Mental Health Commissioning Strategy 2013-2018

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Introduction and Purpose

Our strategic direction for Mental Health Services agreed by statutory and non-statutory partners and set in the joint 'Vision of Mental Health Services' document in 2005 still stands, as follows:

"We aim to develop a Mental Health Service that is planned and delivered around the needs and aspirations of service users".

"We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical Health Partners, education, occupation, income, accommodation, relationships, social support, social roles and spirituality)"

"We will provide responsive services which help people recover and maintain their role in society"

The overarching aim of this commissioning strategy is to therefore develop an approach which fully promotes recovery and social inclusion. As we have taken the decision not to formalise the joint working with BCU Health Board (Betsi Cadwaladr University Health Partners Board) our Community Mental Health Teams and Community Substance Misuse Service, this strategy is not a joint one with Health Partners. However within the timeline of this strategy we anticipate that a memorandum of understanding will be established. It therefore follows that the scope of this commissioning strategy can only be those services provided and solely funded by Flintshire County Council, many of which were previously jointly commissioned i.e. voluntary sector provision. We believe we get all the benefits from our existing informal joint arrangements (and will involve Health Partners, as a key stakeholder in the development of this strategy), as we remain partners in our ongoing efforts to ensure services focus on recovery. Also that our respective commissioning intentions are aligned and designed to implement the Mental Health (Wales) Measure which places new duties on mental health services, effectively creating rights for mental health service users.

A significant priority set out in our Directorate Plan (2012- 2016) is to support people to optimise their level of independence and social inclusion by fully embedding the recovery approach. We will know how well we have delivered on this by the number of people who have improved mental health; a better quality of life and are 'active citizens'.

The focus of this commissioning strategy is to further develop training, education and work opportunities as an essential element for recovery. We also aim to address a gap in the area of accommodation support. The focus of this commissioning strategy excludes dementia or dementia related illnesses as this will be subject to a separate strategy.

Key priorities from this strategy

- **In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.**
- **Re-design Mental Health Support Services to further embed recovery.**
- **Increase and promote the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.**
- **Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.**
- **Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users will be involved in delivering training as well as being students.**
- **The establishment of Wellbeing Centres.**
- **Further develop accommodation and support.**

Our response has been based on a careful consideration of:

- The views and expectations of people with mental Health problems in Flintshire as illustrated in our Annual Council Reporting Framework process and via annual feedback on our Services.
- The views of our Mental Health Strategic Planning Group (MHSPG)
- The trends and likely changes in prevalence of mental health affecting us locally.
- Support options we currently have in terms of choice, quality and cost
- Relevant legislation, national guidance, research and good practice on services to meet the needs of people with mental health problems.
- The implications of implementing the Mental Health Measure and the commissioning intentions of BCU Health Board.

It would be wrong of us if we failed to acknowledge in this strategy that the timing coincides with the introduction of welfare changes. Therefore despite our best efforts through the direction of this strategy to develop an approach that fully promotes recovery and social inclusion. The reality for many of our service users is that they may be facing increased poverty and difficulties in paying household bills with an associated increased likelihood of homelessness. This additional stress will have a major impact on their mental health and recovery. There is already evidence from Mental Health Support Services and services we commission e.g. Flintshire Mental Health Advocacy Service that the uncertainty of what the changes will mean for people is seriously impacting on people's recovery. Collectively we will be taking steps to support people the best we can with the resources we have. In accordance with Council proposals in Mental Health Services we will ensure that staff in contact with service users have the knowledge of the welfare changes and

possess the skills and confidence to provide the initial response to service users affected by the changes.

Section 1 - Legislation and National Guidance

There are a range of statutory drivers, legislation and strategic policy that has been taken into account during the development of this strategy and its future implementation.

However, some of the key Welsh Government policy documents that have shaped this strategy include (for details see appendix 1 and 2):

- Practice guidance "Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice" (2010)
- "Mental Health and Social Exclusion Report" (2004), "Reaching out: think family Report" (2008) and the SCIE report "Think child, think parent, think family" (2009).
- Mental Health (Wales) Measure
- "Together for Mental Health" (2012 – 2016)
- Findings from the Wales Audit Office follow up review in Adult Mental Health Services 2011
- "Housing services for adults with mental health needs" (2011)
- "Our Healthy Future", the "Local Public Health Strategy Framework" and "Flintshire Health, Social Care and Well being Strategy 2011- 2014".
- Risk and protective factors for mental disorders WHO 2004
- Social Services and Wellbeing (Wales) Bill 2014 -2016

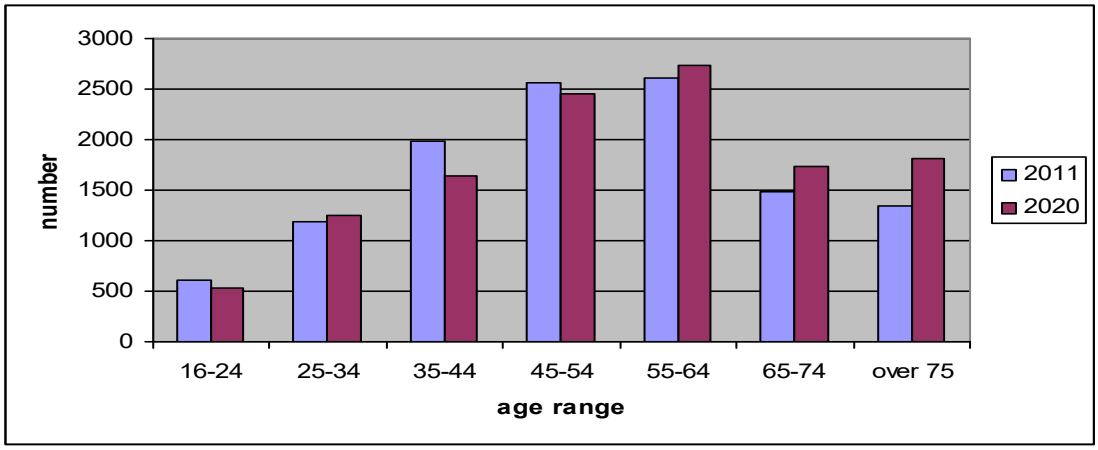
The key messages from these documents (which is reinforced by what people have told us locally) is that our Mental Health Commissioning Strategy should continue to provide an approach that is community based and further develop people's rights to respect and to have independent and fulfilled lives. We need to maintain our focus on recovery and maximising mental health and independent living rather than focusing on treating mental ill health. People should have access to a range of high quality services which are person-centred and responsive; where people are empowered to meet the outcomes they wish to achieve. It is important that services are jointly planned, commissioned and delivered in an efficiently co-ordinated way in order to provide a responsive approach.

Section 2- What do we know?

2.1 What we know now about the current and future needs of people in Flintshire?

2.1.1 It is projected that the number of people aged 16 and over predicted to have any mental health problem[1] will increase by **3.32% (391)** from 2011 to 2020. The number stands at **11,770** (for 2011*).*

Graph shows the number of people by age with a mental health problem in 2011 compared to projections for 2020



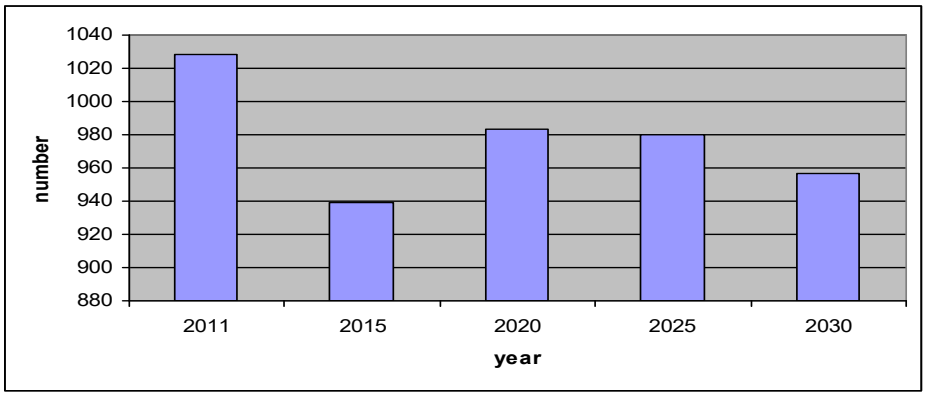
2.1.2 It is projected that the number of people aged 65 and over predicted to have any mental health problem[2] will increase by **20% (588)** from 2012 to 2020. The number stands at **2,941** (for 2012*).*

2.1.3 In 2011 76% of those predicted to have a mental health problem are female and the projection for 2020 remains the same at 75%.[3]

2.1.4 **Young People with Mental Health Problems** - As this strategy is for 5 years for the period 2012 to 2017, the cohort of children we are particularly interested in is those currently aged between 11- 15 years. It is projected that there will be 45 less children with a mental health problem in 2020 compared to 2011. It is important to remember that this is a changeable state. The reduction has been calculated based on the population figures for this cohort.

[1] Respondents were classified as having any mental health problem if they reported currently being treated for depression, anxiety or 'another mental illness'
[2] Respondents were classified as having any mental health problem if they reported currently being treated for depression, anxiety or 'another mental illness'
[3] Source- Daffodilcymru

Graph to show the number of children aged between 11-15 years old predicted to have a mental health problem, projected to 2030.



2.1.5 **Black and Minority Ethnic Communities (BME)**
From the number of people open to Mental Health Support Services, we know that almost all are from a mainly white background which is in line with the Flintshire profile.

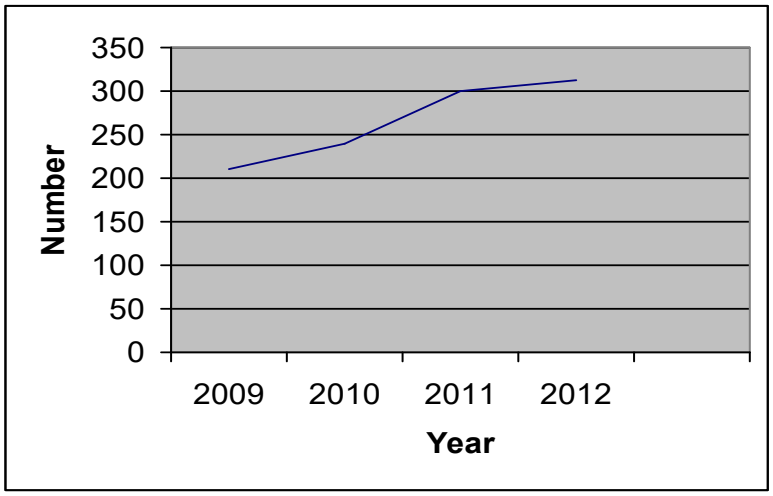
2.1.6 **Welsh Language**
We know from the Census 2011 that 13% of the Flintshire population speak welsh. Currently we have no one open to Mental Health Support Services who receives a service in welsh. However, we have recently had a referral for someone who's first language is welsh and Mental Health Support Services can deliver the service. The More Than Just Words Strategic Framework which outlines the Welsh Government's intention to prioritise welsh language services for people who are vulnerable is clear that services should be 'actively offered' in welsh.

2.2 How many people are we supporting?

- From October 2012 to September 2013 there have been 1,644 referrals to the single point of access. The single point became live in October 2012 in response to the implementation of the Mental Health Measure and has resulted in an increasing number of referrals.
- At any given time there will be approximately 200 cases open to Tier 1 and 507 to Tier 2.
- From April 2012 to the end of March 2013 there were **317** people in total using Mental Health Support Services, with a monthly average of 294 on the register. New referrals have increased on the previous year from 296 to 322 individuals.
- As of the 31st August 2013 162 males and 105 females were open to Mental Health Support Services, with 27 people aged over 65 years.
- From April 2012 to the end of March 2013 Mental Health Support Services (Next Steps) have supported

- 66 people in education or training
- 40 people in volunteering
- 9 people in employment (3 of these to retain existing jobs)

Graph below shows the average number of Service Users 'open' to Mental Health Support services per year (note based on monthly data but some years are incomplete)



2.3 What type of support can people currently get?

2.3.1 Primary Care Mental Health Support service (Tier 1)

The Primary Care Mental Health Support Service focuses on people with mild to moderate mental health problems and this service is delivered in primary care either through GP surgeries or through local clinics. This tier 1 service provides assessment and provides short term therapeutic interventions or sign posts people with common mental health problems to appropriate services in the community. The service also provides advice and education to primary care staff and service users.

2.3.2 Community Mental Health Team (CMHT – Tier 2)

Our Community Mental Health Team (based in Deeside and Mold) is the hub for delivering Tier 2 community based Mental Health Services in secondary care. The CMHT is made up of Nurses, Social Workers, Consultants, Psychologists, Occupational Therapists and admin. The role of the community Mental Health Team is to assess people with severe mental health problems and provide a flexible multidisciplinary response to meet identified needs through the development of a Care and Treatment Plan. The Care and Treatment Plan aims to assist people in the management of their symptoms, recover, to become more independent and play an active role in the community.

Our qualified Social Workers and Nurses undertake the role of Care Coordinator. The role of a Care Coordinator is to coordinate care and communicate to others as well as provide therapeutic interventions as and when appropriate. The Care Coordinator acts as a point of contact for service users and for all who deliver care. An outcome, with a

person's agreement, from the assessment and care plan may be a referral to our Mental Health Support Services.

2.3.3 Mental Health Support Services

Mental Health Support Services is made up of three main strands. These are:

- Occupation and Employment Support (Double Click Design, Growing Places, Social Links and Next Steps).
- Community Living and Medium Support Team (Daily Living Support at home)
- Intensive Support Team (Accommodation and Support)

Most services require referrals from CMHT and the Assertive Outreach Team (AOT). This is with the exception of Social Links who have some open access groups, and who also take referrals from Substance Misuse Team. In addition, Next Steps take referrals from Primary Care Support Team and more recently Substance Misuse Team.

Occupation and Employment Services.

These services are overseen by the Community Living Coordinator for Occupation and Employment.

Social Links.

Social Links supports individuals and small groups to participate in community based social and leisure activities and enables people to access mainstream activities in which they may be interested.

Any social and leisure opportunities may be explored depending on the needs and preferences of the service user. There is a mixture of one-to-one and group support, some support enables people to maintain existing social relationships following the closures of the day centres.

Social Links service operates five drop-ins in various areas of Flintshire throughout the week including weekends; these are open to anyone in Flintshire who has a mental health problem and are community based. The monthly average on the caseload for 2012/2013 was 75 people.

Work Services.

Growing Places and Double Click Design are work schemes which support people in a safe environment to be more confident and to develop work related skills and qualifications. People are encouraged to become involved in the local community, and work services can be a "stepping stone" into paid or voluntary work for some people.

Growing Places is a community gardening service, which also has an allotment and poly-tunnels which are used for growing and potting plants. Volunteers at Growing Places also run a local food co-op. Growing Places in 2012/2013 provided a community gardening service to over 20 people, with 23 service users having been trained to use gardening

equipment. The monthly average on the caseload for 2012/2013 was 34 people.

Double Click Design is a computer design and print service which produces leaflets, brochures and photographic cards. The average number of people on the caseload each month in 2012/2013 was 27.

Much work has been undertaken over the past 18 months in considering the Social Enterprise model as a possibility for the future development, so as to give people an opportunity to undertake paid employment. We have been working in partnership with Social Firms Wales to support us in a pilot project within Double Click Design, in order for us to further explore the feasibility of this approach.

Next Steps.
Next Steps provides support and guidance for people to enter education, training, voluntary work and employment. The average number of people on the caseload each month in 2012/2013 was 85.

Community Living and Medium Support Team.
Community Living Support Workers provide one-to-one support to help motivate and encourage people in a range of activities designed to enable them to live independently within their own homes. Providing a flexible community based alternative to residential care or hospital admission. The average number of people on the caseload each month in 2012/2013 was 79. Examples in 2012/2013 of Team activities that have supported people to remain in their own homes; include supporting 41 people to shop and have a healthy diet, 36 people to pay their bills and 28 people to use public transport.

Intensive Support Team.
The Intensive Support Team enables people who need higher levels of support to gain or regain the skills and confidence to live safely and independently in their own communities, such as when people are leaving an institution or setting up their own home for the first time. When the needs of an individual supported by the Intensive Support Team reduce, the involvement of the team will be reviewed. It may be likely that the person will go on to be supported by the Medium Support Team or the Community Living Team if appropriate. The average number of people on the caseload each month in 2012/2013 was 32.

Overall Mental Health Support Services operate flexibly between the hours of 8.00am to 10.00 pm week days and 9.00am until 10.00pm at weekends, with reduced services on bank holidays.

2.3.4 Direct Payments/ Citizen Directed Support
Direct payments enable people to have cash instead of services and use it to meet their assessed social care needs. This could be as part of

their overall package of support or instead of social services support. Direct payments provide people with the flexibility to find 'off the peg' solutions and to have greater control over their lives. Contracting direct with services also increases opportunities for independence. As of February 2013 **7** people with mental health problems are using Direct Payments, examples of use include the employing personal assistants to meet agreed outcomes such as a cleaning service or support to attend university. In addition direct payments are also used to purchase one off items of equipment which are necessary to maintain independent living such as washing machines.

2.3.5 Work with Housing

We are working closely with Housing to find better accommodation and support solutions for people with mental health problems. This requires fortnightly attendance of our designated housing link representative at a Medical Panel where applications for housing from Care Coordinators on behalf of service users are considered. If the panel is unable to identify current suitable accommodation, the case is considered by the Housing Strategic Group, a specialist group that considers the more complex cases as a more planned response is needed. Our housing link person attends our team managers meeting to pass on information and gather accommodation related issues and needs to take back to Housing. Relevant Mental Health and Housing training is accessed by staff from both services to develop understanding, for example Housing Staff are applying for a certificate in Mental Health.

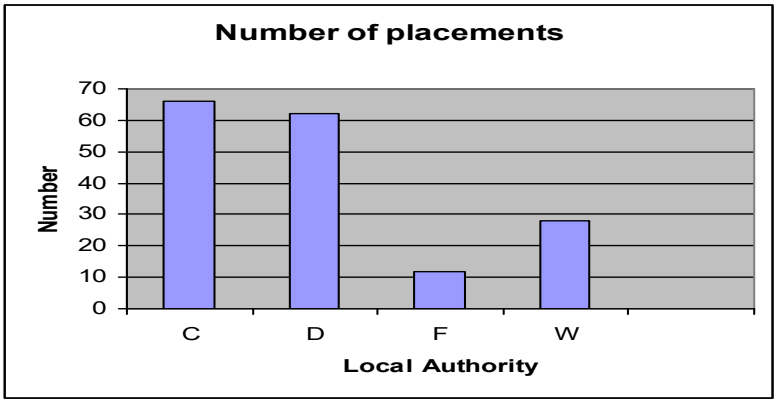
2.3.6 Residential/ Nursing Care

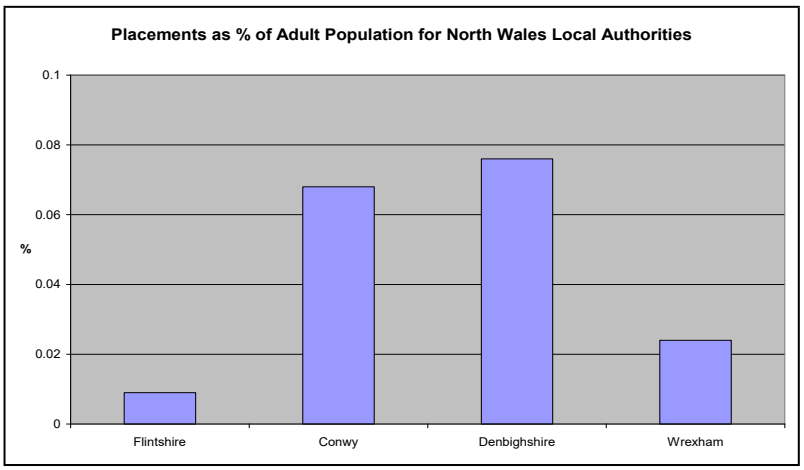
As of February 2013 17 people live in a Residential or Nursing home. 14 of these people live in a home out of county owing to the specialist nature of their needs which is only viable if delivered as a regional service.

<u>How we compare on Residential / Nursing placements with other North Wales Local Authorities</u>?

When the HUB undertook an analysis we had the fewest placements, yet we have the highest population of the four North Wales Local Authorities. This is demonstrated in the graphs below:

C= Conwy, D= Denbighshire, F=Flintshire & W= Wrexham





The role of the HUB is to develop a 2 tier regional framework for care homes for adults with mental health needs (excludes dementia). The framework will be underpinned by a service specification for care homes and Nursing care homes which focuses on the recovery model. In future the HUB's commissioning intentions in relation to care homes is a greater focus on outcomes and in particular supporting people to be able to live more independently.

2.3.7 Voluntary Sector Services we currently provide grants to:

The KIM Project – provide innovative support via work that is creative and responsive to the needs of women who experience common mental health issues and severe and enduring mental illness. KIM provides a varied programme with built-in progressions, enabling clients to improve coping strategies and work towards positive wellbeing. The ethos of KIM is based upon a recovery model which provides a pathway to community integration. For the period 2011/2012 there was 369 referrals. In addition, KIM works with women ex-offenders or who are at risk of offending to help them to reintegrate and re-engage with their communities.

KIM Social Enterprises objective is to provide support services on a fair and equitable basis for people who are vulnerable. The objective is to develop social enterprises which meets the needs of vulnerable people and communities whilst generating an income to sustain its and KIM Inspires activities.

Stepping Stones is a specialist sexual abuse counseling service, which provides individual counseling and group work for men or women who have experienced childhood sexual abuse. For the period 2011/2012 there was 66 referrals from Flintshire. Although 540 1:1 sessions were provided and 3 group work sessions the service continues to receive

compliments and for this period received 2 complaints both relating to waiting times. The Service has a remedial action plan in place to address waiting times, by increasing the number of counseling hours.

Hafal -Hafal is a national charity that supports those with a mental illness and their carers. There are 3 local services in Flintshire, Family Support for carers of those with a mental illness, Acute Family Support for families in crisis and Substance Misuse Family Support or the Get2 Gether service for those caring for someone with substance misuse issues. Hafal offer one to one support, group support, information and signposting. Hafal campaign nationally for better mental health services and have an annual event in Flintshire as part of this campaign. The service produces and publishes a range of publications for carers, clients and professionals, all available the website, as well as providing information through and social media websites, Face book and Twitter. They also run national services that cover Flintshire including a Criminal Justice Service, Short Steps service and Ty Adferiad, a Recovery Centre that can be accessed by carers living in Flintshire. They are also, alongside Gofal and Mind, a partner in the Time to Change Wales programme, their role being to work with people who have experience of stigma and discrimination to share their experiences with small and large groups. The people who share their experiences are called educators and some live in Flintshire.

Flintshire Mind is an independent local mental health charity, affiliated to the national charity Mind. They work to make sure everyone with a mental health problem has somewhere to turn for advice and support. They do this through:
A Wellbeing Centre in Mold, which is a community hub for information, holistic therapies and activities to help people develop the mental and emotional resilience to cope with everyday life. Activities include relaxation workshops, therapeutic massage, IT advice, poetry writing, craft groups and a Saturday drop-in.
Social and occupational support, which works to help people develop or redevelop the skills and confidence they need to take their place in and contribute to their local community, including as volunteers and peer mentors. This is done through accredited courses in Community Volunteering, Skills for Everyday Life and Peer Mentoring and through volunteering groups which offer their services to a range of community organisations

Volunteering and Mentoring – started in April 2011
Aim: To support people's recovery and key them back into their communities.

	Volunteering	**Peer Mentoring**
No starting course	25	14
No graduating from course	22	12
No on voluntary or work placement	26	2
No in education or training	3	

No in employment	5	

Training to help develop emotional and mental wellbeing in individuals and communities, including Stress Management; Mindfulness; Mental Health First Aid; ASIST (suicide intervention skills) and SAFEtalk (suicide alertness)
Talking Therapies are designed to help people think through their problems and work out what is best for themselves and find new ways of coping with issues in their life. Both individual and group therapies are offered.

Weekend Drop-In 2011/2012	No of sessions	No of attendances	No of individuals attending
	52	593	83 (37 in 2010/11)

Source of data taken from Flintshire Mind Annual Report 26 April 2012

Flintshire Advocacy Service - provides a specialist advocacy service for individuals when requested and promotes self advocacy commissioned by Flintshire County Council and Health Partners. The service has a broader brief but for the interest of this strategy, 390 community clients were supported in 2011/2012 (includes people with a physical disability and/ or sensory impairment).

Unllais (Involve Project) – is a voluntary sector mental health development, information and training agency, covering North Wales. They are the host agency for the Involve project commissioned by Health Partners and Flintshire County Council. The Involve project is responsible for holding a database of service users and carers who want to get involved in some way, which could include involvement in recruitment, training or giving views about services commissioned by Flintshire County Council, Health Partners or Welsh Government. The project supports individuals to get involved and continues to actively promote opportunities for involvement. As of 19th February 2013 there were 126 mental health service users and 36 carers on the database.

For the period from October 2012 to 6th February 2013, 66 service users and 5 carers got involved; 8 in recruitment, 21 receiving training, 7 delivering training and 35 taking part in one off events, conferences and meetings etc.

Call Helpline
For accessing information, there is also a specialist helpline, C.A.L.L. which offers telephone advice and support (including during the evenings and weekends)

The services we commission from the Voluntary Sector seek to complement our In house provision. All contracts are subjected to robust monitoring and each Voluntary Sector Agency provides an

annual report which is discussed at the team managers meeting and at the Mental Health Strategic Partnership Group (MHSPG). Our in house Mental Health Support Services and CMHT also report annually to the MHSPG.

2.3.8 Mental Health Strategic Planning Group

The MHSPG has representatives from Social Services, BCU Health Board, Voluntary Sector, Services Users and Carers.

The aim of the MHSPG is to:

- Identify and assess major local and national forces and influences that will affect strategic planning activities, including implementation of the Mental Health Strategy, and Mental Health Measure and show how these are interpreted and incorporated locally into Mental Health strategic planning.

- Produce Flintshire's Mental Health and Wellbeing Delivery Plan, and oversee the process for its implementation, monitoring and review and feed into Health and Social Care commissioning strategies.

- Influence the Strategic direction of services bearing in mind local priorities

2.4 How much do we spend?

- We commission services that complement our in- house service provision.

Annual Spend is set out in the table below

Type of Service	Annual Cost
Commissioned:	
Residential and Domiciliary Support (£505,500 + £41,000)	£546,500
Voluntary Sector Services	£275,350
Total	**£821,850**
In- House:	
Occupation and Employment	£406,800
Accommodation and Support	£408,260
Community Living (*and jointly funded with Health Partners)*	£183,000
	(£123,300)
Social and Leisure	£194,440
Total	**£1,192,500**
Community Mental Health Services (*Social Services contribution to*)	
Total	**£581,071**
Out of Hours	
Total	**£48,440**

Mental Health Residential / Nursing costs per week. (£505, 500 + £41,000)

	Number	Total cost per week
Residential in Flintshire	**3**	**£1,411.37**
Residential out of county	**12**	**£7,125.21**
Nursing out of county	**2**	**£1,184.46**
		£9,721.04

Section 3 – Expectations

3.1 We have a clear picture on where we are at as a service, what people think about our services and the improvements we need to make. This is from consultation as part of our Annual Council Reporting Framework (Challenge Stage) for the last 3 years via workshops, surveys via the Involve project (service users who have registered an interest to have a say), the Mental Health Support Services Annual Feedback Survey, the Mental Health Strategic Planning Group and external validation.

3.2 The Mental Health Support Services Annual Feedback Survey has been devised in a way that attempts to capture whether the services provided have been delivered in line with the principles of Recovery. The questionnaire was sent out to 348 service users who had received support services over the past year (2012-13). 94 questionnaires were returned**,** which amounted to around 27% of people who had chosen to respond to the survey.
Of 83 respondents who received support services, 76% felt that they had received enough support from the services. The high amount of people satisfied with the level of support hopefully indicates that support is person centred and responsive to individual need. 17 people said that they would like support in other areas. This represented 18% of respondents. 41% of these additional requests were for help with finding paid work and voluntary work, and 17.5% were for help with education or training. This is similar to figures recorded last year where people wanted help to find paid work, thus providing further justification of the need for Social Firms to create employment and training opportunities for those experiencing barriers to employment.

In line with the principles of Recovery, a number of questions were asked in order to establish whether Support Services are delivering a recovery focussed service. Responses were as follows. When asked "*have we treated you with dignity and respect"?,* 92.5% indicated that they had. 83% of respondents answered that they felt listened to and 76.5% of people said that they felt hopeful for the future as a result of support. 79% of people felt that they had received support in both achieving their own personal goals and in being encouraged and motivated to do things. 77.5% of respondents felt that the support had encouraged them to make their own decisions and 74.5% thought that the support helped with self confidence and recognising strengths.

3.3. Locally Mental Health Support Services was presented with a Flintshire Excellence Award. Nationally, a Social Care Accolade 2013 was awarded by the Care Council for Wales under the category "Better Outcomes through Working Together". This reflects the recovery principle of working in partnership with the individual service user, which continues to underpin the everyday work of the various teams. In addition it highlights the teams' extensive work with voluntary sector partners, with services now employing peer volunteers and having close links with the Peer Mentoring scheme and Involve project. Joint working with our health partner and other departments such as training and housing was commended also. Further national validation

has come from the Service being highlighted by Community Care as ‘best practice’ within the field of Mental Health.

Section 4 - The issues

4.1 It is most important for jointly delivered services that Social Services and Health Services commissioning strategies and intentions are consistent.
The emphasis of the Mental Health measure is on emotional and physical well being with a focus on prevention and early intervention, this should be key to both our strategies.

4.2 There is a need for employment and occupational opportunities, as evidenced by what people had told us in the Mental Health Support services annual feedback survey conducted. 18% of respondents requested support with finding paid work, voluntary work, accessing education and training. We need to strengthen pathways from statutory services to community services; a pathway that focuses on recovery which includes training opportunities that enhance skills of recovery for people.

4.3 We need to continue developing appropriate support services that embrace recovery such as increasing the uptake of Direct Payments and create a culture of supporting people that promotes independence and 'moving on'. We accept that learning from elsewhere that if we are to increase the uptake of Direct Payments by people with Mental Health problems then we need to commission a specialist support service.

4.4 Across all services there are plenty of examples and case studies which demonstrate peoples' successful recovery journeys but we need a more robust performance management system to evidence that we are supporting people to achieve their outcomes. We need a system that captures the positive outcomes that are being achieved by our services. This is work which needs to be done with Health Partners for the joint Community Mental Health Services.

4.5 Despite the great strides we have made there is recognition that we need to do more if we are to fully embed recovery, a particular area appears to be helping people to access information about their communities, as the lowest number of people (64%) who responded to the Mental Health Support Services Annual Survey felt that support had helped them to find out about their community and other important information.

4.6 We need to acknowledge the detrimental impact the welfare changes may have on this client group.

4.7 For many years there has been recognition that a 'befriending scheme' would benefit people and complement our existing services both in house and those commissioned. We would like to see a Social Enterprise considered as a model to deliver such a scheme in Flintshire.

4.8 A real gap for people is the lack of appropriate accommodation. We work closely with our Housing colleagues but believe more could be done as a Directorate, for example exploring models such as the 'honest broker' to capitalise on private land lord opportunities and working with Housing Associations on developments for all our service users not just particular groups.

Section 5- What we need to do / or more of

5.1 In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.

We will continue to work closely with the BCU Health Board to implement the Mental Health (Wales) Measure (Welsh Government legislation), creating more rights for people who use mental heath services. Our focus for 2013 will be to ensure that Assessments and Care Plans reflect a Recovery ethos and we will further embed the recovery approach across all services.

5.2 Re-design Mental Health Support Services to further embed recovery.

5.2.1 We believe that our recovery approach is effectively working. This is evidenced by only 17 people living in a residential setting and most of these have a dementia related illness, whilst everyone else is supported at home in their local community.

To explain what we mean by recovery and what we want to see happening for more people in Flintshire see box below. *A real life case study that charts a person's recovery journey; this has been based on the service user's own account and service records; for the purpose of anonymity we have called him G.*

G was referred to the Intensive Support Team (IST) in 2010. G has mental health problems and excessive drinking was his coping strategy. At the time of referral G had just undergone 2 weeks intensive therapy at a specialised clinic for alcohol abuse and what followed was a further 4 months at Llwyn Y Croes for detoxing and treatment of his mental health problems.

During this 4 month period in hospital IST staff visited him to help prepare him for discharge, G was extremely anxious about discharge and this point in time a residential placement was being considered as an option.

On discharge G returned to his flat with an IST support package consisting of twice daily support sessions Monday to Friday and one daily on Saturday and Sundays. The IST worked with G on a number of needs such as eating patterns, diet, social activities and housing. G had serious issues with leaving his home and would manifest signs of chronic anxiety. A gradual approach was taken by the IST to support G to deal with his anxiety from shopping on set days at set shops to walking down aisles alone. With the support of the IST G introduced routine into his life, such as eating healthy meals 3 times a day, which by is own admission has been a catalyst to him staying away from alcohol.

After 4 months of IST input G's support package was reduced by two evening support sessions a week, which led to increased independence and confidence. To address the anxiety of leaving his

flat the IST team supported G to attend a local drop –in. G was supported to develop his own coping strategies to deal with hearing voices and had 1:1 sessions with a hearing voices specialist.

Vulnerable in his current flat the IST worked with Housing to identify a new flat in a different area. G was very positive about the move to the new flat.

IST introduced G to Growing Places, which at first required staff to accompany him but gradually as his confidence grew G started to make his own way there, and his days attending increased from a half day to a full day to a current 2 days a week. G has benefited from the team work of the Growing Places and in his own words has had opportunities that he has never had in his life such as gardening, sowing seeds, visiting customer's homes etc.

In 2013 G attended the Wellness and Recovery Course (WRAP) and other confidence building courses. His confidence has increased by such a degree, that he has gone on to train as a trainer and now delivers training alongside others to other service users and staff.

G's recovery journey is remarkable, in less than 3 years he has gone from the point of being considered in need of long term residential care to delivering training to others.

However, there is recognition that we need to do more if we are to fully embed recovery. One area identified by people who use our services is help needed to access information about their communities.

5.2.2 As part of the Transformation of Social Services to Adults programme, Mental Health Support Services are undergoing a review. The purpose of the review is to ensure that we have a workforce structure that will be 'fit for purpose' to deliver the recovery approach.

5.3 Increase and promote the range of opportunities for social inclusion which includes Social Enterprises and the growth of the Mentoring and Volunteering Project.

5.3.1 Mental Health Support Services is exploring the social enterprise model to refocus Double Click (a current work scheme). During 2012 we commissioned expertise from Social Firms Wales, staff and service users have been informally consulted and a pilot project has been started. Our voluntary sector partners are also delivering social enterprises. Our goal is to see Double Click become a successful Social Enterprise.

5.3.2 We will focus our energies on the growth of our Mentoring and Volunteering Project. There are several ideas for development one of

them being having mentors to support people to attend WRAP and other training courses.

5.3.3 We need a 'befriending scheme' and will be looking for ways to make this a reality, if finances allow this will be a future commissioning intention or if not a product of a service redesign.

5.3.4 We want to increase the number of people using direct payments and recognise that this hinges on having specialist support.

5.4 Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.

The level of involvement of service users and carers has increased over the past 2 years and there is now a strategic framework in place for involvement at all levels. Significant progress has been made, but we will do more especially in terms of service user and carer evaluation of services and service user run services. Collectively, with partners we will support the Involve project to grow, our goal is to increase the number of mental health services and carers registered on the database by 20% (from 159 to 200) by 2018.

5.5 Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users are involved in delivering training as well as being students.

Our award winning Mental Health Training Programme has meant that all training delivered from our Workforce Development Team has 100% involvement of people who use Mental Health Services and carers in both facilitation and delivery. The Involve project (hosted with Unllais) will advertise training opportunities to all those registered on its database. The 3 month training programme brochure is designed and produced by service users in Double Click. Involvement of people in this way enables them to gain knowledge, qualifications and confidence as their valuable expertise is acknowledged. We will increase involvement by 10% over the next 5 years. We are particularly proud of this initiative as it has led to some people gaining employment as a result. Our goal is to continue to develop this initiative and recognise that further resources will be needed for this to happen. We will consider the need for a designated support worker and organiser.

5.6 The establishment of Wellbeing Centres.

In conjunction with the voluntary sector and Health Partners we want to establish a range of wellbeing centres. These will be places where people can access information, meet others and where a range of activities and services are available. Our goal is to have 1 wellbeing centre in Flintshire within the next 5 years but this is dependent on our partners.

5.7 Further develop accommodation and support.

Through the work of the Specialist Housing Group it is our intention to find the right accommodation and support for people with highly complex needs in their local community. We want to explore as a Directorate creative solutions to the accommodation shortfall.

Jointly with Health Partners and Housing we will be proactive in providing people with the opportunity to return from out of county placements.

5.8 To 'test the market' to ensure that our in- house model for delivery of mental health support services is delivering not only on outcomes for people but is best value.

As part of developing this strategy we did test the market to see if there were any providers who would have the specialist knowledge and staff skills to deliver the community living and intensive support arm of the service which is currently in-house. In response to the speculative notice 6 organisations responded, it was assessed that only 1 had real potential to deliver on the outline proposal with no indication that there would be a significant saving below current 'care and support rates'. It was noted that there may have been some added value of working with some of the providers who responded but again it was agreed that the complementary services currently commissioned from the voluntary sector are already well established and tested in terms of effectively delivering positive outcomes. As such, there will be no gain in us going out to market at this time.

Section 6 - Conclusion

This Strategy sets out our direction of travel for the next 5 years. This Strategy has provided a strong rationale based on the information we have that our joint approach with Health and Voluntary Sector Partners is on the right track to providing people with recovery focussed support. This is clearly apparent from our success in supporting people in the community as evidenced by people's feedback and the relatively small number of people needing residential or nursing placement. As part of the commissioning process we did test the market to see if there were any providers who would have the specialist knowledge and staff skills to deliver the community living and intensive support arm of the service which is currently in-house. However, we came to the conclusion that there will be no gain in us going out to market at this time as such we have decided to sustain our in-house model based on the logic that with a modest level of funding it is delivering outcomes. This has been further validated by wining a Social Accolades 2013 and show cased by Community Care as 'best practice' in mental health services.

Our intention for the next 5 years is to continue to build on the strong foundations we have in place, working collaboratively with Health Partners and Voluntary Sector providers to develop the types of services people want and need. Therefore, to recap, our key priorities for the next 5 years will be:

- In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.
- Re- design Mental Health Support Services to further embed recovery.
- Increase and promote the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.
- Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.
- Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users will be involved in delivering training as well as being students.
- The establishment of Wellbeing Centres.
- Further develop accommodation and support.

Our Council like others is facing unprecedented financial challenges and raising expectations as such we have to do 'better with less'. Our ultimate goal is therefore to provide the best possible services for people with mental Health problems with the reduced money we have available.

Appendix

Appendix 1

However, some of the key Welsh Government policy documents that have shaped this strategy include:

- Practice guidance “Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice” (2010) which sets out our approach to developing future social care services e.g. the role of social enterprises, co-production and outcome based approaches to local and regional commissioning.
- “Mental Health and Social Exclusion Report” (2004) and the “Reaching out: think family Report” (2008). The first demonstrated the level of exclusion which people with mental health problems experience and that discrimination in all areas of life (including the work place) compounded the problem. The second outlined the need for services to support whole families and not just individuals. This has been further developed by the SCIE report “Think child, think parent, think family” (2009).
- Mental Health (Wales) Measure - The Measure is in addition to the Mental Health Act 1983 and places additional statutory duties on mental Health services which are provided jointly by Health Partners and Local Authorities. The Mental Health Measure requires the establishment and development of a local primary care mental health support service. Improved coordination of care, care planning for secondary mental health service users, assessments of former clients of secondary services and increased mental health advocacy. We are successfully working with Health Partners to implement the Action Plan and address the national requirements and statutory duties.
- “Together for Mental Health” (2012 – 2016) – is the new Welsh Government strategy and delivery plan. This aims to work towards a single, seamless, comprehensive system for addressing all mental health needs irrespective of age. It’s priority is to take the next step, closing gaps in provision where they exist, improving consistency of quality and making connections across Government, recognising the intimate links between mental health and housing, income, employments and education’.
- Findings from the Wales Audit Office follow up review in Adult Mental Health Services 2011 included the recommendation ‘Strengthen arrangements for involving service users in planning and managing their care’.
- “Housing services for adults with mental health needs” (2011) found that in housing policies and practices are still not adequately supporting people with mental health problems
- Tackling the causes and consequences of poor health and health inequalities, known to be experienced by people with mental health problems and carers is consistent with a number of national, regional and local strategic documents including ‘Our Healthy Future’, the ‘Local Public Health Strategy Framework’ and ‘Flintshire Health, Social Care and Well being Strategy 2011- 2014’. We know that current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about

25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia show a decrease in life expectancy between 12-15 years. Obesity, poor diet and an inactive lifestyle are also contributory factors associated with severe mental illness and poor physical health.

- We know from research that there are a wide range of risk and protective factors for mental disorders and poor mental health which will influence our design of services and interventions [see Appendix 2 adapted from WHO (2004) Prevention of mental disorders: effective interventions and policy options: summary report].
- We know from research that there are a wide range of risk and protective factors for mental disorders and poor mental health which will influence our design of services and interventions [see Appendix 2 adapted from WHO (2004) Prevention of mental disorders: effective interventions and policy options: summary report].
- The Social Services & Wellbeing (Wales) Bill 2014-2016 addresses two primary requirements: a) To improve and enhance the wellbeing for people who need care and support, and carers who need support by providing a core legislative framework to underpin the policy objectives stated in *Sustainable Social Services for Wales: A Framework for Action (2011)* and b) create a single modern law which can be easily understood by all.

Appendix 2

Social, Environmental and Economic Determinants of Mental Health	
Risk Factors	Protective Factors
Isolation and alienation Lack of education, transport, housing, recreational facilities. Neighbourhood disorganisation, violence and crime. Socio-economic disadvantage. Poverty, poor social circumstances. Work stress, unemployment. Poor nutrition. Social or cultural injustice and discrimination. Peer rejection. Violence and anti-social behaviour.	Empowerment. Positive interpersonal interactions. Social support and attachment to community networks. Social responsibility and tolerance. Access to social services and a variety of leisure activities. Social participation and inclusion. Economic security and access to meaningful employment.
Individual and Family Determinants of Mental Health	
Risk Factors	Protective Factors
Parental mental illness. Loneliness, social isolation. Parental substance misuse. Low birth weight, birth complications. Personal loss – bereavement. Stressful life events. Physical, sexual and emotional abuse. Family conflict/discord/violence. Substance misuse	Ability to cope with stress. Physical activity. Good parenting, stable and supportive family environments. Feelings of security, mastery and control. Self-esteem. Good physical health. Social skills. Positive attachment and early bonding. Pro-social behaviour.

Appendix 3 Mental Health Service – The Joint Vision

We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical health, education, occupation, income, accommodation, relationships, social support, social roles, and spirituality).

We will provide responsive services which help people recover and maintain their role in society

Our visions which are joint with Health Partners are translated into key outcomes for our Mental Health and Substance Misuse Service users and the service as a whole [4]:

Outcomes for our Service Users:

Holistic Assessment
Service users to receive a holistic assessment of all their needs.

Treatment & Rehabilitation
Substance Misuse Service users to have access to a range of evidence based quality treatment and rehabilitation services

Lives they choose.
Service users controlling their own support
Service users in receipt of direct payments

Mental Health/ Well being
Quality of life, confidence and self esteem for service users.
Service users able to manage own mental distress.

Physical Health
Improved physical health for service users
Service users taking regular exercise

Education/ training
Service users accessing education and training opportunities.
Service users attaining qualifications.

Occupation
Service users preparing for employment by building their work capacity and skills or looking for work.
Service users entering and / or retaining paid employment.
Service users volunteering in mainstream settings.
Service users taking part in local community activities.

[4] Based on Outcomes Framework for Mental Health Partners Services – National Inclusion Programme 2009

Accommodation/ Income
Service users receiving appropriate benefits / financial advice.
Service users living in independent accommodation.
Social Networks/ Relationships/ Roles
Service users increasing the size and range of their social networks.
Service users maintaining social and caring roles

Spirituality
Recognition of the importance that spirituality can have for the well being and recovery of some service users.

Outcome for our Service:
Service that is responsive –

Involvement
Service users satisfied with the delivery and outcomes of service.
Service users reporting that they have achieved their goals.
Service user involvement in the design, delivery, management, review and development of services.
Service users involved in delivering services and/ or activities.

Diversity
Equality of access to mental health and substance misuse services for all people with mental health problems and / or drug and alcohol problems.
Services which specifically meet the needs of under represented groups.

Appendix 4

Analysis of current position
The following analysis of our current position is the overview of our service evaluation, within the Annual Council Reporting Framework (ACRF).

We are now in our third year of reporting on our performance as part of the Annual Council Framework and this is the third overview of our Mental Health and Substance Misuse Services. It is an opportunity to set out where we are at, in particular how well we have been doing on the improvement priorities we identified at the end of 2010 and where we are going in 2012.

Key to everything we do is ensuring that people know about our services, during 2011 with service users we produced a generic mental health leaflet, our next step will be to ensure that it is distributed to the places where people look for information. Also during 2012 we want to re visit the work we have started with partner agencies to develop a joint plan to ensure that people get the right information in the right format at the right time.

We know that if eligible once people find out about us they do not have to wait to access our services apart from our Substance Misuse Service and Primary Care Mental Health Support Service (First Access). In relation to our Substance Misuse Service we were within Welsh Government Key Performance Indicator targets for an 8 month period last year and we are confident that we will back in this position once staff vacancies are filled. Waiting times have also been reduced last year with the introduction of our new satellite clinics based in 2 hospital and 1 G.P setting and service users tell us they find this an easier way to access our service. We reported in our last years overview that the implementation of the new all Wales specialist assessment and care planning documentation for substance misuse services (WIISMAT) was delayed pending an evaluation of the documentation by Welsh Government, we are pleased to report that this has been done and full implementation has been achieved and we look forward to the findings of the April 2012 review.

As part of the Mental Health Measure we are well underway with the implementation of our new service delivery plan for our First Access Service which was re- named Primary Care Mental Health Support Service, which is more in keeping with it's relocation into G.P. practices. Delivering the service in this way means that service users are not waiting too long to access the service, the average waiting time is now down to 3 weeks. Also a key perceived benefit of delivering mental health in G.P practices is that it normalises the experience for the service user and reduces stigma. We have anecdotal reports that the new way of service delivery is working for service users but we will be looking at ways to formally evaluate and get feedback from the G.Ps.

We were particularly concerned that we were not identifying young carers when they came into contact with our services. To try to better understand how we could improve our identification of young carers we undertook a snap-

shot family audit across our Community Mental Health Teams and Community Drug and Alcohol Team. This showed that where a young carer was identified, an assessment and support was offered in the majority of cases. 16 young carers were identified and 12 agreed to a young carer's assessment. Although this is positive we recognise that further work needs to be done to ensure young carers are identified even when their role is not initially apparent to our teams.

In addition to joint working with Children Services to become a more family focussed service we continue to work closely with many different teams and services within the council such as Housing. We have over the last 2 years introduced joint working protocols between teams and have developed the link worker model in a bid to improve working relations. We recognise that we have yet to evaluate whether the range of measures we have put place to improve joint working have made any difference to our service users, especially those service users who have a dual diagnosis such as Mental Health and Learning Disabilities or Mental Health and Substance misuse, this will be a priority for us in 2012.

Our Mental Health and Substance misuse services saw continued efforts to embed the recovery approach in 2011. The recovery approach seeks to provide services that help people make their own recovery rather than them becoming dependant on long term social care. The recovery approach recognises that people have the right to build meaningful lives as defined by themselves regardless of their mental health problems. The focus is on strength and well- being and central to the recovery approach is hope.

Our Wellness and Recovery Planning (WRAP) courses have increased the number of colleagues and service users now trained in using the technique. From December 2010 to December 2011 43, colleagues undertook training and in May 2011, 14 went on to qualify as WRAP trainers, 8 of who use our services. This trained pool of staff and service users will increase understanding of the recovery approach within the Mental Health and Substance misuse teams.

We know that as a result of this work people's care plans are becoming more focussed on recovery which includes a person's employment, social roles, occupation and housing needs because:

- The numbers accessing our support services have increased. For example Next Steps a service we provide that supports and guides people to access education, training, voluntary work and employment has seen a 24% increase in people using it's service in March 2011 compared to March 2010. We are really pleased that 5 people have been supported to get a job.

- Also, in response to need last year we set up and funded a volunteer mentoring project, hosted with Mind. The project is already getting great results, having supported 18 Mental Health service users to

undertake volunteering, 2 of whom have gone on to secure full time employment (November 2011).

- To give hope to others people have continued to share their journeys of recovery in our successful Mental Health Mindful Newsletter.

We recognise that with Health Partners we do need to find more systematic ways of measuring how well we are embedding the recovery approach and what difference it is making to every service user, our Mental Health Support Service will be looking at revising their satisfaction survey to this end.

We do recognise that meeting the housing needs of people with mental health problems remains a huge challenge, as highlighted in the Mental Health Welsh Audit Report but we will continue to work with partners in Housing to make progress, an idea we are looking to explore in 2012 is to a run a workshop which would involve all our Housing links with the focus on finding creative resolutions.

The volunteering mentoring project is just one of a number of services we have developed or continued to develop in 2011 with voluntary sector partners. We achieved our priority to set up Get2together, hosted with Hafal, an organisation that has an exemplary record of supporting our carers of people with mental health problems in Flintshire. The role of the Get2together post is to identify and support carers and families of people with Substance Misuse problems. It is early days, but already 20 carers from historically a difficult group to engage have been identified and supported in a number of different ways such as drop-in groups and on a 1.1. We have continued to work closely with the Involve project to implement our service user and carer involvement strategy, and during the last year the number of service users and carers on the database has continued to increase, the totals now stand at 159. We are pleased that we now have a trained pool of 16 service users and carers in the staff recruitment process and that all interviews that have and will take place will have a service user on the panel. We do have representation on our planning groups but attendance has fluctuated. Service users have told us that they struggle with the concept of being a representative. As such an ongoing area of priority for us for 2012 will be to identify more appealing ways to encourage service users and carers to get involved in the development and evaluation of our services.

- We have taken the decision not to formalise the joint working arrangements with the BCU Health Partners Board our Community Mental Health Team and Community Substance Misuse Service, as we get all the benefits from our existing informal arrangements which work very well.

Appendix 5 – Mental Health Support Services Annual Service User Feedback Report 2012-13.

The Mental Health Support Services survey has been devised in a way that attempts to capture whether the services provided have been delivered in line with the principles of Recovery. The opportunity was also provided for people to give any general feedback about the service or highlight any improvement areas.

The questionnaire was sent out to 348 service users who had received support services over the past year (2012-13). 94 questionnaires were returned**,** which amounted to around 27% of people who had chosen to respond to the survey. 83% of the questionnaires returned were named, this enabled managers to respond to requests for further support or to follow-up any other actions.

Of 83 respondents who received support services, 76% felt that they had received enough support from the services. The high amount of people satisfied with the level of support hopefully indicates that support is person centred and responsive to individual need. However, only 65% of respondents indicated that they had a support plan completed within 6 months, as is the required standard of support services. 16% were unsure and 15% thought that they did not have one. Where people gave their names, this will be checked and support plans completed where necessary and copies given.

The most frequent type of service received was for shopping which was received by 33% of respondents. This was followed by support with social and support groups at 30%, followed by sports activities at 28% and household tasks at 27.5%. Help with using public transport was received by 25.5% of people. The lowest percentages were recorded as help with finding paid work at 6% and support with spiritual, faith and cultural activities at 7%.17 people said that they would like support in other areas. This represented 18% of respondents. 41% of these additional requests were for help with finding paid work and voluntary work, and 17.5% were for help with education or training. This is similar to figures recorded last year where people wanted help to find paid work, thus providing further justification of the need for Social Firms to create employment and training opportunities for those experiencing barriers to employment. All respondents who requested additional support and who provided their names will be contacted by support services in order to try and fulfil their requests.

In line with the principles of Recovery, a number of questions were asked in order to establish whether Support Services are delivering a recovery focussed service.
Responses were as follows. When asked "*have we treated you with dignity and respect"?,* 92.5% indicated that they had. 83% of respondents answered that they felt listened to and 76.5% of people said that they felt hopeful for the future as a result of support. 79% of people felt that they had received support in both achieving their own personal goals and in being encouraged and motivated to do things. 77.5% of respondents felt that the support had

encouraged them to make their own decisions and 74.5% thought that the support helped with self confidence and recognising strengths.

Overall, the above responses seem to indicate that Support Services are generally practicing in a recovery oriented way and percentages were an improvement on last year. However, in a similar vein to last year's results, the lowest number of people (64%) felt that support had helped them to find out about their community and other important information. This will again be tackled via the Support Services Improvement Plan for the coming year.

34 respondents gave positive feedback about the Mental Health Support service and some of these have been included in Flintshire County Council's compliments report.
Statements included:

"*there are no barriers between staff and service users",*
"have helped in providing useful contacts and positive support when I am experiencing difficulties",
"I finally feel that I can see the light at the end of the tunnel and I'm getting my life back on track",
"the ongoing work is helping me to fit into society, building my confidence and independence".

4 comments involved negative feedback or suggested improvements to services. These involved: the need for more accessible information and longer support sessions, not feeling listened to, and communication difficulties/ lack of identification with service user on the part of staff.