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Cyngor Sir y Fflint Flintshire County Council

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To: Councillor Carol Ellis (Chair)

Councillors: Mike Allport, Marion Bateman, Jean Davies, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Ian Smith, Martin White and David Wisinger

8 June 2018

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 2.00 pm on Thursday, 14th June, 2018 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

A G E N D A

1   APOLOGIES

Purpose: To receive any apologies.

2   MINUTES (Pages 3 - 8)

Purpose: To confirm as a correct record the minutes of the meeting held on 10 May 2018.

3   DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Purpose: To receive any Declarations and advise Members accordingly.

4   BETSI CADWALADR UNIVERSITY HEALTH BOARD

Purpose: To provide a general update on Primary Care and Community Services.

5   WELSH AMBULANCE SERVICES

Purpose: To receive a presentation by the Welsh Ambulance Services NHS Trust on ambulance performance in the Betsi Cadwaladr University Health Board area.

6   REGIONAL MENTAL HEALTH STRATEGY (Pages 9 - 126)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To consider and support the Regional Strategy

7   ANNUAL DIRECTORS REPORT (Pages 127 - 168)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To consider the draft Report

8   YEAR-END COUNCIL PLAN 2017/18 MONITORING REPORT (Pages 169 - 196)

Report of Social and Health Care Overview & Scrutiny Facilitator - Cabinet Member for Social Services

Purpose: To review the levels of progress in the achievement of activities, performance levels and current risk levels as identified in the Council Plan 2017/18

9   ROTA VISITS

Purpose: To receive a verbal report from Members of the Committee.

10   FORWARD WORK PROGRAMME (SOCIAL & HEALTH CARE) (Pages 197 - 204)

Report of Social and Health Care Overview & Scrutiny Facilitator

Purpose: To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee

Yours sincerely

Robert Robins
Democratic Services Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
10 MAY 2018

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Thursday, 10 May 2018

PRESENT: Councillor Carol Ellis (Chair)
Councillors: Mike Allport, Marion Bateman, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Andrew Holgate, Kevin Hughes, Rita Johnson, Dave Mackie, Hilary McGuill, Ian Smith, and Martin White

SUBSTITUTIONS: Councillors Dave Hughes for David Wisinger, and Paul Johnson for Mike Lowe

ALSO PRESENT: Councillor Patrick Heesom

APOLOGIES: Senior Manager, Children and Workforce

CONTRIBUTORS: Chief Officer (Social Services), Senior Manager Safeguarding and Commissioning, Complaints Officer for Social Services, and Commissioning Manager. (Minute no.5) Ann Woods, Chief Officer, Flintshire Local Voluntary Council

IN ATTENDANCE: Social & Health Care Overview & Scrutiny Facilitator and Democratic Services Officer

1.   **APPOINTMENT OF CHAIR**

      The Social & Health Care Overview & Scrutiny Facilitator advised that it had been confirmed at the Annual Meeting of the County Council that the Chair of the Committee should come from the Independent Group. As Councillor Carol Ellis had been appointed to this role by the Group, the Committee was asked to endorse the decision.

      RESOLVED:

That Councillor Carol Ellis be confirmed as the Chair of the Committee.

2.   **APPOINTMENT OF VICE-CHAIR**

      Councillor Cindy Hinds nominated Councillor Gladys Healey as Vice-Chair of the Committee and this was seconded by Councillor Andy Dunbobbin.

      On being put to the vote Councillor Gladys Healey was appointed Vice-Chair of the Committee.

RESOLVED:

That Councillor Gladys Healey be appointed Vice-Chair of the Committee.

3. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

4. **MINUTES**

The minutes of the meeting held on 29 March 2018 were received.

Accuracy

Page 7, item 54: Councillor Marion Bateman said that her visit to Croes Atti had been positive and asked that this be recorded in the minutes.

RESOLVED:

That, subject to the above amendment, the minutes be approved as a correct record and signed by the Chair.

5. **SOCIAL CARE THIRD SECTOR SERVICES**

The Chief Officer (Social Services) introduced a report on the annual review of the social care activity undertaken by the Third Sector in Flintshire. He advised that the report detailed some recent work carried out in reviewing services commissioned through the Third Sector and provided an overview of the range and breadth of services supported by the Council. The report also detailed the approach taken to co-produce new and innovative services including the disability service which was to be procured in the next couple of months and the learning disability day and work opportunities services.

The Chief Officer referred to the main considerations as detailed in the report and advised that Flintshire had a thriving voluntary/third sector which provided support and services to Flintshire residents. The implementation of the Social Services and Well-being Act (Wales) 2014 had seen further development of services to ensure duties within the Act were met.

The Chief Officer advised that Flintshire Local Voluntary Council (FLVC) was the umbrella and support organisation for over 1200 voluntary and community groups based in Flintshire and was involved in a range of local and regional partnerships. He introduced Ann Woods, Chief Officer, FLVC, and invited her to give an overview of the support the FLVC provided to the Council on projects and developments.

Mrs. Woods advised that the FLVC continued to work in partnership with Statutory and Third Sector colleagues to promote, support, and develop multi-agency approaches to Public Service delivery. She distributed a paper which

provided some examples of the collaborative Health and Social care initiatives that the Council and FLVC were working on.

In response to a query from Councillor Cindy Hinds, Mrs. Woods advised that the role of the Health and Social Care Facilitator was to link with the local community and link individuals with services.

Councillor Hilary McGuill asked if electronic signposting to services could be provided via an APP linked to the Flintshire website. The Chief Officer (Social Services) agreed this was something that could be considered. The Chief Officer (FLVC) advised that the Family Information Service and the DEWIS website were both useful signposting initiatives.

Councillor Kevin Hughes referred paragraph 1.10 of the report concerning the Council's intention to establish a process of coproduction for service development and asked if moving to a tendering process would result in a loss of services. The Commissioning Manager explained that there would be no loss of services, however, there may be a change in how disability services were provided.

Councillor Hughes also commented on funding for carer services and asked if there was any assurance that the funding provided by Betsi Cadwaladr University Health Board (BCUHB) would continue. The Chief Officer (Social Services) advised that although he could not give any long term assurance regarding funding, there was no further reductions proposed to funding from the Authority.   The Senior Manager Safeguarding and Commissioning confirmed that funding from BCUHB would continue for a further 18 months.

Councillor Kevin Hughes referred to paragraph 1.12 of the report concerning the regional advocacy contract and asked what would happen following the 1 year extension. The Commissioning Manager advised that when the review had been completed a decision would be taken which would probably be on a regional footprint.

The Chair commented on the Social Services Well-being Act and the responsibilities placed on the Council to provide additional services but said there were no extra resources from Welsh Government to address the challenges.

The Commissioning Manager advised that the new requirements to undertake an annual review of all carers created greater demands and that the Carer's Strategy Group was working to ensure that the budget available was used in the best possible way to meet the requirements of the Act.

The Chief Officer (Social Services) advised that the North East Wales Carer's Information Service (NEWCIS) had secured significant funding.

RESOLVED:

(a)   That the social care activities that are being delivered within the third sector in Flintshire be noted; and

(b)   That the Third Sector's valuable contribution in providing support and services to the Social Care Sector be recognised.

6.   ANNUAL REPORT ON THE SOCIAL SERVIES COMPLAINTS AND COMPLIMENTS PROCEDURE 2017-18

The Chief Officer (Social Services) introduced a report on the Annual Report on the Social Services Complaints and Compliments Procedure. He provided background information and advised that the percentage of complaints from adults on the services received had dropped since the previous year although the number of referrals had increased. The Chief Officer explained that all complaints were scrutinised and used to improve both services as part of a 'lessons learned' process.   He invited the Complaints Officer for Social Services to present the report.

The Complaints Officer for Social Services referred to the main considerations, as detailed in the report, concerning complaints received by Social Services for Adults and Social Services for Children. He advised that a summary of the complaints across both service areas was appended to the report.

The Complaints Officer also advised that Adult Social Services received 204 compliments during the year which was an increase on the previous year, and Children's Social Services recorded 82 compliments during the year from families and the Courts. A summary of the compliments received was appended to the report. The Complaints Officer advised that responding to complaints in a timely manner would be raised again with managers at the May meeting in response to the drop in response times by Social Services for Adults.

Councillor Hilary McGuill commented that many of the complaints were due to a need for "better" communication with individuals and asked how the Service would seek to improve this.   The Chief Officer said the Service was not complacent and commented that partner agencies were also involved in service provision. He acknowledged the need to strive for improvement in communications with individuals.

Councillor Kevin Hughes commented that some of the complaints received seemed to be multiple complaints from the same person. The Complaints Officer confirmed that this was not the case.

Councillor Marion Bateman queried the time limit for dealing with complaints. The Complaints Officer explained that most would be addressed within 10 days although some complaints took longer to resolve.

In response to a query from Councillor Ian Smith it was agreed that a list of all acronyms used in reports to the Committee would be provided to Members.

In response to a question from Councillor Hilary McGuill, the Senior Manager Safeguarding and Commissioning confirmed that there were no complaints received by Social Services for Children which had related to a Serious Case Review. She commented on the learning from regional safeguarding reviews and cross border child practice reviews.

RESOLVED:

That the effectiveness of the complaints procedure with lessons being learnt to improve service provision be noted.

7. **ROTA VISITS**

Councillor Kevin Hughes reported on his visit to AROSFA. He said his visit had been positive and that he had been impressed by the high standard of care provided by staff.

RESOLVED:

That the information be noted.

8. **FORWARD WORK PROGRAMME**

In presenting the Forward Work Programme, the Facilitator referred to the items for the next meeting of the Committee to be held on 14 June, and drew attention to the visit by representatives of Betsi Cadwaladr University Health Board and the Welsh Ambulance Service NHS Trust. She asked Members to send her any specific questions they wished to raise with the representative by Friday, 18 May.

Following a suggestion by the Chair it was agreed that representatives of the L'Arche Community be invited to attend a future meeting of the Committee to raise awareness of its work. .

It was also agreed that representatives of the Community Health Council be invited to attend the meeting of the Committee to be held on 31 January 2019.

RESOLVED:

(a)   That the Forward Work Programme be updated accordingly;

(b)   That the Facilitator, in consultation with the Chair of the Committee, be authorised to vary the Forward Work Programme between meetings, as the need arises;

(c)   That that representatives of the L'Arche Flintshire be invited to attend a future meeting of the Committee to raise awareness of its work; and

(d)   That representatives of the Community Health Council be invited to attend the meeting of the Committee to be held on 31 January 2019.

9.   <u>MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE</u>

There were no members of the press or the public in attendance.

(The meeting started at 2.00 pm and ended at 3.20 pm)

…………………………
Chair

SOCIAL AND HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 14 June 2018
Report Subject	Regional Mental Health Strategy
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Strategic

EXECUTIVE SUMMARY

This report summarises the main elements of the North Wales Mental Health strategy, Together for Mental Health. The report is a 5 year plan for BCUHB to develop mental health services and to work with partners to improve services for the citizens of North Wales, alongside partners including the council. A delivery Plan for the implementation of the strategy is included. BCUHB lead officer will present the strategy and this report serves to introduce the strategy and present the main themes.

RECOMMENDATIONS	
1	Scrutiny consider and comment on the North Wales Together for Mental Health Strategy
2	Scrutiny consider how Flintshire County Council can further contribute to the strategy.

REPORT DETAILS

1.00	EXPLAINING THE REGIONAL MENTAL HEALTH STRATEGY
1.01	This is a new strategy for mental health in North Wales, developed by Betsi Cadwaladr University Health Board (BCUHB). This is an all-age mental health strategy, but does not encompass either substance misuse services

		or learning disability services. We will develop separate strategies for each of those two services.
	1.02	This strategy has been coproduced with service user and staff involvement, and prepared in close consultation with our partners in North Wales. When the strategy is approved, we will prepare a detailed action plan for its implementation.
	1.03	Responsibility for developing and implementing this strategy is shared across three levels, the Mental Health & Learning Disabilities Division within, BCUHB and the wider health and care system including partners such as Local Authorities and Third Sector organisations. Much of what is planned here, to be implemented successfully, will need the active support and commitment of partners working together across North Wales, although, some actions can be taken forward by BCUHB independently.
	1.04	The strategy commits us to adopting six key principles in everything we do: • We will treat people who use our services, and their carers and families as equal partners – all of us must be seen as essential assets in improving the mental health and wellbeing of the communities of North Wales • We will ensure everything we do is as integrated as possible – across disciplines, across agencies, across services – in both planning services, and delivering services. Fragmented care must be replaced by joined-up and continuous care. • We will work to ensure everyone feels valued and respected • We will support and promote the best quality of life for everyone living with mental health problems • We will promote local innovation and local evaluation in how we provide services • We will continually measure our impact on outcomes, within both national and local quality and outcomes frameworks – whether we have improved the lives of people for and with whom we provide services.
	1.05	The strategy confirms our aim to offer a comprehensive range of services which: • Promote health and wellbeing for everyone, focussing on prevention of mental ill health, and early intervention when required; • Provide evidence based interventions for people with common mental health conditions in the community as early as possible. • Are community-based wherever possible, reducing our reliance on inpatient care • Identify and provide evidence based care and support for people with serious mental illness as early as possible; • Manage acute and serious episodes of mental illness safely, compassionately, and effectively; • Support people to recovery, to regain and learn the skills they need after mental illness • Assess and provide effective evidence based interventions for the full range of mental health problems, working alongside services for people with physical health needs.

1.06	The strategy therefore commits us to a wide range of specific actions and ambitions. Significant amongst those are: • New services and approaches will be available to promote good mental health: promotion of the five ways to wellbeing; schools-based programmes; employer-based approaches; welfare rights and money advice • A Family approach will be taken ensuring all are attended to and the assets of the family and community are valued • Peer support and other services will be available as a step-down option from statutory community care • Social prescribing will be more widely available, promoting access to education, exercise, personal and creative development. • We will improve the availability of a range of psychological therapies, including online therapeutic interventions • People experiencing first episode psychosis will have access to the full range of NICE-approved interventions, this is a joint model Adult Mental Health and CAMHS for young people aged 14 – 25years • There will be alternatives available to inpatient admission for those able to manage safely in more intensive community situations • All ward environments will be fit for purpose, safe and humane • Information about patients' history, and care and treatment plans will be available in real-time to all staff working with them • There will be a realistic and sustainable fit between our service commitments, and the numbers and skills of staff to deliver them • We will ensure full and effective governance of both our commissioned services, and those we directly provide.
1.07	BCUHB will aim to develop closer and stronger working relationships with all partners to ensure the successful implementation of this strategy.
1.08	The strategy is taken forward by a steering group chaired by the Vice Chair of the Health Board, Margaret Hanson. The Chief Officer for Social Service sits on this board. The overall governance for the strategy is also taken forward by the Regional Partnership Board, a statutory board set up under Part 9 of the Social Services and well-being Act., on which the Cabinet Member for Social Service sits, supported by the Chief Officer for Social; Services .
1.09	Lesley Singleton is the lead officer in BCUHB for the strategy and will present the report to committee

2.00	**RESOURCE IMPLICATIONS**
2.01	None specifically arising for the council, arising from this report.

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	Extensive consultation was taken forward by BCUHB officers concerning the completion of this stagey, including discussion at the Regional Partnership Board. The discussion with scrutiny committee will be a further important phase of this consultation , extensive consultation with service users, carers and the third sector agencies have been a feature of the development of the strategy

4.00	**RISK MANAGEMENT**
4.01	As a key partner the council is asked to consider and support the strategy.

5.00	**APPENDICES**
5.01	The strategy
5.02	The delivery plan

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	A full delivery plan for the implementation of the strategy is appended to the document on appendix 2 **Contact Officer:** Neil Ayling, Chief Officer Social Services **Telephone:** 01352 704511 **E-mail:** neil.j.ayling@flintshire.gov.uk

7.00	**GLOSSARY OF TERMS**
7.01	

Together for Mental Health

A Strategy for Mental Health and Wellbeing in Wales

Ministerial Forewords

When I launched our *Programme for Government* in 2011 I made a clear statement that creating the Wales of the future is something that involves all of us. What this means is that no matter in which field or area we work, be it health, education, housing, the economy, or elsewhere, our actions are all intertwined. The decisions we take in one area can have a positive or negative effect in others, the impact of which can far outlast the original decision. That is why this Welsh Government has made sustainable development our central organising principle, a desire to improve social, economic and environmental wellbeing to the benefit of the people and communities of Wales.

Together for Mental Health exemplifies this approach. It sends a clear message that the delivery of the improvements in mental health and wellbeing we want to see can only be achieved by concerted effort and commitment on behalf of all Welsh Government departments and our partners. This is why, on behalf of my Cabinet colleagues, I am pleased to commit the Welsh Government to delivering this Strategy.

Welsh Ministers are embracing their responsibilities to deliver improvements in mental health and wellbeing across their departments and portfolios. This may be by improving mental health awareness in the workplace, recognising the impact of child poverty or acknowledging the importance of sports and culture, not just to our national identity but also to our individual and collective emotional wellbeing. Put simply, we all have a role and responsibility to deliver the objectives and outcomes arising from this Strategy. Equally, we all stand to benefit from its success, be that in a healthier population and workforce, which will help drive the economic regeneration we wish to see in our economy, or in stronger, more cohesive communities.

Developing good mental health and resilience in individuals is about developing a more socially just Wales. Welsh Ministers have committed to place this Strategy at the heart of policy development and we expect all of those who work with us to do likewise.

Rt. Hon. Carwyn Jones AM
First Minister
October 2012

I am pleased to present *Together for Mental Health*, our new, age inclusive, cross-Government Strategy for mental health and wellbeing. This Strategy elicited considerable interest during its consultation, with over 250 written responses helping to shape the final content.

We all recognise the importance of a healthy lifestyle but fewer of us take time to consider our mental health. A quarter of us will experience mental health problems or illness at some point, having an enormous effect on those around us. Worse still, sufferers often face discrimination and stigma.

Together for Health, our 5 year vision for the NHS is clear that good health is vital to the creation of a prosperous, successful and sustainable Wales. Addressing the disadvantages faced by people with mental illness and ensuring equal access to care and treatment is essential to this. *Together for Mental Health* builds on improvements in mental health services over the last 10 years, including the legal requirements of *The Mental Health (Wales) Measure 2010*. It takes this work forward, providing a long-term commitment to improve mental health and wellbeing, backed by significant funding.

The economic constraints we face mean services need to be redesigned to maintain standards and meet future demands. A key theme of this Strategy is the need to bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages.

No single body or sector can transform mental health in Wales. It is not the preserve of the NHS and Social Services alone. Only a partnership across the Public and Third Sectors can deliver sustainable improvement. The Third Sector has a significant role as service providers, advocates and in raising awareness. The people of Wales are also key partners as each citizen has a personal responsibility for their own health and wellbeing.

Together for Mental Health is the approach we have taken in developing the Strategy. It will continue as we progress this work together through our new National Mental Health Partnership Board that will oversee delivery and implementation.

I invite you to join with us to deliver this challenging but achievable Strategy for mental health and wellbeing in Wales.

Lesley Griffiths AM
Minister for Health and Social Services
October 2012

Executive Summary

Overview

Together for Mental Health sets out our ambitions for improving mental health and our vision for 21st century mental health services. It is the first mental health Strategy for Wales that covers people of all ages. Previously we have had separate strategies for children, for adults of working age and for older people, yet feedback we have had from those using the services is that it is at the points of transition between services that care and treatment can break down. As a result, this Strategy should ensure that transfers between services are based on need and not on artificial age boundaries. It replaces those former age-based strategies and National Service Frameworks (NSFs).

The Strategy reinforces the need to promote better mental wellbeing among the whole population. It addresses the needs of people with mental health problems or a mental illness, ensuring those vulnerable people in most need receive the appropriate priority. It focuses on how to improve the lives of service users and their families using a recovery and enablement approach. It updates current policy, putting the requirements of *The Mental Health (Wales) Measure 2010* at the heart of what we do. It is committed to person-centred holistic care, engaging in all aspects of a person's life. For children, it embeds *The Rights of Young Children and Young Person's (Wales) Measure 2011* and consideration of the United Nations Convention on the Rights of the Child (UNCRC).

Together for Mental Health recognises the impact and costs borne by individuals, families, society and the Welsh economy from poor mental health and mental illness. It also recognises the potential broader health and economic gains that can be realised by improving the mental wellbeing of people in Wales.

It was developed through engagement and formal consultation with key partner agencies, stakeholders, service users and carers. In order to ensure the Strategy is having an impact, it is supported by a Delivery Plan setting out the detailed actions for Welsh Government and partner organisations to ensure continued progress. A new National Mental Health Partnership Board (NPB) is being established to oversee delivery of the Strategy.

Chapter 1 sets out our intent to promote mental wellbeing and where possible prevent mental health problems developing, improving individual and community resilience. It looks at action that can be taken at a Government level to tackle poverty, reduce inequalities and ensure sustainable development. It looks at actions in the community, particularly in schools and workplaces, to encourage better mental and physical health, improved training and qualifications and job satisfaction. It also looks to what we can all do as individuals to sustain and improve our mental wellbeing. Together, these actions will help to improve people's mental health and to bring about a vibrant and flourishing Wales.

Chapter 2 sets out a new partnership with the public. This chapter recognises that Wales has an increasingly diverse population. Taking a human rights based approach, it emphasises that access to support and treatment must be based on need and not on age, gender reassignment, race, disability, marriage and civil partnership, pregnancy and maternity, religion or belief, sex or sexual orientation. It emphasises that assessment and treatment in the Welsh language can be an issue of clinical need.

We want people of all ages to know how to stay mentally healthy and have access to up-to-date information on how to take care of their mental health. We will support action to change attitudes to mental illness, tackling the stigma and discrimination faced by people with mental health problems which results in them being treated unfairly and not getting the same opportunities as others.

This chapter underlines the importance of people being fully involved in the decisions that affect their lives, the care, support and treatment they get, and where and how they get help and services. Under *The Mental Health (Wales) Measure 2010,* all those using secondary mental health services will have Care and Treatment Plans and the support of a Care Co-ordinator.

The voices of service users, their carers and families must be heard at an individual, operational and strategic level. Their priorities and perspectives must be fully considered in designing and evaluating services. This requires the development of mechanisms that actively involve service users of all ages, together with their families and carers, in monitoring the quality and efficacy of services.

This chapter recognises the vital role that carers of all ages play in the care and treatment of people with mental health problems. It sets out the rights of carers and the responsibilities of the NHS and local government to respond to their needs.

Chapter 3 describes our vision for a well designed, fully integrated network of care. It is based on the recovery and enablement of service users throughout the life course, helping people to live as fulfilled and independent lives as possible. *Together for Mental Health* emphasises the value of timely interventions, access to psychological therapies and well-managed transitions between, for example, child and adolescent and adult services. Support and treatment must be safe, therapeutic and evidence-based. The chapter sets out the value of holistic care which recognises the importance of addressing people's biological, psychological, social and spiritual needs.

This chapter provides a vision of improved service delivery in the community, hospital and criminal justice settings and sets out a number of priority areas for action. It recognises the effect of a person having to deal with co-occurring issues alongside their mental health problems, such as alcohol or drug abuse. By working together across health and social care, in partnership with the Third Sector and with other sectors, we can make sure that services are more responsive to the range of people's needs, are of the best quality and provide value for money.

Chapter 4 highlights a range of factors in people's lives which can affect mental health and wellbeing. These build on the '8 Areas of Life' used in Care and Treatment Planning:

- Rights and entitlements; finance and money
- A safe home or accommodation
- Health, personal care and physical wellbeing
- Early years, school, education and training
- Work, occupation and valued daily activities
- Family, parenting and / or caring relationships
- Access to play, sports and friends; social, cultural or spiritual needs
- Medical and other forms of treatment including psychological interventions.

In line with the *Programme for Government*, it identifies the contributions required from Welsh Government, Local Government, the NHS, Third Sector, providers of education, training and life-long learning, employers, criminal justice and a range of other agencies. Taking this approach will help to address the disadvantages faced by people with mental illness and as a result will benefit individuals, society and the economy.

Chapter 5 concludes with an overview of how we will make the vision a reality. This final chapter sets out how the Strategy will work at national and local levels and how the new NPB will make this happen. The supporting Delivery Plan sets out what we need to achieve, and by when and how we will know we have been successful.

This chapter recognises the importance of a skilled and engaged workforce and of good leadership. Linked to this is a commitment to adopt an approach that focuses above all on measurable outcomes for the people of Wales, adopting best practice and an evidence-based approach. It re-enforces the Minister's commitment to ring-fencing mental health resources and our need to ensure that in this challenging financial climate, we make every penny count.

What are the outcomes we hope to achieve?

In developing the principles and outcomes for this Strategy, we have considered the joint review of *Child and Adolescent Mental Health Services (CAMHS)*, carried out by the Wales Audit Office (WAO), Healthcare Inspectorate Wales (HIW), Care and Social Services Inspectorate Wales (CSSIW) and Estyn. We have taken account of the findings of recent WAO reports on *Adult Mental Health Services* and *Housing Services for Adults with Mental Health Needs*. We have also consulted with key partner agencies, stakeholders and service user and carer representatives.

This Strategy is focused around 6 high level outcomes:

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

The means of achieving these outcomes are then set out under 'How will we deliver the outcomes?' in each chapter. The following table brings together the outcomes set out in the individual chapters of this Strategy and demonstrates how they contribute to the high level outcomes referred to above.

Measures are identified in Technical Annex 2.

Chapter	Outcome	High Level Outcome
Chapter One: Promoting Better Mental Wellbeing and Preventing Mental Health Problems	1. Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible.	a, e
	2. People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.	a, b, c
	3. Child welfare and development, educational attainment and workplace productivity are improved as we address poverty.	a, c, e
Chapter Two: A New Partnership with the Public	4. People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.	b, c, e

Chapter	Outcome	High Level Outcome
	5. Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.	c, d, e
	6. People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.	a, b
	7. People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.	c, d
	8. People feel in more control as partners in decision making about their treatment and how it is delivered.	c, d, e
	9. Families and carers of all ages are involved in assessments for support in their caring roles.	b, d
	10. People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.	d, e
Chapter Three: A Well Designed, Fully Integrated Network of Care	11. Service users experience a more integrated approach from those delivering services.	d, e, f
	12. People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.	d, e, f
	13. Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.	c, d, e, f
	14. Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.	b, c, d, e, f
Chapter Four: One System to Improve Mental Health	15. People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.	a, b, c, e, f
Chapter Five: Delivering for	16. Staff across the wider workforce recognise and respond to signs and symptoms of mental	a, b, e, f

Chapter	Outcome	High Level Outcome
Mental Health	illness and dementia.	
	17. Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.	c, d, e, f
	18. Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.	b, e, f

Introduction

Why do we need a Mental Health and Wellbeing Strategy?

According to the World Health Organisation (WHO), mental health problems account for 20% of the overall "burden of disease", a larger share than any other single health problem, including cardiovascular diseases (16.2%) and cancer (15.6%). Poor mental health and mental illness have a significant impact on individuals, society and the economy overall.

One Wales: One Planet sets out sustainable development as the central organising principle of the Welsh Government and of the public sector in Wales. Wellbeing is at the heart of this agenda.

Wellbeing

"A positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment and a healthy and attractive environment".

Source: *World Health Organisation (WHO)*

The *Programme for Government* sets out our ambition for the people of Wales, namely, "healthy people living productive lives in a more prosperous and innovative economy: safer and more cohesive communities with lower levels of poverty and greater equality". At the heart of this, is a "commitment to support the development of a fairer society in which every person is able to make the most of their abilities and contribute to the community in which they live".

The promotion of positive mental health and improved mental wellbeing for the population as a whole are key components in realising our ambitions within *Programme for Government.* In particular:

- Addressing health and other inequalities
- Increasing levels of educational attainment and employment
- Tackling poverty, substance misuse, and homelessness
- Reducing the number of young people entering the Youth Justice System.

Taking a strategic, cross-Government approach to this agenda has the potential to deliver important individual, social and economic benefits.

What do we know about mental health and mental illness in Wales?

The Statistics show:

- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime.

- 1 in 6 of us will be experiencing symptoms at any one time. At a time of recession, when levels of stress and anxiety inevitably rise, more people will be affected and suicide rates are likely to increase.

- 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder at any one time.

- 1 in 10 children between the ages of 5 and 16 have a mental health problem and many more have behavioural issues. There is evidence this is increasing.

- Approximately 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many at a much younger age, demonstrating that mental illness can affect people across the course of their lives.

- Between 1 in 10 and 1 in 15 new mothers experience post-natal depression.

- 1 in 16 people over 65, and 1 in 6 over the age of 80, will be affected by dementia. Current estimates are that approximately 43,000 people in Wales are experiencing dementia and this is predicted to increase by over 30% in the next 10 years.

- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

In 2011, we commissioned the Institute of Public Care at Oxford Brookes University to produce *Fulfilled Lives, Supported Communities Mental Health Commissioning Data Set*, a cross-cutting report providing sources of relevant data for mental health issues in Wales.

What is the impact of poor mental health and mental illness?

On an individual: As the WHO has stated, *"there is no health without mental health"*. Mental illness has a significant impact on life expectancy and is a key cause of health inequalities. United Kingdom (UK) research, published in 2011 found that people with severe and enduring mental illness die on average 10 years earlier than the general population. Women with a schizoaffective disorder can die as much as 17.5 years earlier. We know our most deprived communities have the poorest mental health and wellbeing. Mental health problems can often be passed on through generations and may perpetuate cycles of inequality. Emotional, social and mental health is inextricably linked.

We also know that many mental health problems start early in life, often as a result of deprivation including poverty, insecure attachments trauma, loss or abuse. The impact can be distressing to the individuals, their families, friends and carers. Those affected often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes and are more likely to be homeless, or poorly housed. They are also likely to have poorer physical health. This can only be partly explained by higher

rates of smoking, substance misuse, poor diets and less physical activity. Conversely, physical health problems, particularly long-term conditions, increase the risk of mental illness.

On the economy: Based on figures for 2007-08, the *Friedli/Parsonage report* estimated the annual cost of mental ill health in Wales to be £7.2 billion. This included:

• The costs of health and social care provided for people with mental health problems

• Output losses in the Welsh economy that result from the adverse effects of mental health problems on people's ability to work (40% of claims for invalidity benefit are for mental health reasons)

• The less tangible but crucially important human costs of mental health problems, representing their impact on the quality of life.

In addition, the cost of dementia within the UK is estimated at over £20 billion per year.

What progress have we made under the previous mental health strategies?

Our previous mental health strategies - *Child and Adolescent Mental Health Services: Everybody's Business*, Adult Mental Health Services in Wales: *Equity, Empowerment, Efficiency* and the *National Service Framework (NSF) for Older People in Wales* - have acted as catalysts for significant progress over the last 10 years. Most notably:

Progress

- The groundbreaking *Mental Health (Wales) Measure 2010* which is extending primary care provision and driving more holistic, personalised recovery centred approaches.

- Greater focus on schemes that support children and their families, building resilience and early interventions, such as *Flying Start, Families First,* the *School-based Counselling Service* and *Integrated Family Support Services.*

- Over 7,800 staff trained in Mental Health First Aid, over 1,200 in Youth Mental Health First Aid and over 3,000 people have now accessed the Applied Suicide Intervention Skills Training.

- The establishment of the all-Wales Mental Health Promotion Network to bring together a wide range of organisations to share learning and good practice about mental health promotion.

- Over 25% of people employed in Wales covered by the *Healthy Working Wales* Scheme.

- The development of Criminal Justice Liaison Services identifying and diverting of people with mental health problems as early as possible in the criminal justice pathway.

- A significant shift to local delivery in the community, through the tiered approach to Child and Adolescent Mental Health Services, with Community Intensive Intervention Teams and Forensic Adolescent Consultation and Treatment Services for children.

- Adult and Older Persons' Community Mental Health Teams and Crisis Resolution Teams, as well as Home Treatment and Assertive Outreach Services, developing across Wales.

- Services being brought into the 21st century with modernised care environments offering safe, dignified accommodation.

- More people being cared for closer to home as Health Boards develop local secure services.

- Mental health investment increased as a proportion of overall NHS expenditure.

- Specialist services introduced or expanded for children and young people, for early intervention in dementia and young onset dementia services, eating disorders and Post Traumatic Stress Disorder.

- Service users, carers and their families increasingly involved in developing policies and legislation, and in service planning and design at a local level.

- Investment in innovative schemes provided by the Third Sector and an increase in partnership working between the Statutory and Voluntary sectors.

- New integrated NHS bodies making it easier to join up care pathways between both primary and secondary services.

- An expansion in services tackling substance misuse including those for children and young people.

This Strategy replaces previous mental health strategies and NSFs. Nevertheless much of the policy developed to support their implementation remains valid. Technical Annex 1 provides a summary of relevant policy documents.

How does this Strategy fit with the wider policy agenda of Welsh Government?

In November 2011, the Minister for Health and Social Services launched a 5 year vision, *Together for Health*. This outlines the challenges facing the health service and the actions necessary to ensure it is capable of world-class performance.

In 2011, we also issued a new vision for Social Services, *Sustainable Social Services*, which aims to ensure citizens have a much stronger voice and greater control over the services they receive, to promote a collaborative approach to improving wellbeing and to simplify the way services are delivered.

The vision in *Together for Health* and *Sustainable Social Services*, along with the wider ambitions in the *Programme for Government* provide the strategic context for this ambitious mental health agenda for the next 10 years, hence its title, *"Together for Mental Health".* Shared responsibility and accountability between the NHS and Local Government is a strong feature in the Delivery Plan which accompanies this Strategy.

What outcomes do we hope to achieve with this Strategy?

Following consultation, we have developed the following high level outcomes which are set out below. Each of the high level outcomes is supported by more detailed outcomes set out in each chapter.

High Level Outcomes

- The mental health and wellbeing of the whole population is improved.

- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognized and reduced.

- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.

- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.

- Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.

- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.

In developing both the high level and more detailed outcomes, we have used the following underlying principles:

Our Approach

The **promotion of good mental health** across the population and improved outcomes by:

- Improving mental wellbeing for the wider population and preventing mental health problems developing

- Intervening early when people have mental health problems

- Reducing the impact of mental illness and diagnoses such as dementia, severe personality disorder and co-existing conditions such as misuse of substances.

It is **inclusive of all age groups,** recognising the need for age-appropriate approaches and that:

- Through the life course, transfers between services must be based on individual clinical need rather than artificial age boundaries

- For children and young people, services will focus on the early detection of risk and the development of resilience and life skills, embedding the principles of the UNCRC

- For people of working age and post retirement, services will focus on ensuring that they live as full and independent a life as possible

- For older people, there is an emphasis on prevention and enablement, supporting people with dementia and their carers to live well in supportive communities and ensuring dignity in care.

It has a **focus** on **recovery** and **enablement** by:

- Putting the individual and their families and carers at the centre of care and treatment

- Maximising people's potential, the control they have over their own lives, building resilience and restoring hope and ambition

- Supporting the optimum state of wellbeing right through to the end of life for older people and those with dementia.

It **promotes** sustainable **evidence-based approaches**, looking at **outcomes** from a **service user lens**:

- Driving up quality and safety based on national guidance, best practice and service improvement techniques

- Measuring services from the perspective of the individual.

It is **based on** a **human rights approach** for people of all ages:

- Ensuring that equality and diversity issues are addressed

- Tackling stigma and discrimination

- Embedding the '7 Core Aims' for children and young people under the UNCRC and the United Nations (UN) Principles for Older Persons.

It looks to make the **best use of resources**; promoting sustainable development and workforce development.

How will we deliver the Strategy and know it is having an impact?

This final Strategy document is supported by the first 3 year Delivery Plan. This sets out the details of the actions that the Welsh Government and partner agencies will take, during 2012-16, to deliver it, together with the relevant timescales.

A new NPB will be established before the end of 2012. This will oversee implementation of the Delivery Plan by assessing progress towards achieving the outcomes.

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

What outcomes do we want to achieve by 2016 and beyond?

- Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible, for as long as possible.

- People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.

- Child welfare and development, educational attainment, and workplace productivity are improved as we address poverty.

Summary

Mental wellbeing is a state in which individuals realise their own abilities, can cope with the normal stresses of life, can work productively and can contribute to their community. It is about feeling good and functioning well. The *Foresight Report* describes "mental capital" and mental wellbeing as "vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion and our prosperity".

Previous mental health strategies in Wales have primarily focused on treating and supporting those with a mental illness. In this Strategy we are broadening our approach to ensure that more people have good mental health and are flourishing, fewer suffer poor mental health and those with mental illness are able to live fuller lives. To do so, we need to promote positive mental health and to ensure that individuals are supported to do so. We need to identify poor mental health or mental illness earlier and take action to prevent it, to treat it, or prevent further deterioration where possible.

How will we deliver the outcomes?

- We will work with Health Boards, Local Authorities and other partner agencies to ensure that people are better informed about how to maintain positive mental wellbeing and to build resilience, taking greater responsibility for their own mental health and wellbeing.

- We will take a range of actions across Government and other sectors to help break the cycle of inequality and poverty in Wales' most deprived communities, with people in vulnerable groups given extra support.

- We will support programmes and services that are targeted at enabling people to have a safer, more meaningful and enjoyable life experience, where they can develop the skills and understanding which increase their capacity for more resilience.

- We will work with employers to ensure more employees can benefit from healthy and supportive workplaces.

- Public service providers will promote mental wellbeing among those using their services, their staff and, if applicable, their students.

- We will support older people to age healthily, maintain their independence and to plan for their futures.

- We will ensure that people with a mental illness, who face some of the greatest disadvantages, are better informed about how to maintain positive mental wellbeing and are targeted in health promotion initiatives.

At a population level

Building resilience, protecting and promoting mental health and wellbeing and challenging health inequities are central to achieving a healthier, more productive and fairer society. The *Marmot Review* highlights that "health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health".

We know the factors that contribute to and protect better population mental health and wellbeing, such as adequate housing, vibrant communities, healthy schools and workplaces and nurturing relationships. Equally, we know that minimising exposure to factors that increase the risk of poor mental health can reduce the prevalence of mental illness. These factors include poverty, abuse (including domestic abuse and violence against women), social isolation, bullying, homelessness, overcrowding and unhealthy working environments. Evidence shows that small increases in exposure to protective factors and reductions to risk factors can impact positively on the population's mental health.

As part of the delivery of the public health strategic framework, *Our Healthy Future,* we have published *Fairer Health Outcomes for All.* It identifies 6 strategic themes as set out in the figure below and sets out a sustained commitment to reducing health inequities and improving people's mental health.

Source: Welsh Assembly Government (2009); '*Our Healthy Future'* Technical Document

One Wales, One Planet, our Sustainable Development Scheme has wellbeing as one of its key themes. It sets out a vision of sustainable, attractive communities in which people live and work, have access to services, enjoy good health and can play their full roles as citizens. We will consider action to support the delivery of *Our Healthy Future,* including improved mental health and wellbeing, as part of the *Sustainable Development Bill* and consultation on a *Public Health Bill.* These will aim to enhance people's quality of life and place a much greater emphasis on preventative health care.

The All Wales Mental Health Promotion Network will continue to play a key role in moving forward the mental health promotion agenda. With responsibility for collating and disseminating the evidence for mental health promotion action, it will actively engage with different sectors to illustrate and enhance the contribution that they can make to mental health.

Within communities

Good mental wellbeing and the reduced incidence of mental health problems are important for healthy functioning communities, improving social cohesion, social inclusion and prosperity. We know that those in the most deprived areas of Wales are more likely to suffer the most from poor mental health and a higher incidence of mental illness. This is reflected in the high level of General Practitioners' (GPs) workload attributed to mental health problems.

As part of the delivery of this Strategy, we will be working through our *Communities First* Programme to increase resilience and take preventative action in the most deprived areas of Wales. Actions being taken to promote positive, resilient mental health are also incorporated into our *Child Poverty Strategy for Wales* and *Tackling Poverty Action Plan*.

Planning and Environment: The built environment and the surroundings that people live in can have an impact on people's mental wellbeing. Ensuring there are good community facilities, people feel safe from crime, and are not living in noisy,

overcrowded homes will be important. *Planning Policy Wales* is the policy framework for the effective preparation of local planning authorities' development plans. It calls for new housing and residential environments which are well designed, maintained and make a significant contribution to promoting community regeneration and improving the quality of life.

The natural environment too can have significant positive impact upon people's physical and mental wellbeing. Access to green spaces improves people's quality of life, reducing stress, encouraging relaxation and providing a sense of freedom. In one study, exposure to nature reduced Attention Deficit Hyperactivity Disorder (ADHD) symptoms in children threefold compared with staying in doors.

Sporting Activities: There is growing evidence that balanced exercise can be effective in improving the mental wellbeing of the general public, largely through improved mood and self-esteem, and is effective as a treatment for mild to moderate depression and for state and trait anxiety.

To support the *Programme for Government,* Sport Wales are committed to making physical literacy as important as reading and writing. They aim to develop a generation of children with the skills to enjoy a life-long participation in sport. Getting children and young people into the habit of exercise from the earliest age will help them to become healthy individuals, with balanced lifestyles. In this way, sport can be used as part of preventative strategies with children and young people, encouraging all to participate, regardless of ability.

Creating an Active Wales has a specific focus on actions to ensure:

- Properly designed and maintained play areas

- Safe and attractive streets

- Pedestrian links and cycle paths

- Access to green spaces.

Arts and Culture: Culture and arts also have significant value for mental health improvement. The *Arts in Health and Wellbeing Action Plan for Wales* recognises that the impact of the arts on mood and thoughts can be a powerful force in the development of improved emotional health and wellbeing. The Arts Council for Wales' (ACW) *Art of Good Health* emphasises how music, literature and the visual arts can provide relaxation, emotional relief and opportunities for self-expression and social contact. They support increased self-esteem, confidence and raised aspirations.

In Schools: Education and youth services are important community contributors, encouraging healthy lifestyles, social development and preparing young people for their adult lives. Wellbeing is at the heart of the *School Effectiveness Framework* and is a crucial core element of the work of education settings. This is also reflected in the increased emphasis on wellbeing within Estyn's 2010 *Common Inspection Framework*. The good practice document *Thinking Positively: Emotional health and wellbeing in schools and Early Years settings* also supports the promotion of emotional health and wellbeing.

The Welsh Network of *Healthy School Schemes*, S*chool Nurses* and the *School-based Counselling* service are already making an impact and will be developed and rolled out more widely. We have plans to bring forward legislation to make the provision of *School-based Counselling* a statutory duty on Local Authorities. Schools should also provide a safe learning environment which actively protects pupils from harm and prevents bullying behaviour from taking place. We have issued *Respecting Others* which provides guidance and practical solutions on preventing and responding to incidents of bullying in schools.

In the Workplace: Significant economic and productivity benefits can be achieved through effective work-based mental health and wellbeing practice. The *Healthy Working Wales* initiative, including the Corporate Health Standard and the Small Workplace Health Award, will support employers, employees and health professionals to improve health at work, prevent ill health and to support return to work following ill health. We will expect to increase the percentage of public sector employees covered by a work-based scheme in Wales.

Being unemployed is a risk factor for mental health problems and for suicide and self harm in people of working age. Providing support for young people to find work, or to engage with their communities if not employed, is particularly important. Keeping people in work will also help to ensure business continuity and reduce costs to employers. The *Health at Work Advice Line Wales* is already providing support to employers to aid their staff on mental health issues.
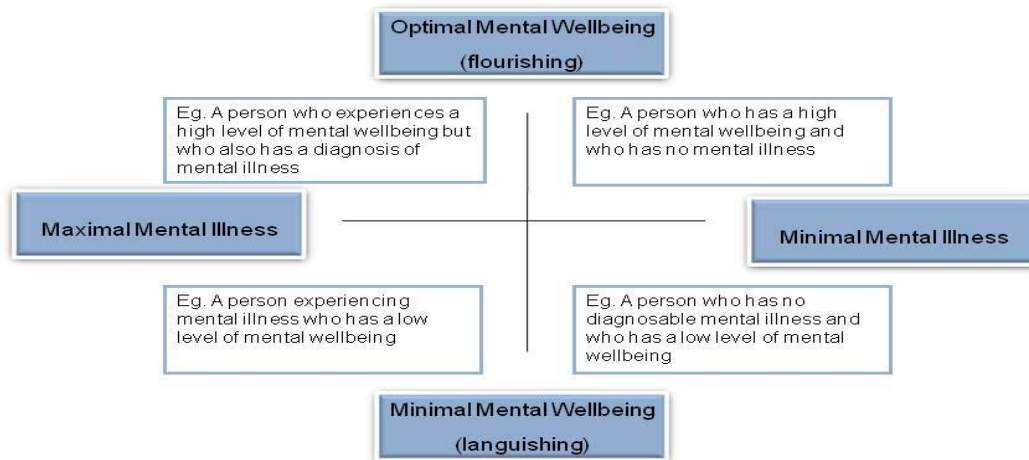
For adults not in employment whether due to disability or retirement, significant benefits to mental health and wellbeing can be achieved by engaging in a valued regular occupation such as volunteering or a hobby. By working closely with partners, particularly those in the Third Sector, we will encourage more people to get involved in volunteering.

Suicide and self harm are significant public health issues. Suicide is one of the highest causes of death among young people. 75% of people who die by suicide are not known to specialist mental health services in the year prior to death. In order to address this, local agencies should work in collaboration to implement the recommendations within *Talk to me: the National Action Plan to Reduce Suicide and Self Harm in Wales*. *Talk to me* has been reviewed by Public Health Wales NHS Trust (PHW) at its midway point. The next steps for continuing the work of the *Action Plan* will be agreed with PHW shortly and annual progress reports will be made to the NPB.

For individuals

People with mental health problems can enjoy good mental wellbeing, while some people without a diagnosed mental health problem may have poor mental wellbeing. We know that the mental health and wellbeing of individuals can be improved by increasing emotional resilience through interventions designed to promote self-esteem and life coping skills across all stages of life, from infancy to old age. This is outlined in the following diagram.

Dual continuum model of mental health

Optimal Mental Wellbeing
(flourishing)

Eg. A person who experiences a high level of mental wellbeing but who also has a diagnosis of mental illness

Eg. A person who has a high level of mental wellbeing and who has no mental illness

Maximal Mental Illness

Minimal Mental Illness

Eg. A person experiencing mental illness who has a low level of mental wellbeing

Eg. A person who has no diagnosable mental illness and who has a low level of mental wellbeing

Minimal Mental Wellbeing
(languishing)

Source: adapted from Keith Tudor (1996) and Corey Keyes (2007).

For all ages: Those with poor mental health or mental illness are at an increased risk of poorer general health, including heart disease and diabetes. They also have higher levels of smoking, alcohol consumption, drug misuse and lower levels of physical activity. People with a mental illness need to be informed about how to maintain positive mental wellbeing and be specifically targeted in mental health and general health promotion initiatives. A lack of exercise and poor general health can also result in poor mental health and wellbeing. We are therefore supporting specific programmes such as *Stop Smoking Wales,* the *National Exercise Referral Scheme* and *Change4Life.* We are also continuing to invest in the delivery of *Working Together to Reduce Harm*, the 10 year plan to tackle the problems caused by drugs and alcohol in Wales.

In order to tackle health inequities and reduce social exclusion, resources need to be targeted at those people with severe and enduring mental illness and those at most risk of developing mental health problems as a consequence of stressful life experiences. This includes those with protected characteristics, asylum seekers, refugees, veterans of the armed services, women subject to violence and children experiencing domestic abuse. It is therefore essential that targeted and tailored promotion work takes place within communities to meet the needs of vulnerable groups and to tackle barriers to accessing support.

We should also promote good mental health throughout the criminal justice pathway, from police custody, through court processes, and within the context of both community and custodial sentences.

Our *Social Services Bill* will create a new law on the principle of "maintaining and enhancing the wellbeing of people in need". Proposed definitions of "wellbeing" and "people in need" include:

- Physical and mental health and emotional wellbeing

- Protection from harm and neglect

- Education, training and recreation

- The contribution made by them to society

- Securing their rights

- Social and economic wellbeing.

Local Authorities and their partners will therefore have a new duty to maintain and increase the wellbeing of people in need.

For children and young people: This Strategy will be delivered in accordance with the Welsh Government's due regard duty as part of *The Rights of Children and Young Persons (Wales) Measure 2011* in relation to the UNCRC and its Protocols. Our ambition for children is underpinned by the commitment to realising the UNCRC for every child in Wales and expressed in the '7 Core Aims'. We therefore want our children to:

- Have a flying start in life

- Be well educated

- Enjoy the best possible health

- Have access to an enriched environment

- Be listened to and treated with respect

- Feel safe

- Not be disadvantaged by poverty.

Children and young people should also be given opportunities and support to develop wider non-academic skills and interests and to develop positive, safe social networks. Children and young people in poverty and those who have suffered abuse, neglect or who have been exposed to domestic abuse, are at significant risk of developing mental health problems.

Risk factors: We know that around 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many will have experienced problems from a much younger age. It is crucial to provide targeted interventions to those most at risk in the early years, to promote resilience and self-esteem as children develop and to identify signs of mental health issues at the earliest stage. The needs of those children who are 'looked after' must also be recognised.

Mental health and the wellbeing of babies and children is inextricably linked to the mental health and wellbeing of their parents, in particular their mothers. Our *Strategic Vision for Maternity Services* highlights that pregnancy can be a powerful motivator for change. Perinatal mental health problems are common and they can

have long lasting effects on maternal health and child development. Emphasis will be placed on promoting good mental health in pregnancy, early identification and antenatal intervention where there are indicators of risk.

Evidence shows that parenting skills training improves the mental health of parents and the mental health, behaviour and long-term life chances of children. Infants who experience positive secure attachments have the best foundation on which to build their future emotional and mental wellbeing.

Improving the emotional health of children through individual and family support is therefore a priority. This will increase their chances of educational achievement, to reach their potential and to develop social relationships. We are providing significant investment in early years through the expansion of our *Flying Start Programme.* Initiatives under *Families First* and the *Integrated Family Support Services* (IFSS) will provide further support as the programmes develop*. Team Around the Family* approaches are being developed across Local Authority areas, creating links between a broad range of professionals, such as Health Visitors and School Nurses.

Students facing challenges in moving away from home for the first time and/or adapting to or coping within an academic environment may require additional support. College and university staff have a crucial role to play in promoting the wellbeing agenda and ensuring students have access to the right support, when necessary. We are currently developing a *Healthy Further and Higher Education Scheme* which will support the mental health and wellbeing of students.

Ensuring continued life satisfaction among young people will be key to the Strategy's success. This can be measured through use of the *Children and Young People's Wellbeing Monitor for Wales*. The Monitor will provide a series of data on children and young people's wellbeing which can be used to track changes over time. It includes findings from the wider evidence base and the voices of children and young people themselves.

For adults and older people: We recognise that promoting mental health and wellbeing in later life benefits both the individual and society as a whole. It improves the individual's quality of life, increases their capacity to contribute to family and community life and participate in the economy. Independence is important for the wellbeing of older people and feelings of isolation and loneliness can often precede mental health problems. Schemes to promote social inclusion, befriending and volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Increased accessibility to public transport to allow people to get out and about, and adaptations to housing that help people remain in their home, have an important role in supporting independent living. Extra support or counselling at key times, for example during illness or following bereavement, can help people to adjust and move on with their lives. Pre-retirement planning can help people with the changes that retirement brings.

Older people who are unable to stay in their own homes should have access to health promotion activities within settings such as day centres and residential care homes.

We will ensure that implementation of the *Strategy for Older People in Wales* includes the promotion of good mental health and wellbeing as well as physical health. We are also considering how the planned health checks for the over 50s can further support this agenda. This will include ensuring health professionals make older patients aware of memory clinics and refer those in need of assessment.

The social engagement and inclusion of older people is a fundamental aim of the *Strategy for Older People in Wales*. Local Authorities are making good progress in engaging more effectively with older people, in many cases through the Third Sector. They have structures to support engagement such as local forums for older people and older people champions. Further progress will be made as we take forward this agenda.

By 2021 the number of people with dementia across Wales is projected to increase by an average of 30% and by as much as 44% in some rural areas. Whilst we can not completely prevent dementia, research suggests that there are some things that people can do to lower the risk:

- Exercising both mind and body regularly

- Not smoking

- Achieving and maintaining a healthy weight and eating a healthy diet

- Controlling high blood pressure, blood glucose in diabetes and reducing cholesterol levels.

We recognise that with access to appropriate information, support and care, it can be possible to live well with dementia. Under the umbrella of this Strategy, the delivery of the *National Dementia Vision for Wales* will seek to ensure that there is early diagnosis of the condition and that people, at whatever stage of the condition, have the best chance to live well and be involved in family and community life.

Chapter 2: A New Partnership with the Public

What outcomes do we want to achieve by 2016 and beyond?

- People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.

- Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.

- People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.

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

- People feel in more control as partners in decision making about their treatment and how it is delivered.

- Families and carers of all ages are involved in assessments for support in their caring roles.

- People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.

Summary

For this Strategy to have an impact, the public as well as public services need to develop a better understanding of mental health issues and the importance of mental wellbeing in creating a healthier and more just society. It is crucial that we make society more supportive by working to ensure people are treated equally and to remove the stigma associated with mental illness, including dementia. This is key to encouraging individuals to seek help and advice from family, friends or services.

We will support individuals to take more responsibility for their own mental health, and to be vigilant about the mental health of their children and families, encouraging people to seek help and support for problems. Under *The Mental Health (Wales) Measure 2010* those people needing secondary services, and their families and carers, must be actively involved in their care and in the planning and development of services.

How will we deliver the outcomes?

- More will be done to help people understand mental health issues and to seek help early to manage their own care.

- We will work with the Third Sector through *Time to Change Wales* (TTCW) to ensure there is a concerted effort to tackle stigma and discrimination across sectors.

- *The Mental Health (Wales) Measure 2010* will expand primary care mental health services.

- Statutory Care and Treatment Plans for service users of all ages, will, wherever possible, be co produced and, where appropriate, include families or carers.

- Health and other public services will be required to engage with service users and carers of all ages to plan, design, deliver and evaluate services.

Ensuring equality

Wales has a rich mix of cultures and tradition which make our country an exciting and diverse place to live. We want to ensure that our services are flexible enough to respond to the different needs of people living in Wales. We will work with our statutory partners to ensure that the *Public Sector Specific Duties (Wales)* are delivered in order to address inequalities faced by people using mental health services.

Along with our statutory partners, we have a duty to advance equality and good relations in day-to-day activities. Equalities and human rights are interlinked and we have mainstreamed both of these into the development of this Strategy. We will develop a Mental Health Core Dataset which will capture data to allow us to measure the impact and outcomes of actions on all of the protected characteristics. This will improve awareness of the diversity of mental health needs and ensure that different needs are embedded in the design of future services and national policies.

Our commitment to a human rights based approach to mental health is underpinned by a holistic and service user centred approach to delivering and monitoring services. We will work with our statutory and non-statutory partners to ensure that services promote and protect the human rights of people with mental ill health. Public services must exercise their functions with due regard to the requirements of *The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011*.

Access to services should be based on individual need, recognising individuals may need access to both talking and non-verbal therapies in order to express and explore their mental health problems. Good practice and the knowledge and experiences of delivering to diverse and sometimes complex groups must be shared across Wales.

People who experience mental ill health are not just users of mental health services, but also other public services. Staff in wider public services may be less aware and confident of how to treat and respond to someone with a mental illness. This can be further complicated if someone has protected characteristics. Such staff therefore need training to ensure the care and service they offer is inclusive, sensitive and

appropriate. We therefore need strong leadership and exemplar policies in all public services to promote positive attitudes.

Meeting the needs of Welsh speakers

Receiving services through the medium of Welsh is a matter of need for many Welsh speakers and it is important that this need is met as a natural part of care. We have developed a strategic framework, *More than just words….* and associated action plans to strengthen Welsh language services in health and social care.

Some people with mental health problems are particularly vulnerable because their care and treatment can suffer if they are not treated in their own language. It is important to move the responsibility from the user to ask for services through the medium of Welsh, to the service to provide them. This principle is known as the 'active offer'. Moving towards a more proactive approach to language need and choice may take time and will be dependent upon the ability to recruit Welsh speaking staff but mental health services is one priority area where this should happen.

Promoting mental health awareness

For the whole population: We will do more to ensure that the public have access to good quality information on how to take care of their mental health throughout their lives. Better, up-to-date information will help people recognise when their own and other people's mental health is deteriorating. It will enable them to seek help early and support families or friends to do so, to use self-help techniques to better manage common mental health problems and to encourage others to do likewise.

Staff working in primary care and in mental health services need to be aware of the full range of services available so that they can signpost people to the most appropriate support. This needs to include the range of holistic support services provided by Third Sector organisations across Wales. The Third Sector also have a valued role in distributing information. Health Boards must ensure that national databases are kept up-to-date and that local service directories are available.

Mental Health First Aid (MHFA) should continue to expand as organisations should now have trained staff in post who can further disseminate training. *Book Prescription Wales* (BPW) will also continue to raise people's awareness and knowledge. We will look to find ways to provide more information and support, including online.

The Welsh Government funded help lines such as Community Advice and Listening Line (C.A.L.L) and the Dementia help line play an important role in accessing early advice and support. We will continue to support a range of help lines for all ages and vulnerable groups. We will do more to promote their use and link to other media resources. Work will be undertaken to co-ordinate them to ensure the most efficient and widespread use of these valuable resources.

For children and young people: We will seek to improve awareness of mental health issues among children and young people (as required by Articles 12 and 13 of

the UNCRC). We will ensure access to good quality and age appropriate information, produced and disseminated by and for children and young people in the places they frequently go. This is particularly important for children in special circumstances such as those within the criminal justice system. We will achieve this by engaging with young people's representatives through the Youth Service in Wales.

We will be working with schools via the Healthy Schools network, with youth clubs, colleges and Youth Offending Teams (YOTs), and engaging children and young people in education otherwise than at school, to raise awareness about mental health issues. This will include where help and advice can be found, and how to access appropriate services when needed. We will build on the activity to date to engage children and young people and their representatives in reviewing, evaluating and designing new services which meet their needs.

For adults and older people: For those of working age, tackling employers' attitudes to mental illness is particularly important. Negative attitudes in the workplace can lead to fears of being dismissed or being treated unfairly. This in turn can lead to the masking of problems and deterioration in an employee's mental health. Our *Healthy Working Wales* scheme*,* developed in partnership with employers, allows both employees and employers to access advice and support around mental health issues from the advice line and website. This scheme will be further promoted and developed. We will continue to support the development of mental health awareness within the criminal justice sector workforce.

Better information and advice about mental illnesses in older age is important. As people age, the incidence of many illnesses increase, including depression and anxiety. People with dementia and their families need information to help them plan for the future. As part of the commitment under the *National Dementia Vision Wales* we have funded the Alzheimer Society to produce information packs. The Dementia Help line and website will also be promoted and enhanced.

Reducing stigma and discrimination

People with other health problems do not usually face the same stigma and discrimination as those with a mental illness. In children and young people, this can often lead to bullying. Stigma and discrimination can further lead to secrecy and unwillingness to discuss mental health problems or to seek help when mental health problems and early signs of dementia arise. They can also give rise to self-stigma, loss of hope and reduced self-esteem in people with a mental illness.

The media: Negative portrayals of people with mental health problems and dementia in both print and broadcast media can lead to an ungrounded fear, misunderstanding and mistrust. Too often media coverage fails to cover those incidents when people with mental illness are victims of crime, focussing instead on the far rarer occasions when they are perpetrators. This in turn leads to discrimination towards people experiencing mental health problems, resulting in reduced access to work, education, housing and leisure opportunities. Inappropriate or irresponsible media reporting of suicides can also risk copycat behaviour.

Within services: Any stigma or discrimination by staff supporting people who have mental health problems must be identified and addressed, and the staff involved given appropriate training. Staff working within mental health services may also face stigma from their peers in other disciplines and action should be taken to address this.

The population more widely: We have demonstrated our commitment to ending mental health discrimination in Wales through support of *Time to Change Wales (TTCW)* supported by BIG Lottery and Comic Relief. TTCW aims to transform public attitudes and behaviour towards mental health and reduce the stigma and discrimination experienced by people with mental health problems. Annual surveys will measure progress and TTCW Champions will be identified in each Health Board.

Engaging people in their own care

We want to ensure that more service users, their carers and families are engaged and take an active role as partners in planning and managing their own care. Evidence shows that outcomes are better when this happens. We have already introduced legislation to ensure that those accessing mental health services in secondary care have the support of a care co-ordinator and that Care and Treatment Plans are discussed and developed with the individual involved wherever possible. More decisions must therefore be made in partnership, with service users making informed choices, including about medication and treatment. Service users may require support and training to provide them with the skills they need to meaningfully co-produce and negotiate their plans. Peer support can play a valuable role in this context.

Families and carers too can play a crucial and positive role in the Care and Treatment Planning for people with mental health problems. Service providers need to ensure that families and carers get good information, help and support, and have real choices.

Advocacy can provide a vital element in ensuring a strong voice, choice and real control for people with mental health. Advocacy services can help to ensure that those people unable to effectively and independently engage with services remain at the centre of their care. Statutory advocacy services have been extended under Part 4 of *The Mental Health (Wales) Measure 2010* to cover people receiving treatment for mental disorder while in hospital in Wales or subject to a Supervised Community Treatment (SCT) Order. We also want to see the further development of community advocacy services in all parts of Wales.

Occasionally service users may not consent to information being shared with family members, carers or with other agencies. Where the withholding of information may jeopardise patient or public safety, clinicians must use their professional judgement on whether or not this consent should be overridden. Information should only be shared in line with data protection legislation, the *Wales Accord on the Sharing of Personal Information (WASPI)* and guidance from professional regulators such as the General Medical Council (GMC).

Support for families and carers

Families and carers of all ages, especially young carers, have a vital role in the care and treatment of people with mental health problems. They require support to fulfil their role, including information, training, financial and emotional support and breaks from caring. There is growing evidence that unsupported caring responsibilities can have a detrimental effect on the physical, emotional and mental health of families and carers, and that their health is at increasing risk as their responsibilities increase.

The *Carers' Strategies (Wales) Measure 2010* placed a legal duty upon the NHS in relation to services for carers in Wales. It requires Health Boards to work with their partner Local Authorities to produce Carers' Information and Consultation Strategies.

Carers can choose whether or not they will care, and the level of support they are willing to offer. Those providing care on a regular basis have a legal right to ask for an assessment of their own needs and they may be eligible for services to help them, both in their caring role and to have a life beyond caring.

The amount of care and the level of support people are able and willing to provide must be negotiated and regularly reviewed. Maintaining the health of unpaid carers requires a health service which identifies carers' health needs early, and which proactively supports them to look after their own physical and mental health needs. Signposting and referral to appropriate agencies which can offer peer and emotional support is crucial, as well as support for carers to access leisure opportunities and breaks from caring.

We are committed to refreshing the *Carers Strategy for Wales* by April 2013. We also intend to strengthen carers' rights in the *Social Services (Wales) Bill*.

Active involvement of service users in service design, delivery and monitoring

Information on new models of care needs to be accessible to all. This helps people understand the reason for, and consequences of, change. It also informs service user choice about treatment, care and intervention options, better enabling them and their families to plan their care. Service users must be involved at individual, operational and strategic levels. They must be at the heart of service design and provision. They should be involved in professional appointment panels and in local mental health planning groups and collaboratives. They may need training and support to enable them to engage in this way.

Language needs as well as the needs of specific community and priority groups should always be considered in service design. Service planners will need to use a variety of ways of capturing views, particularly of those groups who are hard to engage using traditional consultation methods.

Service users, their families and carers should also be engaged in monitoring the quality and effectiveness of services. This is consistent with this Strategy's underpinning principle to view outcomes from the service user lens as described in Chapter 5.

Whilst there is no single approach to service user involvement, engagement and participation, those who want to be involved need to be fully supported. We have been active in promoting service user engagement at all levels. The Supporting Guidance for Standard 5 of NHS Wales' *Doing Well Doing Better* provides guidance on engaging service users in the planning of services. There are similar requirements on other statutory bodies. The *National Principles for Public Engagement in Wales* developed by Participation Cymru and endorsed by Welsh Government are aimed at public service organisations across all sectors in Wales. The principles set out how people of all ages can become involved in decisions about how services are planned and provided.

While engaging with children, young people and those with dementia can be more challenging, there are established methodologies that can enable their voices to be heard. The WAO, HIW, CSSIW and Estyn report, *Services for children and young people with emotional and mental health needs (2009)* highlighted the need to simplify complex arrangements for CAMHS service provision and the need to involve children, young people and their parents in all aspects of service development, implementation and review. The *Children and Families (Wales) Measure 2010* places a requirement on all Local Authorities and key partners to produce a Local Participation Strategy. The aim of these strategies is to ensure that children and young people have opportunities to have their voice heard and to be involved in decisions that affect their life at local levels. We expect such engagement and consultation to happen.

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

What outcomes do we want to achieve by 2016 and beyond?

- Service users experience a more integrated approach from those delivering services.

- People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.

- Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.

- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.

Summary

We want to ensure that fewer people in Wales of any age develop mental health problems. For those that do, whenever in their lives this happens, we want the problems to be identified earlier, allowing more effective and timely interventions, promoting recovery and preventing deterioration where this is possible.

We want equality of access to services across Wales and for interventions offered to be based on the best available evidence. Services should be delivered within the community whenever practical, allowing hospital services to be used most effectively, if required. There should be a clear care pathway in place which links services seamlessly and provides the best chance of recovery or enablement. As mental health problems are often experienced in conjunction with other health, social, environmental and economic issues, services should therefore be effectively integrated.

How will we deliver the outcomes?

- Partner agencies will be expected to jointly plan and provide integrated services and environments to meet the needs of those with mental health problems in a person centred approach.

- Health Boards, Local Authorities and other service providers will be expected to demonstrate that the support, interventions and treatment offered are evidence-based, safe and therapeutic; that they maintain people's dignity and independence, promoting recovery or enablement.

- Agencies will ensure that their services offer effective early intervention, using a "psychologically minded" approach to improve outcomes and to help reduce inappropriate hospital admissions.

- Services will review their approach to risk management and safeguarding issues.

- Primary Care Mental Health Services will be developed in line with the requirements of *The Mental Health (Wales) Measure 2010*.

- Service planners will be asked to review care pathways with service users to ensure they are seamless, meet the specific needs of all age groups and are integrated to more effectively meet the complex needs of people with co-occurring problems.

Service providers working together

Improving mental health outcomes requires all agencies and all sectors to work collaboratively. Good progress has been made in a number of areas across Wales in establishing integrated management arrangements and pooled budgets. This good practice must be built upon.

Working together in the interest of the individual requires an agreed set of values governing how agencies interact with the people they serve. Competent practitioners will work with integrity to ensure that people are empowered and treated with dignity, compassion and respect. This will give service users increased confidence and trust in the services they use. These principles should also be applied in all interactions between partner agencies whether in the statutory, voluntary or independent sector.

Mental health services and physical health services must work in partnership to ensure that the physical health needs of people with mental illnesses are met. There is good evidence that people with mental illness experience higher rates of mortality and morbidity than people without mental illness.

Primary Care: Service users have told us their physical health needs can be neglected or even dismissed. With the introduction of The *Mental Health (Wales) Measure 2010* and this broader Strategy, the time is right to review the mental health Directed Enhanced Scheme (DES) under the General Medical Services (GMS) contract. The aim is to ensure the identified funding is invested to the best possible effect for people of all ages with mental health illness.

Secondary Care: For staff working in secondary care physical health services, identification and appropriate management of mental health co-morbidities, re-

feeding in eating disorders, managing delirium and the mental health aspects of underlying organic illness are all important. This must also include the care of people with dementia or depression in the general hospital setting, treating medically unexplained symptoms and managing people who self harm with empathy, undertaking careful risk assessments in Emergency Departments. Equally, support and advice from physical healthcare teams for inpatient psychiatric units is key, particularly on older people's mental health wards.

Joining Health and Social Care: *The Mental Health (Wales) Measure 2010* places statutory duties on both the NHS and Local Government to provide integrated solutions between health and social care for people of all ages. Furthermore, *Sustainable Social Services* clearly states "our first priority is to ensure that resources are used in a more joined up way as this will make better use of the capacity that exists". It also highlights the importance of developing more integration of health and social services for children, young people and frail older people, and in respect of enablement services. This will be strengthened in the forthcoming *Social Services Bill*.

Direct Payments: *Sustainable Social Services* recognises that for some people, control means managing their service themselves. Direct payments are an important tool for greater control for some people. Where people make the choice to have direct payments, we will expect them to have a right to receive them. We will work with service users and stakeholders, and in particular with service user interests, to develop a model of self-directed support that is consistent with our principles for social care. We will also explore time banking as a way of creating innovative and responsive services.

Our *Framework for Action on Independent Living* encourages the development of organisations, which are run by and employ disabled people, to provide services including support for people to have more control over the care package and services they receive, and direct payments.

The Third Sector: This sector plays a valued and important role in the delivery of mental health services in Wales. Statutory services will ensure they have effective partnership and commissioning arrangements with the Third Sector that recognise the value of the range of diverse, flexible and innovative delivery models that they can provide. *Designed to Add Value* highlights the role that the Third Sector can play as partners in providing responses to the priorities facing the NHS and Social Care.

Holistic care throughout the care pathway

Partner agencies need to ensure that they have a fully integrated approach to deliver an effective, person centred holistic service model that addresses the needs of the individual as set out below.

Primary Care

Our aim under this Strategy is for mental health problems to be identified earlier and for appropriate timely interventions to be offered to avoid deterioration and to support recovery and enablement. Part 1 of *The Mental Health (Wales) Measure 2010* is intended to support a step change in the services available in primary care settings.

Primary care provides an accessible and non-stigmatised service for all ages that is usually the first point of call for people. The further development of services offered in primary care settings is crucial to offering these service equitably across Wales and as close to home as possible.

GPs are vital in the delivery of integrated services to meet the needs of those with mental health problems through early identification of problems and the provision of holistic, longitudinal care. In addition, the GP ensures the co-ordination of services to support patient needs, ensuring that physical and mental health issues are managed.

Community pharmacies also play an important public health role in providing information on choice, risks and optimising use of medication. Through routine checks, dentists may identify eating disorders and health visitors, through the All-Wales Maternity Record, may identify women experiencing post-natal depression. For Child and Adolescent Mental Health Services (CAMHS) at Tier 1, services extend into schools, youth services and beyond.

For children and young people with mental health problems: Early identification and intervention must be a key priority for service providers. Tier 1 CAMHS services have successfully facilitated this work, enabling primary and direct contact services (usually provided by GPs, health visitors, school nurses, voluntary sector, social care and education) to maintain a route into specialist CAMHS. These links must continue and support be maintained, particularly for the School Nursing service and the

School-based Counselling service and Youth Offending Teams (YOTs). These services will both meet the needs of children and young people and act as a conduit to improve appropriate access to CAMHS. The monitoring of referral rates and forward referral to CAMHS has already commenced and we will continue to use routinely collected data to monitor the efficient and effective interface between *School-based Counselling* services and CAMHS.

Both generic and specialist services that work with children and young people, such as youth justice services and CAMHS need to develop links with police and other appropriate criminal justice agencies. This will ensure young people who have become disengaged from mainstream services can be identified and provided with the relevant care and support to enable them to lead crime free lives.

For people with a learning disability and mental health problems: Primary mental health services will need to ensure that they are sufficiently skilled and supported by the Learning Disability Community Team with onward referral as appropriate.

For older people: Primary care services are key to the early detection of mental health problems such as depression and anxiety, and dementia. They need to ensure that appropriate referrals are made to specialist older person's mental health services such as memory clinics or for psychosocial or psychological interventions, enabling people to take timely decisions, including financial decisions, about their future.

Community Services

Whilst increasing provision in primary care services is a key priority, individuals with more severe mental health problems will need access to more specialist services. Community mental health services for children, adults and older people have expanded in recent years. We now need to ensure there is equity of access and provision across Wales, with primary and community services working closely together.

CAMHS teams and Community Mental Health Teams (CMHTs) for adults and older people must ensure that all people needing specialist services can access them quickly and easily, including at evenings and weekends. Specialist functions within community services such as Community Intensive Intervention Teams (CIITs) in CAMHS, Crisis Resolution and Home Treatment services (CRHTs), early intervention in psychosis and assertive outreach approaches have been developed, but access to and the integration of these functions needs to be improved.

All community services need to be available on the basis of need rather than on diagnostic category or age, with unacceptable variations in availability and quality eradicated. They should provide therapeutic interventions and offer greater choice, enabling people to maximise their quality of life, participate within their local communities and realise their full potential. Service providers should review their community services in light of the requirements of *The Mental Health (Wales) Measure 2010*.

In working with individuals, services must consider the wider family environment and provide an integrated and co-ordinated service for those families and individuals requiring support. In dealing with families, all services should systematically consider any child or vulnerable adult protection and safeguarding issues and take immediate action should they be identified. Clearer links between child and adult protection are being established through a new legal framework.

Inpatient Care

A small proportion of people with a mental health problem or mental illness will require inpatient treatment. Under previous strategies much has been done to provide hospital care closer to home and improve the standard of accommodation and treatment. Most of the old psychiatric units have been modernised, as have both specialist units for children and young people. Improved community services supported by modern inpatient units will replace remaining unsuitable facilities.

For all ages: Units should now offer single sex facilities, usually in single rooms with en-suite facilities, in single sex wards with single sex toilet and washing facilities, or single sex cubicle accommodation in a ward with adjacent single sex toilet and washing facilities together with safe gender specific communal areas. They must also provide specific, safe spaces for visiting families and children.

The care offered in these settings is about much more than just the building. Health Boards should use improvement initiatives to ensure that hospitals provide a safe and therapeutic environment in which people's privacy, safety and dignity is paramount. As with other services, inpatient provision needs to be tailored to meet the mental health needs of the local population. This must include provision for diverse cultural and spiritual and language needs. Care and Treatment Planning for those requiring inpatient treatment should focus on recovery and ensure safe and timely admission and discharge.

Community services need to be involved throughout the inpatient process, ensuring that accommodation and other appropriate support is in place by the time a person is ready to leave hospital. Repeat admissions and Delayed Transfers of Care (DTOCs) will be monitored, with service improvement methodologies being used to drive reductions.

For children and young people: Age-appropriate environments should be provided, and children and young people should not be admitted to adult wards except in the most exceptional circumstances. Where such an admission is unavoidable, it should be treated as a serious incident, in line with the Welsh Government guidance. The approach should be to work with the child and their family to manage and address distress and issues of attachment appropriately, and to understand the context of that child's developmental disorders. If, however, a mental illness such as psychosis is identified, evidence-based interventions should be offered as early as possible with an emphasis on recovery.

Many older people, and some who are younger, will be cared for in residential and nursing care rather than hospital settings. Specialist community mental health

services should provide in-reach to these settings to ensure effective case management, liaison and appropriate standards of care.

For those who need to receive care or secure provision, away from their local area, from either within or outside the NHS, their Health Board needs to develop a care pathway and ensure the requirements of Parts 2 and 3 of *The Mental Health (Wales) Measure 2010* are met. The effectiveness of the specialist placement must be evaluated through on-going case management. People should return as close to home as possible, as soon as clinically and practically appropriate.

Support for individuals in the criminal justice services

People in the criminal justice system with mental health problems have an equal right to treatment and support. To do this effectively will involve:

- Police, health services and social services working together to implement good practice in the arrangements for the use of appropriate places of safety under sections 135 and 136 of the *Mental Health Act 1983*

- Further development of Criminal Justice Liaison Services (CJLSs) in police custody suites and courts to identify those in mental distress and facilitate access to care and treatment

- Timely and appropriate mental health advice and reports to custody suites and the courts

- Good quality information to offenders with mental health problems and learning disabilities

- Primary and specialist care services planned and delivered through partnership with Health Boards, Local Authorities, Her Majesty's Prison Service (HMPS) and other custodial contractors in line with Part 1 of *The Mental Health (Wales) Measure 2010*

- Timely transfer of prisoners to general acute mental health hospitals and specialist secure hospitals under the *Mental Health Act 1983*

- Multi-disciplinary risk assessment and case management undertaken prior to and at the point of release from prison for those with mental illness and co-occurring conditions such as substance misuse

- Effective support with rehabilitation and resettlement prior to and at the time of release from prison.

In general about one third of the prison population from Wales is held in prisons in England, including all women prisoners. Mental health services in Wales therefore need to work with healthcare teams in English prisons and respond to their requests for engagement in discharge planning. Women prisoners have high levels of mental health problems and of self harming. Ensuring their safe and successful resettlement to their home areas is essential. Health Boards must ensure that they meet their rights to reassessment under *The Mental Health (Wales) Measure 2010*.

Children and young people in contact with the criminal justice system

For a young person, working with the Youth Offending Team (YOT) and accessing services at the right time is key to preventing them from entering the youth justice system.

Young people in the system can often present with complex, multiple problems. The assessment of need by health and other professionals in the YOT therefore needs to ensure access to universal services to meet their needs. This should also identify a moving on strategy for the individual following their sentence.

To enable YOTs to support young people to access treatment and services for identified mental health problems, co-occurring conditions and emotional and behavioural difficulties, there needs to be:

- An identified Health Board Mental Health Advisor role to support each YOT, aligned with Tier 3 forensic CAMHS team

- Strengthened links between CAMHS and YOTs to enable timely access to relevant help and support for young people identified at risk of offending and anti-social behaviour.

There are a small number of young people detained within secure establishments both in England and Wales. To ensure these young people have equitable access to support and services as those in the community, CAMHS in reach services should be provided to young people in custody in Wales.

Service development priorities

Whilst there have been many developments in services for all age groups in recent years, there are a number of issues that remain to be tackled under this Strategy:

For all ages:

- Safeguarding the most vulnerable individuals and ensuring safe and dignified care for people using mental health services (all agencies have statutory duties in this respect).

- Ensuring the provision of quality services that promote independence whether in people's homes, in hospitals or in any other setting as set out in *Fundamentals of Care* (FoC). Everyone should be treated with dignity and respect, in safe, modern environments that promote and support people and their carers to make choices about what care they want.

- Recognising that linguistic matters can be clinical needs rather than choice for mental health service users. Services must be suitably developed for delivery through the medium of English and Welsh.

- Getting people the right treatment at the right time with the right outcome. This is particularly important in the treatment of a first episode of psychosis. There is

a growing evidence-base demonstrating that the long-term outcomes for people with psychosis are significantly improved when treatment is commenced at initial onset.

- Providing timely access to a range of evidence-based psychological interventions. This is addressed within our Policy Implementation Guidance, *Psychological Therapies in Wales*, published in March 2012. This guidance seeks to drive the delivery of evidence-based psychological interventions. Registered psychological/talking therapies should be available for people of all ages as an integral part of treatment, complementing and sometimes as an alternative to medical treatment.

- Other evidence-based psychosocial, occupational and non-verbal and creative psychological therapies such as art and music therapy should be available where clinically indicated. They should be delivered by suitably trained and supervised multi-disciplinary staff.

- Ensuring the delivery of specialist community services functions. This should include an appropriate response in crisis, the ability to intervene early and the delivery of assertive outreach approaches. This is particularly important for those people with complex needs, for those who are difficult to engage or have lost contact with services in the past, and where people are homeless or have transient lifestyles.

- Operating best practice in the management of risk. This includes identifying people at increased risk of:

  ° Suicide and self harm or self neglect
  ° Harm to others
  ° Service users become unnecessarily dependent upon services
  ° Institutionalised care practices.

- Whilst serious incidents involving people with a mental illness are rare, public protection and patient safety must always remain paramount. It is essential that service providers promote a culture of positive risk management. Mental Health services need to avoid doing harm and also to strengthen the recording system for failures and incidents so lessons can be learned and improvements made and shared.

- Shared responsibilities between agencies on suicide prevention and support for people who self harm. This is most effective when agencies work together to deliver co-ordinated approaches in a variety of community settings.

Co-occurring conditions:

It is important to ensure integrated support, care planning and service delivery for those people experiencing mental health problems who also have other health and social problems, such as alcohol and/or drug use, learning disabilities or Autistic

Spectrum Disorders (ASD). Similar issues arise with long-term physical health conditions such as heart disease, diabetes, sensory impairments or other mental health conditions caused by neurological problems such as Acquired Brain Injury, Parkinson's disease or Korsakoff's Syndrome. Meeting these complex needs will frequently require a response from more than one service area and from more than one agency.

- **Substance Misuse**: Our substance misuse strategy, *Working Together to Reduce Harm,* reinforces the importance of services working together to treat people who have both substance misuse and mental health problems. It recognises how substance misuse can lead to extended mental health problems and accepts that those presenting with mental health problems are susceptible to misusing legal or illicit substances. Ensuring delivery of *A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem* remains a priority.

- **Eating Disorders**: Eating disorders are increasing across all ages. Services to people with an eating disorder should be delivered in line with the guidance: *Eating Disorders – A Framework for Wales (2009)*. For those people whose needs cannot be met within primary care, interventions should be delivered from within local community mental health services. Where more specialist care is required, community eating disorder services are currently provided in both north and south Wales. The pattern and cost-effectiveness of eating disorder services will be reviewed during the first years of this Strategy.

- **Personality Disorders**: People with a severe personality disorder should be able to access local services. For those who present as a high risk to themselves or others and cannot be managed within mainstream services, access to specialist personality disorder services should be available. This diagnosis should not mean that people are excluded from services; rather decisions regarding their care should be based upon clinical need. The National Public Health Service for Wales has published *Meeting the Health, Social Care and Wellbeing Needs of Individuals with a Personality Disorder*. This provides guidance on the assessment of how prevalent personality disorder is, the implications for communities and services and the evidence base for interventions.

- **Learning Disabilities**: People with learning disabilities are at greater risk of mental health problems across all diagnostic categories including dementia. There is strong evidence that people with severe or profound learning disabilities, frequently with co-existing illnesses and disability, receive less effective healthcare and have a higher rate of mortality than the general population. The *Statement on Policy and Practice for Adults with a Learning Disability* states that "people with a learning disability who also have mental health needs should be able to access the available range of generic as well as specialised local mental health services to address their mental health needs". The *Good Practice Framework for People with a Learning Disability requiring planned Secondary Care* highlights the need for integrated care pathways that cross the interfaces between health and social care and between primary and secondary care.

- **Autistic Spectrum Disorders**: The Welsh Assembly Government's *Autistic Spectrum Disorder (ASD) Strategic Action Plan* was launched in 2008. This Action Plan has been an effective springboard for the many new developments within the autism field in Wales. Strengthened by lessons learned and evaluation, it will continue to be the impetus which enables Wales to effectively respond to ASD over the life of the Strategy.

- **Sensory Impairments**: People with a sensory impairment are at increased risk of mental illness and can face additional barriers in accessing services. Deaf children and young people are 60% more likely to experience mental health problems than other people. Sight loss has been identified as one of the top 3 causes of suicide in older people. Statutory agencies should make reasonable adjustments to ensure that the needs of any individual with an impairment are fully addressed. These issues must be addressed through the entire range of services provided in line with *Accessible Healthcare for People with Sensory Loss in Wales*.

- **Victims of rape, sexual abuse and sexual violence:** Instances of rape and sexual violence can have a devastating effect on the victim, with the mental harm often far outlasting any physical injuries. 50% of women who are living in refuge will disclose some form of mental health issue at point of access and up to 70% of inpatients in mental health services have experienced domestic abuse. Abused women are more likely to suffer from anxiety, low self-esteem, uselessness, depression, eating disorders, PTSD, and obsessive compulsive disorders. They are 5 times more likely to attempt suicide.

- *Right to be Safe (2010)* is our 6 year integrated strategy for tackling all forms of violence against women. To strengthen the mental health services for those who have suffered sexual abuse and violence, we commit to ensuring that the Third Sector and statutory health services are clear about their roles when supporting victims and provide interventions according to clinical need.

For children and young people:

- Placing a greater emphasis upon promoting resilience, the development of life skills and coping strategies in children and young people. Evidence-based assessment and treatment services need to be readily accessible when they are needed. The focus on resilience and wellbeing should encourage Local Authority and NHS services to work together to address issues surrounding early attachment problems. This is particularly important where the main care giver is experiencing mental health problems. Children who are part of the 'looked after system' and living in residential or foster care may require specific and specialist support.

- Early identification and intervention for individuals experiencing childhood neglect, abuse or trauma. This has consistently been highlighted as the most important factor in identifying those at high risk of developing mental health problems.

- Increasing the consistency of availability of services for the under 5s. This includes building on existing early years and family focused initiatives, such as *Families First, IFSS* and *Flying Start,* together with the all-age primary health services required under *The Mental Health (Wales) Measure 2010* and Tier 1 CAMHS. Working together, services should provide support to improve parenting and promote secure good attachment, both of which are vital in early child development and for promoting mental health.

- Ensuring effective links and transition between child and adult services. The responsibilities placed on statutory services such as education and CAMHS frequently cease between the ages of 16 and 19, leaving many people with no active service involvement at precisely the age when serious mental illnesses are first experienced. Ensuring continuity and managing transition is critical at this most vulnerable stage in a young person's life. Families and service users' feedback, as well as findings from untoward incidents, tell us that this transition has to be managed better across Wales.

For adults:

- Treating the health of veterans as a priority as required by our *Package of Support for the Armed Forces community in Wales*. Local services need to be responsive to the needs of armed services veterans. Specialist mental health services and holistic care for veterans are provided by the all-Wales Veterans Health and Wellbeing Service. The package of care and support for ex-service personnel includes the policy of *Priority NHS Treatment for Veterans* with service-related conditions. We will build on the findings highlighted by HIW in their review *Healthcare and the Armed Forces Community in Wales*.

- Delivering the remaining priorities contained in the 2010 *Secure Services Action Plan*. These include learning disabilities, personality disorder, women's services, and acquired brain injury.

- Re-establishing the Mental Health and Criminal Justice Planning Groups (MHCJPGs) in line with Welsh Government guidance.

For older people:

- Ensuring older people with mental health problems have timely access to an equitable range of evidence-based services.

- Ensuring that there is no automatic transfer to a specialist older people's service of people with mental illnesses, such as depression or psychosis, as they age. Transfer will be based upon their clinical needs and not purely on their chronological age.

- Responding to the increasing numbers of older people experiencing common mental health problems, such as anxiety or depression, for the first time.

- Ensuring that all those providing Primary Care mental health services are trained and supported to improve early identification and recognition of depression, other functional illnesses and dementia.

- Recognising the importance of the support that can be provided by older age liaison psychiatry teams to general health provision in assisting them to better manage acute disorders such as delirium. These specialist teams can also offer advice, support and training to the wider workforce on the needs of older people with mental health problems or dementia.

- Preparing for the anticipated rise in the number of people with a dementia due to an ageing population. This will include provision and support for people with a young onset dementia.

- Improving care and support for dementia sufferers and their families through implementation of the *National Dementia Vision for Wales,* the 1000 Lives+ and the *Intelligent Targets for Dementia*.

- Developing the role that assistive technologies can play in delivering care to older people, those with a dementia and people living in rural and isolated settings.

Chapter 4: One System to Improve Mental Health

What outcomes do we want to achieve by 2016 and beyond?

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

Summary

We have highlighted the impact that mental health problems and mental illness can have on the general health, relationships, educational attainment, employment prospects and social wellbeing for individuals. For the individuals affected and their families, there can be a lifetime of lost potential and unrealised aspirations.

We recognise that more needs to be done to ensure that those who develop mental health problems and mental illnesses can have a good quality of life and realise their full potential. To do so, people need greater support to manage their own lives, have stronger social relationships and a sense of purpose. This support should lead to improved educational outcomes, better chances to gain or retain work and a stable place to live.

Providing a holistic approach to improving mental health for people of all ages in Wales requires a cross-Government approach, with public services, the voluntary and independent sectors working together. Doing so will help to prevent mental health issues escalating and will support and sustain recovery and enablement for those with a mental illness. It will also help to achieve the wider ambitions of *Programme for Government.*

How will we deliver the outcomes?

- We will ensure that people with mental health problems experience less discrimination, are able to live a more fulfilling and independent life, enjoying access to a full range of work, cultural, education, spiritual and life experiences. We will do so by identifying actions across the Welsh Government to support the delivery of this Strategy.
- An approach based on effective person centred Care and Treatment Planning for people of all ages which address all areas of life, will be firmly embedded in service provision.

The '8 Areas of Life'

We recognise that a range of support is crucial to improving mental health, and to assist recovery and enablement. Holistic care plans for those in secondary care are already a statutory requirement with duties placed on Health Boards and Local Authorities. Non-statutory care planning is frequently used in Primary Care and Third Sector services. Such an approach is good practice and is encouraged.

Care and Treatment Plans for people of all ages should identify the outcomes that service users wish to achieve. Taking a holistic approach, they should be drawn from the aspects of a person's life that have the most impact on their mental health and wellbeing. For children and young people this is a way of ensuring that the '7 Core Aims' under the UNCRC are realised.
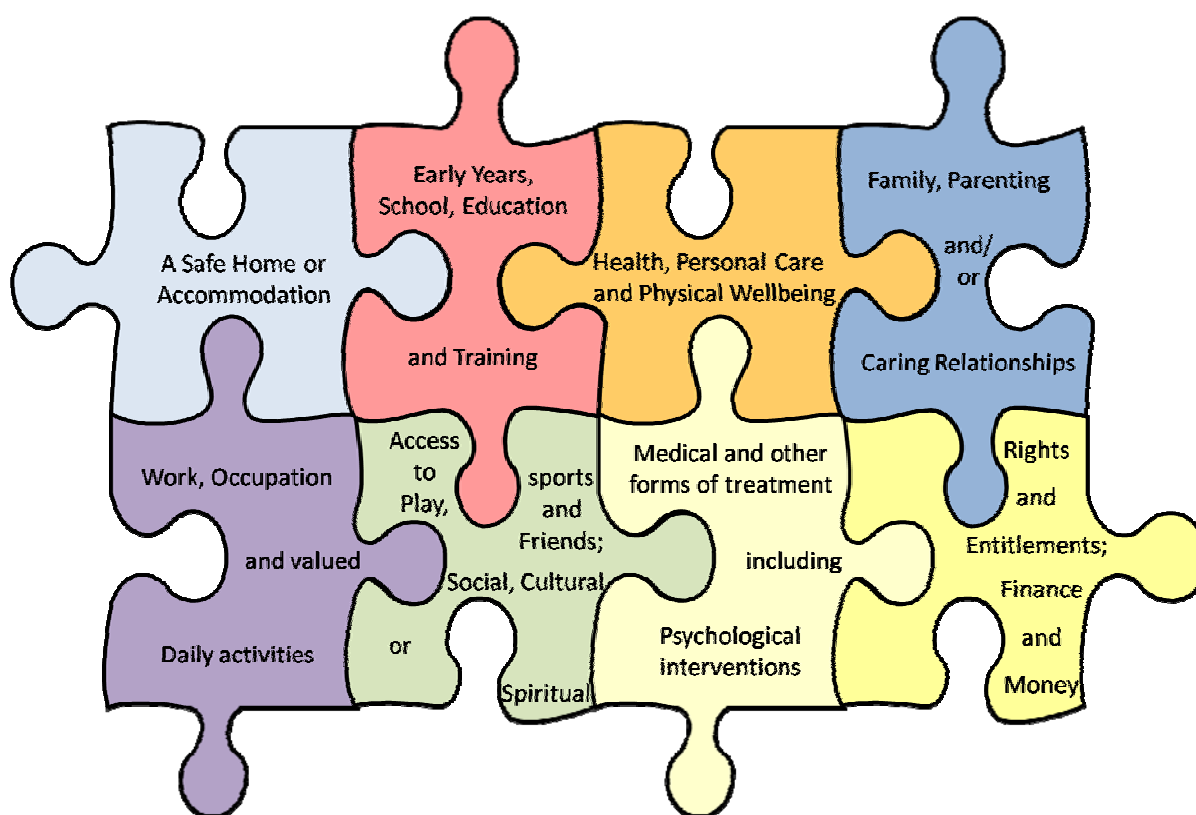
Rights and Entitlements; Finance and Money

In line with our *Programme for Government* commitment to tackle poverty including child poverty, we believe that people with mental illness should not experience greater levels of deprivation than others. Poverty contributes to many of the areas of disadvantage faced by people who experience mental illness. It has a direct effect on children's cognitive development and ensuring that children are not disadvantaged by poverty is one of our specific aims. To this end, we issued a *Child Poverty Strategy* in 2011, in line with the '*Children and Families (Wales) Measure 2010*, with an aim to reduce the inequalities that exist in health, education and economic outcomes of children and families.

Mental health problems may also cause an individual to neglect their personal finances. Someone living with a diagnosis such as dementia may worry about how they and their family will cope as their illness progresses. Dedicated books on dementia from Book Prescription Wales give more detailed advice on such matters.

Lack of money contributes to many other difficulties that people face and will also increase distress. Debt problems can lead to increased levels of stress and anxiety, to physical and mental health problems such as depression, low self-esteem, relationship breakdown, and even to loss of employment. Service users, including those in inpatient settings, must have ready access to sound advice and support on all financial matters including debt and savings.

Our *Financial Inclusion Strategy* provides a lead to partners in tackling financial exclusion and over-indebtedness in Wales. The *Programme for Government* includes the commitment to "support Third Sector advice providers to assist people who have debt problems and help people manage their finances". In part, we are doing this through funding provided to Citizens Advice Cymru to support the work of Citizens Advice Bureaux and Advice Line Cymru. *Moneyline* has helped a significant number of people to deal with debt and loan problems.

Changes in benefits can cause a significant amount of worry and fear for people with mental health problems. We will continue to engage with UK Government on non-devolved welfare and benefit issues to seek to mitigate their potential impact in Wales of driving people into greater poverty.

A Safe Home or Accommodation

Service User Comments
"My mental illness led to me losing my home and being homeless just made me worse."
"Having my own flat helped me prove to myself that I could be more independent."

People who experience mental illness should have all possible support to ensure they live in a safe and secure environment. This is in line with our *Programme for Government* aim "to ensure that people have a high-quality, warm, secure and energy-efficient home to live in."

The introduction of Care and Treatment Planning for secondary care service users of all ages should ensure that the accommodation needs of service users are

assessed. It should drive planning and operational improvements in joint working between mental health and housing services. The accommodation element of the Care and Treatment Plan also extends to those in inpatient settings.

Poor housing or homelessness can contribute to mental health problems, or make an episode of mental ill health more difficult to manage. A good, safe place to live provides an excellent foundation for all other aspects of a mentally healthy life. People who experience mental illness are particularly vulnerable if their housing is insecure.

Unstable housing has an impact on people's emotional wellbeing and can affect children's development. 16 to 25 year olds can face particular problems if their relationship with their family has broken down resulting in homelessness, or if they are leaving care. For older people, support to enable them to remain in their own homes is crucial to their independence and, as a consequence, to their mental wellbeing.

A full range of housing solutions, with support, should be available at all stages of the recovery process. Recognition must be given to the need to be close to services, facilities and support in order to stay well and maintain tenancies. In recent years, models of supported housing and emergency respite provision have been developed, sometimes through collaborative arrangements between housing agencies and health and social care services. These can serve to support crisis interventions and avoid unnecessary admissions to hospital or inappropriate lengths of stay.

Local Government housing services, Housing Associations and a number of Third Sector organisations already play a significant role in helping people with mental health needs, delivering a wide range of services and assistance. Some associations have developed specific health and care services for people with mental illness, including facilities dedicated to dementia care. There is scope for them to do more, as not-for-profit organisations that can reinvest in their local communities. Over and above this, they deliver to their tenants and their families, services and support that help to promote good physical and mental health and wellbeing.

The review of the *Supporting People* programme confirmed the vital role it plays in enabling vulnerable people to live independently in their tenancies. The new guidance, which came into effect from August 2012, should lead to improved understanding of outcomes for service users and ensure the distribution of funding better reflects patterns of need across Wales. Local Authorities, Health Boards and Third Sector providers will work more closely to commission services on a regional basis. These arrangements aim to improve the quality of commissioning for people with mental health needs and should help to ensure better links between strategic partners. All health and social care commissioners should consider the best way to engage with *Supporting People* developments as an integrated part of their specialist community service commissioning.

Homelessness is particularly damaging and associated with a high incidence of mental health problems. Being homeless almost trebles a young person's chance of developing a mental health problem. Our *Code of Guidance for Allocations on*

Homelessness has been strengthened in respect of mental health and wellbeing. The revised Guidance provides clarity on the expectations of joint working to prevent homelessness for people with mental health problems.

The *Housing Bill* will also contribute to improving people's mental health and wellbeing by seeking improvements to private rented properties and the practices of landlords and lettings agents. It will include revised legislation to do more to prevent people from becoming homeless and help those that do.

Those with a mental illness and dementia, particularly those living alone, can also be at greater risk of fires in their home. We are working with partner agencies to do more to ensure that vulnerable people receive home fire safety information, safety checks and have smoke alarms fitted where necessary. We are already funding the Fire and Rescue Services in Wales to work with Care and Repair agencies and Mind Cymru to identify those at risk. However, to ensure that more vulnerable people are identified and offered fire safety advice, there is a responsibility for all health and other professionals to identify those with a heightened risk of home fires, and to share this information with the Fire and Rescue Service.

Health, Personal Care and Physical Wellbeing

Service User Comments

"Maintaining good physical health is a crucial part of recovering from serious mental illness."

"Everyone knows the saying that a healthy body means a healthy mind, however, when it comes to the treatment of serious mental illness this is not always heeded."

People who experience mental health problems should be assisted to enjoy the same life expectancy and quality of physical health as the general population. This is supported by the commitment in the *Programme for Government,* "better health for all with reduced health inequalities". The Code of Practice to Parts 2 and 3 of *The Mental Health (Wales) Measure 2010* points out that a person's personal care needs and physical wellbeing ought to be identified, regardless of their age, when planning care and agreeing outcomes.

People with some psychiatric diagnoses may have their life expectancy reduced by between 10 and 17 years. There are many reasons for this and some medical interventions may have a detrimental effect on people's physical health. Where people are taking medications that pose a risk to health, they should be made aware of those risks and all necessary steps should be taken to minimise them.

Service users often have less healthy lifestyles than others, levels of smoking are high and diets may be poor. Chapter 1 sets out the need to target health promotion initiatives at people with a mental illness. The opportunity for physical exercise should be routinely offered to people in inpatient settings.

Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life. The Kings Fund recently found that between 12% and 18% of all NHS

expenditure on long-term conditions is linked to poor mental health. Care for people with long-term conditions will be improved by better integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals. This will build on our chronic conditions management approaches.

Early Years, School, Education and Training

> **Service User Comments**
>
> "No-one has ever spoken to me about any training."
>
> "I've taken part in training which has helped build my confidence and enabled me to become a trainer."

Our *Programme for Government* describes how we will "help everyone reach their potential, reduce inequality and improve economic and social wellbeing". We have published an Implementation Plan setting out the course of reform through to 2015 to achieve improvements in educational standards.

Evidence has demonstrated poorer educational outcomes for those with mental health problems and an increased potential for not being in education, employment or training at a young age. The initial onset of severe mental illness is particularly prevalent at school age or when people are first engaged in higher or further education. This can interrupt people's schooling or education causing permanent disadvantage. Education or training providers should support students to remain on the course or hold their place open for them whenever possible.

Teaching school children emotional intelligence and resilience from an early age will help them to be more aware and better prepared to deal with mental health issues. Teachers need to be aware of and utilise support services to ensure children with mental health problems are identified and offered appropriate support, helping them to stay in education.

Since 2008-09, we have allocated £3 million of grant funding to Local Authorities in convergence areas across Wales to develop transition working for young people with additional learning needs. Innovative transition planning tools and person centred plans are being adopted by Local Authorities to ensure a consistent approach across Wales. We issued guidance, *Access to Education and Support for Children and Young People with Medical Health Needs* in 2010. This document provides advice to schools and Local Authorities on meeting the educational needs of children and young people with medical needs, including those with mental health problems.

We are proposing to replace the statutory framework for the assessment and planning of provision for children and young people with Special Educational Needs (SEN) with a simpler, more person-centred and integrated system for children and young people with additional needs (AN). The *AN Learning Bill* will be developed over the coming years.

School Effectiveness and Pupil Deprivation Grants provide direct funding to schools to help raise standards. The priorities for these grants are literacy, numeracy and tackling disadvantage. The *Mental Health (Wales) Measure 2010* Code of Practice points out the importance of developing new skills or pursuing activities which build upon existing skills. A choice of accredited training and life-long learning should be available to all service users, including people in inpatient settings and the learning needs of older people must not be overlooked. Our *Delivering Community Learning for Wales* focuses on adult community learning.

Work, Occupation and Valued Daily Activities

> ### Service User Comments
>
> "I finished the IT course and the next step was to do volunteering work and I've began doing some mentoring work at the local hospital. It sounds like a cliché but I feel like I've had a second chance at life"
>
> "What support is there to help me to start working again?"

Work and valued occupation are generally good for our mental health and *The Mental Health (Wales) Measure 2010* Code of Practice highlights that this is an important factor for all people. The focus of activity will vary according to age and need. It may include planning for a first period of employment, returning to work or adapting to retirement. Sheltered employment or volunteering can help people with mental health problems regain confidence and skills, renew esteem, increase contact with society and provide a structure to daily life.

People with mental health problems should therefore receive support to gain jobs and remain in employment. Our *Programme for Government* has the high level aim of "improving skills for employment" and economic renewal. It sets a strategic aim of "improving the health of the working age population" and this includes mental health.

Young people are particularly disadvantaged in the current economic climate with high rates of youth unemployment and reducing opportunities to access higher education and training to gain the necessary skills for employment. Addressing the stress and emotional issues associated with economic inactivity and people who are not in education, employment or training (NEET) will be key and there need to be strong links to strategies for youth services, employment and economic development.

We will refocus resources on the most effective interventions, following a review of activities designed to help people who are NEET. This will include Individual Placement and Support (IPS) Schemes which are effective in helping people to obtain or stay in jobs and were recommended in *Realising Ambitions: Better employment support for people with a mental health condition*.

Employers routinely put in place arrangements to support people with physical disabilities to be able to work, but this is still rare for mental illness. The evidence for supported work placements is conclusive and this approach needs to become more widespread.

The *Healthy Working Wales* Scheme has been developed to support employers, employees and health professionals to improve health at work, prevent ill health and support return to work. It provides a wide range of health improvement initiatives, including MHFA being delivered direct to workplaces. We are working with the NHS and other partners to develop the support provided to businesses through this scheme. We will also encourage employers to recognise that mental illness is not necessarily a barrier to effective working.

Social enterprise can also be a means of supporting vulnerable people to enter or return to the workplace. We are committed to providing an enabling environment for social enterprises to grow, and we provide core funding to a number of stakeholder groups in the Third Sector to provide specialist advice, raise awareness and grow sustainable social enterprises. Jobs Growth Wales is a key commitment within *Programme for Government* and will create 4,000 job opportunities across Wales for 16 to18 years who are NEET and for unemployed young people aged 18 to 24. The scheme will offer young people work experience for a 6 month period. It will focus on supporting the individual to progress into sustained employment or where appropriate an apprenticeship.

We also need to help people to have a mentally well retirement in recognition that many older people experience bereavement, depression and social isolation.

Family, Parenting and/or Caring Relationships

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Service User Comments

"Looking back I really wish my husband and I could have had family therapy when our children were small – it was never explained to them why mammy was ill."

"My Community Psychiatric Nurse helped me explain to my kids that I have schizophrenia; because of this they're much more understanding and give me lots of help."

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People who experience mental health problems should have the same rights to family life as everyone else. They may need help to achieve this and should be able to access skilled advice and support. Isolation can only serve to exacerbate the problems felt by people with long-term illness.

The *Programme for Government* sets out how we will work with partner agencies to invest in support for parents and families to ensure that children have the best possible start in life. The expansion of *Flying Start* will improve the levels of support we can provide to our most vulnerable families, including support for parenting. We will also improve the way in which agencies work together through our *Families First* Programme and *IFSS* Teams. These will ensure families get the right support at the right time to become resilient and self sufficient.

The foundations of positive mental health and resilience are laid in the first years of life. Evidence shows that the quality of care experienced by infants significantly impacts on future likelihood of a number of positive outcomes. Factors such as parental mental health and parenting styles contribute hugely to the likelihood of successful early attachment and resilience. Mental illness may also affect an

individual's parenting ability and require intervention by social services. We know that 22% of children in need have a parent with mental illness.

We need to consider the needs of specific vulnerable groups including looked after and adopted children and those grandparents who have significant caring responsibilities for their grandchildren.

People in inpatient settings and prisons need support to maintain caring/parenting relationships and arrangements such as appropriate visiting facilities must be available. Action to support caring and parenting is reinforced within *The Mental Health (Wales) Measure 2010*. Older people, particularly those living alone or with long-term conditions, need strong caring relationships, and to be able to make and sustain relationships to avoid isolation.

Access to play, sports and friends; social, cultural or spiritual needs

> **Service User Comments**
>
> "I play guitar and have really enjoyed becoming involved in a music group, we've performed to the local arts group and it's helped me build my confidence up".
>
> "Peer support schemes are what we need. You need someone who has been through something similar. They can give you advice."

Mental illness often has a severe detrimental effect on people's self-esteem, leaving them at risk of isolation. People should have the appropriate help and support they need to gain the skills and confidence to develop relationships and interests and to achieve a rewarding lifestyle. The *Mental Health (Wales) Measure 2010* Code of Practice recognises the importance of a person's cultural identity and spirituality in helping people with mental health problems in inpatient settings as well as in the community.

Enjoying a full social life, good personal relationships and full engagement with community, play, leisure and recreational facilities are as important for those with mental illness as for any other person in the community. Care and Treatment Planning should include the growing evidence base relating spirituality and religion to mental and physical health, with individual spiritual and religious needs incorporated as part of the holistic care and treatment package. Spirituality and religion should be acknowledged in pathways that facilitate joint partnership working.

Our *Programme for Government* commits us to take action to "widen access to our culture, heritage and sport, and encourage greater participation". The Arts Council of Wales (ACW) is committed to developing a vibrant and high quality arts sector accessible to all communities in Wales. Much of its activities in the arts and health field involve and are directed at improving mental health.

The *Mental Health (Wales) Measure 2010* Code of Practice also notes that cultural and linguistic needs are intertwined within the Welsh speaking community. Wales has two official languages and through *A Living Language: A Language for Living*, we are committed to ensuring that more face-to-face services in the Welsh language

are available for the people of Wales. This is particularly pertinent in the context of health and social care, as access to linguistically sensitive services is central to accurate assessments and appropriate care.

Exercise on prescription schemes and inclusion in Care and Treatment Plans should enable people with mental health problems to more easily access leisure and recreational facilities, increasing social engagement for people of all ages. This should include the opportunity for physical exercise being offered to those in inpatient settings.

Medical and other forms of treatment including psychological interventions

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Service User Comments

"All I get is medication. That's it, nothing else."

"I have used Cognitive Behavioural Therapy (CBT), 'talk therapy' and a computer-based therapy".

"Finding the right medication has been the greatest help for me."

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People with mental health problems must get the treatment and support they need when presenting with physical health conditions. This will include the physical health conditions that arise as a side effect of medication they are taking.

The Mental Health (Wales) Measure 2010 Code of Practice advises that the process for agreeing outcomes in relation to treatment should ensure that any information regarding the benefits and drawbacks of treatments be provided and discussed. Information must be available in accessible formats to ensure those from vulnerable groups are included in decisions even when it is necessary for consent to be obtained on their behalf. Safeguards are in place for people with limited capacity including best interest assessors and independent mental capacity assessors to ensure treatment is appropriate and in patients' best interests.

People should always be informed about treatment options. Wherever possible they should be able to exercise choice. Interventions must be evidence-based where possible, using NICE Guidance and complying with the relevant clinical standards, whether pharmacological or psychological. Health Boards will be monitored using the National Prescribing Indicators and we will consider reviewing anti-depressant prescribing levels during the course of this Strategy. For older people with memory problems in particular, support may be necessary to ensure they get their medication on time, every time.

In 2009, we published the *Rural Health Plan for Wales* to ensure all public services are delivered in ways that recognise the particular needs of rural Wales. Improving transport is a key issue, particularly where even "local services" may be many miles away. Health Boards and Local Authorities need to develop innovative approaches such as telemedicine and mobile outreach services to improve access.

Contributions and benefits of partnership working

Partners and other agencies need to consider the table in Technical Annex 3, which sets out examples of the contribution their organisations can make to improving mental health and wellbeing and how this in turn will help them to achieve their core goals. We will work with statutory agencies, Third and Independent Sector providers, and Welsh businesses to ensure that these mutual benefits are realised.

Chapter 5: Delivering for Mental Health

What outcomes do we want to achieve by 2016 and beyond?

- Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.

- Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.

- Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.

Summary

The previous chapters have set out an ambitious programme of change and delivery requirements for partners and stakeholders involved in providing help, support and treatment to those with mental health problems and for their families and carers. This chapter looks at how we will deliver these aims.

The commitment of staff in the NHS, Local Government and in partner agencies is essential to the transformation we wish to see. Access to high quality information on which to plan services and measure outcomes is equally crucial for Health Boards, partner agencies and service users and carers. This information is vital to ensure we achieve best value for money given the current challenging financial climate.

How will we deliver the outcomes?

- New arrangements will be established to oversee the delivery of this Strategy involving all key partners, stakeholders and service user and carer representatives.

- A well led, fully engaged, multi-disciplinary workforce will be supported to develop the skills to competently and confidently respond to population needs and deliver the required outcomes.

- Services will be required to use best practice and evidence-based interventions. The effectiveness of new initiatives will be routinely evaluated with the development of NHS and Social Services Outcome Frameworks. Knowledge of what works will be made accessible and easily available.

- We will ensure better data is collected (including for those with protected characteristics) and is used to inform service planning.

- We will require safe, efficient and effective services to provide value for money, including through the NHS Quality Delivery Plan and social care and housing outcomes.

- Investment in mental health services by Health Boards will be made more transparent.

- We will report annually on progress against actions in the Delivery Plan.

Implementing the Strategy

At an all-Wales level: To deliver the ambitions of this Strategy we must ensure that all components are effectively co-ordinated. To do so successfully will involve policy areas across the Welsh Government and a range of partners and stakeholders. We will establish and lead a new National Mental Health Partnership Board (NPB).

The NPB will have a key role in overseeing and ensuring implementation of this Strategy and Delivery Plan. It will bring together Welsh Government, Statutory, Third and Independent Sectors, service users and carers. Appropriate linkages will be made with professional advisory groups including the Royal Colleges. Health Boards and Local Authorities will continue to be held to account for their contribution to delivering this Strategy via the performance management arrangements and outcome framework that are in place.

To maintain a focus on delivering the age specific elements of this Strategy, the CAMHS Delivery Assurance Group and the all-Wales Dementia and Older Person's Mental Health Group will report to the NPB. The Secure Services Group will also report to the NPB and the Suicide Prevention National Advisory Group.will provide an annual progress report.

At a local level: All Health Boards are expected to have effective corporate governance and leadership arrangements in place for mental health services as recommended within the WAO *Adult Mental Health Services Follow up Report*. Delivering the actions set out within this Strategy will require robust local mental health partnership arrangements, based on the Health Board footprint, to plan, monitor and performance manage services. With board level leadership, these should have senior membership from Social Services, Housing, Criminal Justice Agencies, Education and other relevant Statutory agencies.

As with the NPB, local partners should ensure that the Third Sector and service users and carers are fully involved. These groups should embrace all ages, making appropriate links with CAMHS services. The Mental Health and Criminal Justice Planning Groups (MHCJPGs) should report to the local mental health partnership boards. The local partnership boards will provide an annual report for the NPB on the extent to which local planning, monitoring and performance management arrangements are working.

Delivering with our staff

None of the changes set out in *Together for Mental Health* would be possible without the on-going dedication and commitment of staff. Strong leadership, forward-looking workforce planning and on-going development will be needed to support staff to deliver this ambitious agenda. These changes are essential to ensure that Wales becomes a place in which mental health professionals wish to train and remain to practice.

A healthy workforce is critical to the delivery of modern mental health services. As employers, Health Boards and Local Authorities should act as role models in

ensuring the wellbeing of their staff, managing staff with mental health problems constructively, in line with corporate mental health policies. Occupational Health Departments should develop mental health programmes to assist in job retention and support for return to work.

Mental Health Awareness within the wider Workforce: All partner agencies should ensure there is a high level of mental health literacy and engagement amongst their staff. This should include clinicians and practitioners working in all social services and health settings - including community, emergency departments, hospitals and residential care. Training should be extended to the wide range of professionals working with people of all ages including youth workers, the police and criminal justice staff, teachers, housing support workers and others. The development of up-to-date specialist skills in mental health by all the independent contractor professions - GPs and members of the Primary Care Team, pharmacists, opticians and dentists - is also important, as is awareness among staff such as GP receptionists.

Such training will help achieve earlier intervention and more effective liaison with specialist mental health services. Training needs to include the further expansion of Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA) and Applied Suicide Intervention Skills Training (ASIST). In addition, specialist training in the management of self harm is required in emergency departments, poisons units and in criminal justice service establishments.

Raising dementia awareness will help to ensure people with co-existing dementia are treated with dignity and respect, and receive optimal care. Health Boards, with NLIAH[1], should support the extension of dementia training schemes, including a focus on general medical inpatient settings where each ward will have a 'dementia champion'.

Multi-disciplinary and multi-agency training across the Statutory and Third Sectors should be a component of all joint plans.

Training the Mental Health Workforce: Clinical leaders need to empower their staff to deliver holistic services based on the recovery and enablement approach and on the appropriate management of risk. The quality of the relationship between practitioner and service user is central to this approach. We want to foster a culture in which staff work alongside service users, recognising the contributions they can make to their recovery. This will ensure that humanity, compassion and respect lie at the heart of service delivery and that outcomes are agreed with service users.

The training and education experience of mental health professions in Wales must be one that will attract aspiring professionals to come to and stay in Wales. To achieve this, we will work with Health Boards and training providers. Ensuring the safety, dignity and empowerment of service users will be part of core skills training for all care professionals and support workers. Successful accredited risk management training, such as the Wales Applied Risk Research Network (WARRN), should be extended to cover more settings and all ages. Equalities training will

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[1] NLIAH actions will transfer to any successor body which is established.

address discrimination and help staff recognise and respond to cultural differences, reduce ageist attitudes and increase gender awareness.

Ensuring that there are strong links between the social care and health workforces and that there is a common understanding of mental health issues will contribute to a coherent and consistent approach. Health Boards, Local Authorities and other partner agencies need to ensure that joint working governance arrangements provide the framework for holistic mental health services. This will empower staff to work across professional and organisational boundaries and to negotiate support from other sectors such as housing, schools and colleges, justice and employment.

Recruiting and training staff with minority language skills, including British Sign Language (BSL), is essential to meet the needs of people using mental health services as is increasing the capacity of the workforce to meet the needs of Welsh speakers. While it is not expected that everyone will be able to communicate in Welsh it is important that all staff are sensitive to the needs of Welsh speakers. Workforce plans need to be informed by an analysis of community language needs and data on the language skills of the workforce.

Workforce redesign: Providing a sustainable mental health service is becoming increasingly challenging with recruitment and retention difficulties and with an ageing workforce. Health Boards and Local Authorities must ensure both effective workforce planning and grasp opportunities for workforce redesign across services, both in and out-of-hours. *Working Differently – Working Together* provides the NHS with a framework to work in partnership to support the development of the right staffing model to reflect our integrated healthcare organisations as we continue to transform the delivery of healthcare in Wales. It focuses on the key employment practices and actions to meet the workforce challenges ahead and is aligned to the vision of *Working Together for Wales,* putting citizen-centred public service delivery at its heart. New and different roles and ways of working need to be adopted to support new models of care.

Using the *Creating Capable Teams* approach, the use of non-medical clinical roles, such as the approved clinician, advanced practitioners and non-medical consultants and prescribers, will provide exciting development opportunities for staff. This approach will also allow consultants to concentrate their specialist skills on the management of complex high risk cases and to provide "consultancy" to primary care, general hospitals and residential and nursing care homes. Initiatives such as the development of peer support workers should also be considered by Statutory and Third Sector organisations as a means of improving skill-mix within services.

The *Modernising Mental Health Nursing Review* will ensure we can meet current and future demand, and that the nursing workforce is ready and able to maximise its role throughout the entire health and social care system. It will also ensure we raise the profile of the mental health nurse and that we have a valued and thriving nursing profession.

Continued Professional Development (CPD) will include specialist skills such as the delivery of psychological interventions and the treatment of specific disorders. CPD

and effective supervision across all professions are also essential to ensure that the workforce is equipped to meet changing service demands.

Delivering excellence and performance

Informed service planning and monitoring: A National Mental Health Core Dataset will be developed to cover services for all ages. It will provide consistent definitions to facilitate benchmarking of service capacity, quality and delivery and to inform investment and cost comparisons. This will also facilitate the monitoring of the implementation and delivery of this Strategy and its key outcomes. It will build on the University of Durham Mapping used in CAMHS and the commissioning template data developed by the Institute of Public Care, Oxford Brookes University. We need to ensure that information systems are integrated across health and social care, providing portable assessments to the benefit of both service users and professionals.

Adopting best practice and implementing lessons learnt: Service providers need to be constantly reviewing the performance, outcomes and quality of their services. Benchmarking with best practice needs to be more widely used and innovations encouraged, evaluated and their lessons widely disseminated. This will include work with the other UK administrations to ensure that we are also learning from best practice beyond Wales.

Promoting and adopting evidence-based treatments, including NICE guidelines, is key in driving improvements in service quality, safety and effectiveness. Proven service improvement methods, such as 1000 Lives+ and breakthrough collaboratives, need to be applied. This approach should not be restricted to mental health settings and needs to increase the capacity and capability of general hospital wards and residential care homes to better identify, diagnose and treat common mental health problems. HIW are developing, with stakeholders, a peer review process to support delivery of quality standards, which will support continuous improvement in mental health services.

Improving quality and safety: We will expect services to meet the standards for Health Services in Wales set out in *Doing Well, Doing Better*. The quality and safety of our services will also be improved by:

- Ensuring lawful application of the *Mental Health Act 1983* and the *Children Act 2004* at all times, monitoring compliance with the *Human Rights Act 1998* and the National Preventative Mechanism

- Ensuring lawful application of the *Children and Young Persons (Wales) Measure 2011* and the use of the UNCRC as a framework for the delivery of children's rights across Wales

- Learning lessons from HIW reviews and its Mental Health Act monitoring information, joint inspection arrangements, the National Confidential Inquiry into Homicides and Suicides (NCIHS) and national service reviews as and when directed by the Welsh Government

- Meeting national safeguarding requirements on dignity and safety across the life-course, implementing all-Wales Child Protection Procedures and Procedures for Vulnerable Adults

- Using collaborative methods to help drive local implementation and share learning

- Strengthening clinical governance arrangements.

Research and development: Mental health is one of the key areas of health and social care research investment in Wales. Through our National Institute for Social Care and Health Research (NISCHR), we fund a number of initiatives and our commitment to this agenda will continue.

The National Centre for Mental Health (NCMH) has been established to improve quality of life for patients through research and sharing knowledge and best practice. This brings academics and research together with frontline mental health professionals to improve patient care. The centre studies the causes, triggers, diagnoses and treatments of mental illness across the lifespan. The *Mental Health Research Network Cymru (MHRNC)* supports vital large-scale research to raise the standard of mental health and social care research and practice throughout Wales. It has strong links with the mental health charities in Wales. The Network currently has 10 Research Development Groups (RDGs) for different clinical areas.

Measuring outcomes for individual service users: We are taking forward innovative work with partner agencies, service users and carers to develop suitable outcomes measures looking at issues from a service user lens. This work will build on the Client Assessment Tool already used in CAMHS and will be extended to cover all ages. It will develop over the lifespan of the Strategy and be incorporated in subsequent Delivery Plans. Tools will capture individual self-evaluated client based assessments of progress in the relevant Areas of Life identified under Care and Treatment Plans. This will improve our ability to track an individual's change over time. For progressive conditions such as dementia, the goal will be to support the individual and their carers to maintain independent living for as long as possible and to sustain quality of life.

Service user surveys: Service users must be actively involved in monitoring and evaluating services. Providers will survey the views and experiences of service users and carers at least annually. Survey tools will include questions on being treated with respect and dignity. Service user involvement itself will be regularly audited to ensure that services really do involve their users at every level. This will need to include dementia care services in general hospital settings.

Measuring the wider effectiveness, quality and outcomes of services:
Performance management systems for mental health will be focused on outcomes, rather than solely on activity and process measures. These will need to include patient centred services, effectiveness of service delivery and safety. Reporting requirements will be simplified so that they concentrate on the agreed set of high level measures set out in our *Quality Delivery Plan*. Processes will be developed to capture and standardise information on met and unmet needs. Evaluation of *The Mental Health (Wales) Measure 2010* will be undertaken by 2016.

Making every penny count – getting the best from investment in mental health

Investment in mental health: Mental health accounts for approximately 12% of the NHS budget in Wales. Much of the current investment is spent on dealing with the consequences of mental health problems and mental illnesses. Ensuring there is appropriate funding to reduce and treat mental illness remains a priority. However, this Strategy also recognises the longer-term benefits of mental health promotion and prevention.

Investment in mental health services must be transparent. Health Boards have been issued with clear guidance that the ring-fenced allocation for mental health services represents the minimum they should be spending on these services. Mental health services are expected to make efficiencies like all other parts of the NHS and the guidance makes it quite clear that where this releases resources for reinvestment, that reinvestment must be in mental health services. Assurance processes need to include evidence of costs of services as well as data on quality and activity.

New and developing mental health needs, demographic change and current financial pressures mean that, in spite of protected funding levels, mental health services cannot be exempt from a continuing critical review of resource use. The greater part of the resources that will be available for dealing with mental health issues over the coming decade have already been provided to the NHS. The NHS will need to scrutinise whether the current use of those resources is having the greatest impact.

Treating mental health problems as soon as they develop can deliver greater value for money and avoid some of the social costs to individuals, their families and communities. Intervening early for children reduces long-term costs and improves individual life chances. Early identification in criminal justice settings can reduce risk and harm to self and others. Early intervention in psychosis can reduce re-occurrence of psychotic episodes, avoiding on-going costs and improving education and employment outcomes.

There is good evidence that a redeployment of resources can both increase value for money and improve outcomes:

- Primary care schemes and investment in community provision will help people to remain as independent as possible with inpatient care used only when needed and for the appropriate length of time.

- Developing local forensic and non-forensic secure services can reduce the level of out of area placements which take people away from their families, carers and local communities.

- Collaborative purchasing across the public sector and working in partnership with the Third Sector can provide innovative local provision, increasing service choice and optimising limited capital resources.

- Effective medicines management with effective prescribing, for example of anti-psychotic drugs in the elderly, anti-depressants and Z-drugs in line with clinical guidelines, will lead to more appropriate prescribing practice in all settings.

- Improved liaison psychiatry can ensure that mental health care needs are met for those people on general wards and reduce length of stay.

- New technologies, whether telecare, telemedicine or newer generation pharmacological agents, will improve outcomes and assist people to continue to live independently.

Funding the delivery of *Together for Mental Health*: The Minister for Health and Social Services has given her commitment to the continuation of the mental health ring-fence. We recognise that the patterns of NHS expenditure on mental health vary across Health Boards and we will consider the reasons for this alongside how the application of the ring-fence can be monitored more effectively.

The transparency of information on mental health expenditure will improve, enabling changes in investment to be monitored. Monitoring expenditure will only be part of the solution – measuring Health Board performance against outcomes will be a more effective tool.

We are providing significant extra funding of £4 million in 2012-13 and £5 million in future years to support the implementation of *The Mental Health (Wales) Measure 2010*. This creates the opportunity to reconfigure services to ensure equal access to services within Health Board areas and across Wales. Working together, Health Boards and Local Authorities can use the flexibility of Section 33 funding arrangements to provide holistic services through the care pathway. Partner agencies need to recognise their statutory responsibilities in prioritising investment in mental health and ensure they work across agencies and areas, pooling resources where possible. Local Authorities in particular are expected to contribute appropriately via the Revenue Support Grant (RSG).

Whilst the bulk of funding for the delivery of this Strategy will be directed via the allocations to Health Boards and Local Authority RSG, a range of other Welsh Government funding streams will support its delivery. These include grants to the Third Sector, the *Substance Misuse Action Fund*, *Safer Communities Fund*, *Communities First*, *Families First*, *Flying Start, IFSS* and *Supporting People* programmes.

We will also work with partner agencies to encourage and support them to do more to access other potential funding streams such as the European Social Fund, Rural Development Programme, and BIG Lottery funding to assist with the delivery of this Strategy.

Technical Annexes and Abbreviations

Technical Annex 1: Extant Mental Health Policy Documents

Welsh Government (2012) *Sections 135 and 136 of the Mental Health Act 1983: Good Practice Guidance.*

Welsh Government (2012) *Psychological Therapies in Wales: Policy Implementation Guidance.*

Welsh Government (2012) *Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010.*

Welsh Government (2012) *Compendium of Good Practice Guidance on Integrated Care for Children & Young People aged up to 18 years of age who Misuse Substances.*

Oxford Brookes University (on behalf of Welsh Government) (2012)

Durham University (on behalf of Welsh Government) (2011) *CAMHS Wales Mapping Data Collection.*

Welsh Government (2011) *Delivering the Independent Mental Health Advocacy Service in Wales – Guidance.*

Welsh Government (2011) *National Service Model for Local Primary Mental Health Support Services.*

Welsh Government (2011) *National Dementia Vision for Wales: Dementia Supportive Communities.*

Welsh Government (2011) *Local Mental Health & Criminal Justice Planning Arrangements (as per Home Office Circular 12/95).*

Manchester University (2011) *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Annual Report: England, Wales, and Scotland July 2011.*

Welsh Government (2011) *Breaking the Barriers: Meeting the Challenges. Better Support for Children and Young People with Emotional Well-being and Mental Health Needs - An Action Plan for Wales.*

Department of Health (2011) *Good Practice Procedure Guide: The transfer and remission of adult prisoners under s47 and 48 of the Mental Health Act.*

Welsh Government (2011) *Evaluation of the Welsh School-based Counselling Strategy: Final Report.*

Welsh Government (2010) *Secure Services Action Plan for Wales.*

National Assembly for Wales (2010) *Mental Health (Wales) Measure 2010.*

Welsh Government (2010) *Interim Community Mental Health Team Guidance.*

Welsh Government (2010) *Thinking Positively: Emotional Health and Well-being in Schools and Early Years settings.*

Department of Work and Pensions (2009) *Realising Ambitions: Better employment support for people with a mental health condition.*

Welsh Government (2009) *Eating Disorders: A Framework for Wales.*

Welsh Government (2009) *Talk to Me: The National Action Plan to Reduce Suicide and Self Harm in Wales 2009-2014.*

Welsh Government (2008) *School-based Counselling Services in Wales.*

Welsh Government (2008) *Mental Health Act 1983: Code of Practice for Wales.*

Welsh Government (2007) *A Services Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem.*

UK Parliament (2007) *Mental Capacity Act 2005: Code of Practice.*

Department of Health (2007) *Mental Capacity Act 2005: Deprivation of Liberty Safeguards.*

UK Parliament (2007) *Mental Health Act 2007.*

Welsh Government/HM Prison Service (2006) *Prison Mental Health Pathway.*

Welsh Government (2006) *Safeguarding Children: Working Together Under the Children Act 2004.*

Welsh Government (2006) *WHC/2006/053 Adult Mental Health Services in Primary Healthcare Settings in Wales Policy Implementation Guidance*

UK Parliament (2005) *Mental Capacity Act 2005.*

National Public Health Service for Wales (2005) *Meeting the Health, Social Care and Wellbeing Needs of Individuals with a Personality Disorder.*

Welsh Government (2005) *WHC(2005)048: Policy Implementation Guidance on the development of Crisis Resolution and Home Treatment services in Wales.*

Technical Annex 2: Outcome Measures

The following annex identifies the priority outcomes for *Together for Mental Health* and provides initial measurements. Please note that *Programme for Government* measures are in **bold** font and relevant Delivery Plan measures are underlined[2].

a) The mental health and wellbeing of the whole population is improved.	
% living in combined material deprivation and low income **% of children living in workless households** **% pupil attendance in primary and secondary schools** **% of looked after children with more than three placements in the year** **% of 16-24 year olds who are not in education, employment or training (NEET)** **% of Flying Start children reaching their development milestones at three years of age** - Welsh Health Survey SF 36	- Office of National Statistics (ONS) suicide data % Children & Young People with high life satisfaction rates (Well Being Monitor) % of schools achieving the Healthy School Scheme NQA - No. of settings achieving national healthy and sustainable Pre School Scheme award criteria - School readiness Key Stage 1 - Uptake of exercise referral scripts - Smoking cessation rates % sickness absence rates citing mental health problems - Incapacity Benefits claims as a result of Mental Disorder

b) The impact of the mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.	
% reduction in the number of mental health hospital admissions **% of public sector bodies who have mental health and domestic abuse work place policies** - No. of supported housing placements for people with mental health problems - No. of carer assessments undertaken	No. of public sector organisations and businesses attaining Corporate Health Standard and small workplace awards

c) Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.	
No. of homeless households which include dependent children - No. of those from ethnic groups / protected characteristics - Number of community fire safety checks	% reduction in mental health discrimination % shift in public attitude towards mental health problems (TTCW)

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[2] Measurements outlined here to be complemented by the development of the Mental Health Core Dataset

d) Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.	
• **Number of adult service users receiving direct payments** • Increase in Care and Treatment Plans recording Welsh language and other language needs	• % of care plans demonstrating service user participation in their formulation

e) Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result.	
• **Number of individuals with a positive Treatment Outcome Profile (TOP) during and at exit** • **Number of children and young people in the Youth Justice system with identified substance misuse needs, who have access to appropriate specialist assessment and treatment services** • **Number of first time entrants into the youth justice system** • No. of mental health Delayed Transfers of Care • No. of repeat mental health admissions within 30 days • Admission rates for self harm to Welsh hospitals • Waiting times for access to Psychological Therapies measured. • The number of young people accessing school-based counselling	• No. of BPW loans including dementia book loans • No. of people contacting C.A.L.L. help line • No. of people referred to PCMHSS • No. of individuals identified in GP dementia registers. • % reduction in the no. of under 18s admitted to adult mental health beds

f) The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.	
• Patient experience monitored through "Fundamentals of Care" audit.	

Technical Annex 3: Contributions and Benefits of Partnership Working

Sector	Contribution	Benefit
Local Government	• Strong and visible community leadership and planning. • Provision of social care, housing, accommodation, leisure, cultural, educational early years and supportive environments.	• Improved parenting and child health. • Reductions in the number of children in need and looked after children. • Improved educational attainment. • Improved social cohesion. • Reduced anti-social behaviour and neighbour disputes. • Reduced crime and fear of crime. • Reduced homelessness and isolation. • Increased duration that older people can live independently. • Improved health of carers.
NHS and Third Sector health providers	• Health promotion, primary healthcare, community, secondary care and specialist services, all covering physical and mental health care needs.	• Increased life expectancy. • Improved quality of life. • Mental and physical health gain. • Reduced health inequalities. • Efficient and effective use of NHS resources. • Improved safety and quality. • Value for money.
Independent and Third Sector housing and accommodation providers	• Good quality, safe and secure homes with provision of support tailored to meet the needs of people with mental health problems.	• Improved social cohesion. • Reduced anti-social behaviour and neighbour disputes. • Increased duration that people can live independently. • Reduced homelessness.
Providers of education, training and life-long learning	• Good early years experience. • Support for people with mental health problems to access and remain in education and training.	• Improved social cohesion Improved educational attainment.
Employers and Business	• A healthy working environment and support for employees with mental health problems. • Work opportunities for people with mental illness.	• Increased productivity. • Reduced absenteeism. • Reduced staff turnover. • Improved morale.

Sector	Contribution	Benefit
Criminal Justice agencies	• Timely assessment of vulnerability and risk, and appropriate referral to mental health services. • Joint working with mental health and Third Sector services to support re-settlement on release from custody.	• Reduced delays in justice processes. • Better targeted interventions. • Increased retention in community sentence caseload. • Reduced frequency and/or seriousness of offending. • Efficient and effective use of NHS resources. • Improved safety and health within custodial environments. • Reduced rate of suicide and self harm in criminal justice settings.
Youth Offending Teams (YOT)	• Joint work between all agencies to manage sentences of young people.	• Prevention of young people entering and re-entering the criminal justice system.
Department for Work and Pensions (DWP), JobCentre Plus and welfare rights agencies	• Awareness and understanding of mental health and mental illness. • Employment support to people with mental health problems.	• Reduced rates of unemployment and numbers of people on welfare benefits.
Credit Unions and financial services	• Advice on debt avoidance and debt management support.	• Reduced rate of unmanaged debt.
Arts, sport and recreation providers	• Encourage active engagement in mainstream arts, sport and recreational activity.	• Improved social cohesion. • Improved sport and cultural participation. • Improved health.

Abbreviations

ACW	Art Council of Wales
ADHD	Attention Deficit Hyperactivity Disorder
AN	Additional Needs
ASD	Autistic Spectrum Disorder
ASIST	Applied Suicide Intervention Skills Training
BPW	Book Prescription Wales
BSL	British Sign Language
CALL	Community Advice and Listening Line
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CIITs	Community Intensive Intervention Teams
CSSIW	Care and Social Services Inspectorate Wales
CJLS	Criminal Justice Liaison Service
CMHTs	Community Mental Health Teams
CPD	Continuing Professional Development
CRHT	Crisis Resolution Home Treatment
DES	Direct Enhanced Service
DTOCs	Delayed Transfers of Care
DWP	Department for Work and Pensions
FACTS	Forensic Adolescent Consultation and Treatment Services
GMS	General Medical Services
GPC	General Practice Committee
GPs	General Practitioners
HIW	Health Inspectorate Wales
HMP	Her Majesty's Prison
IDP	Individual Development Plan
IFSS	Integrated Family Support Service
IPS	Individual Placement Support
MAPPA	Multi Agency Public Protection Assessment
MARAC	Multi Agency Risk Assessment Conference
MHCJPGs	Mental Health and Criminal Justice Planning Groups
MHFA	Mental Health First Aid
MHRNC	Mental Health Research Network Cymru
MHSUDOs	Mental Health Service User Development Officers
MHTR	Mental Health Treatment Requirement
MRC	Medical Research Council
NCIHS	National Confidential Inquiry into Homicides and Suicides
NCMH	National Centre for Mental Health
NEETs	Not in Education Employment and Training
NERG	National Expert Reference Group
NEURODEM	Neurodegenerative Disease and Dementia Research Network
NICE	National Institute for Health and Clinical Excellence
NISCHR	National Institute for Social Care and Health Research
NLIAH	National Leadership and Innovation Agency for Healthcare
NPB	National Mental Health Partnership Board
NSF	National Service Framework
OASys	Offender Assessment System
ONS	Office of National Statistics
PHW	Public Health Wales
PTSD	Post Traumatic Stress Disorder

RAID	Rapid Assessment Interface and Discharge
RDGs	Research Development Groups
RNIB	Royal National Institute of Blind People
RSG	Revenue Support Grant
SEN	Special Educational Needs
TOP	Treatment Outcome Profile
TTCW	Time To Change Wales
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WAMH	Wales Alliance for Mental Health
WAO	Wales Audit Office
WARRN	Wales Applied Risk Research Network
WASPI	Wales Accord for Sharing Personal Information
WHO	World Health Organization
YMHFA	Youth Mental Health First Aid
YOT	Youth Offending Team

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Together for Mental Health

Delivery Plan: 2016-19
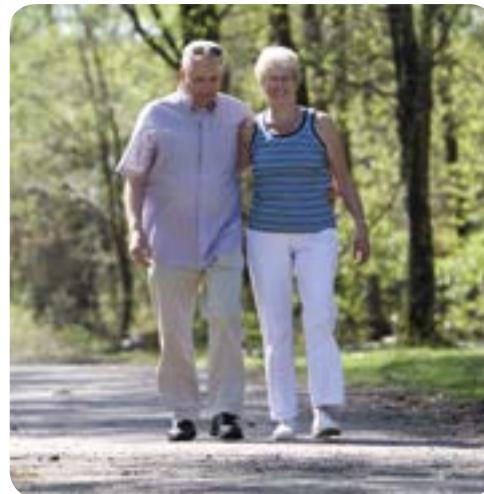
Together for Mental Health Delivery Plan 2016 – 2019

Together for Mental Health [1] is the Welsh Government's 10 year strategy to improve mental health and well-being. Published in October 2012, following significant engagement and formal consultation with key partner agencies, stakeholders, services users and carers, it is a cross-Government strategy and covers all ages. It encompasses a range of actions, from those designed to improve the mental well-being of all residents in Wales, to those required to support people with a severe and enduring mental illness.

The strategy consists of five chapters and is underpinned by 18 outcomes which are set out in the table below. These were subject to detailed formal consultation in 2012 and remain unchanged for the lifetime of the strategy. The strategy is implemented through three-year delivery plans which set out the key actions for the Welsh Government and stakeholder agencies in the statutory and third sectors. The first delivery plan covered the period 2012-15 and this one covers the period 2016-19. Implementation is assured through Partnership Boards at national and local levels, and progress is reported publicly through annual reports produced by the Welsh Government, and Integrated Medium Term Plans (IMTPs) of the local health boards and NHS Trusts. For ease of reading the priority actions in this plan have been laid out by subject area, and linked back to the relevant chapter of the original strategy, and set out in a life-course approach with 'all age' actions presented first.

Changes in strategic context since the publication of the strategy

Since the publication of the first delivery plan there have been a number of strategic changes that need to be reflected in this second delivery plan.

The Welsh Government published the ***Well-being of Future Generations (Wales) Act*** [2] in April 2015 which has a key impact on future priorities. The Act aims to make public bodies:
- Think more about the long-term
- Work better with people and communities and each other,
- Look to prevent problems and take a more joined-up approach.

In short, it encourages bodies to 'do what they do' in a sustainable way, an approach that will drive future delivery. Strategy outcomes (see following table) and delivery plan priority areas have therefore been mapped against the goals of the Act. Although we have not identified any of the *Together for Mental Health* priorities specifically under the goal 'a globally responsible Wales', actions within the delivery plan which have an economic, social and environmental impact will also contribute to its implementation. The Act also establishes Public Services Boards (PSBs) for each local authority area in Wales which must prepare and publish a local Well-being plan setting out its objectives and the steps it will take to meet them. These plans will inform local priority setting.

[1] http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/strategy/
[2] http://gov.wales/topics/people-and-communities/people/future-generations-bill/

Well-being of Future Generations (Wales) Act 2015	*Together for Mental Health* High Level Outcomes	Delivery Plan 2016-19 Priority areas
A healthier Wales	• Population-wide physical and mental well-being is improved; people live longer, in better health and as independently as possible, for as long as possible. • People in Wales have the information and support they need to sustain and improve their mental health and self-manage mental health problems. • Families and carers of all ages are involved in assessments for support for their caring roles. • People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together. • Evidence-based high quality services are delivered through appropriate, cost-effective investment in mental health.	1 5 7 8
A more equal Wales	• People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population. • People with mental ill-health experience less stigma and discrimination and feel that these problems are being tackled. • People feel in more control as partners in decision-making about their treatment and how it is delivered. • Service users experience a more integrated approach from those delivering services. • People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies. • Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.	6 4
A prosperous Wales	• People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis. • Child welfare and development, educational attainment and workplace productivity are improved as we address poverty. • Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.	9
A Wales of vibrant culture and thriving welsh language	• Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.	3
A Wales of cohesive communities	• People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services. • Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia. • Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.	2 10

A number of actions in this delivery plan have been developed to further embed the requirements of the ***Social Services and Well-being (Wales) Act 2014*** which came into force on 6 April 2016. The Act looks to:

- Transform the way social services are delivered, promoting people's independence to give them a stronger voice and more control.
- Provide greater consistency and clarity to people who use social services, their carers, local authority staff and their partner organisations, the courts and the judiciary
- Promote equality, improve the quality of services and the provision of information people receive
- Encourage a renewed focus on prevention and early intervention.

Throughout this delivery plan we have suggested a number of performance indicators to measure progress. We have worked to ensure that the national well-being indicators agreed as part of the implementation of the *Well-being of Future Generations Act* and the indicators from both the Social Services Outcomes Framework and the Public Health Outcomes Framework have been included as appropriate.

In addition, the plan has also been underpinned by the principles of ***Prudent Health and Care.*** (Please see glossary for further information.) The way in which mental health services have been shaped and delivered in recent years provides good evidence of prudent health and care in practice. Placing the needs of service users at the heart of service design, co-production in care and treatment planning, and professionals in both the statutory and third sector delivering services are good examples of how the prudent health and care principles underpin delivery in the mental health field. This delivery plan aims to strengthen that approach through a greater emphasis on prevention, integration and long term sustainability. Further examples of this approach can be found via the Welsh Government's prudent healthcare resource www.prudenthealthcare.org.uk.

Delivering the actions set out in the plan will make a positive contribution to the Welsh Government's equality objectives through a commitment to identify and meet the needs of *all* groups in relation to mental health, including those from disadvantaged backgrounds who are statistically more likely to be living in poverty and experience poor mental health.   This plan has also considered the articles contained within the United Nations Convention on the Rights of the Child (UNCRC).

The objectives of *'More than just words', the* Welsh Government's strategic framework for Welsh language services in health, social services and social care have also been embedded into the plan through actions that make it clear all organisations associated with mental health service delivery must ensure that such services are available to those who wish to communicate in Welsh.

Monitoring Progress

Progress in delivering the actions set out in the plan against the 11 priority areas will be monitored through regular updates to our National Partnership Board, which consists of service users and carers, representatives from the statutory and voluntary sectors and professional groups.

'*Together for Mental Health* Delivery Plan 2016-19 – Priority Actions

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 1 – People in Wales are more resilient and better able to tackle poor mental well-being when it occurs.		
1.1 To enable people in Wales to have access to appropriate information and advice to promote mental well-being and to help them understand / manage their conditions.	1.1 (i) Health boards to provide or commission effective accessible lower level interventions (Local Primary Mental Health Support Services (LPMHSS) and *Tier 0),* such as anxiety management and mindfulness, in community settings across Wales **by March 2017.** (Chapter 2) 1.1 (ii) Welsh Government (Public Health), with partners, to improve awareness and access to evidence based Tier 0 information and support **by March 2018.** (Chapter 1) 1.1 (iii) Welsh Government (Health and Social Services) to explore the development of a pilot Social Prescription Scheme **by December 2017.** (Chapter 1)	• Percentage of service users, carers and GPs across Wales who positively rate (strongly agreed or partly agreed) the LPMHSS **Source: health boards** • Number of people assessed and who have received therapeutic interventions and advice from LPMHSS each year **Source: health boards** • CALL / 111 helpline numbers usage remains at or above 2015 levels **Source: Welsh Government** • Mean mental well-being score for people. **Source: National Survey for Wales (16 plus) /Understanding Society*(for children) (Well-being of Future Generations (Wales)) Act**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		• Mental health service users accessing social prescriptions e.g. physical exercise/green gyms/books on the same basis as other groups. **Source: health boards**
1.2 To prevent and reduce suicide and self harm in Wales.	1.2 (i) Health boards, Public Health Wales, local authorities and third sector to implement the *Talk to me 2* Action Plan available at: http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en **by March 2019.** (Chapter 1) *The priority actions comprise a rolling programme of work which the National Advisory Group on Suicide and Self Harm Prevention (NAG) will review and report on annually – the first report was in April 2016 and will serve as a baseline report in the context of this document.*	• Rate of suicide reducing from an average over the 10 year (2005-2015) period. **Source: Office of National Statistics (ONS)** • Mean mental well-being score for people. **Source: As per 1.1** • Admission rates for self harm to Welsh hospitals. **Source Patient Episode Database for Wales (PEDW)** • All individuals discharged from inpatient care to have a first follow up within 5 working days of discharge. **Source: health boards**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
1.3 To promote mental well-being and where possible prevent mental health problems developing.	1.3 (i) Welsh Government (Public Health) and Public Health Wales NHS Trust to support workplaces to improve the mental health and well-being of their staff **by March 2019.** (Chapter 1) 1.3 (ii) Public Health Wales NHS Trust to work with Welsh Government and other national agencies to explore options for better co-ordinating and harnessing support for protecting the mental health and well-being of people at risk of redundancy or who have recently experienced redundancy **by March 2018.** (Chapter 1)	• Percentage of the working population engaged in Healthy Working Wales. **Source: Welsh Government** • Mean mental well-being score for people. **Source: As per 1.1** • Proposal of options for consideration by Welsh Government. **Source: Public Health Wales**
Priority area 2.	*The quality of life for people is improved, particularly through addressing loneliness and unwanted isolation.*	
2.1 To improve the health and well-being of people in Wales by reducing loneliness and unwanted isolation.	2.1(i) Welsh Government to work across departments to develop a national approach that aims to reduce loneliness and isolation among those individuals who have or are at risk of, mental health problems **by March 2019.** (Chapter 1) 2.1 (ii) Public Health Wales NHS Trust, through its Healthy and Well Communities Programme and a network approach, to promote and support community and third sector organisations to develop collaboration and amplify existing community assets, capacity and resources to increase wellbeing and community resilience by **March 2019.** (Chapter 2) 2.1 (iii) Welsh Government (Health & Social Services) to work with partners on a pilot for developing compassionate communities **by March 2017.** (Chapter 1)	• Percentage of people who are lonely **Source: National Survey for Wales* (Social Services Outcomes Framework)** • Percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect **Source: National Survey for Wales* (Social Services Outcomes Framework)** • Communities identifying

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		mental wellbeing as a priority area for action. **Source: Public Health Wales** • Uptake of network tools and resources relating to mental wellbeing and community resilience. **Source: Public Health Wales**
Priority area 3 – Services meet the needs of the diverse population of Wales		
3.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.	3.1 (i) Welsh Government (Mental Health and Vulnerable Groups) to provide guidance and signposting information for health Boards and local authorities on supporting service users with protected characteristics **by December 2017.** (Chapter 2) 3.1 (ii) Health boards and trusts to ensure as far as possible that all healthcare staff have undertaken the *Treat Me Fairly* equalities training e-learning package, of relevant vulnerable groups on a rolling programme, developed by the NHS Centre for Equalities and Human Rights (CEHR) and NHS Wales **by December 2016.** (Chapter 5) 3.1 (iii) Welsh Government (Health and Social Services) to work with stakeholders to develop an Integrated Health and Social Care Framework of Action for people who are deaf or living with hearing loss **by December 2016**. (Chapter 3) 3.1 (iv) Welsh Government (Health and Social Services) to issue pathway for care, to ensure access for refugee and asylum seekers to general mental health and specialist Post Traumatic Stress Disorder (PTSD) provision **by January 2017.** (Chapter 3)	• Number & percentage of healthcare staff undertaking the *Treat me Fairly equalities training e-learning package.* **Source: health boards** • Percentage of service users in secondary services across Wales who positively rated (strongly agreed or partly agreed) that they were satisfied / felt involved with their care and treatment plan equitable across different groups including ethnicity and disability (evidenced via local audit). **Source: health board service**

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Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		user satisfaction for Part 2 of the Measure • Delivery of equality, diversity and cultural competency training by health boards. **Source: health boards** • Integrated Health and Social Care Framework published. **Source: Welsh Government** • Refugee and asylum seeker pathway issued by Welsh Government for local action by health boards. **Source: Welsh Government**
3.2. To ensure that Welsh speakers access services through the medium of Welsh when needed and to increase welsh language capacity in the workforce.	3.2(i) Welsh Government (Health and Social Services) to promote and strengthen Welsh language provision for patients and service users through the implementation and monitoring of the *More than just words* follow-on framework from **April 2016 and to report progress annually until March 2019.** (Chapter 2)	• NHS health boards /trusts to take into account the population assessment needs required by the Social Services and Wellbeing Act as a baseline for service planning to ensure Welsh language speakers' needs can be met and assess posts for Welsh language skills needs before advertising. **Source: health boards**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		• Percentage of people who used the Welsh language to communicate with health or social care staff. **Source: National Survey for Wales (Social Services Outcomes Framework)**
Priority area 4 – People with mental health problems, their families and carers are treated with dignity and respect		
4.1 To ensure that all services are planned and delivered based on safety, dignity and respect.	4.1 (i) Public Heath Wales NHS Trust (1000 Lives improvement service) to facilitate a Community of Practice for NHS Older People's Psychiatric inpatient wards in Wales to share learning and drive service improvement in the promotion of dignified care, including the provision of age friendly environments **by March 2017.** (Chapter 3) 4.1 (ii) Local authorities and health boards to implement appropriate safeguarding policies and agreed standards for training on safeguarding and vulnerable adults, to include the Mental Capacity Act. **Ongoing.** (Chapter 3) 4.1 (iii) Health boards and local authorities to work collaboratively with the third sector and the National Mental Health Service User and Carer Forum to ensure that the views and experiences of service users are at the heart of work to improve staff values, skills and attitudes and ensure that people are treated with dignity and respect. **Ongoing.** (Chapter 3) 4.1 (iv) Health boards and trusts to ensure that any significant investment in infrastructure (whether new build or refurbishment) complies with Welsh Government Infrastructure Investment Guidance (2015) to ensure an age friendly environment. **Ongoing.** (Chapter 3)	• Community of Practice action plan to be developed. **Source: Public Health Wales NHS Trust(1000 Lives)** • 75% of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care, using the core principles of the *Good Work – Dementia Learning and Development Framework.* **Source: health boards** • Increased use of user and carer satisfaction mechanisms for services. **Source: health boards /**

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Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		local authorities
		• Increased percentage of people who feel they have been treated with respect. **Source: National Survey for Wales (Social Services Outcomes Framework)**
		• Confirmation of environment being considered 'age friendly' within business cases received and annual capital discretionary revenue. **Source: Welsh Government and health boards**
4.2 To ensure that there is a concerted effort to continue to sustainably reduce the stigma and discrimination faced by people with mental health problems.	4.2 (i) Welsh Government (Health and Social Services), with partners, to challenge mental health discrimination, and improve knowledge and understanding of the stigma and discrimination associated with mental health problems in Wales through face to face contact with key organisations, professionals, and members of the public **by March 2019** (Chapter 2) 4.2 (ii) Local Partnership Boards to consider the Dignity Pledge developed by the National Mental Health Service User and Carer Forum and either adopt or adapt in order to implement within all mental health services by **December 2016** (Chapter 2)	• Number of organisations signing the Time To Change Wales (TTCW) Pledge. **Source: TTCW** • Number of TTCW Champions. **Source: TTCW** • Percentage shift in public attitude towards mental health problems. **Source: TTCW** • Number of health boards and local authorities adopting a Dignity

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		Charter. **Source: Local Partnership Boards (LPBs)** • Increased use of user and carer satisfaction mechanisms for services. **Source: health boards / local authorities**
4.3 To ensure that service users / carers feel listened to and are fully involved in decisions about their own care / family member's care	4.3(i) Health boards, local authority and third sector agencies to work with service users as equal partners to continuously improve quality of outcome based care and treatment plans whenever possible. **Ongoing.** (Chapter 3) 4.3 (ii) Welsh Government (Health and Social Services) to support the development and disseminate e-learning resources for staff, that improve understanding of the experiences of people living with mental health problems, and enables them to understand what reasonable adjustments are needed by people when they come into contact with health services **by March 2017.** (Chapter 5) 4.3(iii) Health boards and third sector providers to undertake satisfaction surveys of service users and their experiences of care and treatment planning **by March 2017 and report annually.** (Chapter 3)	• Increased percentage of service users and carers across Wales who positively rated (strongly agreed or partly agreed) that they were satisfied / felt involved with their care and treatment plan on annual review. **Source as per 3.1** • Increased percentage of people who feel satisfied with the care and support they have received. **Source: National Survey for Wales (Social Services Outcomes Framework)** • 90% of secondary mental health patients have a valid care and treatment plans. **Source: health boards.**

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Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
4.4 To ensure that service users, families and carers are fully involved in service development.	4.4 (i) Health boards and local authorities to engage with service users, families and carers (including young carers) when undertaking the population assessments required by Section 14 of *the Social Services and Well-being (Wales) Act.* This will ensure citizens have been fully involved in the process of identifying the range and level of services necessary, including mental health, within the final reports.**Ongoing.** (Chapter 3)	• The final population assessment reports, due to be published by April 2017, will set out how citizens have been involved in considering the range and level of services necessary, including mental health. **Source: local authorities / health boards.**
4.5 To ensure that all people in crisis and in contact with police are treated with dignity and respect.	4.5 (i) All partners, including police, health boards, Wales Ambulance Service Trust (WAST) and third sector to adhere to the principles of the published *Crisis Care Mental Health Concorda*t to ensure that people who are detained under powers within section 135 and 136 of the *Mental Health Act* receive an improved and more appropriate level of service **by March 2017 and ongoing review.** (Chapter 3)	• Reduction in number of police transportations / increase in ambulance transportations of those in crisis or detained under Mental Health Act. **Source: Police.** • Reduced use of section 135/136 from 2014 baseline by March 2018. **Source: Police / health boards**

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Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 5 – All children have the best possible start in life which is enabled by giving parents / care givers the support needed		
5.1 To provide better outcomes for women, their babies and families with, or at risk of, perinatal mental health problems.	5.1 (i) Health boards and Public Health Wales NHS Trust to ensure women are offered good information and support when planning a pregnancy as well as during pregnancy, through birth and post-natally. This will support positive health and wellbeing, promoting healthy attachment using Welsh Government Tackling Poverty programmes such as *Flying Start, Families First* and *Healthy Child Wales* as well as *Bump Baby and Beyond* resource and third sector initiatives (including specific perinatal training projects and the All Wales Maternity Network / United in Improving Health focusing on first 1000 days of life) **by March 2017.** (Chapter 1) *See also action 5.2* 5.1 (ii) Health boards to ensure that there is an accessible community perinatal service in every health board area in Wales **by November 2016.** (Chapter 3) 5.1 (iii) Health boards to ensure that educational and training programmes are in place across Wales to improve awareness and management of perinatal mental health problems **by November 2016.** (Chapter 3) 5.1 (iv) Health boards to ensure that all women who are identified as having serious mental health problems such as a psychosis or bipolar disorder are offered appropriate support by services when planning and during every pregnancy. **Ongoing** (Chapter 3)	• 10% of new mothers are in contact with community perinatal support. **Source: health boards** • Perinatal community services available in each health board area. **Source: health boards.**
5.2 Parents and carers are supported to promote resilience and positive attachment during infancy and early years.	5.2 (i) Health boards, local authorities and third sector to collaborate to support and promote resilience and positive attachment during infancy and early years through existing family programmes, including *Families First* and the *Team around the Family* approach*, Flying Start, Integrated Family Support Teams* and by utilising third sector experience **by March 2019.** (Chapter 1)	• Agreed local pathways in place to provide services that integrate not duplicate with perinatal mental health services (Flying Start by

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	5.2 (ii) Health boards to fully implement the *Healthy Child Wales* Programme for 0-7 year olds in this government term. (Chapter 1)	December 2017 / Families First by December 2018) **Source: health board / local authorities** • Decreased percentage of children in need with mental health problems. **Source: Local authority children in need census.**
Priority area 6 – All children and young people are more resilient and better able to tackle poor mental well-being when it occurs		
6.1 To develop the resilience and emotional wellbeing of children and young people in Wales in educational settings.	6.1(i) Welsh Government (Education) to continue to collaborate with third sector, health and local authority partners to promote emotional well-being of children in educational settings, in the development of policy. **Ongoing.** (Chapter 1) 6.1(ii) Pioneer Schools (primary, secondary and special) to work with experts and other key stakeholders as part of an all-Wales partnership to lead on the design and development of the *New Curriculum for Wales*. Pioneer Schools have worked on designing the new curriculum framework from January 2016. The ambition is for the curriculum to be available to educational settings from **September 2018** and used to support learning and teaching from September 2021. (Chapter 4) 6.1 (iii) Education settings to start to use *the Digital Competence Framework* (DCF), which was made available in **September 2016**. The Citizenship element of the DCF includes elements on 'Identity, image and reputation', 'Health and wellbeing', 'Digital rights, licensing and ownership' and 'Online behaviour and cyberbullying'. **Ongoing.** (Chapter 4).	• Increased percentage of mental well-being among children and young people. **Source: Understanding Society*** • Percentage of schools achieving the Welsh Network of Healthy School Schemes (WNHSS) National Quality Award. **Source: Welsh Government** • Number of settings which are implementing the Healthy and Sustainable Higher Education/Further

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	6.1 (iv) Public Health Wales NHS Trust to support higher education and further education settings to implement the Healthy and Sustainable Higher Education/Further Education Framework which incorporates mental health and well-being **by March 2019.** (Chapter 1) 6.1 (v) Educational settings to be encouraged to consider how they can improve children and young people's resilience and promote greater understanding of the emotional needs of young people across from **April 2017.** (Chapter 1) 6.1 (vi) Public Health Wales NHS Trust to implement a mental wellbeing framework to ensure children and adolescents are supported to develop resilience and emotional wellbeing during their time at school, and better understand mental health problems so tackling stigma from **October 2016**. (Chapter 1)	Education Framework. **Source: Public Health Wales** • Specialist Child and Adolescent Mental Health Service (CAMHS) to provide a named contact and times to offer advice and guidance to every school in Wales. **Source: health boards** • Number / percentage of appropriate staff from health, education and social care undertaking relevant training. **Source: health boards / local authorities.**
6.2 To support children and young people aged 0 to 25 with additional learning needs, including those who have mental health needs.	6.2 (i) Welsh Government (Education) to lead on the enactment of primary legislation relating to additional learning needs reform during the current Assembly term. (Chapter 4) 6.2 (ii) Welsh Government (Education) to work with partners to improve the capability and capacity of the education workforce to better support learners with additional learning needs. **(Ongoing).** (Chapter 4)	• Number/percentage of learners identified with behavioural, emotional and social difficulties. **Source: Welsh Government** • Number/percentage of learners attaining a level 2 inclusive at Key Stage 4. **Source: Welsh Government** • Number/percentage of

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		learners attaining a level 2 inclusive at Key Stage 4 with behavioural, emotional and social difficulties. **Source: Welsh Government**
6.3 To improve the well-being of children and young people at raised risk of poor mental well-being, with particular attention given to children in vulnerable groups such as children with sensory impairments, Learning Disabilities, children and young people who offend, children who have experienced trauma, those looked after, those living in poverty, young carers and those no longer in education.	6.3 (i) Welsh Government (Social Services) to refresh the *Carers' Strategy*. This will include consideration of the enhanced rights brought by *Social Services and Well-being (*Wales) *Act* and well-being of carers including young carers and young adult carers **by December 2016.** (Chapter 2) 6.3 (ii) Welsh Government (Social Services) to develop a national strategic approach for looked after children, in Wales, to help improve outcomes and to explore what improved early intervention and preventative action can be taken to help reduce the numbers of children experiencing poor attachment or early trauma and who are then taken into care **from 2016**. (Chapter 2) 6.3 (iii) Welsh Government (Education) will continue to adopt a strategic integrated approach to tackling bullying against children and young people in schools and in the community. **Ongoing.** (Chapter 1) 6.3 (iv) Welsh Government (Social Services) to help improve the personal outcomes of children and young people in the secure estate, exploring what improved early intervention and preventative action can be taken to help children and young people **by March 2017.** (Chapter 1)	• Increased percentage of mental well-being among children and young people. **Source: Understanding Society*** • Increased percentage of people who feel involved in the decisions about their care and support**. Source: National Survey for Wales (Social Services Outcomes Framework)** • Decreased percentage of children in need with mental health problems. **Source: Local authority children in need census.**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 7 – Children and young people experiencing mental health problems get better sooner.		
7.1 To enable all children and young people experiencing mental health problems to access appropriate and timely services as close to their home as practical and to ensure that transition to adulthood is effectively managed.	7.1(i) Health boards to have appropriate services in place to assess urgent referrals. No child in crisis should wait more than 48 hours for a specialist assessment where indicated. **Ongoing**. (Chapter 3) 7.1 (ii) Health boards to ensure young people presenting in crisis to the police are assessed in an appropriate place and in a timely manner. Police custody suites should be never events for children under 18 **by March 2017.** (Chapter 3) 7.1 (iii) T4CYP service improvement programme to develop three care pathways per annum under the specialist CAMHS Framework for Improvement **from October 2016.** (Chapter 3) 7.1 (iv) Health boards to implement the pathways set out in the Framework for Improvement for specialist CAMHS **from October 2016.** (Chapter 3) 7.1 (v) Working with health boards, the Youth Justice Board and the Welsh Government (Community Safety Division) to review the effectiveness of the 2014 Policy Implementation Guidance for addressing the mental health problems for children and young people in the criminal justice system in a timely and appropriate manner and publish an agreed pathway for CAMHS referrals **by January 2017.** (Chapter 4) 7.1 (vi) Health boards to ensure that all Youth Offending Teams (YOTs) have designated time from an appropriate CAMHS professional and access to forensic CAMHS **(Ongoing).** (Chapter 3). 7.1 (vii) Health boards working with support of the Welsh Government (Health and Social Services) to publish an agreed care pathway for vulnerable young people such as looked after and adopted children to ensure appropriate referrals and support services are provided between	• Out of area placements for children and young people reduced below 2013/14 baseline by 10% by March 2018. **Source: health boards** • Length of stay reducing for out of area placements by 10% from 2013/14. **Source: health boards** • Waiting times reduced to 48 hours for urgent assessment and 28 days for routine CAMHS referrals. **Source: health boards** • CAMHS liaison psychiatry and crisis services in place for 7 days a week in each health board by July 2016. **Source: health boards** • Reductions in numbers of referrals by Youth Offending Teams (YOTs) into specialist CAMHS or other specialist service. **Source Youth Justice Board**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	CAMHS / other specialist mental health services / local authority and youth justice system by **December 2017**. (Chapter 4) 7.1 (viii) Welsh Government (Substance Misuse working with support of Mental Health and Vulnerable Groups) and key stakeholders to review the guidance entitled: *'Good practice for the provision of children and young people substance misuse services (including instances whereby children may need co-occurring services within mental health and / or are in contact with the youth justice system)* to ensure timely and appropriate services by **March 2018**. (Chapter 4) 7.1 (ix) T4CYP service improvement programme to develop a transitions pack for professionals for implementation by health boards **from April 2017**. (Chapter 3)	• Access time to specialist CAMHS advice by YOTs improved. **Source Youth Justice Board** • Never event reports by health boards to Welsh Government should they occur. **Source health boards** • Care and treatment plans have formal transition arrangements in place for all young people over 16 years and 6 months (local audit). **Source: health boards** • Care pathway published between CAMHS / other specialist mental health services and the youth justice system. **Source: health boards** • Care pathway published between CAMHS / other specialist mental health services / local authority and adoption services. **Source: health boards**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 8 – People with a mental health problem have access to appropriate and timely services (** CAMHS waiting times covered under priority area 7*)		
8.1 To enable people experiencing neurodevelopmental conditions, (such as autistic spectrum disorder and attention deficit hyperactivity disorder) to access timely assessment and treatment that supports their continued social and personal development.	8.1 (i) Public Health Wales NHS Trust (1000 Lives improvement service), supported by the Welsh Local Government Association (WLGA), to run an improvement programme under T4CYP to support delivery by NHS and partners of an integrated diagnostic/assessment care pathway for neurodevelopmental conditions for adoption (**by April 2017)** and to assure that a range of effective evidence based post diagnostic support and interventions are available across Wales **by September 2017**. (Chapter 3) 8.1 (ii) Health boards to develop appropriate services working with local authority and third sector services, within their area to assess, diagnose and manage neurodevelopmental conditions using evidence based multi-disciplinary approaches **by October 2016.** (Chapter 3).	• Care pathway developed for neurodevelopmental conditions and thereafter adopted across Wales. **Source: Public Health Wales NHS Trust/ health boards** • Delivery of waiting time target of 26 weeks with neuro-developmental services for young people by March 2017 and ongoing. **Source: health boards.**
8.2 To ensure that mental well-being is given equal priority with physical well-being in the development and delivery of services.	8.2 (i) Health boards to establish effective mental health psychiatric liaison capacity for District General Hospitals **by March 2017** and to have evaluated the impact of service **by March 2018.** (Chapter 4) 8.2 (ii) Health boards to establish effective mechanisms to increase the quality and uptake of health checks and medication reviews for people using mental health services **by March 2017.** (Chapter 4) 8.2 (iii) Welsh Government and Public Health Wales NHS Trust to work to ensure that mental wellbeing is given equal status within Health Impact Assessment undertaken in Wales by **March 2019.** (Chapter 5) 8.2 (iv) Mental health psychiatric liaison and substance misuse teams in conjunction with emergency department colleagues and partners including the police to better address mental health / substance misuse needs of	• All patients who are prescribed anti-psychotic medications to receive a physical health check and appropriate interventions such as referral to dietetics subject to the findings accordance with NICE 2016 guidelines. **Source: health boards.** • 100% of District General Hospitals have Psychiatric liaison services in place by

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	frequent attenders. **Ongoing**. (Chapter 4)	2017. **Source: health boards.** • Increased percentage of patients with schizophrenia, Bipolar affective disorder and other psychoses who have a record of blood pressure and BMI in the preceding 15 months and in addition for those aged 40 or over, a record of blood glucose or HbA1c in the preceding 15 months. **Source: QOF – health boards.** • Reduced numbers of frequent attenders in each emergency department. **Source: health boards.**
8.3 To ensure people with an identified mental health problem are able to have timely access to a range of evidence based psychological therapies.	8.3 (i) Health boards to improve access to evidence based psychological therapies for adults in line with the National Psychological Therapies Management Committee (NPTMC) action plan **by March 2017.** (Chapter 3) 8.3 (ii) Welsh Government to review the provision and the availability of more structured interventions for individuals within the community that have a personality disorder, mental health issues and substance misuse concerns **by October 2016.** (Chapter 3)	• 28 days LPMHSS adherence complied with for 80% of cases. **Source: Welsh Government published data** • Reduction in the number of people who are classed as waiting over the target date for

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		therapeutic intervention from the LPMHSS following a LPMHSS assessment. **Source: Health board census 2016 and 2017.** • Review of structured interventions complete and recommendations made. **Source: Welsh Government.**
8.4 To ensure timely and appropriate services for people with first episode psychosis.	8.4 (i) Health boards to increase the provision of NICE compliant psychological therapies and interventions for people with early or a first episode psychosis (EIP) **by October 2016.** (Chapter 3) 8.4 (ii) Health boards to ensure local pathways are in place for those suspected of psychosis and that these cases are treated as urgent and seen within 48 hours for assessment and a process established for EIP services to audit this **by April 2017.** (Chapter 3)	• 100% of health boards have an EIP service in place. **Source: health boards** • 100% of 14-25 year olds newly presenting and suspected of a psychosis are assessed and supported by the EIP team working with the local team, and are offered NICE compliant interventions. **Source: health boards** • All individuals identified to have commenced a treatment management plan within 14 days. **Source: health boards**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
8.5 To ensure that public services and third sector work together to provide an integrated approach.	8.5 (i) Local authorities and health boards to jointly carry out an assessment of care and support needs, including the support needs of carers, in each local authority area **by April 2017.** (Chapter 4) 8.5 (ii) Local authorities to provide services to meet care and support needs including for carers who themselves have eligible needs **by April 2017.** (Chapter 4) 8.5 (iii) Health Boards, to ensure that links are made with relevant advice services and local and national networks, such as the information, advice and assistance service under *the Social Services and Well-being (Wales) Act,* and that clients, families and carers are aware of the support available to them **by April 2017.** (Chapter 4) 8.5 (iv) Welsh Government (Health and Social Services) to explore the development of Well-being Bond pilots **by December 2017**. (Chapter 4)	• Completion of *Social Services and Well-being (Wales) Act* population assessment reports. **Source: Local authority / local partnership board agencies.** • Increased percentage of people who rate the care and support they have received as excellent or good. **Source: National Survey for Wales (Social Services Outcomes Framework)** • Review of well-being bonds complete and recommendations made. **Source: Welsh Government.**
8.6 To ensure that there are robust links between primary care and mental health services.	8.6(i) Health boards to work collaboratively with their partners through the primary care clusters to develop a needs analysis / understanding of local requirements in order to inform more effective person centred care and to set out how this need will be met as locally as possible in cluster, health board and other formal plans including the health boards' Integrated Medium Term Plans (IMTPs). This includes improving access to a wide range of wellbeing services from **December 2016.** 8.6 (ii) Health boards to proactively identify in their IMTPs, opportunities for non-medical roles to support work at the cluster level and to explicitly consider the needs of vulnerable groups and people with mental health	• IMTPs to demonstrate how primary care and mental health provision will provide integrated care. **Source: health boards** • Completion of *Social Services and Well-being (Wales) Act* population assessment reports. **Source: local**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	problems in this context by **April 2017.** (Chapter 4) 8.6 (iii) Welsh Government (Health and Social Services) to work with health boards and clusters to consider the best use of therapeutic approaches in primary care and to identify workforce issues including the development of new roles to facilitate more fitting use of resources and better access to appropriate services **by April 2017.** (Chapter 4) 8.6 (iv) Welsh Government (Health and Social Services) to issue policy implementation guidance on Crisis intervention Home treatment provision **by April 2018.** (Chapter 3)	**authorities / local partnership board agencies** • Interventions delivered by a wide variety of professional roles as demonstrated in the NHS Benchmarking returns for both adult mental health services and CAMHS. **Source: health boards** • Policy implementation guidance issued on Crisis intervention home treatment provision. **Source: Welsh Government.**
8.7. To ensure people of all-ages experiencing eating disorders are able to access appropriate and timely services.	8.7 (i) Health boards to review progress in implementation the *Eating Disorders Framework* using the standards in the original Framework, reporting their findings through the CAMHS/ Eating Disorders Planning Network as part of the Network's annual reporting arrangements **(in the 2016-17 annual report in the first instance).** (Chapter 3) 8.7 (ii) Welsh Government and health boards to consider the need to review the *Eating Disorders Framework* following publication of NICE Guidance on Recognition and Treatment of Eating Disorders **by March 2018.** (Chapter 3) 8.7 (iii) Health boards to deliver eating disorder treatment services as close to home as possible, in either inpatient or community settings **by September 2016.** (Chapter 3)	• Reduced number of out of area placements for adults with eating disorders from the 2014/15 baseline. **Source: health boards** • Increase in the number of young people able to be cared for in Wales either in the community or in the two CAMHS specialist inpatient units above the 2014/15 baseline. **Source: health**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	8.7 (iv) Health boards, through the CAMHS and Eating Disorder Planning Network, to develop and agree uniform outcome measures across Wales. To include an annual audit of the admissions to general hospital medical wards for re-feeding. The first such data should cover the period 2016-17 and be available **by September 2017.** (Chapter 3)	**boards** • Review of eating disorder framework implementation undertaken and findings reported**. Source: health boards**
8.8 To ensure mental health services for Veterans in Wales who are experiencing mental health problems are sustainable and able to meet that populations needs in a timely and appropriate manner.	8.8 (i) Health boards to continue to support Veterans NHS Wales to deliver timely and appropriate services for Post Traumatic Stress Disorder (PTSD) for veterans. **Ongoing**. (Chapter 3) 8.8 (ii) Health boards, the third sector and Welsh Government continue to work together to promote and raise awareness of the mental health needs of veterans to health professionals and the wider population. **Ongoing.** (Chapter 1)	• Management data on Veteran referrals, improving waiting times and outcomes incrementally and become compliant with LPMHSS targets. **Source: Health boards and Veterans NHS Wales.**
8.9 To ensure timely and appropriate Mental Health services for people with mental health problems who are in contact with the criminal justice system.	8.9 (i) Health board mental health prison in-reach services to deliver services for prisoners across Wales, as defined within policy implementation guidance issued in June 2014, to enhance support and treatment for those with mental health needs **by March 2017.** (Chapter 3) 8.9 (ii) National Offender Management Service (NOMS), Welsh Government, health boards, sentencers and potential service providers to work collaboratively to improve both diversion from criminal justice services when appropriate and access to services that can support Mental Health Treatment Requirements as part of a community order for offenders with a mental health problem **by March 2018.** (Chapter 4)	• 100% First Night reception health screening for all prisoners with emphasis on self-harm, suicide prevention and substance misuse treatment requirement. **Source: Local audit of prisons via Welsh Government** • Royal College of Psychiatrists' mental health standards for

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		prisons in place and accreditation in progress in each of the 4 Welsh prisons by 2018. **Source: Local audit of prisons via Welsh Government** • Reduced use of section 135/136 from 2014 baseline by March 2018. **Source: Police / local health boards**
8.10 To ensure timely and appropriate services for people who require a secure mental health setting.	8.10 (i) Welsh Government (Health and Social Services) to set up a national working group, including Welsh Health Specialised Services Committee (WHSSC) to review and refresh the current secure services action plan **by March 2018.** (Chapter 3)	*Performance measures to be developed from 2017/18 onwards*
8.11 To ensure co-occurring mental health and substance misuse problems are managed effectively.	8.11 (i) Substance Misuse Area Planning Boards (SMAPBs) and Local Partnership Boards (LPBs) to ensure joint action plans are submitted to Welsh Government which clearly outline how they will effectively deliver the *Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment Framework* and have in place clear protocols and integrated pathways between mental health and substance misuse services. The delivery of this framework will then be included in SMAPB and LPB annual reports/performance reporting mechanisms. [**October 2016** for submission of plans and then reviewed annually as part of monitoring process]. (Chapter 3) 8.11 (ii) SMAPBs and LPBs to improve joint audits to **biannually** review: • effective clinical leadership • resolution of professional differences of opinion	• 100% of relevant staff able to demonstrate formal training in relevant areas by 31 March 2018. **Source: local partnership boards / substance misuse area planning boards** • Jointly agreed local care pathways and protocols in place during 2016 (and published on their website) by health boards and local

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	• delivery of competency based training • service user involvement in the design and evaluation of local services. (Chapter 3) 8.11 (iii) Health boards through the all Wales mental health senior nurses' group to scope issues relevant to the application of the *Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment* framework and then to work with Welsh Government and the Workforce and Education Development services (WEDs) to develop an implementation plan by **December 2016.** (Chapter 3)	authorities by October 2016. **Source local partnership boards / substance misuse area planning boards**
Priority area 9: People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances		
9.1 To enable people with mental health problems to have fair access to housing and related support and promote access to mental health services amongst people who are homeless or vulnerably housed.	9.1 (i) Welsh Government (Housing) to act on the outcome of research on tackling homelessness (including people with mental health problems) by examining the impact of the *Housing (Wales) Act* 2014 **by July 2018.** (Chapter 4) 9.1 (ii) Welsh Government (Housing) to promote access to mental health services amongst people who are homeless or vulnerably housed **(- Ongoing.** (Chapter 4) 9.1 (iii) Welsh Government (Housing) to monitor that the standards for improving health and well-being of homelessness and specific vulnerable groups (published in April 2013) are in place and implemented by health boards with action plans that cater for cross cutting mental health / vulnerable group needs. (**Ongoing – to be reported bi-annually.** (Chapter 4)	• Number / percentage of care and treatment plans where housing needs are addressed. **Source: health boards** • Mental health services to provide a named contact to each homeless team for advice and guidance. **Source: health boards** • Compliance to health and homelessness standards. **Source: health boards NHS Outcomes Framework.**
9.2. To support people with mental health problems to sustain work	Welsh Government (Health and Social Services) to deliver the European Social Fund (ESF) supported programme *Together for a Healthy Working Wales.* This includes the In-Work Service and the Out of Work Service.	• Number of people with mental health problems taking up employment,

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
and to improve access to employment and training opportunities for those out of work.	9.2 (i) The Out of Work service to increase employment and training opportunities for those with mental health problems **by March 2019.** (Chapter 1) 9.2 (ii) The In-Work Service to support people with mental health problems to retain employment **by March 2019. (**Chapter 1) 9.2 (iii) Welsh Government to continue to work with partners, including the third sector, to help employers support employees with mental health problems **by March 2019.** (Chapter 1)	education, volunteering, or improving their labour market position in other quantifiable ways such as taking up job search. **Source: In-Work Support / Out of Work Service** • Number of people accessing peer mentoring scheme. **Source: Out of Work service** • Number of people with mental health problems accessing or improving access to support networks. **Source: In-Work Support / Out of Work Service** • Number of people with mental health issues supported by the In-Work Support / Out of Work Service. **Source: In-Work Support / Out of Work Service** • Number of employers (and healthcare professionals) who are engaged to help develop and improve the

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		understanding of mental health. Source: **In-Work Support / Out of Work Service** • Number of care and treatment plans where employment needs are addressed. **Source: health boards**
9.3 To ensure people with mental health problems have access to advice and support on financial matters.	9.3 (i) Health boards and third sector providers to ensure that care and treatment planning takes into account consideration of financial matters and ensures appropriate referral(s) to support are made **by March 2017.** (Chapter 4) 9.3 (ii) Welsh Government (Communities) to ensure that the needs of those with mental health problems are reflected in the *Financial Inclusion Delivery Plan* to be developed **by December 2016.** (Chapter 4)	• Proportion of care and treatment plans where financial needs are identified and access / signpost to appropriate advice is supported. **Source: health boards** • Decreased gap in mental well-being between the most and least deprived among adults. **Source: National Survey for Wales (Public Health Outcomes Framework).**
9.4 To increase the availability of recovery oriented mental health services.	9.4 (i) Public Health Wales NHS Trust (1000 Lives + service) to establish recovery mechanisms training, incorporating service users and carers, to support shared understanding of the principles of recovery or peer support and to improve the development of recovery focused services and outcomes within Care and Treatment plans **by March 2017**. (Chapter 3)	• 90% of service users have a care and treatment plan in place as per tier 1 target for mental health measure. **Source: health boards.** • Audit of care and

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		treatment plans to enable the identification of recovery focused objectives in March 2018 and 2019. **Source: health boards.** • Service user satisfaction surveys from LPMHSS / care and treatment planning surveys from secondary services. **Source: health boards**
9.5 To enable mental health professionals to have a greater understanding of the experience of domestic abuse and sexual violence across all groups and sectors of society, including those of protected characteristics.	9.5 (i) Health boards to implement the *Violence Against Women and Domestic Abuse* National Training Framework; to ensure consistent training is delivered to improve the understanding of the general workforce **by April 2018.** (Chapter 3)	• Performance metrics will be published as part of the delivery plan supporting the 'National Strategy on Violence against Women, Domestic Abuse and Sexual Violence' by March 2017

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 10 - Wales is a 'Dementia Friendly Nation' ** *Please note the specific actions within this area are subject to change with the planned publication of a dementia strategic action plan by December 2016*		
10.1 To improve the quality of life and care for people with, or at risk of, dementia and their care-givers, through the implementation of our *Wales: a Dementia-Friendly Nation* initiative*.*	10.1 (i) Welsh Government (Health and Social Services) to produce a dementia strategic plan by **December 2016** to cover the period 2017-19. 10.1 (ii) Welsh Government, with partners including Public Health Wales NHS Trust, to ensure people in Wales are aware of the steps they can take to reduce their risk of dementia **by March 2017 and review progress annually.** (Chapter 1) 10.1 (iii) Health boards, local authorities and third sector to increase the number of people in Wales who are able to spot signs of dementia, understand where to access additional support and create more dementia supportive communities **by September 2016 and review progress six monthly.** (Chapter 1) 10.1 (iv) Health boards to provide primary care support worker at a cluster level, who will deliver face-to-face support, information and advice on accessing the right care and services for people newly diagnosed with dementia **by September 2016**. (Chapter 2) 10.1 (v) Health boards to ensure effective liaison services are in place to meet the needs for people with cognitive impairment/ dementia or mental health problems in the DGH setting are met **by March 2017.** (Chapter 3) 10.1 (vi) Welsh Government (Health and Social Services) to roll out "Good Work a training and development framework for dementia care in Wales" across all health boards and local authorities development **by September 2016.** (Chapter 5) 10.1 (vii) Health boards, through the older persons community of practice	• Increase in number of dementia friends/communities in Wales. **Source: Alzheimer's Society Cymru** • 75% of staff will have undertaken the appropriate training as specified for the role in *'Good work – Dementia Learning and Development Framework'*. **Source: health boards** • Number of people on GP Dementia Registers (50% target for dementia diagnosis by 2016, increasing annually thereafter). **Source: health boards** • A minimum of 1 dementia support worker per 2 GP clusters in place across Wales. **Source: health boards** • All of those identified with dementia by memory clinics, are referred to a

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	to continue to focus on service improvement using the outcomes of the older persons' mental health spot-checks as part of their two year implementation plan **by March 2017.** (Chapter 3)	dementia support worker post diagnosis. **Source: health boards** • All DGHs have psychiatric liaison service in place. **Source: health boards** *Data sources will be confirmed within dementia strategic action plan (when published)*
Priority Area 11: The implementation of the strategy continues to be supported		
11.1 To ensure that the appropriate infrastructure is in place to deliver the requirements of *Together for Mental Health.*	11.1 (i) Regional Partnership Boards, as established under Part 9 of the *Social Services and Wellbeing Act,* to work with the existing LPBS s to review local structures to consider what additional or alternative arrangements may be required to integrate services to improve outcomes for individuals and/or make more effective use of resources **by December 2016.** (Chapter 5) 11.1 (ii) Health boards to review the arrangements of their LPBs to ensure that they have the infrastructure in place to deliver on their commitments within the new delivery plan and to deliver the requirements of T4CYP, including to undertake a review of membership and terms of reference **by December 2016.** (Chapter 5) 11.1 (iii) Welsh Government (Mental Health and Vulnerable Groups) and Health boards to ensure that the National and Local Partnership Boards meet the minimum requirement of having 2 service users and 2 carers as core members on these boards, as representatives of the National Service User and Carer Forum, and to ensure that these members are provided with the appropriate support to undertake these roles **by September 2016**	• Terms of reference of local partnership boards audited to evidence how they link in with Regional Partnership Boards and support T4CYP programme. **Source: local partnership boards.** • Terms of reference of local and national partnership boards to evidence carer and service user membership required. **Source: local partnership boards audit / Welsh Government.**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	and thereafter annual review (Chapter 5)	
11.2 To progress the development and implementation of a national mental health core data set capturing service user outcomes.	11.2 (i) PHW (1000 lives improvement service) to support the ongoing development of the Mental Health Service Core Data Set (MHCDS) to standardise data measures. New measures to be developed for recording service need and monitoring service outcomes with repeat test assessments. The MHCDS will also include specific measures for specialist CAMHS, adult and older adult mental health services **by April 2017.** (Chapter 5) 11.2 (ii) NHS Wales Informatics Service (NWIS) to support the implementation of the Welsh Community Care Informatics System (WCCIS) - a national technology platform for integrating health and social care mental health services **by July 2019.** (Chapter 5)	• Incrementally all health boards and local authorities to join the WCCIS project- (national information technology platform) for the MHCDS in line with their procurement processes and to be reviewed annually. **Source: health boards** • Data used to inform needs assessment and planning. **Source: health board IMTPs**
11.3 To ensure a competent and sustainable workforce that helps people improve health as well as treat sickness.	11.3 (i) Health boards and Trusts to ensure that staff configuration and skill mix meets service needs as part of their Integrated Medium Term Plans **by March 2018.** (Chapter 5) 11.3(ii) Welsh Government (Health and Social Services) and health boards to embed the NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers **by September 2016.** (Chapter 5) 11.3(iii) Health boards to ensure all mental health in-patient wards in Wales test the Mental Health Nursing Workload Assessment Programme by **December 2016** with full implementation **by July 2018**. (Chapter 3)	• IMTPS will define the service models required to meet the needs of their population, supported by appropriate workforce plans. **Source: health boards.** • Continuing Professional Development (CPD) requirements of current practitioners are identified and met (evidenced through health board feedback on personal development

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
		reviews/ CPD and appraisal compliance rates and training data). **Source: health boards.** • Reports contain the appropriate data on both CPD and mandatory training. **Source: health boards.**
11.4 To ensure that investment in mental health services is sustained.	11.4 (i) Health Boards to demonstrate their adherence to their ring fenced mental health allocations and to set out how their expenditure is improving outcomes for people with mental health problems **annually from 2016**. (Chapter 5) 11.4 (ii) Health boards to consider their planned expenditure against an assessment of capacity and demand **annually from 2017**. (Chapter 5)	• Report on compliance with the mental health ring fence, including appropriate capacity and demand analysis. **Source: health boards.**
11.5 To continue to promote and support emotional wellbeing and resilience, providing effective and helpful services at an early stage, as well as ensuring those in need of specialist services receive the highest quality of care and treatment.	11.5 (i) Welsh Government (Health and Social Services) and health boards to implement the Duty to Review recommendations arising from the evaluation of the delivery of *the Mental Health 2010 (Wales) Measure* **by March 2019.** (Chapter 5)	• Report on compliance with the duty to review recommendations **Source: health boards / Welsh Government**

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
11.6 To continue to support an evidence based approach and ensure active research and evaluation is at the heart of service development.	11.6 (i) Welsh Government (Health and Social Services) and NHS to work with the Health and Care Research Wales Specialty Lead, researchers and the Health and Care Research Wales Support and Delivery Service to increase the number of mental health research studies undertaken in Wales. **Ongoing.** (Chapter 5) 11.6 (ii) Welsh Government (Health and Social Services) to put arrangements in place to ensure research feeds into organisations' mechanisms for uptake of best practice and service change to improve clinical practice and patient outcomes. **Ongoing.** (Chapter 5) 11.6 (iii) Public Health Wales NHS Trust to develop knowledge base on building wellbeing and resilience of communities at scale **by March 2019.** (Chapter 1) 11.6 (iv) Welsh Government (Housing Policy) to analyse *the Supporting People* service user data using the Secure Anonymised Information Linkage (SAIL) database to understand the impact of tenancy related support on NHS services. (Ongoing) (Chapter 4) 11.6 (v) Welsh Government (Health and Social Services) to explore whether SAIL database can be utilised to better understand outcomes such as uptake of health appointments when alternatives interventions such as talking therapies offered **by March 2018.** (Chapter 5)	• To meet the programme deliverables within the funding award to the National Centre for Mental Health by April 2018. **Source: Welsh Government** • Evidence and guidance available on effective approaches to building community mental wellbeing and resilience. **Source: Public Health Wales.** • Potential of SAIL is fully utilised **Source: Welsh Government**

GLOSSARY OF TERMS

ALN	Additional Learning Needs
CTP	Care and Treatment Plans
CCW	Care Council Wales
C.A.L.L	Community Advice and Listening Line
CAMHS	Child and Adolescent Mental Health Services.
CEHR (NHS)	NHS Centre for Equalities and Human Rights
CPD	Continuing Professional Development
CJLS	Criminal Justice Liaison Services
DUP	Duration of untreated psychosis
EIP	Early or a first episode psychosis
FGA	Future Generations Act
GMS	General Medical Services
HIW	Health Inspectorate Wales
IMHA	Independent Mental Health Advocacy
IMTP	Integrated Medium Term Plans
LPB	Local Partnership Board (Mental Health)
LPMHSS	Local Primary Mental Health Support Services
MCA	Mental Capacity Act
MHCDS	Mental Health Core Data Set
MHTR	Mental Health Treatment Requirement
National Indicator for Wales	Nationally agreed indicator to monitor progress against the well-being goals of the *Well-being of Future Generations (Wales) Act 2015*.
NICE	National Institute for Health and Care Excellence
NOMS	National Offender Management Service
NPB	National Mental Health Partnership Board
NQA	National Quality Award
PHW	Public Health Wales NHS Trust
Protected Characteristics	As defined by the Equalities and Human Rights Commission: more information at: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics
Prudent Health and Care	The public sector faces the dual challenges of rising costs and increasing demand, while continuing

to improve the quality of care. Since the publication of the strategy, the Welsh Government has developed a number of principles of Prudent Health and Care which it expects services, or individuals providing a service, to adhere to. These are to:

- ☐ Achieve health and well-being, with the public, patients and professionals 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 using evidence based practices consistently and transparently.

PTMC	Psychological Therapy Main Committee
QOF	Quality and Outcomes Framework
Resilience	Refers to ability to adapt to stressful situations or crises
SMAPB	Substance Misuse Area Planning Board
T4CYP	Together for Children and Young People - A multi-agency service improvement programme (led by the NHS) that will consider ways to reshape remodel and refocus the emotional and mental health services provided for children and young people in Wales.
TTCW	Time To Change Wales
Vulnerably Housed	People who are vulnerable to losing their home due to their personal support needs, and without support would be at serious risk of losing their home
WCCIS	Welsh Community Care Informatics System
WEDS	Workforce and Education Development services
WHSSC	Welsh Health Specialised Services Committee
WLGA	Wales Local Government Association
YJB	Youth Justice Board
YOT	Youth Offending Team

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SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 14th June, 2018
Report Subject	Social Services Annual Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Strategic

EXECUTIVE SUMMARY

The Statutory Director of Social Services is required to produce an annual report summarising their view of the local authority's social care functions and priorities for improvement as legislated in the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015.

The purpose of the Social Services Annual Report is to set out the improvement journey and evaluate Social Services' performance in providing services to people that promote their wellbeing and support them to achieve their personal outcomes.

RECOMMENDATIONS	
1	Scrutiny is asked to review, scrutinise and consider whether the draft report provides an accurate and clear account of Social Services for Adults and Children in Flintshire.

REPORT DETAILS

1.00	**EXPLAINING THE SOCIAL SERVICES DIRECTOR'S ANNUAL REPORT**
1.01	This is the second year of a new format for the Social Services Annual Report which is prepared under the requirements of the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
1.02	The new format is closely aligned to the National Outcomes Framework and demonstrates our performance in meeting the wellbeing outcomes of the people of Flintshire.
1.03	All improvement priorities set sit under one of the six National Quality Standards (NQS) and everyone's personal wellbeing outcomes will relate to one of these, they are: NQS 1 Working with people to define & co-produce personal well-being outcomes that people wish to achieve NQS 2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm NQS 4 Encouraging and supporting people to learn, develop and participate in society NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs
1.04	The draft Social Services Annual Report for 2017/2018 is attached as Appendix 1. The report is intended to provide the public, the regulator and wider stakeholders with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.
1.05	The report will form an integral part of Care Inspectorate Wales' (CIW) performance evaluation of Flintshire Social Services. The evaluation also informs the Wales Audit Office's assessment of Flintshire County Council as part of the annual improvement report.
1.06	The Social Services Annual Report has been prepared following an in-depth review of current performance by the Social Services Senior Management Team, Service Managers and Performance Officers. The improvement priorities contained within the report are aligned to the priorities contained within our Portfolio Business Plan, the Council's Improvement Plan and associated efficiency plans.
1.07	Members of the Committee have been given a prior opportunity to provide comments and feedback on the draft report which has shaped the key messages and priorities contained within this final draft.
1.08	The style of the 2016/17 report will be adopted again this year, and the

	report will be produced in an electronic friendly style by Double Click. The report will also be translated into Welsh and be made available on the Flintshire website by the 31st July, 2018.
1.09	During 2017/18 we have been streamlining services and achieving the best outcomes within the budget constraints that we as a Council have to work to. Processes and service delivery methods have been reviewed to ensure they are as efficient and effective as possible, whilst continuing to deliver good quality outcomes and support to the people of Flintshire. An example of this is the new partnership with HFT for the provision of learning disability day services and work opportunities.
1.10	The draft Annual Report also outlines the improvement priorities identified for 2018/2019 which includes: • Continue with our work to prepare for the implementation of RISCA. • Make the information on our website more meaningful for individuals to help them find the right information to support their well-being. • Improve the emotional well-being and mental health of care leavers, including a commitment to helping them be ready for work. • Recommission an integrated disability community support service with the community sector. • Implement the recommendations within the Carers Strategy. • Holding events to share the learning from reviews with frontline practitioners and managers. • To review and improve the current out of county offer within both adults and children's services. To review commissioning and purchasing processes including direct payments, spot purchases, frameworks and contracts. • To improve employment opportunities for care leavers. • Focus on by taking a family based approach to our practice and using trauma informed practice to build resilience in families. • Continue with our work for the Flint and Holywell Extra Care projects. • Work to develop the new Glanrafon day service will continue, with the build currently being planned and a completion date of May '19. • Develop proposals for the expansion of the Council owned Marleyfield House Care Home.

2.00	RESOURCE IMPLICATIONS
2.01	The priorities identified within the report are aimed at delivering service improvements, improving outcomes and meeting local needs within the context of achieving challenging financial efficiencies and value for money. The improvement priorities contained within the report have been identified for delivery within existing resources.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT

3.01	The views of Scrutiny Members were sought at a workshop where the proposed content of the report was discussed. Members also gave feedback on the key developments over during 2017/18 which should be included together with priorities for 2018/19. This workshop took place on the 29th March, 2018.
3.02	The draft Social Services Annual Report will be presented to Cabinet in June.

4.00	**RISK MANAGEMENT**
4.01	The Social Services Annual Report is required to be published by the authority no later than the 31st July, 2018.

5.00	**APPENDICES**
5.01	Social Services Annual Report 2017/18

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	**Contact Officer:** Jane Davies – Senior Manager Safeguarding and Commissioning **Telephone:** 01352 702503 **E-mail:** jane.m.davies@flintshire.gov.uk

7.00	**GLOSSARY OF TERMS**
7.01	**(1) CIW** - Care Inspectorate Wales ensure that services meet the standards the pubic expect. They register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales. The regulator was formally known as CSSIW (Care and Social Services Inspectorate Wales)

Social Services Annual Report

2017/18

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If you are reading this report online there are links in the last section that give you further information about our services, initiatives and key documents. There is also a glossary at the back that may help explain unfamiliar words and terms.

The report sets out our improvement journey in 2017/18 and demonstrates how we have promoted well-being through our services. If you receive a service from us please let us know if you think this report is a fair reflection of your experiences over the past 12 months. We welcome any comments you have and your views are crucial if we are to continue to improve services to achieve your outcomes. You can contact us as follows:

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Section 1: Introduction

This is our second Social Services Annual Report as prepared under the requirements of the Social Services and Well-being (Wales) Act 2014 (SSWB Act) and Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), both of which place a statutory requirement on the Council to report annually on its social services functions.

The new legislative framework has transformed social services in Wales. Councils are now required to support people in meeting their personal outcomes by focussing on well-being, choice and prevention. This report describes how we in Flintshire are developing our services to support people to improve their own well-being and achieving their personal outcomes.

2017/18 has been a year of streamlining services and achieving the best outcomes within the budget constraints of the Council. Processes and service delivery methods have been reviewed to ensure they are as efficient and effective as possible, whilst continuing to deliver good quality outcomes and support to the people of Flintshire. An example of this is the new partnership with Hft for the provision of learning disability day services and work opportunities. You can find out more about this in Section 4. The coming twelve months will be a 'year of practice', giving us the opportunity to embed these new ways of working, and concentrating on the delivery of high quality practice across services.

This report provides our stakeholders with a picture of how we have performed and improved over the last year. It highlights any challenges we have faced, what we have learnt and how our services are continuing to be shaped to meet the well-being outcomes of people in Flintshire. These stakeholders include the individuals and families using our services, our staff, councillors, the general public, our partners, regulators and Welsh Government. Engaging with stakeholders informs the development of our services and the areas we want to prioritise, which are highlighted throughout this report.

In the report we evaluate our performance against last year's improvement priorities. These priorities focus on well-being and are linked to the six National Outcomes Standards, which are:-

NQS 1: Working with people to define and co-produce personal well-being outcomes that people wish to achieve

NQS 2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being

NQS 3: Taking steps to protect and safeguard people from abuse, neglect or harm

NQS 4: Encouraging and supporting people to learn, develop and participate in society

NQS 5: Supporting people to safely develop and maintain healthy domestic, family and personal relationships

NQS 6: Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

Section 2: Director's Summary of Performance

Welcome to the seventh annual report for social services in Flintshire and our second under the requirements of the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The report has two purposes, to report on how we have performed in the last year and to highlight our direction and priority action for the year ahead. It allows us to reflect on the hard work and achievements of the staff working with partners in supporting adults, children, families and carers across Flintshire.

Despite the very real financial and capacity pressures, teams have continued to maintain and improve the support we give to our most vulnerable citizens. We have continued to build upon our positive relationships working with partners in the statutory, independent and third sectors on our journey to greater collaboration and integration.

I'm pleased to report that good progress has been made across all of our services, which is illustrated throughout the report and is demonstrated by evidence that we are improving outcomes for our citizens and communities. There has been a great deal of focus on RISCA both as an authority and supporting Flintshire providers to have their voices heard through the

consultation processes and moving into support for the implementation of the changes that are required.

To help us understand the challenges facing the care sector in more detail we instigated a strategic review in partnership with our stakeholders and have identified a number of initiatives that can be developed further to support and strengthen the sector. An example includes the development of the Care@Flintshire website which supports providers in recruitment and retention, training, advertising events, sharing good practice and networking with each other.

This year has seen us enter into a partnership with Hft, a national charity specialising in supporting adults with learning disabilities to deliver day and work opportunities services across Flintshire. The service puts people at the centre of everything it does with Hft's fusion model based on Person-Centred Active Support. The new contract which started in February will help transform services to allow people to experience greater levels of inclusion, independence and choice. In addition we have committed to invest £4 million of our capital programme in a new community based learning disability centre which will replace the aging Glanrafon day centre in Queensferry. The new centre will be located very close to the existing one so as to minimise impact on the service and will provide a flagship community facility locally.

Last year saw the establishment of a multi-agency Early Help Hub in Flintshire. The Hub has been designed to enable the delivery of more timely and appropriate early intervention and support for families with greater needs. Support from the Hub is targeted to families with two or more ACEs (Adverse Childhood Experiences). In essence ACEs are traumatic experiences that occur before the age of 18 and are remembered throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation, parental

Section 2: Director's Summary of Performance

incarceration, mental ill health or drug abuse is present. Following a soft launch phase where over 300 families who did not meet the threshold for a statutory service received information, advice or support through one or more agencies in the Hub, we will be continuing to develop the service and provide the essential early intervention that is required. This approach has positive outcomes for families and reduces demand for statutory services. It supports families to maintain the relationships that matter to them and to protect them from harm in ways that take into account their own views as well as those of the professional staff involved.

Flintshire was successful in a bid to pilot the Welsh Government funded Childcare Offer. The scheme gives eligible working parents of children aged 3 and 4 up to 30 hours of free childcare/education a week. Early feedback indicates that the scheme supports people back into work, reduces the risk of poverty and supports the well-being of children by enabling them to have richer and more positive childhood experiences.

Our priorities for next year are to continue to safeguard and provide support to the most vulnerable members of our community. The Senior Management Team is committed to ensuring that on-going budget pressures do not place either our service users or staff at risk. The challenge will be to continue to manage demand, to do more with less and we will explore further opportunities for collaboration where that adds value to citizens and improves service efficiency.

During 2018/19 our approach will be family-based and we will focus on the opportunities available for care leavers. We will make sure we are giving people the right information to support their own well-being, review our commissioning and purchasing processes and continue with our capital

investment. The coming year will be a 'year of practice' when we build on assessment processes, invest in staff development and develop our succession planning.

There continue to be challenges ahead, not least in terms of budgetary pressures but also the changing complexity and demand for social care requires a fresh approach and different ways of working to make sure that they are sustainable for the future. We look forward to the year ahead and on behalf of our Cabinet Member for Social Services, Councillor Christine Jones and I, our thanks go to all the staff for their contribution in supporting vulnerable people in Flintshire.

We would like to thank all the individuals who have allowed us to share their stories to help bring to life the difference that all the hard work is making to people's lives and well-being.

Neil Ayling
Chief Officer
Social Services

**Councillor
Christine Jones**
Cabinet Member for
Social Services

Section 3: How are People Shaping our Services?

It's important that people living in Flintshire have the services they need. For this we need to know what's working well, what needs improving and what people hope to see happening in the future. Here is a flavour of how we are making sure that people shape the services we provide.

How we listen

We use a range of methods to listen. Surveys are useful and this year again we have responded to the Welsh Government's request to collect data about the well-being of people using our services. Here is a broad summary of what the responses to our 2017/18 Citizen's Survey have told us:-

What's working well for adults:

- The care, support and dedication of social care staff
- Access to community activities and volunteering
- Direct Payments scheme
- Being consulted and involved in decisions
- Being supported to live independently
- Being shown dignity and respect
- Receiving the right information and advice
- Supported accommodation enhancing quality of life
- Home adaptations
- Care and repair schemes

What's working well for young people:

- Overall satisfaction with the quality of care and support
- Overall happiness about their lives with loving and supportive carers
- Overall satisfaction with the areas in which they live
- Praise for supportive and dedicated social workers
- Feeling safe and looked after
- Overall satisfaction with information and advice from social workers and carers
- Feeling respected

What's working well for carers:

- Appropriate support for the carer and user of services
- Feeling involved in decisions
- Good adaptations to properties
- Feeling safe
- Good support from disability equipment provider NEWCES
- Good advice and information
- Having supportive families

What needs improving for adults:

- Requests for more adaptations
- Dissatisfaction with charges for services
- Issues with communication, especially internal coordination of information
- Dissatisfaction with waiting times or eligibility for services
- Disagreement with social services decisions about how care is provided

Section 3: How are People Shaping our Services?

- Better consistency of support workers for ongoing visits

What needs improving for young people:

- Better social inclusion and more activities for young people and young people with disabilities
- Less frequent changes in allocated social workers
- Better contact arrangements

What needs improving for carers:

- Better follow up checks as caring roles progress
- Better carer support once support packages end
- Better respite services for cared for people
- Improved accessibility outdoors
- More social interaction and involvement in activities for carers

Our next step is to review what people have told us and during 2018/19 we will identify the action we need to take to develop our services and approach in response to the feedback we have been given.

People are involved in shaping our services in a number of ways. We use surveys across Council services on an ongoing basis to find out what people have to say and an example of this is the North East Wales Community Equipment Service (NEWCES) survey. We are happy to inform that NEWCES currently surpasses national performance indicators for community equipment services in Wales. The vast majority of returns were positive this year and as a result no direct changes to this service have been made, our focus therefore is on sustaining excellent performance.

However, we work hard to make the changes that people do want. For example, a user of our mental health support services shared an idea to work with us to develop a small business where people could earn real wages in a supportive environment. This resulted in the designer of this report, Double Click Design and Print, becoming a social enterprise independent of the Council. People using the service began research into how Double Click could offer realistic opportunities whilst supporting people through their recovery journey. The model of a social firm was selected, combining market opportunity and a social mission, and all profits are generated back into developing the business.

Our commitment to improving outcomes for young people means that we need to find out how they feel about their support, the people they know, their rights and their opportunities. To achieve this we are working with Coram Voice and the University of Bristol on a programme called Bright Spots. This aims to improve the well-being of children and young people in care by promoting practices that have a positive influence on them. Funded by the Children's Commissioner for Wales, it involves distributing a survey called 'Your Life, Your Care' to looked after children aged 4-18 years. Our survey was run between February and March 2018 and, once the results are in, we will act on the views of our children and young people.

Section 3: How are People Shaping our Services?

Alongside this work, the recent appointment of a Participation Officer for looked after children means that we are continuing to listen directly to them. Our well established children's forum, where young people meet with Elected Members, has been instrumental in making several changes to services. These include changing the format for children's reviews and improving hot meal provision in schools. This forum also influenced the appointment of the Participation Officer who holds fortnightly meetings with a participation group of young people. Topics discussed include proposed changes to assessment tools and national consultations. The participation group has already helped develop a Corporate Parenting Strategy and supported the Council's responses to the Population Needs Assessment Plan. Young people have also given feedback about the pathway plan document that looked after children will receive when they become care leavers, ensuring that the information recorded on this matters to them.

How we work

So gathering feedback and acting on it is an important part of our improvement journey. Equally important is the development of working

practices that enhance quality through participation. Our Early Years and Family Support Service uses the Family Partnership Model, giving parents and practitioners a joint opportunity to evaluate the effectiveness of the service and make shared decisions about next steps.

In learning disability services there is a strategic planning group which includes users of services, parents and third sector representatives. People with a learning disability have committees within their supported work placements and are helped by advocacy groups to share their views. Their feedback is then brought to the planning group and used to inform future developments. An example of this is people who wanted to develop their leadership skills who were supported to chair rather than co-chair these planning meetings. Users of services are also involved in recruitment, and in mental health services this is achieved using the Involve Project. Supported by Unllais, a third sector organisation, individuals and their carers are trained to participate meaningfully in recruitment processes. This included interviewing for the County manager post that leads our Integrated Community Mental Health Teams (CMHT).

Flintshire has taken a lead in developing a new Integrated Autism Service (IAS), and from the onset this has been developed with people who have autism and their parents/carers. They have worked with us on everything, including recruitment (full panel members), staff training, pathways and procedures. People have defined their expectations and they work on both the operational and steering groups with officers, sharing in all the decisions made regarding IAS. Whilst we are in the early stages of operating this service and yet to confirm the difference it makes, the benefits of meaningful involvement in our early work has been positively noted by people with Autism Spectrum Disorder. One volunteer who works with us said:-

'I found it very interesting that so much hard work is being done to help people like me'.

Section 3: How are People Shaping our Services?

In older people's services, the views of The Older People's Commissioner for Wales have been key in driving some of the changes we have made. One of the expectations of the Commissioner, as highlighted in her 2014 review 'A Place to Call Home', was that Councils should have effective ways in which the views of people living in care homes and their families are sought and used to support continuous improvement. The ambitious programme, 'Creating a Place Called Home…Delivering what Matters', stemmed from this. Our Contract & Commissioning Team has supported care providers in using a range of person-centred tools that help staff change the way they work, enabling people receiving care and support to have more choice and control in their lives. Since the programme began last year ten residential homes have achieved an accreditation in person-centred practice. Other homes are working towards this and the programme will now be extended to our domiciliary and nursing care services. The Older People's Commissioner recently praised this approach, saying:-

'I am really pleased to see that Flintshire is taking such active steps in promoting quality of life issues across care homes in the area, through its 'Creating A Place Called Home and its Delivering What Matters' initiatives. There is evidence that this is being achieved on a true partnership basis, and actively involving care home staff and residents'

Planning with Partners

We continue to work hard with our third sector partners to support quality care provision. An example is with our carers services, where we used the expertise of the Carers Strategy Group to review these services and introduce changes. These include ensuring fairer access to carers grants and a commitment to improving support for carers of those with alcohol and substance misuse issues.

In mental health services we regularly review our service level agreements with third sector partners. We do this by meeting with them, users of the services and their carers. The extension of our Step Up Step Out volunteering programme is an example of a change that was made following a review. The feedback told us how popular this programme is and as a result we used an available grant to extend it to include people with Autism Spectrum Disorder. This is now in operation. A carer of one user of this service told us how her child has grown in confidence and enjoyed the social aspect of the programme. She said:-

'It provides a valuable means of support for a vulnerable group of adults who often feel isolated and unsupported'.

Section 4: Promoting and Improving the Well-Being of Those We Help

Since the SSWB Act was introduced on 6th April 2016 the Council has developed a different approach within social services. The Act sets out the Welsh Government's commitment to improving the well-being of people receiving care and support services in Wales. We now want to know what matters to people living in Flintshire so that their decisions shape the care and support they receive. This is about giving people choice and control and enabling them, with the support of our services, to achieve their own well-being outcomes.

In this section, we will give a summary of how well we have performed during 2017/18, celebrating our improvements but also highlighting any challenges we have faced. We will focus on the priorities that we identified last year but will also comment on other relevant activities, all of which are aligned to one of the six National Quality Standards.

NQS 1: Working with people to define and co-produce personal well-being outcomes that people wish to achieve.

Preparing for the Act

Last year we said that one of our priorities for 2017/18 would be to ensure compliance with the SSWB Act through our policies and procedures and we have worked to develop regional policies that support its key themes. These include assessment and eligibility, direct payments, complaints, advocacy and service user engagement. In both adults and children's services a full set of new assessment, support planning and review documentation has been produced. Our Workforce Development Team is working hard to support staff with these changes, as we explain in section 5.

We also committed to continue to develop our working practices and the way we involve the people who use our services. Within adult services our Single Point of Access (SPOA) team continues to have the 'What Matters' conversation with people seeking information, advice and assistance (IAA), focussing on people's strengths, prevention and early intervention. A Third Sector Co-ordinator post is now embedded within SPOA, providing expertise on the opportunities available to meet the needs of citizens through use of community assets and support offered through the third sector. In a twelve month period 3,400 adults received IAA services in Flintshire and, of these, 72% did not contact these services again.

SPOA
Single Point Of Access
Flintshire
Un Pwynt Mynediad
Sir Y Fflint

Section 4: Promoting and Improving the Well-Being of Those We Help

In children's services we have established a First Contact Team which brings together a newly formed, multi-agency Early Help Hub, our Team Around the Family, our children's front door. The team is co-located with our Family Information Service (FIS) which provides timely and extensive information and advice about the support available to families in Flintshire. In a twelve month period 16,000 people contacted the FIS by telephone with many others accessing information via the Flintshire website. Where children and families needed assistance and support we were able to complete 70% of assessments within statutory timescales. During 2018/19 we want to see improved timeliness of assessment for children and families and this will be an area we will review through our performance management arrangements.

The majority of people who took part in our 2017/18 Citizens Survey said that they were provided with the right information and advice, felt consulted and involved in decisions, and were shown dignity and respect by our services. Building on this, we have developed our client information system 'Paris' so that we are now recording outcomes in people's own words. This means that we are getting better at reflecting on the real impact of our work on everyday lives.

This extract, recorded in an application for reablement support to our resource panel, gives an example of this:-

"The problem is I have been lying around in hospital ...and that I believe has taken away my ability, if you don't use it you lose it. Out of 10 I am currently

1, I am aiming for 6 or 7, that would translate into improving my upper body strength and transferring to my scooter as I usually would, I was preparing meals and drinks from that before".

Being RISCA ready

There has been much focus over the past year on The Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA), which reflects the changing world of social care and its focus on quality and improvement. There are five main areas of change under the Act:

- The Act establishes Social Care Wales
- Regulation of the social care workforce
- Regulation of social care service providers
- New approach to inspection of local authorities and how they report
- Requirements for local authorities and Welsh Ministers in terms of market stability and oversight.

Throughout the development of the regulations to accompany RISCA we have worked with all providers of residential, nursing and domiciliary care services in Flintshire to make sure that their voices are heard. The Phase 2 consultation on the implementation of RISCA opened in early May 2017 and we hosted two workshops with these care providers to obtain their feedback on the regulations proposed. These consultations have influenced some of the actions of our Workforce Development Team this year, particularly the work done to support the domiciliary workforce to prepare for registration with Social Care Wales, and the support given to care providers in improving the knowledge required for the new enhanced role of Responsible Individual.

RISCA has placed more emphasis and accountability on the role of the Responsible Individual and the requirements for thorough and regular monitoring and reporting within all care services. We recognised this and have reviewed our own senior management structure, establishing a

Section 4: Promoting and Improving the Well-Being of Those We Help

new management role within adult services to ensure we fully meet the requirements as detailed in the legislation.

Our in-house services are preparing for the implementation of the Act with all documentation, including the Statement of Purpose, being reviewed and updated. We are also developing our quality assurance process so that it captures well-being outcomes for people, a task that poses challenges here and throughout our service developments. Physical improvements, by their very nature, are easier to measure than improvements in emotional well-being, however, the focus of our work continues to be on measuring the real impact that our services are having on people's emotional as well as physical well-being. The examples we describe against NQS2 demonstrate this.

Priorities for 2018/19

Continue with our work to prepare for the implementation of RISCA.

Make the information on our website more meaningful for individuals to help them find the right information to support their well-being.

Further develop our quality assessment and care planning processes across social work teams.

NQS2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being

Care Closer to Home

Good health and healthy lifestyles are important for well-being. We have been working with other Council services, partner organisations and groups of people living in Flintshire to develop cost-effective services that benefit the people using them.

We remain committed to providing 'step up, step down beds' within our in-house and independent care homes. This service is funded by the Integrated Care Fund and offers people a period of further assessment whilst trying to keep people out of hospital and closer to home. In the financial year 2017/18, a total of 219 admissions were made into these beds. Of these, 79 were step up (admissions from the community) and 140 were step down (admissions from hospital). Until 1st April, those who had been admitted in the year had spent a total of 5,864 nights within the beds provided. Of those who had been discharged within the year, 93 went home, 16 went into hospital, 69 went into long term care and 25 received further assessment.

The average age of adults entering residential care homes on a permanent basis in Flintshire for 2017/18 was 86 years. Our rate of delayed transfers of care (of people aged over 74 years) for social care reasons was 0.189%. This compares favorably with the Welsh average of 0.49% and translates to 25 older people in Flintshire remaining in hospital for longer than necessary in 2017/18.

Section 4: Promoting and Improving the Well-Being of Those We Help

We are ensuring that our looked after children have access to primary health care by registering them all with a local GP, our aim being to register each child within 10 days of the start of their placement. In terms of support from Child and Adolescent Mental Health Services (CAMHS) we are advised that all looked after children who are appropriately referred to the service will be seen within 28 days. This marks a significant improvement for this cohort of children and young people which is welcomed. The timescales for supporting children and young people with neurological/behavioral needs is an area we will be reviewing with health to ensure that children and young people can be supported whilst they wait for an assessment. We also know that further work is needed by our health colleagues to ensure that there are timely health assessments for our looked after children.

With its focus on partnership and prevention the SSWB Act has shaped another of our key priorities this year, which is to continue to work in an integrated way with health services so that people are treated in the right place with the right skills. Research has proven that providing short periods of intensive support in people's own homes can improve patient care, reduce the likelihood of expensive hospital admissions and decrease the number of delayed hospital discharges. The Community Resource Team (CRT) is a partnership between the Council and Betsi Cadwaladr University Health Board (the Health Board). It is a crucial part of what we are doing to implement the 'Care Closer to Home' agenda, a priority for the Health Board and Public Service Board. Nurses, therapists and social care workers work together to support people in their own homes. The CRT offers a seven-day service and access to this support is available to anyone over 18 with multiple health and social needs who is at risk of hospitalization or would benefit from an expedited

hospital discharge. In 2017/18 the team estimated that is prevented over 2,500 bed nights in hospital through this support. This figure is set to increase with further expansion of the team in 2018/19. The CRT has been integrated within SPOA which is now accessible to both the public and professionals via a single contact telephone number, **01352 804443.** Opening hours have been extended and are:

General public: 8.30 am – 5 pm, Monday to Friday.
Health referrals: 8 am – 5.45 pm, Monday to Friday
(watch this space for expansion into weekends).

The impact that the Community Resource Team is having in terms of outcomes for people is illustrated by the case study in Appendix 1.

In children's services we have entered into the first year of our Repatriation and Prevention (RAP) project. This service is a partnership between Flintshire Council, the Health Board, Action for Children and Wrexham Council. The service provides targeted intensive therapeutic support for young people who are at risk of their placement breaking down. Support is provided to sustain community, foster, residential and adoption placements.

What matters for carers

As well as our responsibilities towards the people living in Flintshire requiring care and support, we also have to make sure that people who provide unpaid care and support, mainly family and friends, receive the help they need.

This year we have worked on simplifying processes that identify carers and give them access to advice and support. Our referral process from SPOA through to the North East Wales Carers Information Service (NEWCIS) has been streamlined and now enables carers to be given information and

Section 4: Promoting and Improving the Well-Being of Those We Help

advice when making initial contact with us, receiving a direct referral to NEWCIS should they choose. Using the 'What Matters' conversation, an assessment is carried out with the carer, either alone or jointly with the person they care for. The assessment is proportionate, centres on the carer's strengths and supports them to participate fully in the decisions that affect them. In 2017/18 1,885 carers in Flintshire were identified through SPOA and referred to NEWCIS.

Our Young Carers Service aims to improve the confidence and emotional resilience of our young people aged between five and eighteen years who provide care and support. It gives them a secure environment where they can draw on the support of their peers and also provides access to community groups to help them sustain their caring responsibilities in the long term. Once discharged, they are able to be re-referred into the service if circumstances become difficult or they need more intensive support.We want to help make sure that carers services across the region are fair and are continuing to contribute to the North Wales review of carers' services by exploring opportunities for working and sharing good practice with neighboring Councils.

Locally, our Carers Strategy Action Plan has been updated with refreshed actions for us, including an outcome-focused approach in evaluating the effectiveness of our carer services. The introduction of new carer service performance outcomes will tell us whether or not the things that matter to carers are being achieved and we will be providing evidence of this next year. What we do know, based on our existing performance data, is that overall our carers services are working well. Our 2017/18 Citizens Survey told us that carers in Flintshire feel supported, involved and safe. Some

carers, however, expressed concerns about feeling isolated once a support package has ended, difficulties in accessing outdoors and having to give up hobbies and activities because of caring responsibilities. We will tell you more in this section about some of our initiatives that are trying to address these concerns.

Your Council, your services

We want to make sure that people living in Flintshire can contribute to the development of services that might benefit them. Our Older People's Engagement Worker project gives opportunities for older people's groups to contribute to the planning, development and evaluation of services. This project has developed a network of more than 50 older people's forums and groups in the county and provides support to the Flintshire 50+ Action Group, helping to raise its profile amongst older people through the production and distribution of its quarterly newsletter 'Codger's Quarterly', and planning events like the International Day for Older People celebration. Opportunities for members of the Action Group to represent the views of people aged 50+ in the county are provided through representation on committees and involvement in consultations about services, with recent opportunities including the Older People's Commissioner's 'Accessing GP services' consultation and the Health Board survey 'Living healthier, staying well: building a plan for older people.'

As well as social services, the Council as a whole continues to promote healthy lifestyles through developing initiatives that help people to be active and stay connected to others. Here are a few examples:

Being age-friendly, being resilient

In October 2016 Leeswood & Pontblyddyn Community Council made a commitment to becoming age-friendly with support from Flintshire's

Section 4: Promoting and Improving the Well-Being of Those We Help

Older People's Strategy Co-ordinator and Older People's Engagement Worker. This initiative, which is supported by several Big Lottery funded projects, explores the impact of community-based activities that are led by older people living in rural areas, gathering information from a range of engagement activities with local groups. This information has been used to identify the priorities for the community that will enable people living within it to age well and is highlighting the local skills, expertise and resources needed to support other communities through the age-friendly process.

In times of great change, living in communities that have the capacity to respond to economic, social or environmental challenges is important. 'Inspiring Resilient Communities' is one of the identified priorities of Flintshire's Public Services Board, as high levels of resilience have been proven to enable a community to prosper in the face of challenge. A working group is developing a framework for how community resilience work in Flintshire can be led and co-ordinated and we hope that the project outcomes will bring measurable improvements to community resilience in environmental, health, economic, social and cultural terms.

Community transport: staying connected

Community transport is safe, accessible, cost-effective and flexible. It is being developed in Flintshire to directly address gaps in public transport provision and is of particular value to people who do not have access to a car or public transport. We believe that our Community Transport Scheme can help to reduce social isolation for people living in both our rural and urban areas.

Five broad areas that would benefit from the scheme have been identified, looking at gaps in current provision and potential future shortfalls. A range of schemes are being developed that addresses these gaps. One example is the Taxi-Bus scheme, which is a regular public bus service run by a licensed Hackney carriage or private hire operator, using a taxi or private hire vehicle. Just like a regular bus service it runs along a fixed route and to a scheduled timetable. Users can just turn up, usually at designated stopping places, and pay a fare similar to a regular bus fare. Passengers can also use their concessionary bus passes. Also recently introduced is the Flintshire Ring and Ride Service. This is a door-to-door service using cars or minibuses for people who need to travel to their GP surgery or other health-related appointments and find it difficult to use mainstream transport. Grant funding has also been secured through the Rural Community Development Fund to buy two minibuses for development of a community bus scheme in the Mold and Holywell areas. The schemes can either be run as demand-responsive or fixed route transport services to published timetables, available to the general public just as a local bus service would be.

Well-being and the arts

We are very fortunate in Flintshire to have a regional arts centre, Theatr Clwyd, which is based in Mold. As well as hosting in-house and visiting theatre companies, the theatre is now developing projects that create experiences to enhance the health and well-being of people participating in them. Two examples are Cwmni55 and Arts from the Armchair.

Established in September 2017, Cwmni55 provides a weekly session exploring different aspects of creative theatre. It now has 32 members aged 55+ and offers a 'pay what you can scheme', making it financially accessible. We have received very positive feedback from group members telling us about the impact that participation is having on them. These comments include:

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"A precious time which is just for me, away from caring responsibilities - exploring drama with like-minded people, and having fun!"

"Company 55 has been so enjoyable giving me a chance after being almost housebound for 5 years to get out and meet people with similar interest and to have fun and learn something, it also made me use my memory in a way I had not done since I retired. WONDERFUL!!!!"

Arts from the Armchair (AFTA) is another group that meets weekly at Theatr Clwyd. This is a partnership between the theatre and Health Board, and participants are clinically referred via the Mold Community Hospital Memory Clinic. The group, which is led by a creative producer, invites actors, musicians, costume makers, scene painters and lighting and sound technicians along to actively encourage involvement from participants. One member of AFTA told us:

"We imagine, plan, decide, think, choose and find. By doing these important processes we reconnect with these important functions. We need to stop disconnecting from them."

Our Flintshire Sounds service continues to offer music therapy to people over the age of 65 who have memory problems or dementia. They are encouraged to sing, play simple percussion instruments and move and dance wherever possible. This service gives people a chance to enjoy a shared reminiscence experience with carers, families and friends, and an opportunity to make new friends. Three sessions are held every week in Mold, Shotton and Holywell.

Libraries and leisure: community benefits

We are working to make sure that Council services are community-focussed and are protected where budget pressures could result in the possible loss or reduction of these services. To maintain its library and leisure facilities the Council has worked with staff to develop an alternative delivery model that will be sustainable for Flintshire residents and rewarding for staff. This has led to the creation of Aura, a not-for-profit, community benefit society, which took on the management of leisure, libraries and heritage services in the county from 1 September 2017.

Aura aims to improve the quality of life for customers through providing popular culture and leisure opportunities that improve mental health and physical well-being. It offers a bespoke library delivery service to our housebound residents and to the people living in our residential care homes. It also provides a selection of innovative products and services specifically designed to support those living with dementia within our communities, for example dementia friendly reading collections, reminiscence 'pop up pods' and reminiscence boxes.

Aura leisure delivers the Flintshire National Exercise Referral Scheme (NERS), which provides a targeted and preventative approach to enable people who have health problems or who are at significant risk of developing disease to receive support in becoming more active. The support the scheme provides makes a world of difference in enabling people to participate in physical activity they would not otherwise do. Activities range from gentle circuit classes, strength and balance classes, back care, cardiac health activities, Tai Chi, walking football, indoor bowls, walking, swimming and gym based activity. This variety reaches a wide range of older adults providing them with safe and supported physical activity in an environment where they can socialise and have a regular routine of physical activity. For many, greater independence and social contact means a better quality of life.

Section 4: Promoting and Improving the Well-Being of Those We Help

Priorities for 2018/19

Improve the emotional well-being and mental health of care leavers, including a commitment to helping them be ready for work.

Ensure all care leavers continue to have an allocated Personal Advisor to provide them with practical support and advice to help them live independently.

Recommission an integrated disability community support service with the community sector.

Implement the recommendations within the Carers Strategy.

NQS3: Taking steps to protect and safeguard people from abuse, neglect or harm

Safeguarding: what we do

We have a responsibility for ensuring that the right care and support is arranged for people living in Flintshire who are subject to or at risk of abuse and neglect, and for working with them to improve their well-being.

Operationally the Flintshire Safeguarding Unit continues to give information, advice, guidance and support to our internal teams, independent and public sector organisations and the public. In extreme cases, the prevention and management of risk requires the Unit to follow processes that result in punitive actions being taken against individuals, social care workers or organisations who have been proven to cause harm to adults or children.

This year we have seen an increase of 40% in adult protection enquiries because of the impact of the SSWB Act which re-defines the term 'Adult at Risk' and broadens its implications. Our response has been to realign the resources in our Safeguarding Unit, the result being that 84% of adult safeguarding enquiries are now being processed within the statutory requirement of seven days. Those referrals processed outside of this timescale are of a complex nature and are awaiting further information from a practitioner or agency. Safeguarding managers are able to effectively delegate tasks for high priority cases, meaning those enquiries that do not meet the national timescales are of a lower priority in terms of potential risk to the safety and well-being of those concerned.

The Unit is also actively managing the waiting list for Deprivation of Liberty Safeguards (DoLS) assessments. Urgent and review authorisations are being prioritised and new work is being done to review community DoLS applications.

For children, 91% of all initial child protection conferences take place within timescales compared with 74% last year. The timeliness of review conferences is stable at 98%, although demand has increased due to the recent increase in the numbers of children on the child protection register. In the last six months, there have been only three repeat registrations of children on our child protection register, suggesting that we are de-registering children appropriately. This is further evidenced by the average time that children spend on the register, which is ten months.

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Safeguarding: a team effort

We recognise the vital contribution that other Council services like transport, education and leisure have in promoting well-being and a priority for us this year has been the development of a joined-up approach to safeguarding across all Council departments. This is being steered by the Corporate Safeguarding Panel. All areas within the Council now understand their safeguarding responsibilities and each has a safeguarding lead person with representation at the Panel, as do elected members. The Panel is co-chaired by the Chief Officer for Social Services and the Chief Officer for Education and Youth, an arrangement that facilitates cohesion between these two service areas. Information regarding the Corporate Parenting Strategy, for example, was recently included in a presentation to Elected Members, one of many steps that are helping us to improve links between safeguarding and other Council priorities.

The focus of the Panel this year has been the development of a new Corporate Safeguarding Policy and we are pleased to inform that this was signed off by elected members in October 2017. This policy is supported by a Corporate Safeguarding Communication Plan which is regularly updated by the Panel and actively used.

To achieve our aims a number of key activities have happened over the last twelve months which include:

- The introduction of a safeguarding section on the Council's website and internal internet that make it easier to find information and resources. **flintshire.gov.uk/safeguarding**
- A presentation made by members of the Corporate Safeguarding Panel to 'Change Exchange', a forum where managers come together to share and learn. This raised awareness of safeguarding and highlighted some of the actions being taken by our Streetscene, Transportation and Community and Enterprise services to make safeguarding an integral part of the way they work.
- Awareness sessions have been delivered to both the Health and Social Care Overview and Scrutiny Committee and the Education and Youth Overview and Scrutiny Committee. The sessions gave Members an overview of the diversity of safeguarding and their role in keeping adults and children safe, providing an opportunity for a question and answer session at each meeting.
- Contracts with transport providers in Flintshire now include a safeguarding clause ensuring they attend appropriate training. The procurement team has also worked with our in-house legal services to develop safeguarding statements and clauses for all services to use within the procurement process.
- To make staff training more flexible and accessible, and to complement existing training that the Council provides, two safeguarding e-learning modules have been developed and made available on the Flintshire Academi Learning Pool website. The modules cover the different signs of abuse, how to raise concerns and how to keep adults and children safe. All employees are encouraged to complete the modules and they are now compulsory for new starters and apprentices.

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- AFTA Thought, an organisation specialising in training through drama, delivered six safeguarding training sessions during the year and a total of 389 employees attended from Community and Enterprise, Corporate Services, Governance, Planning and Environment, Education and Youth, Streetscene and Social Services. These sessions crafted scenarios that got to the heart of safeguarding, using the medium of drama to provoke thought and discussion.

The real value of our safeguarding work can be measured by the impact that it is having on outcomes for vulnerable people. One example is given in the case study in Appendix 2.

Priorities for 2018/19

Embed learning from the child practice reviews, adult practice reviews and domestic homicide reviews. This will be actioned by:-

- Holding events to share the learning from reviews with frontline practitioners and managers.
- Changing practice based on recommendations and action plans from reviews.

Develop advocacy to ensure we are compliant with legislative requirements.

NQS4: Encouraging and supporting people to learn, develop and participate in society.

Participation through learning

Learning and developing are important aspects of well-being and can help us thrive and flourish. The focus of our work continues to be on resilience and supporting people to participate in the things that matter to them, and none more so than in mental health services.

The Learning for Recovery and Well-being programme is now in its fifth year and has given over 500 people access to learning opportunities this year. The programme, which is a partnership between social services, the third sector and health, is open to people experiencing mental health issues and their carers. This year we are enhancing the programme by making links with GP surgeries and other community facilities. This is because we want to assist even more people to manage their own mental well-being and prevent them from needing the support of other mental health services.

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The Next Steps team gives people opportunities to learn, develop and participate in paid employment, voluntary work and educational training. Of the 157 individuals who used this service between April and November 2017, 28 received support to find or retain employment, 33 were supported to access a volunteering position and 47 were assisted to access either community based or further education. This year an accredited volunteer training course was developed which, as well as covering the practical aspects of volunteering like confidentiality and managing difficult situations, is designed to increase the confidence and self-esteem of those participating.

One person describes the impact that Next Steps has had on her well-being as follows:-

"It gave me hope in hopelessness, belief in myself and the structured support that was necessary to make a path to a life where I can live positively with my mental health problems".

Quality for children

As we said in our introduction, 2017/18 has been a year for reviewing services so that they not only continue to improve in achieving good outcomes for people, but are also as efficient and effective as possible.

The educational attainments of our looked after children are important to us and in 2017/18, 40% achieved the core subject indicator at key stages 2 and 4. During the year to 31 March 2018, 12% of looked after children experienced one or more changes in school during periods of being looked after that were not due to transitional arrangements. We remain committed to safely reducing the number of looked-after children who are placed in residential care both inside and outside of Flintshire. There is no single response that can achieve this and a range of targeted and complementary approaches are needed to build family resilience and prevent needs from escalating. This includes enhancing services that provide support for stepping up and down from residential care, such as enhanced foster care, as well as strengthening early input in education services and developing the skills and expertise of staff within our schools.

We are pleased to share that in October 2017 the Council won a Fostering Excellence Award. The award was presented by the Fostering Network, the national charity for foster care, and Flintshire won the category 'Fostering Friendly Employer of the Year'. Flintshire Council was the first Local Authority in Wales to become one of the Fostering Network's fostering friendly employers.

However, there will always be a small minority of children who need highly specialist residential care and support, and last year we said that one of our priorities would be to ensure that processes for high cost children's residential placements are well managed. We have developed a single process for sourcing these specialist placements. The Contract and Commissioning Team within our social services now provides a central point where key information is provided when sourcing and matching appropriate placements to children. Placements are reviewed by a multi-agency panel

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made up of operational and senior managers, an approach which oversees the efficiency of the process and scrutiny of decision-making. This new process ensures quality of care underpinned by robust financial scrutiny and contractual overview.

Working parents: making a difference

Many of the examples given in this report demonstrate the importance of participation and we are continuing to progress services that enable people to contribute to society economically as well as socially. In 2016, we were one of seven Councils in Wales who successfully bid to pilot and become early implementers of the Welsh Government funded Childcare Offer (The Offer). This scheme gives eligible working parents of children aged 3 and 4 years a combined funded childcare and education offer of up to 30 hours a week. This is available for up to 48 weeks of the year inclusive of 9 weeks within school holiday periods. The scheme aims to support families with quality, flexible and affordable care and, by doing so, positively impacts on local economic regeneration by helping parents to participate in the workplace. Reducing a family's risk of poverty also supports the well-being of children by enabling them to have richer and more positive childhood experiences.

The development and delivery of The Offer has been led by social services. April 2017 saw the development of a bespoke system for eligibility checking and automated applications, enabling parents to register on-line and self-select registered childcare providers. By 31 January 2018 over 160 providers and just under 500 children were registered, with this figure increasing daily.

The pilot has highlighted some early challenges which have informed how we work to expand the scheme to other areas. Feedback we have received has been positive. One parent told us:-

'I really appreciate it as I had no idea about the additional hours. This will make a difference to our family.'

A childcare provider said:-

'This is an example of this scheme really working as it has enabled the parent to seek work and actually get back into the workplace.'

Information is available from the Family Information Service on **01352 703500** or email: **fisf@flintshire.gov.uk** and on-line at **www.flintshire.gov.uk/childcareoffer.**

Potential with progression

Partnerships and multi-agency ways of working feature strongly in social services and this is particularly so with our Progression Model, which we continue to develop across our supported living services for people with learning disabilities.

We know that our traditional model of 24-hour care for people with learning disabilities, although successful in keeping people safe, can prevent some from taking positive risks and developing the skills needed to reach their full potential. The Progression Model was introduced in learning disability services in 2016. It is a partnership between citizens and their

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families, social services, the Health Board, independent care and support providers, an independent trainer and a community arts charity.

The good practice example already in place in Flintshire, Orchard Way, demonstrates how co-producing services that focus on people's strengths can help them to develop life skills and be more independent. This year we have worked with four more care providers to develop this approach. With funding from the Integrated Care Fund, the progression team has been strengthened with the introduction of a full-time social worker and a part time physiotherapist and occupational therapist. Their role is to take the learning and good practice from learning disability services and broaden this out to all services. They currently focus on supported living in learning and physical disability services, enabling individuals, family members and practitioners to achieve their personal outcomes and reducing their reliance on paid support.

To help with this we developed a Shared Approach to Positive Risk Taking policy which has helped change staff attitude towards risk, and sourced positive risk training for independent care provider managers and front-line staff, which has also supported changes in attitude and practice. There has been further investment in supportive technology and a range of tools designed to support, measure and monitor individual and service progression have been developed and introduced.

Progression is driven by a genuine desire to improve outcomes for people, however we recognise that this approach does reduce dependency on statutory services and that this helps us to be more efficient. An example is a reduction in support for three tenants of one supported living house from 107 hours to 70 hours per week.

Learning Disability Services: doing things differently

Last year we began to work with users of services, families and staff to consider alternative delivery models for day services and work opportunities for adults with learning disabilities. These services provide respite and support for carers, as well as giving participants purposeful activities that enhance their skills and independence. This challenging work has continued to be a priority for us as we modernise our services whilst delivering financial efficiencies.

In March 2017, following a full and inclusive procurement process, Cabinet approved the appointment of a recommended provider, Hft, to deliver and transform Flintshire's learning disability day and work opportunities services. Hft, a national charity supporting adults with learning disabilities,

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brings a wealth of experience and proven track record as a high quality and progressive social care provider and shares our vision for transformation of these important and valued services. A contract was agreed in November 2017, for an initial 5 years with an option for 2 additional years. The service, which includes Glanrafon Day Centre, the work opportunities businesses and the work options job coaching team, successfully transferred on 1st February 2018.

Priorities for 2018/19

To achieve good residential placements locally and develop independent living skills.

To review and improve the current out of county offer within both adults and children's services. To review commissioning and purchasing processes including direct payments, spot purchases, frameworks and contracts.

To improve employment opportunities for care leavers through the actions of:-
- **Implementing the BOOST Project, a programme of work experience using Council services to provide structured work experience opportunities and mentoring to care leavers, and actively providing corporate parent support.**
- **Promoting the Council's apprenticeship scheme to support care leavers.**

NQS5: Supporting people to safely develop and maintain healthy domestic, family and personal relationship.

Councils in Wales have a responsibility to support people to safely develop and maintain healthy domestic, family and personal relationships. We have told you about some of the work that we are doing to help people stay connected to their families and the communities they live in. In the financial year 2017/18 we helped support 63% of our children to remain living with their families and 10% of our looked after children returned home from care. Up to 31 March 2018, 9% of looked after children had three or more placements during the year.

Family support: an early response

The SSWB Act supports a shift towards early intervention and prevention. This means that we need to support families living in Flintshire to access the right care and support services before their needs escalate to crisis point.

Research shows that investment in early help services can prevent children entering the social care system, and can help to manage needs within families to avoid them intensifying. Families often achieve the best outcomes when we get involved early to provide advice and direct them to the appropriate services. A large proportion of the referrals we receive about children and families are not eligible for a statutory service, but benefit from support to access the wider range of services available. Last year we recognised the potential in creating an Early Help Hub located within children's services. Working with representatives from children

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and adult services, youth and education, housing, the police and health services, we laid the foundations for its implementation, sharing the wealth of knowledge and experience that this multi-agency approach offers. The Flintshire Early Help Hub brings statutory and non-statutory agencies together to share information about families and coordinate an early response before relatively simple problems escalate and become complex. Screening for the Early Help Hub is based on families who exhibit Adverse Childhood Experiences (ACEs), which are an indicator of needing early intervention. The Flintshire Early Help Hub was implemented in May 2017. Following a soft launch phase where over 300 families who did not meet the threshold for a statutory service received information, advice or support through one or more agencies in the Hub, we will be having a public launch of the Early Help Hub.

This approach reduces demand for statutory services and has positive outcomes for families. **Please read the case studies in Appendix 3 to find out more about how the Early Help Hub is supporting families to maintain the relationships that matter to them and to protect them from harm in ways that take into account their own views as well as those of the professional staff involved.**

Family support: parenting programmes

The Flintshire Parenting Framework (2018) outlines a structure for further development of formal and informal parenting programmes and forms part of our wider strategy for early intervention and prevention. The aim is to develop a comprehensive range of parenting programmes that meet the needs of all parents and carers, matching support to individual circumstances using the 'What Matters' conversation and allowing each individual to achieve their personal outcomes. Staff use child and family development models to build confidence in families, reduce isolation and promote positive family experiences in line with Welsh Government Guidance 'Parenting in Wales' and the Flintshire Framework. Parents using these programmes have told us that they come away feeling more confident, have stronger relationships with their children and know how to access further information, advice and support.

Priorities for 2018/19

Focus on taking a family based approach to our practice and using trauma informed practice to build resilience in families.

NQS6: Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

Our homes, our assets

Last year we said that we were going to use capital investment to develop our building assets so that people in Flintshire have good places to live within communities where they can socialise, be active and remain independent.

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We know that living in suitable accommodation is fundamental to well-being. Our Strategic Housing and Regeneration Programme demonstrates our commitment to building more affordable council houses and we plan to build 500 new homes in Flintshire by 2021 in response to increasing demand.

This programme will benefit the regeneration of our towns and communities because our focus continues to be on supporting people to access accommodation that meets their needs both now and in the future, building homes for life where possible. Our 2017/18 Citizens Survey told us that having suitably adapted homes remains a concern for some people. The new homes we have built include design features such as adjustable work surfaces and walk in showers that allow for independent living, and also allow consideration for future adaptations that may be needed. Flint is an example of community regeneration in Flintshire, with 92 new affordable council homes, a new health centre and an extra care scheme in the process of being built.

Independent living with Extra Care

Independent living is a key priority for us and we are continuing to work with our housing association partners to develop two further Extra Care schemes in Flintshire, using what we have learnt from the schemes we have already developed in Shotton (Llys Eleanor) and Mold (Llys Jasmine).

We are pleased to report that the development of Llys Raddington Extra Care in Flint town centre, a partnership with Ty Glas Housing Association, is nearing the end of its construction phase and the building is becoming a

clear landmark in the town. The operational planning has been the focus of our work during the last 12 months to ensure that the housing and care services will be ready and in place for its opening, which is expected in summer 2018. The scheme, as expected, has been extremely popular and we have received a high level of interest from potential residents. We are looking forward to opening the doors to our third and largest extra care scheme which will give older people more independent housing choice.

Our Holywell Extra Care scheme received full planning permission in October 2017 and, following extensive consultation we have agreed the detailed designs for the scheme, which is a partnership with Wales and West Housing Association. The legal purchasing of the land and site preparatory work is currently being taken forward and we are still on track to commence construction on site in 2018.

In disability services we are working closely with housing partners to secure appropriate accommodation for people with a physical and/or a learning disability. Specialist housing has been provided by housing associations to meet individual needs, both for people who require 24 hour supported
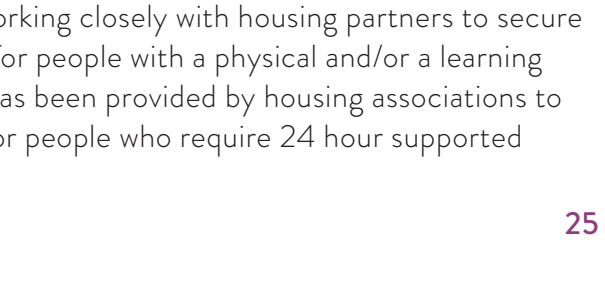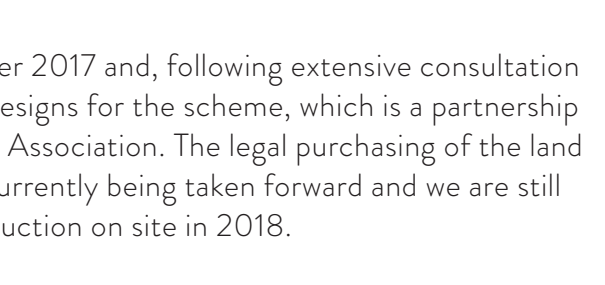
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accommodation and also others who can live more independently with pop-in or tenancy support.

Learning Disability Services: community benefits

Despite unprecedented financial pressures we continue to invest in our capital programme and   £4 million has been allocated for the construction of a brand-new learning disability day services facility which will replace the ageing Glanrafon day centre in Queensferry. The new centre, which will be located on the site of the former John Summers High School, will provide a flagship community facility.

The project is in the design phase, and a service working group meets regularly to discuss plans. Membership includes users of the service, their family members, staff from the Council, Hft staff and health colleagues such as nurses and occupational therapists. The group is working to produce a building design that allows for the development of skills, independence and social interaction, providing modern facilities and equipment to meet the care and support needs of adults with multiple and profound disabilities. Work has included gathering requirements using discussions and questionnaires and site visits to other centres, and we are now moving on to finalising more of the detailed material and equipment finished.

Planning permission was approved in February 2018, with construction starting on site early in the summer. It is anticipated that building work will be finished by Spring 2019.

Children: being social, staying local

We want people living in Flintshire to have stability and a good quality of life, both economically and socially. This includes young people with disabilities and in our Council Plan for 2017-23 we make a commitment to improving outcomes for our young people through stable, local care placements.

Action for Children has been working in Flintshire for twenty years and since 2012 has operated from Arosfa in Mold. The property, which is owned by the Council, is currently a three-bed unit and is adapted with specialist equipment. It offers short breaks for children with profound disabilities in a safe and secure environment, enabling them to strengthen their independent living skills and socialise. The service is open for 324 nights a year and in the last three years 25 young people have used it.

We continually consult with stakeholders to understand their views on our services, and recent feedback told us that there is concern about the lack of available help to care for children during school holidays and when carers become unwell. Carers have told us that the pressures of juggling work and the physical and emotional demands of caring for children with disabilities can affect their own well-being. Young people themselves have said they would like a greater range of activities to do outside school and there is a real risk of

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social isolation for both them and their carers. The results of our 2017/18 Citizens Survey confirmed these views, with some young people expressing dissatisfaction at a lack of social interaction and activity. Again this is an area we will need to address in the coming year.

Strengthening our care sector

We are working hard to strengthen partnerships and support people to live independently through our building assets. However, supporting people to live independent lives, whether in their own homes or in residential placements, also requires a strong care sector.

A comprehensive review of the residential care market in Flintshire was completed in 2016. The review included involvement with the Older People's Commissioner for Wales, Care Inspectorate Wales, Welsh Government, Care Forum Wales and the Health Board. It concluded that the current market is fragile. In residential care, bed occupancy levels are consistently at or near full capacity, meaning there is limited resilience to mitigate the impact of temporary or permanent closure of homes or beds or deal with winter pressures. The review also identified the need for a significant number of additional beds by 2020.

Many health and social care services are interdependent, therefore an integrated approach is required to find solutions to problems and overcome challenges. Through joint strategic working in Flintshire, the Council and Health Board have regularly discussed the challenges that are being faced across the health and social care system and our priorities for meeting those challenges. As well as the increased complexity of needs of people

living in residential care and projected increase in demand for services we face other significant challenges. These include delayed transfers of care (hospital discharges) and re-admissions to acute hospitals, unscheduled care and its impact on primary and secondary care services, the need to adopt a Discharge to Assess model to improve outcomes and reduce risk of increasing dependency on services, the delivery of care closer to home and the fragility of the care home and domiciliary service sector.

This year we decided to focus on one of these challenges and take a detailed look at the issues impacting on the fragility of the care home and domiciliary service sector. We wanted to identify the key factors affecting our local providers of care and support so that we could develop a plan to help them.

We set up a steering group that included our staff and representatives from local care and voluntary organisations. The work done, which has included participation in business reviews, has given us an understanding of the key issues broadly impacting our locality. The recruitment and retention of direct care staff has been raised as a particular concern, and research has shown that this is also a significant national challenge. We have also been working hard to support our care providers in preparing for the implications of RISCA by hosting several consultation workshops. These gave managers and owners an opportunity to ask questions and discuss the issues and changes affecting them.

Working in partnership with local organisations in this way means that, where possible, we can take the actions that they want. One notable success is the development of the Care@Flintshire website, which includes information on working in care, local job and training opportunities, community events and important changes within the care sector.

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Care Gofal @ Flintshire Sir y Fflint

One provider told us:

'This is an excellent idea to improve communication between the providers, Flintshire County Council and the community.'

We still have issues that we need to overcome, including the need to improve our capacity to provide care and support in rural areas and through the medium of Welsh. We are exploring options to address these challenges. For example, we have successfully applied to become part of the rural development agency Cadwyn Clwyd's 'Leader' programme. Through this we will explore the feasibility of setting up micro-care organisations. These operate on a small scale, usually employing five or less people, and focus on a small group of clients. This model could be an advantage to the rural areas in Flintshire and offers potential for providing greater accessibility to culturally appropriate support.

Also, whilst a significant level of support and activity is ongoing to strengthen the independent sector, evidence also suggests that to stabilise and strengthen care provision we need to increase capacity in our Council (in-house) services.

Priorities for 2018/19

Continue with our work for the Flint and Holywell Extra Care projects.

Work to develop the new Glanrafon day service will continue, with the build currently being planned and a completion date of May 19 planned. As part of the preparation for the new building asset the disability service will be working with those who use the service and their families to prepare for the move.

Develop proposals for the expansion of the Council owned Marleyfield House Care Home.

Work with the third sector to ensure people can assess a greater range of activities for children with disabilities outside of school.

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Section 5: How We Do What We Do

Our Workforce and How We Support their Professional Roles

A regional view

We are committed to the North Wales Workforce Strategy which has a joined up approach to the workforce challenges and opportunities across the care sector in our region. The Strategy supports embedding the principles of the SSWB Act and is aligned to the North Wales Regional Partnership Board Priorities. Our commitment to this regional view is evident by the way that we continue to work hard to make sure that our workforce is suitably knowledgeable, skilled and competent to operate within the legal and cultural expectations of the new social care legislation in Wales.

Social Work: a clear approach

We have been helped by the development of a clear approach that ensures effective social work practice across Wales. In January 2017 the Care and Social Services Inspectorate Wales or CSSIW (now Care Inspectorate Wales or CIW) and the Care Council for Wales (now Social Care Wales) published a new framework called 'The first three

years in practice. A framework for social workers induction into qualified practice and continuing professional education & learning'. This has three stages: induction to professional social work, growing in competence and confidence and a consolidation programme. Use of the framework in Flintshire has assisted us to make sure that social workers renewing their registrations are practicing confidently and helped us support 32 newly qualified social workers in their first 3 years of practice.

Nurturing our leaders

Last year we highlighted some of the preparation work we did with our staff, including outcome-focussed training and events tailored for staff working within both adults and children's services. This year we have recognised the importance of developing the people who need to steer the changes we have been describing. With this in mind we have supported access to national programmes that develop our managers and those with management potential. These programmes include Step Up to Management, Social Services Practitioner, Middle Manager Development and Team Manager Development.

Knowing what matters: frontline staff

We have stressed that our focus is on knowing what matters to people so that their decisions shape the care and support they receive. This can't be achieved without the vital contribution of our frontline care staff and the launch of a new induction framework for staff who provide direct care and support is a regional priority for Workforce Development Teams. Locally this has impacted on the structure of the Qualifications and Credit Framework (QCF) and our assessors have been involved in regional peer group sessions and workshops to prepare them for these changes. In total this year they have supported 52 social care staff members to achieve a

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level 2 to 5 QCF qualification in subjects that include health and social care, dementia care, mental health and autism.

For Flintshire Social Services staff a new induction guide "Inform Me" was introduced in March 2018. This supports new staff to understand local, regional and national priorities, and sets out expectations for social services roles. The Learning Outcomes Training Framework (LOFT) has also been developed, giving our Workforce Development Team a framework that further helps with the measurement of learning outcomes for training delivered by us and by local and regional training providers. A new training database has been rolled out, and the LOFT will be incorporated within this system to produce outcomes- based reporting on training.

Working with partners

We have told you about the ways the Council is working with independent care providers and in-house services to help get them ready for RISCA. Our Workforce Development Team's role is crucial in this and has included supporting the domiciliary care workforce to prepare for registration and improving the knowledge required for the role of Responsible Individual. This remains a priority area for us locally and regionally. Early this year, for example, workforce surveys were distributed and initial briefing sessions were delivered so that we could find out where there are risks and decide what the regional priority areas on registration requirements are, an example being qualification rates for domiciliary care.

Looking ahead: what next?

If we are to continue on our improvement journey we need good staff. This means we also have to think about the future. Succession planning has been important for us this year and we have carried out a scoping exercise to develop and retain our talented staff. Phase one has focused on the experiences of current managers to find out what support would enhance their capabilities and has identified a number of business critical roles that will need to be filled by new staff in the near future.

In developing a succession plan we want to make sure that it is outcomes-based, driven by our senior managers but inspired by all of our staff. Our aim is to create opportunities for talented staff to explore hidden potential within their own service areas and also to support them to build their capability and adaptability in taking on additional roles. Ways we will do this include developing a mentoring network across social services, building a library resource of staff career journeys and maps to inspire others, and introducing role profiling.

Our Financial Resources and How We Plan For the Future

Budgets: getting organised

This year we have worked closely with our finance team so that we can realign budgets to reflect our financial position. Budgets are closely monitored through individual service managers meeting with their finance officers, senior managers reviewing their service areas with finance managers and the social services accountant producing and presenting a detailed finance monitoring report for the Social Services Management Team on a monthly basis. In addition, efficiencies and the Medium Term Financial Strategy are reviewed at the Social Services Programme Board

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(which meets every 2 months) and a paper on overspend budget areas has been presented at the Health & Social Care Overview and Scrutiny Committee for review and challenge.

Budgets: being resourceful

We are an active member in the North Wales Pooled Budget Group, working with colleagues to develop a non-risk sharing pooled budget agreement in line with all other regions in Wales. In addition, the North Wales Pooled Budget Group had created an Integration Agreement which sets out the governance processes for any future pooled budgets between two or more of the seven partner agencies in North Wales. A pooled budget remains a consideration as part of the proposed expansion of residential care at Marleyfield House, Buckley.

Looking ahead: what next?

We will continue to work to ensure that revenue budgets are aligned and balanced, our income is maximised and pooled budgets are supported. For children's services there is a need to develop the local care market to reduce spending on out of county placements but investing in foster care services and the development of the local market. In adult services we will continue to look at other methods of delivering care for traditional high cost/low volume placements, again focussing on local services that provide quality outcomes and value for money. We want to ensure we have a cost-effective way to meet identified needs using commissioned contracts to achieve best outcomes and efficiencies/value for money. We intend to undertake a pilot exercise to align budget monitoring with performance data to better predict in year financial outturn.

Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

Who we are and how we make decisions

Elected Members, otherwise known as Councillors, have an important part to play in our governance. By this we mean the establishment of our policies and priorities and ensuring our continuous improvement. Flintshire Council has 70 elected members who represent their ward interests and participate in full Council meetings to oversee its performance. One member is elected to represent each portfolio area, such as social services, and each is known as a Cabinet Member. Together with the Leader and Deputy Leader, Chief Executive Officer and Chief Officers, Cabinet Members form the Council's cabinet. They are supported by Overview and Scrutiny Committees, and for social services this is the Health and Social Care Overview and Scrutiny Committee. Scrutiny committees work jointly to examine cross-portfolio issues. The joint Health and Social Care and Education and Youth Scrutiny Committee meetings, for example, discuss services for children and young people that cut across both social services and education.

Members are also involved in the governance and scrutiny of social services' programme of work through the Social Services Programme Board.   This is attended by the Leader and Deputy Leader, the Cabinet Member for Social Services, Chief Executive and senior officers. The board challenges the financial controls around service delivery and gives direction to services to support their decision making.

Section 5: How We Do What We Do

The officers of the Council are led by the Chief Executive Officer who is supported by Chief Officers responsible for each of the portfolio areas. The Chief Officer for Social Services has the statutory "Director of Social Services" role. The Council's structural arrangements for both members and officers are clearly laid out. The constitution details how the Council operates, how decisions are made and the procedures that are followed to make sure that these decisions are efficient, transparent and accountable to local people. To support this the Code of Corporate Governance is the system by which Council's direct and control their functions and relate to their communities

As part of the Council's own internal governance arrangements we are required to maintain an effective system of internal audit. Our internal audit team undertakes a programme of planned audits throughout the year looking specifically at account records and the systems of internal control. It also does consultation work to support services and audits of special interest when arising issues need further investigation. The work of the internal audit team is overviewed by the Council's audit committee.

Prioritising and improving

As with previous years the Council's priorities for improvement are contained within the Corporate Improvement Plan. In 2017/18 the plan was amended to reflect progress made in previous years, and new areas for concentrated effort in 2017/18. The Corporate Improvement Plan covers all the Council's activities and is broken down into eight priority areas. Our priorities in social services are part of the "Living Well" category whose key

themes are independent living and integrated community, social and health services. You will have seen in the many examples we have given that these themes underpin all of our service developments and help us to promote the well-being of people living in Flintshire.

This diagram illustrates the Council's priorities for 2017/18:

Section 5: How We Do What We Do

Supporting partnerships

To fulfil our commitment to work in an integrated way we have to build effective relationships with other people and bodies and, as this report has highlighted, partnership working is happening across all levels of the Council.

The Flintshire Public Service Board was establish under the Well-being of Future Generations (Wales) Act 2015 and is at the heart of promoting a positive culture of working together. It concentrates energy, effort and resources on providing efficient and effective services to our local communities and part of its work it to build resilience and skills, some of which we told you about in Section 4.

Flintshire Social Services and the Health Board continue to work closely together with strategic meetings between the chief executives and leaders taking place bi-annually. Many joint operational meetings happen throughout the year including a six-monthly special scrutiny meeting where health colleagues are invited to attend and take questions from elected members. Ours is the largest of the six North Wales Councils and our social services teams are actively engaged in regional partnership working. Monthly leadership and heads of service meetings take place where strategic decisions that affect social services across north Wales are discussed. Flintshire Social Services is also actively engaged in the North Wales Regional Commissioning Board, the North Wales Regional Workforce Board and the North Wales More Than Just Words Forum (which promotes the use of the Welsh language in Health and Social Care). Our Chief Officer and Cabinet Member for Social Services attend the North Wales Regional Partnership Board which was established to improve outcomes and well-being for all people in North Wales. This involves delivering care in a joined up way, helping people to live independently for longer and investing in preventative models of good care.

Being co-productive

As we have stressed, co-producing our services with the people using them is important to us. In children's services we have a well-established forum where elected members hear directly from young people about their experiences and the things that matter to them. Recent issues brought to light have included:

- The views of young people about looked after reviews. They felt that they were too long, with questions that could be asked outside of the review meeting, and challenged why some questions were asked at all. Our independent reviewing officers then came to talk to the young people about the reviews and how they could be improved.
- The appointment of a Participation Officer. Young people set out what a good appointment would look like and developed questions for the interview process.
- The views of young people about school meals. They told us that the offer of a hot meal for free school meals is too narrow and as a result more choice will be available on the menu at a price that is within the free school meal allocation.

Safeguarding and complaints

In Section 4 we told you about the work that our dedicated safeguarding unit does to protect adults and children. We are an active member of the North Wales Safeguarding Boards, adults and children, and their sub-groups, and in 2015 we established a Corporate Safeguarding Panel.

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Section 5: How We Do What We Do

We have given you examples of the actions we have taken over the past twelve months to ensure a joined-up approach in meeting our corporate safeguarding responsibilities as set out in the SSWB Act (2014). Both this Act and the Social Services Complaints Procedure Regulations 2014 require Councils to maintain a representations and complaints procedure for social services functions. The Welsh Government expects each Council to report annually on its operation of the procedure. In Flintshire this is done through an annual report to our scrutiny committee which provides details of the numbers of complaints received over a twelve month period together with a summary of issues raised and their outcomes.

Of the 4,099 adults who received care and support during 2017-18 from Social Services for Adults, 80 individuals complained about the service they received (2%). Of the 1,926 children and families who received care and support from Social Services for Children, 49 individuals complained about the service they received (2.5%). The number of complaints received across both service areas are consistent with previous years.

Section 6: Accessing Further Information and Key Documents

Social Care Legislation & Information:

A Place to Call Home: A Review into the Quality of Life and Care of Older People Living in Care Homes in Wales

Code of Practice in relation to measuring social services performance

DEWIS Cymru

National Outcomes Framework

Regulation and Inspection of Social Care (Wales) Act 2016

The Social Services and Well-being (Wales) Act 2014

Well-being of Future Generation (Wales) Act 2015

Flintshire County Council's - Key Strategic Documents:

Council Plan 2017/18

Annual Performance Report 2016/17

Medium Term Financial Plan

Glossary of Terms

Adverse Childhood Experiences (ACEs) A term used to describe a wide range of stressful or traumatic experiences that children can be exposed to when growing up. ACE's range from experiences that directly harm a child to those that effect the environment in which a child grows up.

Advocacy The act of speaking on the behalf of or in support of another person.

Deprivation of Liberty Safeguards Provide a legal framework that protects people living in care homes or hospitals who are vulnerable because of mental disorder and who lack the mental capacity to make decisions about their own accommodation and care needs.

Direct Payments Give users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them.

Integrated Care Fund (ICF) A funded stream from Welsh Government fund that "aims to drive and enable integrated working between Social Services, Health, Housing, the third and independent sectors..

Looked After Children A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Outcome-focused The definition of outcomes is the impact or end results of services on a person's life. Outcome-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.

Person-centred Care An approach that moves away from professionals deciding what it best for a patient or service user, and places the person at the centre, as an expert in their own experience. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals and outcomes.

Reablement Supports a service focus on independence and harnesses the joint input of health and social services.

Responsible Individual Someone in charge of providing the service at an organisation or local authority. This may be the owner or someone with a senior role.

Safeguarding A term used to denote measures to protect the health, well-being and human rights of individuals, which allow people to live free from abuse, harm and neglect

Service Level Agreement A commitment between a service provider and a client. Particular aspects of the service – quality, availability, responsibilities – are agreed between the service provider and the service user.

Social Enterprise An organisation that applies commercial strategies to maximise improvements in human and environmental well-being – this may include maximising social impact alongside profits for external stakeholders.

Statement of Purpose A key document which sets out the vision for the service and its aspirations for meeting the needs of the people receiving care and support.

Third Sector The part of an economy or society comprising non-governmental and non-profit making organisations or associations, including charities, voluntary and community groups, co-operations etc

Well-being The state of being comfortable, healthy or happy.

Appendix 1: Community Resource Team Case Study

Mrs. Swallow was referred to the CRT following a home visit by her GP, who was concerned that she had taken to her bed and wasn't eating or drinking. That day the CRT nurse and occupational therapist called to assess and found Mrs. Swallow upstairs in her bedroom. She lived in a cottage with very narrow, steep stairs and all her facilities (toilet, bathroom and kitchen) were downstairs.

Mrs. Swallow was observed transferring independently from her bed to a standing position, she already had a zimmer frame and was assessed as safe to mobilise with supervision. It was decided that Mrs. Swallow required carer support to assist with personal care, toileting and all meals and drinks. However, it was deemed unsafe for carers to be carrying food and drinks and hot bowls of water up and down the stairs. Following discussion, it was decided that Mrs. Swallow would go downstairs and live on the ground floor where all her facilities were. With close supervision from both the occupational therapist and nurse Mrs. Swallow was able to descend the stairs very slowly but quite safely and was made comfortable on a large sofa bed in the lounge.

Care calls commenced that evening and a package was set up consisting of four calls daily to support Mrs. Swallow with her personal care and to encourage diet and fluids. Mrs. Swallow received nurse visits daily to check her progress, monitor her observations and dietary and fluid intake. Bloods were also taken and close contact kept with the GP to arrange meal supplement drinks and a review of her medication.

Without this assessment and support Mrs. Swallow would have certainly been admitted to hospital.

Appendix 2: Safeguarding Case Study

Baby X was born to a mother with additional needs and a diagnosis of autism. Baby X became known to child protection services due to the mother being in a domestically abusive relationship with the baby's father, who was known to mental health and drug and alcohol services. Initial concerns were that the mother did not have the capacity to look after the baby and that baby should be removed from her care. A person-centred approach was adopted and a multi-agency child protection plan reflected the needs highlighted within assessments made. Health services were asked to work in a slightly different way with the baby's mother, using visual aids and a picture story board for instructions. All professionals were asked to take a paced approach which included short sessions, these were then repeated until the mother felt confident and able to process the information shared with her. Throughout the child protection process the mother developed good relationships with professionals. At the third review Baby X's name was removed from the child protection register and ongoing support was placed with universal services. This example demonstrates that, when there is a clear and structured person-centred plan of care that directs multi-agencies towards outcome-focussed tasks, the results can be positive.

Appendix 3: Early Help Hub Case Studies

Referral 1

This referral was passed on to the Early Help Hub by children's services in August 2017 and this is an update on the outcomes of the EHH involvement for this family.

The initial referral was sent to children's services by the out of hours emergency duty team. Based on the information in the referrals Children's Services decision was for "no further action" and to pass to the EHH.

The referral relates to an incident where the mother had contacted the ambulance service after returning home to find her partner heavily intoxicated in a pool of vomit. She had been out of the family home for a short while and had left her partner caring for their young children. Within the referral it stated that the husband suffered from post- traumatic stress disorder. Further information obtained by the EHH members suggested that there had been previous incidents connected to the father's mental health.

There were concerns from EHH members regarding the safeguarding of the children not only in relation to this incident but future incidents, but the group's aim from the outset was to find a way to support the family to maintain its relationships in a manner that was also consistent with these safeguarding concerns.

EHH members were able to identify numerous sources of support that could be available to the family. The health visitor undertook a home visit and discussed the latest incident and the options for support for the family. The family was in agreement for support and subsequently a referral to the team around the family (TAF) service was made. The family was allocated a team around the family officer who has worked with them for the past 7 months.

The impact that having this support has had can be considered as positive. The outcomes measured within TAF indicated that there have been positive improvements in the family's circumstances and without the involvement of the EHH this could have been a very different scenario. Further incidents could have led to safeguarding concerns and possible statutory intervention.

Referral 2

This referral was passed to the Early Help Hub from children's services very recently. It was a CID16 police referral that did not meet the threshold for statutory intervention. Ordinarily the decision on this referral would have been for "no further action" but having the EHH in place meant that it could be passed on for support to be considered.

The referral itself relates to a domestic incident within the family home. The referral contained information that suggested there may be some relationship issues between the family members and some physical and mental health difficulties. It also contained information that a family member was currently suffering from an illness. There appeared to be a number of issues within the family and it was clear that they could benefit from support.

Information regarding the family was requested from other agencies. It became apparent that this family were not known to other agencies. However there had been a previous referral to children's services in 2014. The referrer felt that the family needed support. The decision in 2014 was "no further action". There was no Early Help Hub to pass on to at that time and this referral was not shared or followed up by other agencies.

What this highlighted to the Early Help Hub members is that this family could and should have been offered support at the time that this referral was made in 2014. If the Early Help Hub was not currently in place this latest referral would also have received "no further action" and this family would yet again be offered no support.

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE	

Date of Meeting	Thursday 14th June, 2018
Report Subject	Year-end Council Plan Monitoring Report 2017/18
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Council Plan 2017/23 was adopted by the Council in September 2017. This report presents the monitoring of progress at the end of 2017/18 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.
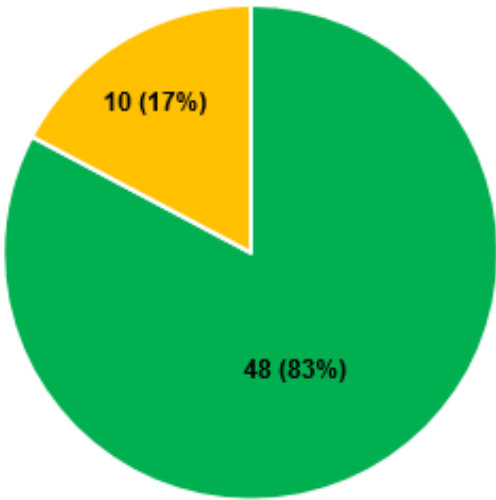
Flintshire is a high performing Council as evidenced in previous Council Plan monitoring reports as well as in the Annual Performance Reports. This monitoring report for the 2017/18 Council Plan is a positive report, with 83% of activities being assessed as having made good progress, and 74% having achieved the desired outcome. Performance indicators show good progress with 56% meeting or near to period target. Risks are also being successfully managed with the majority being assessed as moderate (63%), minor (8%) or insignificant (6%).

This report is an exception based report and therefore detail focuses on the areas of under-performance.

RECOMMENDATIONS	
1	That the Committee consider the Year-end Council Plan Monitoring Report 2017/18 to monitor under performance and request further information as appropriate.

REPORT DETAILS

1.00	**EXPLAINING THE COUNCIL PLAN 2017/18 MONITORING REPORT**
1.01	The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2017/18 Council Plan. The narrative is supported by performance indicators and / or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled.
1.02	This is an exception based report and detail therefore focuses on the areas of under-performance.
1.03	**Monitoring our Activities** Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: - • RED: Limited Progress – delay in scheduled activity; not on track • AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track • GREEN: Good Progress – activities completed on schedule, on track A RAG status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Outcome has been categorised as: - • RED: Low – lower level of confidence in the achievement of the outcome(s) • AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) • GREEN: High – full confidence in the achievement of the outcome(s)
1.04	In summary our overall progress against the high level activities is: - ACTIVITIES PROGRESS: 10 (17%) 48 (83%)

ACTIVITIES OUTCOME:

15 (26%)

43 (74%)

No activities are currently assessed as 'red' for progress or outcome.

| 1.05 | **Monitoring our Performance** |

Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) status. This is defined as follows: -

- RED equates to a position of under-performance against target.
- AMBER equates to a mid-position where improvement may have been made but performance has missed the target.
- GREEN equates to a position of positive performance against target.

| 1.06 | Analysis of current levels of performance against period target shows the following: - |

9 (8%)

37 (34%)

64 (58%)
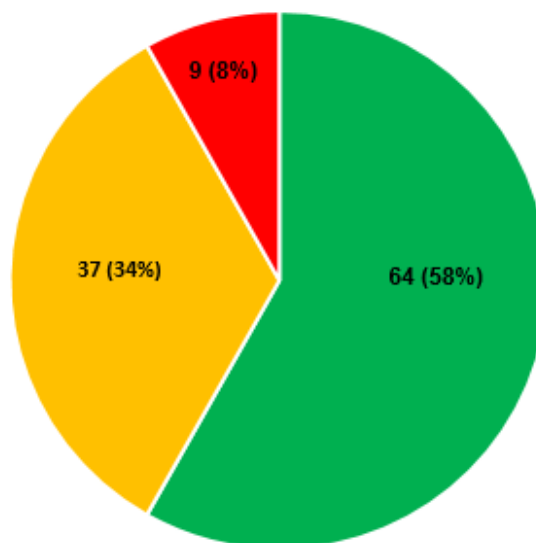
The above figures are correct with the 4 KPIs for which no data is available removed from the calculation

1.07	The performance indicators (PI) which show a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee are: - **The percentage of care homes that have achieved bronze standard who have also achieved silver standard for Progress for Providers** The target in hindsight was overly ambitious as actually performance has been exemplary, with the council taking forward sector leading progress with the achievement of the bronze award in 10 homes, so much so that the approach has been shortlisted in the biannual Care Accolade awards, taking place in September 18. This will continue to be monitored into the 2018/19 Council Plan. **Percentage of employees who have completed the level 1 e-learning training package to meet the requirements of the Domestic Abuse and Sexual Violence National Training Framework** Total number of employees who completed the Welsh Government approved training is 676. As 60% of employees do not have access to a P.C. or laptop, alternative delivery methods such as face-to-face sessions, Chrome and possibly Audio book sessions will continue to be offered. We will continue to promote completion of the e-learning module whenever possible.
1.08	An Action Plan will be produced for each performance indicator which shows a red RAG status for overall performance against target for the year. This will look in more detail at what steps can be taken to mitigate future underperformance and whether the indicator should be carried over to the 2018/19 Council Plan. This Action Plan will go to Cabinet in June 2018.
1.09	**Monitoring our Risks** Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows: Key: ■ Insignificant ■ Minor ■ Moderate ■ Major ■ Severe

Analysis of the current direction of travel for the strategic risks identified in the Council Plan is as follows:
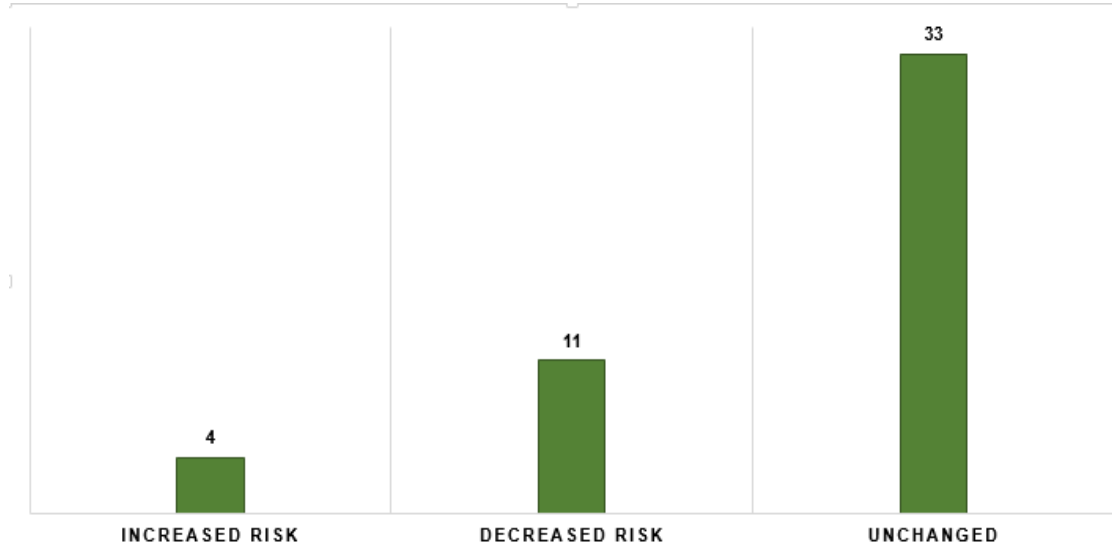
| INCREASED RISK | DECREASED RISK | UNCHANGED |
| 4 | 11 | 33 |

| 1.10 | The major (red) risks identified for the Social & Health Care Overview & Scrutiny Committee are: -

Risk: Demand outstrips supply for residential and nursing home care bed availability.
The expansion of Marleyfield to support the medium term development of the nursing sector is ongoing. The re-phasing of Integrated Care Fund capital to fit in with our capital programme has been agreed by Welsh Government. There are several active workstreams, including the development of resources to support the sector, diagnostic reviews for providers and a Care Conference which was held in February hosted by Business Wales. A ministerial visit is scheduled for May 2018.

Risk: Knowledge and awareness of safeguarding not sufficiently developed in all portfolios
Safeguarding is included within the corporate induction procedures, ensuring new employees can recognise the signs and know how to make a report.
Safeguarding awareness workshops were delivered during National Safeguarding Week in November 2017 and further training was delivered in January 2018. A safeguarding page is available on the intranet providing resources to support employees and managers.

Risk: Failure to implement safeguarding training may impact on cases not being recognised at an early stage.
Safeguarding is included in the corporate induction ensuring all new employees have a basic understanding of safeguarding. Safeguarding training is provided regularly ensuring employees have the opportunity to access appropriate training. |
| 1.11 | An Action Plan will be produced for each risk which shows a red RAG status. This will look in more detail at what steps can be taken to mitigate the risk and whether the risk should be carried over to the 2018/19 Council Plan. This Action Plan will go to Cabinet in June 2018. |

2.00	RESOURCE IMPLICATIONS
2.01	There are no specific resource implications for this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The Council Plan Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	RISK MANAGEMENT
4.01	Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.10 above.

5.00	APPENDICES
5.01	Appendix 1 - Council Plan 2017/18 – Year-end Monitoring Report – Supportive Council.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	**Council Plan 2017/18: http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx** **Contact Officer:** Margaret Parry-Jones **Telephone:** 01352 702324 **E-mail:** Margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Council Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish a Council Plan.
7.02	**Risks:** These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.

7.03	**Risk Likelihood and Impact Matrix**

The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.

7.04	**CAMMS – An explanation of the report headings**

Actions

Action – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority.

Lead Officer – The person responsible for updating the data on the action.

Status – This will either be 'In progress' if the action has a start and finish date or 'Ongoing' if it is an action that is longer term than the reporting year.

Start date – When the action started (usually the start of the financial year).

End date – When the action is expected to be completed.

% complete - The % that the action is complete at the time of the report. This only applies to actions that are 'in progress'. An action that is 'ongoing' will not produce a % complete due to the longer-term nature of the action.

Progress RAG – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).

Outcome RAG – Shows the level of confidence in achieving the outcomes for each action.

Measures (Key Performance Indicators - KPIs)

Pre. Year Period Actual – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as 'no data'.

Period Actual – The data for this quarter.

Period Target – The target for this quarter as set at the beginning of the year.

Perf. RAG – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.

Perf. Indicator Trend – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:

- A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days

to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).

- Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.
YTD Target – The target for the year so far including the targets of previous quarters.
Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), Medium – uncertain level of confidence in the achievement of the target (Amber) and High - full confidence in the achievement of the target (Green).

Risks
Risk Title – Gives a description of the risk.
Lead Officer – The person responsible for managing the risk.
Supporting Officer – The person responsible for updating the risk.
Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).
Current Risk Rating – The level of the risk at this quarter.
Trend Arrow – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).
Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.

Year-end Council Plan Monitoring Report 2017/18 Supportive Council

Flintshire County Council

1 Supportive Council

Actions

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.1 Ensure Care Home Provision within Flintshire enables people to live well and have a good quality of life.	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

The extension of Marleyfield Care Home has been approved from a capital programme perspective, providing an allocation to fund the development. This project has now progressed to discussions on the feasibility of the site. A couple of options are being considered, with detailed costings being developed. We achieved approval for Integrated Care Fund capital funding to be allocated for the expansion over the next three years (£415K per year). This year's allocation was used to commission a feasibilty study for the expansion. We completed a Strategic Opportunity Review, and have secured agreement from Welsh Government that the Integrated Care Fund capital will be re-phased to fit in with our capital programme. We have secured funding from Cadwyn Clwyd to carry out a feasibility study on microcare services, which involve small teams of people providing domiciliary care. The Regional Domicilliary Framework has been completed and new provider contracts have been dispatched. We are expecting this to bring at least three new domiciliary providers into the County. The roll out of "Progress for Providers" to promote person centred care in residential homes continues.

Last Updated: 27-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.2 Support greater independence for individuals with a frailty and/or disability, including those at risk of isolation.	Susie Lunt - Senior Manager, Integrated Services	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

This year our Ageing Well Plan has focused on the development of age friendly and dementia friendly communities, the prevention of falls, opportunities for learning and employment for older people and support for support those in the community who feel lonely and isolated. We have been working through the Implementation Plan for the staged replacement of double staffed packages of care, in a targeted approach with care providers. In parallel with this the Council has invested in new single handling equipment which is less intrusive in the home. We are now collecting case studies to show how well this is working for people receiving care and support.

Last Updated: 19-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.3 Improve outcomes for Looked After children	Craig Macleod - Senior Manager, Children's Services & Workforce	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
This year a Corporate Parenting Strategy has been developed in consultation with Looked After Children and young people. The Strategy was presented to the Children's Services Forum in January and endorsed in principle with a view to presenting to the Joint Education and Social Services Scrutiny Committee in May 2018 for final approval. The Strategy sets out our commitments to Looked After Children. A separate pledge for care leavers has also been developed. Finding suitable placements for Looked After Children can be a real challenge, particularly for teenagers who have complex needs. There is a national shortage of foster care and residential provision and work has commenced on a regional footprint to look at potential medium term solutions. This work complements more local work to develop our strategic approach to securing permanent, stable homes for Looked After Children. A project between Social Services and Education relating to Out of County Placements has commenced. The project has 3 work streams that will develop a more detailed insight into: i) current and future placement need ii) options for support/placements and iii) the associated costs.

Last Updated: 23-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.1 Ensure that effective services to support carers are in place as part of collaborative social and health services	Susie Lunt - Senior Manager, Integrated Services	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The review of Carers services showed that services across Flintshire are meeting the needs of Carers in Flintshire well and that the funding services receive alongside Flintshire's has ensured that the needs of Carers are robustly met across the County. The review identified a few areas where collaborative work could further improve services, and from April 2018, service contracts for the services were amended to reflect the agreed outcomes of the review. Feedback from carers continues to be positive and Flintshire is now amending monitoring tools to better evidence the way in which services meet the outcomes of individuals. The Young Carers service in Flintshire has recently contributed to a regional piece of work where all Young Carers services across North Wales now use an agreed assessment form which incorporates the What Matters conversation tool. This will ensure that Young Carers across the region are meeting their personal outcomes and that services are consistent in their approach to assessment.

Last Updated: 19-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.2 Further develop the use of Integrated Care Fund (ICF) to support effective discharge from hospital and ensure a smoother transition between Health and Social Care Services.	Susie Lunt - Senior Manager, Integrated Services	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

In the financial year 2017/18, a total of 219 admissions were made into Step Up Step Down beds. Of the 203 people discharged in the year, 93 people were able to return home or to a relative's home. The Community Resource Team of multi-disciplinary professionals in the Single Point of Access has extended the time the service is available in the mornings and evenings. The re-phasing of agreed ICF capital funding has been agreed to fit with our capital programme. Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects. The Chair of the North Wales Regional Partnership Board and the Chief Executive of the Betsi Cadwaladr University Health Board (BCUHB) have created an agreement from partners on the allocation of funds to support delivery of medium term services.

Last Updated: 19-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.3 Establish an Early Help Hub, involving all statutory partners and the third sector.	Craig Macleod - Senior Manager, Children's Services & Workforce	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

The Early Help Hub now accepts direct referrals from partner agencies and professionals. The Children's Commissioner for Wales has formally agreed to launch the Early Help Hub on 8 June 2018. Since opening in July 2017 595 families who would not otherwise have met thresholds for statutory services have been referred to the Early Help Hub. A positive initial evaluation of the Hub has been received and it will be presented to the Strategic Board. The evaluation included interviews with families to gain insight on their experience of the Early Help Hub and the difference it made to their lives. A full evaluation of the Early Help Hub will be undertaken in the 2019 to provide a full evaluation of the resources deployed by agencies and the associated outcomes secured for families.

Last Updated: 02-May-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.4 Further develop dementia awareness across the county.	Susie Lunt - Senior Manager, Integrated Services	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

Flintshire has ten Dementia Cafes and four accredited Dementia Friendly Communities . We have 56 accredited Dementia Friendly Businesses, and additional organisations are achieving accreditation in the area; currently Aura Leisure and libraries and Theatr Clwyd are applying with support from Flintshire Social Services. The Intergeneration Project with learners and people living with dementia has been completed in seven schools. The Creative Conversation research study has improved skills in 18 Care Homes in creatively communicating with people living with dementia using the arts. The Older People's Commissioner for Wales praised the Creative Conversation research study in her recent response to our requirement for action in the 'A place to call Home' report.

Last Updated: 23-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.1 Strengthen the arrangements within all council portfolios to have clear responsibilities to address safeguarding.	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

The Corporate Safeguarding Panel's initial work programme has been completed and the future work programme has been agreed. The Panel is meeting regularly ensuring the work programme is monitored. The Corporate Safeguarding policy is in place and is being implemented. All actions identified in the Internal Audit report have been completed or are in progress.

Last Updated: 14-May-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.2 Ensure that our response rates to referrals remain within statutory targets	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Completed	01-Apr-2017	31-Mar-2018	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

Following a realignment of resources in the Safeguarding Unit 84% of Adult Safeguarding referrals are now being processed within the 7 day timescale. Those referrals processed outside the timescale are of a complex nature which are awaiting further information from a practitioner or agency. Early analysis of the impact of the Early Help Hub on our rate of childrens' referrals where "No Further Action" was taken indicates that our rate of child protection referrals resulting in 'no further action' has reduced from 55% to 30%, suggesting that the Early Help Hub is providing support to those families that do not meet the threshold for statutory intervention. A more detailed evaluation of the impact of the Early Help Hub has been commissioned for the forthcoming year. 91% of initial child protection conferences were completed within timescales; this was below our annual target of 95% but well above last year's performance of 74%, reflecting the efforts of the Safeguarding Unit to schedule conferences within the timescales wherever possible.

Last Updated: 19-Apr-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.3 Develop a preventative approach towards Child Sexual Exploitation (CSE)	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Completed	01-Apr-2017	16-Oct-2017	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:

North Wales Police Child Sexual Exploitation (CSE) videos have been shared at Senior Management Team meetings across the Authority and at the Corporate Safeguarding Panel. CSE awareness is also on the agenda for general safeguarding training to be delivered to all Scrutiny Committee members.

Last Updated: 25-Jan-2018

Performance Indicators

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.2.3.2M02 The number of Flint Extra Care (Llys Raddington) units created	0	0	⬌	70	⬤⬤⬤ AMBER

Lead Officer: Carol Dove - SPoA Project Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: Llys Raddington will provide 73 units for Extra Care. Completion was originally planned for Spring 2018 however the construction programme has experienced delays due to poor weather throughout the winter coupled with an industry wide shortage of bricklayers. The facility is now due to open in September 2018 and there is a high level of confidence in meeting this revised completion date. Social Services teams have adapted the plans for recruitment, allocation and mobilisation to align to the revised programme schedule

Last Updated: 14-May-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.2.3.3M03 The number of Extra Care units provided across Flintshire	111	111	⬌	180	⬤⬤⬤ AMBER

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The deficit at the end of March reflects delays in the opening of Llys Raddington. Llys Raddington will provide 73 units for Extra Care. Completion was originally planned for Spring 2018 however the construction programme has experienced delays due to poor weather throughout the winter coupled with an industry wide shortage of bricklayers. The facility is now due to open in September 2018 and there is a high level of confidence in meeting this revised completion date. Social Services teams have adapted the plans for recruitment, allocation and mobilisation to align to the revised programme schedule.

Last Updated: 14-May-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.1M01 The number of care homes who have implemented the new Progress for Providers Programme	No Data	20	N/A	20	●●● GREEN

Lead Officer: Nicki Kenealy - Contracts Team Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: 'Progress for Providers' enables care homes to assess themselves against the Flintshire bronze, silver and gold standards in person-centred care. There is a programme of tools, documentation and training that care homes work through to achieve each standard, with the objective of improving the quality of life and outcomes for people living in residential care. Flintshire have been nominated for a Social Care Accolade for this programme. Our annual target was to enroll 20 homes on the programme this year; we have achieved this, although one care home subsequently closed, leaving 19 active participants.

Last Updated: 23-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.2M02 The percentage of care homes registered on the programme that have achieved the bronze standard for Progress for Providers	No Data	52.6	N/A	50	●●● GREEN

Lead Officer: Nicki Kenealy - Contracts Team Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: 10 out of the 19 care homes currently enrolled on Progress for Providers have achieved the bronze standard certification. This is a medium term programme, and homes are at different stages. The other 9 homes will continue to work towards the bronze standard in 2018/19.

Last Updated: 12-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.3M03 The percentage of care homes that have achieved bronze standard who have also achieved silver standard for Progress for Providers	No Data	0	N/A	25	RED

Lead Officer: Nicki Kenealy - Contracts Team Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: 10 care homes are working towards the silver standard, and although none have yet achieved this ambitious target, we would expect some of these homes to achieve silver by March 2019. This will continue to be monitored into the 2018/19 Council Plan.

Last Updated: 14-May-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.4M04 Sustaining existing care homes within Flintshire	No Data	26	N/A	26	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: There are currently 26 care homes for adults (includes residential, EMI and nursing) in Flintshire. We are sustaining the number of homes in despite the pressures in the market, by concentrated input. However, the market remains volatile.

Last Updated: 10-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.5M05 The percentage occupancy within Flintshire care homes	No Data	95.3	N/A	95	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: This is based on vacancy rate in the last week of the quarter. Both the number of residential homes and the occupancy rate have remained stable to date over 2017/18.
Last Updated: 10-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.2.1M01 (PAM/024) Percentage of adults satisfied with their care and support	82	No Data	N/A	85	⬤◯◯

Lead Officer: Susie Lunt - Senior Manager, Integrated Services
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The national outcomes framework is for all people who need care and support and carers who need support, their families and friends, and for all services undertaking social services functions under the Act; e.g. local authorities, social enterprises, co-operatives, user led services, the third sector and the independent sector. As part of the National Outcomes Framework, Welsh Government have developed a series of questionnaires which ask people who receive care and support how they feel about their wellbeing.

Data was collected by local authorities for 2016/17, but because of issues in the first year of collection, Welsh Government decided not to publish. Local Authorities are now in the process of collecting data for 2017/18, with the expectation that the national data will be published in Autumn 2018.

Last Updated: 27-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.2.2M02 The number of extra hours provided for advice and support through the Single Point of Access	40	50	↑	47	⬤◯◯ GREEN

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: Further planned increases to SPOA opening times for weekends will require a relocation of the service.

Last Updated: 19-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.2.3M03 The percentage of employees trained in Person Centred Care in line with the Social Services and Well-being act (Wales) 2014	20	100	↑	25	GREEN

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: We are currently in phase 2 of the programme for Person-Centred Care practice and personal outcomes, as it is rolled out across Wales.

Last Updated: 20-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.3.2M02 (PAM/029) Percentage of children in care who had to move 2 or more times	12.9	9.33	↑	10	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: 14 children have moved more than twice since April of this year. For most of these children, moves were in accordance with the child's plan. It is a priority to place children in stable placements wherever possible.

Last Updated: 16-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.3.3M03 Percentage of children assessed by CAMHS within 28 days by BCUHB	No Data	100	N/A	95	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: No data has been provided by Child & Adolescent Mental Health Service at the year-end point. The last position from the Betsi Cadwaladr University Health Board was that there was no waiting list and the end of December 2017.
Last Updated: 27-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.1.1M01 Number of adult carers identified.	867	1185	↑	900	⬤◯◯ GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: Many people who need care and support prefer to be cared for by someone close to them, rather than a paid carer. It is critical that we support unpaid carers, without whom many people would be unable to remain in their own homes through later life. All carers identified are offered an assessment of their needs in their own right, as distinct from the needs of the person they care for, either with ourselves or with one of our commissioned services, according to their preference.

Last Updated: 19-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.1.2M02 (PAM/026) Percentage of carers that feel supported	67	No Data	N/A	75	◯◯◯

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The national outcomes framework is for all people who need care and support and carers who need support, their families and friends, and for all services undertaking social services functions under the Act; e.g. local authorities, social enterprises, co-operatives, user led services, the third sector and the independent sector. As part of the National Outcomes Framework, Welsh Government have developed a series of questionnaires which ask people who receive care and support how they feel about their wellbeing.

Data was collected by local authorities for 2016/17, but because of issues in the first year of collection, Welsh Government decided not to publish. Local Authorities are now in the process of collecting data for 2017/18, with the expectation that the national data will be published in Autumn 2018.

Last Updated: 27-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.2.1M01 (PAM/025) Number of people kept in hospital while waiting for social care per 1,000 population aged 75+	3.01	1.89	⬆	1.78	AMBER

Lead Officer: Janet Bellis - Localities Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 1.78
Progress Comment: The Council and the Betsi Cadwaladr University Health Board (BCUHB) work together on a case by case basis to ensure prompt discharge. The target rate is equivalent to 24 delays in the year. There were 25 delays last year, the longest wait being 29 days, the average being 8 days, and the shortest wait being 1 day.

Last Updated: 23-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.3.1M01 Percentage of child protection referrals that result in "no further action".	37.6	30	⬆	35	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 30.00
Progress Comment: Early analysis of the impact of the Early Help Hub on our rate of children's referrals where "No Further Action" was taken indicates that our rate of child protection referrals resulting in no further action has reduced from 55% to 30%. This suggests that the Early Help Hub is providing support to those families that do not meet the threshold for statutory intervention. A more detailed evaluation of the impact of the Early Help Hub has been commissioned for the forthcoming year.

Last Updated: 20-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.4.1M01 The number of dementia cafes in Flintshire	3	10	⬆	6	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 6.00
Progress Comment: Flintshire has 10 dementia cafes (Mold, Buckley, Connahs Quay, Sealand and Queensferry, Saltney, Holywell, Mostyn, Flint) and there is one Alzheimer's Society lead cafe in Broughton. Leeswood has also started a Memory Café.
Last Updated: 13-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.4.2M02 The number of dementia friendly communities in Flintshire	2	4	↑	3	🟢⚪🔴 GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 6.00
Progress Comment: There are four accredited Dementia Friendly Communities in Fliintshire (Mold, Flint, Buckley and Saltney) and five more are working towards accreditation (Alyn Villages, Holywell, Connahs Quay, Sealand and Ysciefiog).

Last Updated: 23-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.6.1.1M01 Increased referral rates from services other than Social Services	6	14	↑	30	🟢🟠🔴 AMBER

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 30.00
Progress Comment: 14 referrals have been received from other portfolio areas this year. This represents a 57% increase on last year, but has not met our ambitious target. As the action to increase safeguarding awareness is rolled out across the Authority we should see a rise in the number of referrals received from areas outside of Social Services. This total for 2017/18 does not include referrals from Youth Justice to Children's Services.

Last Updated: 14-May-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.6.1.2M02 The number of officers who have completed the specialist 'AFTA Thought' safeguarding awareness training.	0	437	↑	350	⬤⬤⬤ GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Fiona Mocko - Policy Advisor (Equalities and Cohesion)
Aspirational Target: 700.00
Progress Comment: Two AFTA Thought workshops were delivered in January 2018. A total of 437 employees attended this training during 2017/18, exceeding the original target of 350.

Last Updated: 12-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.6.2.1M01 Percentage of adult protection enquiries completed within 7 days	75.61	84.32	↑	78	⬤⬤⬤ GREEN

Lead Officer: Jayne Belton - Team Manager - Safegaurding
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: Enquiries completed outside the 7 days are those that are not straightforward and are waiting for additional information. New, tighter processes are in place so that less complex enquires are dealt with within the timescale.

Last Updated: 20-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.6.2.2M02 Percentage of initial child protection conferences due in the year and held within timescales	74	91.06	↑	95	⬤⬤⬤ AMBER

Lead Officer: Jayne Belton - Team Manager - Safegaurding
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The Safeguarding Unit make every effort to schedule conferences within timescales. Seven families in the year had their initial conference delayed, either because of family commitments or because of delays in receiving agency reports.

Last Updated: 16-Apr-2018

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.6.2.3M03 Percentage of reviews of children on the child protection register due in the year and held within timescales	98.1	98.26	↑	98	GREEN

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 98.00
Progress Comment: The Safeguarding Unit make every effort to schedule conferences within timescales when capacity allows. Three families in the year had reviews rescheduled to fit in with court commitments or arrangements for unborn children. One family's conference was due in the Christmas period and was scheduled in early January.

Last Updated: 16-Apr-2018

RISKS

Strategic Risk

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Delivery of social care is insufficient to meet increasing demand	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Amber	Yellow	⬇	Open

Potential Effect: People would be likely to experience increased waiting times or be unable to access services, with a resulting negative impact on the reputation of the Council.
Management Controls: Developing the market for residential and nursing care
Extending the opening hours for single point of access
Implemententing Community Resouce Team
Developing community resilience
Implementing an Early Help Hub for children and families
Progress Comment: Recommendations have been approved to explore the extension of Marleyfield (32 beds for intermediate care and discharge to assess). This expansion will also help to support the medium term development of the nursing sector. The Single Point of Access has already extended the time the service is available from in the mornings and work is near completion to extend the closing time and introduce weekend working. The multi agency Early Help Hub for children and families is in operation.

Last Updated: 23-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Demand outstrips supply for residential and nursing home care bed availability	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Red	Red	↔	Open

Potential Effect: Increase is hospital admissions and delayed transfers. Increased pressure on primary care services leading to deteriorating relationship with local partners.
Management Controls: Working with Corporate colleagues to use capital investment to support the development of our in-house provision.
Outcomes from the 'Invest to Save' Project Manager made available together with a short, medium and long term plan to support the care sector.
Quick wins from the 'Invest to Save' Project Manager to be implemented.
Increase bed and extra care capacity for dementia/ learning disabilities.
Develop specialist respite for Early Onset Dementia.
Identify and create market change and dynamics, generate more competition, new providers for all ages including children and LD.
Assist with local housing (subsidised?) for specified employees in social care i.e. direct care staff.
Joint marketing and recruitment campaign, including portals, sharing of candidates, shared approach.
Progress Comment: The expansion of Marleyfield to support the medium term development of the nursing sector is ongoing. The re-phasing of Integrated Care Fund capital to fit in with our capital programme has been agreed by Welsh Government. There are several active workstreams, including the development of resources to support the sector, diagnostic reviews for providers and a Care Conference which was held in February hosted by Business Wales. A ministerial visit is scheduled for May 2018.

Last Updated: 30-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Annual allocation of the Integrated Care Fund (ICF) - Short term funding may undermine medium term service delivery	Susie Lunt - Senior Manager, Integrated Services	Jacque Slee - Performance Lead – Social Services	Red	Amber	⬇	Open

Potential Effect: Insufficient funding to sustain medium term service delivery.
Management Controls: Seeking agreement from partners on allocation of funds to deliver medium term services
Progress Comment: The re-phasing of agreed Integrated Care Fund (ICF) capital funding has been agreed to fit with our capital programme. Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects. The Chair of the North Wales Regional Partnership Board and the Chief Executive of the Betsi Cadwaladr University Health Board (BCUHB) have created an agreement around the allocation of funds to support delivery of medium term services.

Last Updated: 20-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Early Help Hub cannot deliver effective outcomes	Craig Macleod - Senior Manager, Children's Services & Workforce	Jacque Slee - Performance Lead – Social Services	Green	Green	↔	Closed

Potential Effect: Children and families who do not meet the threshold for a statutory services will not be appropriately directed to alternative services.
Management Controls: Agreed information sharing protocol in place
Activity data in place and scrutinised
Steering body to meet regularly to ensure that resources are being appropriately deployed
Progress Comment: The Early Help Hub now accepts direct referrals from partner agencies and professionals. The Children's Commissioner for Wales has formally agreed to launch the Early Help Hub on June 2018. A a positive initial evaluation of the Early Help Hub has been received and it will be presented to the Strategic Board on the 26th April 2018. The evaluation included interviews with families to gain insight on their experience of the Early Hep Hub and the outcomes secured for them.

Last Updated: 23-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Rate of increase of adult safeguarding referrals will outstrip current resources	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Red	Amber	⬇	Open

Potential Effect: National timescales for processing safeguarding enquiries will not be met, resulting in potential delays for people requiring safeguarding interventions and impact on reputation of the Council.
Management Controls: Realign response to front door referrals by utilising resources within First Contact and Intake, in order to free up time to allow the Safeguarding Managers to effectively delegate tasks.
Progress Comment: Responsibilities within Adult Safeguarding and First Contact and Intake have been realigned, with no additional resource. Safeguarding Managers are able to effectively delegate tasks for high priority cases; this ensures that those enquiries that do not meet timescales are of a lower priority.

Last Updated: 13-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Deprivation of Liberty Safeguarding (DoLS) assessment waiting list increases	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Amber	Amber	⬌	Open

Potential Effect: Increased waiting times for DoLS assessments and impact on reputation of the Council.
Management Controls: Realignment of responsibilities in the teams to meet increasing demand.
Progress Comment: Actions taken to realign the responsibilities of the teams to meet the demands of the increase in adult safeguarding enquiries may have the unwanted effect of increasing the waiting list for DoLS assessments. Work has recently been undertaken to review the individuals awaiting a DoLS assessment. In addition, work is being undertaken to review community DoLS applications and incorporate these within the existing waiting list, and DoLS for children needs to be considered. In due course this will have an impact on the number of cases on the waiting list. The waiting list continues to be actively managed, with urgent and review authorisations being prioritised.

Last Updated: 19-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Knowledge and awareness of safeguarding not sufficiently developed in all portfolios	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Red	Red	⬌	Open

Potential Effect: Employees will not recognise when adults and children are at risk and will not take appropriate action.
Management Controls: Safeguarding workshops were held during Safeguarding Week in November 2017 and in January 2018; a safeguarding awareness training programme is now in place ensuring regular training opportunities are available to employees. Safeguarding is also included as part of the induction process.
Progress Comment: Safeguarding is included within the corporate induction procedures , ensuring new employees can recognise the signs and know how to make a report.
Safeguarding awareness workshops were delivered during National Safeguarding Week in November 2017 and further training was delivered in January 2018. A safeguarding page is available on the intranet providing resources to support employees and managers.

Last Updated: 12-Apr-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Failure to implement safeguarding training may impact on cases not being recognised at an early stage.	Fiona Mocko - Policy Advisor (Equalities and Cohesion)		Red	Red	⬌	Open

Potential Effect: Employees will not identify potential safeguarding issues.
Referrals will not be made through the right channels which may delay investigation or result in evidence being contaminated.
Management Controls: Safeguarding training is included in induction programme ensuring all new employees receive training.
Attendance on safeguarding training is a standing agenda item on the Corporate Safeguarding Panel.
Progress Comment: Safeguarding is included in the corporate induction ensuring all new employees have a basic understanding of safeguarding. Safeguarding training is provided regularly ensuring employees have the opportunity to access appropriate training. Types of safeguarding training provided and attendance by Portfolio are monitored at the Corporate Safeguarding Panel.

Last Updated: 19-Apr-2018

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 14 June 2018
Report Subject	Forward Work Programme
Cabinet Member	Not applicable
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

RECOMMENDATION	
1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair and Vice-Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME
1.01	Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan.
1.02	In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows: 1. Will the review contribute to the Council's priorities and/or objectives? 2. Is it an area of major change or risk? 3. Are there issues of concern in performance? 4. Is there new Government guidance of legislation? 5. Is it prompted by the work carried out by Regulators/Internal Audit?

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Publication of this report constitutes consultation.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. **Contact Officer:** Margaret Parry-Jones Overview & Scrutiny Facilitator **Telephone:** 01352 702427 **E-mail:** margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Improvement Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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CURRENT FWP

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
Thursday 4th October 10.00 am	**Double Click**	To receive a presentation from Double Click.	Assurance	Chief Officer Social Services	
	Progression work for people with learning disabilities and new learning disabilities regional strategy	To receive a report on Learning Disabilities services including the new learning disabilities regional strategy.	Assurance	Chief Officer Social Services	
	Q1 & 2 Council Plan Monitoring	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring/assurance	Facilitator	
	Stage One Budget Consultation 2019/20	To consider stage 1 proposals	Consultation	Chief Officer Social Services	
Thursday 15th November 2pm	**Safeguarding – Adults & Children**	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Assurance	Chief Officer Social Services	
31st January 10.00 am 2019	**Community Health Council to be confirmed**				
28th March 2pm 2019	**Learning Disability Day Care and Work Opportunities Alternative Delivery Model**	To receive a progress report on the first year of operation as an alternative delivery model.		Chief Officer Social Services	

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	Q3 Council Plan monitoring	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring/assurance	Facilitator	
23 May 2019 10.00 am	**Third Sector update** **Annual Directors Report**	Annual review of the social care activities undertaken by the third sector in Flintshire To consider the draft report.		Chief Officer Social Services Chief Officer Social Services	
18 July 2019	**2018/19 Year End Reporting Council Plan Monitoring** **BCUHB & Welsh Ambulance Services NHS (Trust to be confirmed)**	To enable members to fulfil their scrutiny role in relation to performance monitoring To maintain regular meetings and promote partnership working.	Performance monitoring/assurance	Facilitator Facilitator	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
Nov/Dec	**Safeguarding**	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)

May	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	**Corporate Parenting**	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
Half-yearly	**Betsi Cadwaladr University Health Board Update**	To maintain 6 monthly meetings – partnership working.	Facilitator
May	**Comments, Compliments and Complaints**	To consider the Annual Report.	Chief Officer (Social Services)

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