2015 Welsh Health Survey (adult) found that there was poorer mental health in more deprived areas (8% in least deprived areas – 20% in most deprived areas).

The Western Bay Population Assessment (April 2017) identifies a number of challenges facing our area:

- GPs treat the highest proportions and numbers of people with mental disorders. The majority of people with mental health issues either live in the local community with minimal support from Adult Social Care (ASC) or from specialist mental health services, they either self-manage, have family/community support or access primary health care.
- There are also a significant number of people with serious mental health problems who are supported to live in the community by specialist community services
- Secure settings, residential care and nursing care are used more than they should be and service users can stay in them longer than is ideal.
- There is a lack of specialist mental health respite/short term crisis beds to use to stabilise a person during a mental health relapse so to be safe staff may choose to use residential care
- There is a lack of specialist mental health step down services to help people make the transition from hospital or from a residential care setting back to the community so there is a tendency to support people in residential setting for longer
- There is a lack of acute mental health beds which means there is significant pressure to discharge people from hospital as quickly as possible. Sometimes this is before people are ready to move back to their home in which case a safe place needs to be found
- There is a lack of specialist community mental health recovery / reablement service to continue to support people to recover in a community setting, and;
- There is a lack of community based support services that can meet the needs of people with complex mental health needs, notably behaviour that is challenging to services. This includes a lack of:
 - Mental health supported living services
 - Shared lives carers with mental health expertise
 - Housing (specialist and disbursed) that is suitable for adults with mental health needs
- Currently people with mental health needs can often only access generic support until they experience a mental health crisis that brings them into contact with specialist services. When this is the case, individual outcomes and wellbeing suffer and support costs escalate. Specialist mental health respite/short term crisis beds are used to stabilise a person during a mental health relapse which could lead to the use of residential care.
- It is expected that demand on all social care services will grow due to the anticipated demographic changes in Western Bay. Projections indicate that there will be an increase of people with a mental health problem.

4. Engagement Feedback

An engagement process was co-designed and co-produced with elected service user and carer representatives from the ABMU Together for Mental Health Local Partnership Board, loosely based on the “In Your Shoes” approach used by the Health Board previously. A total of 13 events were held across the Western Bay area, in different locations and varying times, giving people the opportunity to tell us about their experiences. In each of these sessions one hour was spent with a service user / carer telling a member of staff or a facilitator from the voluntary sector (listener) about their experiences, good and bad, and identifying what would have made a positive difference to their experience. The second hour was spent grouping these issues. In addition the same questions were discussed in some established forums for mental health service users and their carers. Focus groups were also held in the Low Secure facility within ABMU and with the deaf community. The Western Bay Substance Misuse service user forum also discussed their experiences as a group and fed these into one of the above events.

In total 105 individuals gave their time to tell us in depth about their experiences of our services and in addition 170 people have been involved in giving their views either via an online survey or through discussions / submissions.

Two feedback events were then held where all those who had participated in the engagement, service users, carers, voluntary sector and staff were invited back to hear the feedback from the engagement and asked whether they recognised the issues raised from their experiences. They were also asked whether there were any issues omitted and what their three top priorities for action would be.

In summary the engagement and feedback events highlighted the one key statement which service users and their carers wanted to underpin all that we did:

Work with us, not do to us

Their top priorities are:

- Change culture / attitudes:
 - Staff training / development
 - Leading to good communication, consistently, in an empathetic and compassionate way
 - People being really listened to and given support to address all the issues facing them, which in turn impact on their mental health
- Movement from medical to psycho-social model, with a true focus on them holistically and all their needs, not just their mental illness
- Enabling and empowering people to make their own decisions - coproduction real, not lip service
- Training / skills for service users, their carers and families to help them manage their mental health problems better and take more control

- Wider range of activities provided / low-level counselling and support to address issues which impact on mental health Detailed information on the range of issues raised through the engagement is contained as **Appendix A**.

5. Evidence / Rationale for Change

5.1 Based on Engagement with Service Users and Carers After presentation of the findings from the engagement to the four sponsoring organisations it was recognised these issues would only be addressed by a fundamental change to the existing pattern of services for adults with mental health problems. This will need to be a transformational change programme, with service users and carers and staff being central to the implementation of a new pattern of services. To achieve the requirements outlined below all the agencies believe that dedicated programme management on a multi-agency basis will be needed to achieve the key components of the new model of care outlined in section 6 below.

Fundamental to the proposed new model of services is the recognition that mental health services need to be formed using the same “building blocks” as other services provided within the Western Bay area. Currently teams do not share boundaries with other key services which they should link with and support, making it much more difficult than it needs to be for mental health services to be accessed.

Waiting times for some services, particularly counselling and outpatient appointments, have been identified as a key barrier to people getting timely support, and therefore their conditions deteriorating while they are waiting. The new model of services will need to be based on easily accessible services where waiting times are at a minimum.

Most services available to support people with mental health service users operate Monday to Friday and often 9-5. Service users and their carers highlighted that weekends and evenings can be times of heightened concerns and isolation. In order for the future model of services to be successful there needs to be services available 7 days a week and for extended hours, to prevent mental health problems exacerbating. The lack of services run by people with lived experience of mental illness and their carers, and funded appropriately was also highlighted as a significant gap which should be addressed in any future model of service. The new model needs to ensure that services we provide or commission in future should give opportunities for people with lived experience of mental health problems to become peer support workers and gain access to paid employment and volunteering.

Fundamental to the new model needs to be the principle that support must be made available when the service user or their carers identify they need it, rather than having to wait for circumstances to deteriorate before meeting the criteria for support to be provided.

All services and their staff will work jointly with service users and their carers to provide a package of support co-produced with them, not just based on medication.

Another key issue which needs to be addressed are the transitions between services – from adolescent to adulthood and adulthood to older people as well as between services aimed at meeting different, cooccurring needs, such as substance misuse, learning disabilities and mental health.

Services in future need to be specifically designed to be responsive to the needs of those in rural areas and those with specific needs, such as the deaf community, the homeless, Veterans, travellers, ethnic groups, refugees, LGBTQ (lesbian, gay, bisexual, transgender and questioning) and those in prison.

In providing services in the future, we need to ensure that support is available to meet the mental health needs of staff within health, social care and other workplaces.

In order to support the new model of care, training and skills development for staff, volunteers, service users and their carers will be crucial. In addition pre-registration training for health and social care professionals will need to change to reflect the new model of care outlined here so that newly qualified practitioners can work effectively within it.

5.2 Based on Alder Advice Report for Western Bay on Unmet Mental Health Needs Service Development Review

In late 2017 the findings from Alder Advice were published. The aim of this report was to identify gaps in the system of care and support against the Western Bay vision of a future for mental health care and support as “having an integrated whole system of care and support that consistently focuses on enabling recovery and maximising independence, while keeping people safe during acute mental health episodes”.

The scope of the report covered 430 people from Western Bay who have complex mental health needs and are either jointly supported by adult social care and ABMU Health Board’s multidisciplinary community mental health teams or are supported in NHS low or medium secure settings. The report states that “the current care and support system was considered to be a long way away from the vision for the future”. To assess the impact of this difference front line staff were asked whether the current support for each individual service users was “ideal” and if it was not we asked how it could be improved so it was “ideal”. This found that staff considered 24% to 33% of people had support that was not ideal. The support that was considered “not ideal” was concentrated in the more intensive end of care and support with 90 out of 104 people with support deemed “not ideal” being supported in 24/7 and accommodation based models.

The main shifts identified by staff were from residential care and from secure settings to various supported living or community support models. This highlights the need for step down services and improved community support options to reduce the over reliance on 24/7 models.

Key priorities for improvement were identified in the Alder Report as:

- Improved transition planning (from children & young people’s services into adult mental health services)
- Improve the fluidity and flexibility within the system, notably within and between existing services so support can more easily be adjusted up or down as the mental health needs of individual service users fluctuate
- Reduce reliance on 24/7 care models by resettling people where possible when their existing placement is no longer fully appropriate and use the savings

achieved to fund: ○ Improvement in early intervention services so mental health crisis are minimised

- Developments to community support infrastructure capacity as an alternative to 24/7 support models
- Prevention activities

6. Outline of Proposed New Service Model

The Health Board and Local Authorities within the Western Bay region have agreed that their mental health services need to be transformed to provide modernised, integrated services, aimed at earlier intervention with a focus on prevention.

6.1 What does good look like?

The aim is to support people of all ages to live as full a life as possible with community based help and support seen as the norm and hospital care the exception.

This would be achieved by delivering a range of services which are available to everyone experiencing mental health problems, irrespective of the severity, aimed at prevention and earlier intervention. The new model aims to stop problems occurring or getting worse which will affect people's mental health as well as providing earlier support for people whose mental health is deteriorating. This will include options to easily help people be confident to deal with problems themselves as much as possible and more complex interventions and approaches reserved for addressing more complex needs.

The Health Board and Local Authorities within the Western Bay region have identified the following priorities:

- Increasing partnership/integrated working across Western Bay (pooling budgets, aligning services, jointly planning, commissioning and procuring services)
- Ensuring up to date, easily accessible information is available for service users, carers and professionals on help and support available
- Developing a single point of access for people requiring mental health services
- Strengthening progression pathways that prevent hospital admissions and promote early hospital discharge
- Delivering a strategic approach to ensure individual outcomes are met
- Strengthening the transition process
- Supporting people and carers in ways that promote independence
- Developing localised community support networks
- Developing a range of preventative services within the community
- Developing modern accommodation models
- Ensuring help and support packages are tailored to the needs of the individual and are reviewed appropriately
- Modernising day services

- Promoting and increasing the uptake of Direct Payments where appropriate
- Developing and strengthening support for people with substance misuse issues, particularly our prison population
- Developing clear pathways for people with dementia
- Promoting mental wellbeing and helping to build resilience for people, families and communities
- Working with people, families and communities to develop and provide mental health help and support

6.2 The New Model of Care

Outlined on the next few pages are the components of the new model of care we are proposing, based on what service users and their carers told us needed to be different in future. Key to the new model is that anyone who has mental health problems, irrespective of the severity, has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.

These generic services will include:

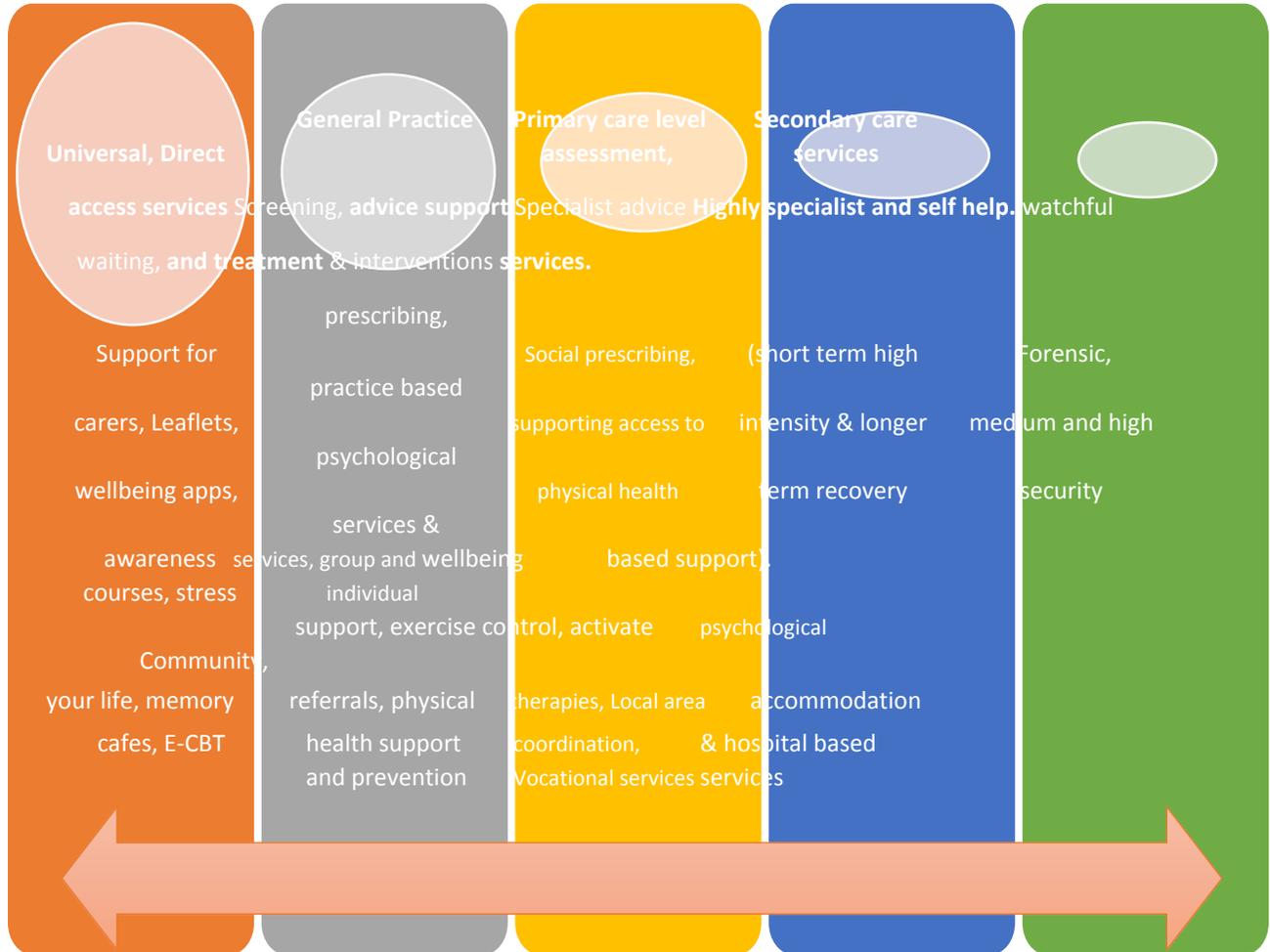
- Citizens advice and similar information / advice services
- Housing and benefits advice
- Access to leisure (A discount scheme for people with disabilities, low incomes or in full-time education to take part in leisure and sports activities at reduced rates)
- Access to Primary Care and generic physical healthcare services
- Mental Health website and accessible, up-to-date information on help and support available
- Employment and education support to access and sustain work
- Emotional Health drop in hub providing wellbeing services to maintain and improve their mental health (without referral)
- Drug and alcohol drop in hub
- Training and support for carers
- Spiritual and pastoral support
- Self-help and Self-care recovery college to help people to become experts in their own self-care and enable family and friends, carers and staff to better understand mental health
- Range of third sector peer / activity groups and support networks through a Clubhouse approach, based on a non-clinical co-production approach giving its members a place to go, meaningful work, meaningful relationships and a place to return

As well as these generic services, a range of services will be in place to ensure that people can receive support specifically for their mental health problems, aimed at earlier intervention and prevention of problems getting worse. These will include:

- A single point of contact for a local area, where the services sort out the range of support required for an individual and their family, rather than them being required to navigate multiple access points to get this support
- Integrated (health, social care and voluntary sector) teams which will:
 - Take responsibility for the full range of needs of individuals in a geographical area (rather than a range of separate teams meeting specific needs)
 - Be coterminous with GP Clusters so as to ensure clear relationships and support arrangements from primary care to more specialised services and back as required, including where there are dual diagnosis issues (be it substance misuse or learning disabilities)
 - Have access to a full range of support services, as outlined in the previous section, for people who need assistance to avoid their mental health deteriorating, including when people are in crisis, – such as spiritual and pastoral support, housing, benefits, financial advice and work and volunteering opportunities
 - Have access to crisis beds / safe places for service users when their needs can't be effectively met in the community
- A range of community based facilities which are open to all, and wherever possible without age restrictions, which would assist with transitions
- A range of services available to support people 7 days a week, for extended hours, rather than the traditional 5 days a week, 9-5pm
- Drop in services which are available for extended days and at weekends
- Information which is readily available for service users and carers in accessible formats and other professionals on the range of services available to help and support them
- Crisis cards / discharge advice numbers for the local integrated teams to access support irrespective of the issue
- Services which are user led and which support service users and their carers to take more active control of their mental health and wellbeing
- Opportunities within the services we provide and commission for people with lived experience of mental health problems to become peer support workers and gain access to paid employment and volunteering • Support being made available when the service user or their carers identify they need it, rather than having to wait for circumstances to deteriorate before meeting the criteria for support to be provided
- A range of housing options available for people with mental health problems, both in facilities with others with lived experience of mental health problems, and where this isn't the case, dependent on their preferences and how best their needs can be met
- Floating tenancy support to assist those with mental health problems who need practical support with budgeting and home management
- Provision of direct payments, where appropriate, to tailor support for people with mental health problems
- Employment and education support for people with mental health problems to enable them to access and sustain work
- Local clinics to meet specific needs (e.g. lithium, health screening)

- Care coordination, assertive outreach and intensive support, accessed through the local integrated teams
- Where required, forensic community support, prison and criminal justice liaison
- Range of specialist services (e.g. psychological therapies) which can be accessed through the local integrated teams
- Small number of acute assessment beds, provided within local areas, accessed by the local integrated teams when a person's mental health issues cannot be managed through the crisis beds or safe places
- Access to low secure, medium secure and specialist placements as required to meet the specific high level needs of a small number of people within our population

The diagram below shows these different services, which can be accessed by people depending on their needs:



Wellbeing and universal services available to people across all services

In order for this new model to become a reality the following will be required:

- Detailed planning of an implementation programme which over time sees the introduction of the new model
- Dedicated project management to oversee this implementation, with service users, their carers and families being involved throughout

- Staff training and development so that existing and new staff have the skills and values to deliver this new model
- Education on mental health needs to be provided in schools, colleges and workplaces to reduce stigma and increase people's ability to manage their own mental health
- Training and skills for service users, their carers and families to help them manage their mental health problems better and take more control by being enabled and empowered to make their own decisions
- Funding to increase the level and range of services available to help and support as part of the generic services described in Section 6.2 above

7. Next Steps

This draft Strategic Framework has been co-developed and co-produced with the group of service users and carers elected to the Together for Mental Health Partnership Board and the joint Health Board and Local Authorities' Optimum Model working group. The draft Strategic Framework was considered by the Western Bay Regional Partnership Board on 7th December 2017 and the Health Board on 8th December 2017 for approval to:

- Undertake further work on the implementation of the framework with the Optimum Model Working Group;
- Identify resources needed to support the implementation of the framework;
- Incorporate the findings of the Alder Advice Report on Unmet Mental Health Needs Service Development Review into the Framework;

This work has now been completed and this revised Strategic Framework is the result. It is intended that the Framework will go through the following approval processes prior to being adopted by partner organisations:

- Mental Health / Learning Disabilities Commissioning Board on 21st September 2018 - approved
- Together for Mental Health Local Partnership Board on 27th September 2018 - approved
- ABMU Health Board's Senior Leadership Team on 3rd October 2018 • Western Bay Programme Team on 11th October 2018 - approved

- Bridgend, Neath Port Talbot and Swansea Local Authority Cabinets October 2018 - approved
- Western Bay Regional Partnership Board on 30th October 2018 - approved
- ABMU Health Board on 29th November 2018
- Local Authority Cabinets in November / December 2018

A Project Manager has been financed from the Integrated Care Fund and this post is currently out to advert and will be in place to support implementation of the Framework once approved.



Appendix 2: Impact Assessment - First Stage

1. Details of the initiative

Initiative description and summary: Our Strategic Framework for Mental Health Services for Adults (“Strategic Framework”)

Service Area: Adult Services

Directorate: Social Services, Health and Housing

2. Does the initiative affect:

	Yes	No
Service users	x	
Staff	x	
Wider community	x	
Internal administrative process only		x

3. Does the initiative impact on people because of their:

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
Age	x				H	<p>The proposal focuses on adult mental health services.</p> <p>The intention of the proposal is to have a positive impact on the experiences of people requiring such services and ensure that there is a better range of evidence based interventions to support people.</p> <p>Although aimed at adults, the optimum model includes a range of community based facilities which would be open to all and wherever possible without age restrictions, to assist with transitions from childhood to adulthood.</p> <p>The proposal was co-produced with adults who use/have used services and carers.</p>
Disability	x				H	<p>The proposal focuses on adult mental health services.</p> <p>The intention of the proposal is to have a positive impact on the experiences of people requiring such services and ensure that there is a better range of evidence based interventions to support people.</p>

						<p>The proposal was co-produced with people who use services and carers. Engagement has also focused on understanding the experiences of people with a disability that have a secondary mental health condition, such as people with substance misuse issues and people who use BSL as a first language.</p>
Gender Reassignment	X				M	<p>The proposal is not specifically aimed at people with a protected characteristic by virtue of gender identity. The World Health Organization global manual of diagnoses no longer classifies transgender health issues as a mental and/or behavioural disorder.</p> <p>However, Stonewall report that 52% of people from the LGBT+ community experienced depression in the last year and 46% of transgender people have thought about taking their own life.</p> <p>https://www.stonewall.org.uk/lgbt-britain-health</p> <p>In light of the above it is reasonable to assume that a significant number of people from the LGBT+ may require support or information and advice regarding mental health.</p> <p>Key to the optimum model, is that anyone who has mental health problems has the right to receive help and</p>

					<p>support which aims to prevent problems and intervene earlier to stop problems escalating.</p> <p>In addition this optimum model includes taking an integrated approach, which takes responsibility for the full range of needs of individuals in a geographical area and that they have access to a full range of support services.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their gender identity.</p>
Marriage/Civil Partnership					<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of their marriage or civil partnership.</p> <p>However, supporting/caring for someone with a mental health condition may have a negative impact on their relationship and on their partners own wellbeing.</p> <p>The optimum model was coproduced with carers.</p> <p>One of the objectives of the proposal is for training and skills for service users, their carers and families to help them manage their mental health problems better.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their marriage/civil partnership.</p>

Pregnancy/Maternity	X				<p data-bbox="1115 248 1146 272">M</p> <p data-bbox="1251 248 2053 318">This proposal is not specifically aimed at people with a protected characteristic by virtue of pregnancy/maternity.</p> <p data-bbox="1251 370 2039 509">However research by the Centre for Mental Health suggests that 10-20% of women during pregnancy and in the first year after having a baby experience perinatal mental health problems.</p> <p data-bbox="1251 561 2049 701">http://eprints.lse.ac.uk/59885/1/_lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Bauer%2C%20M_Bauer_Costs_perinatal_%20mental_2014_Bauer_Costs_perinatal_mental_2014_author.pdf</p> <p data-bbox="1251 753 2039 932">Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.</p> <p data-bbox="1251 984 2039 1162">In addition, this optimum model includes taking an integrated approach, which takes responsibility for the full range of needs of individuals in a geographical area and that they have access to a full range of support services.</p> <p data-bbox="1251 1214 2028 1318">As such this proposal should have a positive impact on those with a protected characteristic by virtue of their pregnancy/maternity.</p>
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Race	X				M	<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of pregnancy/maternity.</p> <p>However the Mental Health Foundation suggests that the BAME community are more likely to be diagnosed with mental health problems, more likely to be diagnosed and admitted to hospital, more likely to experience poor outcome from treatment and more likely to disengage from mainstream services.</p> <p>https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities</p> <p>Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating. This includes ensuring that there is a range of third sector and peer/activity groups and support networks and services that are user led, which may help to support those who disengage from mainstream services.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their race.</p>
Religion/Belief	X				L	<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of their religion/belief.</p>

						<p>Key to the optimum model, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating. This includes access to spiritual and pastoral support.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their religion/belief.</p>
Sex	X				M	<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of their sex.</p> <p>Research from the WHO suggests that there is little difference in the rates of psychiatric disorders between men and women. However there is evidence to suggest that there are gender differences regarding the patterns of mental illness.</p> <p>https://www.who.int/mental_health/prevention/genderwomen/en/</p> <p>Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.</p>

						<p>In addition this, the optimum model includes taking an integrated approach, which takes responsibility for the full range of needs of individuals in a geographical area and that they have access to a full range of support services</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their sex.</p>
Sexual orientation	X				M	<p>The proposal is not specifically aimed at people with a protected characteristic by virtue of sexual orientation.</p> <p>However, Stonewall report that 52% of people from the LGBT+ community experienced depression in the last year and 46%.</p> <p>https://www.stonewall.org.uk/lgbt-britain-health</p> <p>In light of the above it is reasonable to assume that a significant number of people from the LGBT+ may require support or information and advice regarding mental health.</p> <p>Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.</p>

						As such this proposal should have a positive impact on those with a protected characteristic by virtue of their gender identity.
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4. Does the initiative impact on:

	Yes	No	None/ Negligible	Don't know	Impact H/M/L	Reasons for your decision (including evidence used) / How might it impact?
People's opportunities to use the Welsh language		x				This proposal will not change the right for people to receive services in the Welsh language.
Treating the Welsh language no less favourably than English		x				This proposal will not change the right for people to receive services in the Welsh language.

5. Does the initiative impact on biodiversity:

	Yes	No	None/ Negligible	Don't know	Impact H/M/L	Reasons for your decision (including evidence) / How might it impact?
To maintain and enhance biodiversity		X				Not applicable
To promote the resilience of		X				Not applicable

ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.						
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6. Does the initiative embrace the sustainable development principle (5 ways of working):

	Yes	No	Details
Long term - how the initiative supports the long term well-being of people	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example provision of sustainable future focused and evidence based interventions.
Integration - how the initiative impacts upon our wellbeing objectives	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example the development of integrated teams (health, social care and voluntary sector).
Involvement - how people have been involved in developing the initiative	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example the strategic framework was co-produced and the optimum model includes ensuring that services are user led.
Collaboration - how we have worked with other services/organisations to	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5

find shared sustainable solutions			ways of working. For example the framework was co-produced and the optimum model requires close working with partners such as health, housing and the voluntary sector.
Prevention - how the initiative will prevent problems occurring or getting worse	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example the key to the optimum model is that anyone with a mental health problem, irrespective of severity, has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.

7. Declaration - based on above assessment (tick as appropriate):

A full impact assessment (second stage) is not required	x
Reasons for this conclusion	
Although the policy will impact on people with protected characteristics, this impact will be positive.	
A full impact assessment (second stage) is required	

Reasons for this conclusion

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	Name	Position	Signature	Date
Completed by	Chelé Zandra Howard	PO for Commissioning	C. Z. Howard	30.05.19
Signed off by	Andrew Jarrett	Director of Social Services Health and Housing	A. Jarrett	30.05.19

Appendix 3: So Tell us what you Think' events – ABMU HB Feedback Report.

Background:

Staff and members of Abertawe Bro Morgannwg Community Health Council (ABM CHC) attended twelve of the thirteen events held. The role of the CHC was to collect views from members of the public attending on the process of engagement. Views were collected from all thirteen events.

What we did:

Following the one to one and the common themes group session, we asked those attending:

1. Did you have the chance to say everything you wanted to say?
2. Do you think your views were listened to?

We also asked for any comments people would like to leave. **What people told us:**

We received 50 responses.

46 people told us that they had the chance to say everything they wanted to say and that their views were listened to.

1 person at the Pontarddulais event told us they weren't quite sure whether they had had the chance to say everything but they did think their views had been listened to.

1 person at the Richard Price Centre told us they didn't have enough time to say everything they wanted to say, but that was because they had been through a lot. They said they thought their views had been listened to.

1 person at the Bridgend Life Centre told us they didn't have enough time to say everything they wanted to say, as they kept thinking of more things to say. They told us that they would e-mail the health board with the other things. They said they thought their views had been listened to.

1 person at Reynoldston told us the event was not what they had hoped; they thought it was being held to gain access to support. They said they thought their views had been listened to.

Below are the comments received:

It was good to talk about everything

- Nice to talk about my experience

- Nice refreshing idea, it's the way forward
- Nice to know that people have been listened to and included in the next process event for outcomes
- Very helpful, listening is so important in designing future services
- Very good to be able to inform the Health Board of experiences in the community
- Very positive day, felt listened to. It was a very comfortable conversation with the listener, flowing. Everything I felt was discussed. I feel there will be a lot of positive progress in the near future. So glad I came to express different views. Fun day
- Think more people should help these events as it is us who help change things that need changing
- I got to speak about the concerns and experiences of mental health/learning difficulties in a rural setting. Listener took the time to listen and note all that I was saying
- I felt it was about time mental health came to the front and was openly discussed
- Allowed me to see I wasn't alone
- Let me know I am not alone and to meet others who can relate and offer support
- It was great to meet like-minded people and share experiences
- It allowed me to see that it is okay to speak up about mental health and to know I am not strange. It gave me the voice I needed to speak up
- It was good to feel someone cared

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- I felt that the comments made and stories shared will help to improve mental health issues
- Very interesting morning, would like to attend again
- I can only hope that provision for funding improves for adults suffering from or developing the onset of mental health problems improves
- Could express views, less intimidating. Reaction from interviewer was positive.
- Happy with how everything went, would like to see positive results as have personal and work involvement
- Feedback was good, listener really engaged
- One to one session could have been a little longer. Opportunities to feedback via e-mail may have given more people opportunity to respond with a wider range of views
- Good to give ethnic minority groups a chance to speak up and access support
- Very pleased with what was said. I'd love to have more events
- Made to feel at ease and encouraged to talk openly about previous experiences, both positive and negative. I felt my views and opinions were valued and respected. Professional support was excellent but also fun and engaging. Thank you Ian
- You cannot improve perfection
- The lady that listened seemed very pleasant and friendly. She didn't interrupt and was professional. It was most beneficial to have the one to one, thank you
- A very interesting event and I'm looking forward to seeing what comes of it. I would certainly be interested in attending again
- Felt comfortable talking about my experiences. One to one was a good option and personal
I'm looking forward to attending the feedback event
- Good event it was, nice to be listened to, thanks very much
- I thought that the event was excellent in all aspects, many thanks
- Good opportunity to get views across, hopefully things will now change
- It was good to get the chance to talk – hopefully they take notice

- Good event, it was lovely to be listened to, thank you
- Excellent idea – much appreciated
- Nothing good about the experience – felt today was very positive
- The Health Board seems to be beginning to listen

Summary:

The feedback received was very positive. Members of the public were made to feel comfortable and at ease. People found the event beneficial, especially the one to one session.

The majority of people felt they had had the chance to say what they wanted. The few who didn't know that they could e-mail the Health Board with further concerns or understood why they didn't get to say everything. It is hoped that the person attending to access support was guided in the right direction.

Everyone we spoke to felt their views had been listened to, and people were looking forward to attending the follow up events later in the year.

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Appendix 4: Themes from Mental Health Engagement

Positives

- Some staff, from all professions and organisations, are going over and above to support people effectively
- Services provided by the voluntary sector (as long as these are in addition to, not instead of, statutory sector services)
- One member of clinical staff in ABMU who uses British Sign Language
- Access to physical activity / exercise (for some)
- Third sector liaison role for signposting from GP
- Wellbeing / mindfulness classes
- Support groups for service users and carers groups
- Employers supportive and enabling quicker access to services (for some)

Issues – Attitudes / Behaviours

- Communication key but quality and clarity extremely variable
- Lack of basic awareness and skills in mental health across lots of services which impact people's ability to access services (not just health & social)
- Poor / lack of response to people's phone calls / contact with services
- Major issues over lack of communication / involvement / support for carers of people with mental health problems
- Impacts of benefits changes significant, but not seen as "our problem" by health
- Staff don't have time to listen / are overwhelmed
- Attitudes of staff vary from excellent to appalling – need to consistently improve everyone's whatever their role – their impact can be huge
- Confusion about ability to share information – confidentiality trumps "best interest"
- Need to change focus to people's abilities not inabilities - positivity
- Collaboration & partnership key between agencies
- Services need to be working in partnership to find solutions for the service user – true co-production
- Focus on mental health issues without holistic focus – spiritual, pastoral support, advice on money and housing for example
- Lack of compassion / empathy – "plenty of people are worse off than you", "just sort yourself out"
- Poor communication / listening skills
- Staff don't take responsibility for sorting out problems – just pass you onto someone else who might be able to help
- Need more people with mental health problems taking a lead in services
- Need greater focus on how to keep good mental health throughout education system

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Issues – Services

- Lack of early intervention / preventative services to stop exacerbations of problems
- If relationships with a professional break down no alternative is given – significantly impacting on outcomes
- Lack of easily accessible, up to date, information on what services are available in different areas to support people
- Particular problems getting in touch with & accessing services from one CMHT
- Too reliant on medical model – not enough alternative activities / options available to people – not holistic
- Dual diagnosis “ping pong”
- “One size fits all” mentality
- Lack of choice – you either take what is on offer or go without
- Our processes & silo working impede or at worst stop people being able to access services they need
- We expect people to be functioning effectively in their day to day life to access our services and if they aren’t we penalise them
- Over reliance on medication to “get better”, and not with other support alongside – little talking therapies available / offered
- Little information and support to help prepare for and cope with side-effects of medication
- Lack of timely follow up / reviews of medication
- Time with psychiatrist varies – feels like favouritism
- No follow up after diagnosis, causing problems to exacerbate
- Passing the buck between services – no responsibility for ensuring service users get the support they need
- Significant transition issues – from young person to adult & adult to elderly and geographically
- Need better access to counselling
- Lack of emphasis on wellbeing in work
- No / little access to advocacy
- Lack of services where English is not first language
- No training or skills development for service users / carers / families to help them support and take control of their condition
- Lack of access to GPs / general medical care
- Lack of access to services in rural areas
- Provision needs to be based on prudent healthcare approach – particularly co-production and do no harm

- Waiting times to access services / get support before problems escalate too long
- Reducing options for drop in and informal support due to funding or venues being withdrawn
- Difficulties in accessing Crisis Teams – with people being told to ring the police instead
- No / little meaningful involvement of service users or families in care planning – seen as annual “tick box” process