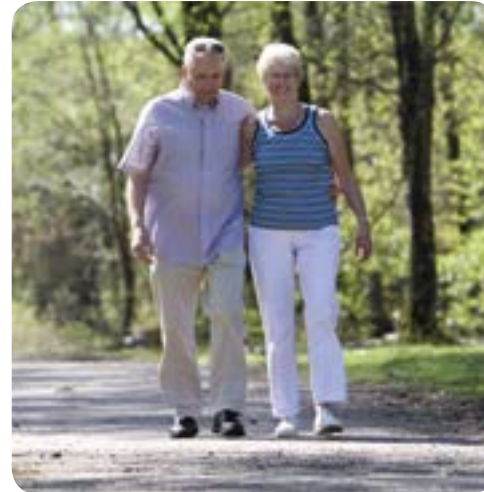




Llywodraeth Cymru  
Welsh Government

# Together for Mental Health

## Delivery Plan: 2016-19



## Together for Mental Health Delivery Plan 2016 – 2019

*Together for Mental Health*<sup>1</sup> 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***<sup>2</sup> 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.

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<sup>1</sup> <http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/strategy/>

<sup>2</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-bill/>

| Well-being of Future Generations (Wales) Act 2015             | <i>Together for Mental Health</i> High Level Outcomes  | Delivery Plan 2016-19<br>Priority areas |
|---|--|---|
| <b>A healthier Wales</b>                                      | <ul style="list-style-type: none"> <li>• 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.</li> <li>• People in Wales have the information and support they need to sustain and improve their mental health and self-manage mental health problems.</li> <li>• Families and carers of all ages are involved in assessments for support for their caring roles.</li> <li>• 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.</li> <li>• Evidence-based high quality services are delivered through appropriate, cost-effective investment in mental health.</li> </ul>   | 1<br>5<br>7<br>8                        |
| <b>A more equal Wales</b>                                     | <ul style="list-style-type: none"> <li>• People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.</li> <li>• People with mental ill-health experience less stigma and discrimination and feel that these problems are being tackled.</li> <li>• People feel in more control as partners in decision-making about their treatment and how it is delivered.</li> <li>• Service users experience a more integrated approach from those delivering services.</li> <li>• People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.</li> <li>• Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.</li> </ul> | 6<br>4                                  |
| <b>A prosperous Wales</b>                                     | <ul style="list-style-type: none"> <li>• People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.</li> <li>• Child welfare and development, educational attainment and workplace productivity are improved as we address poverty.</li> <li>• 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.</li> </ul>  | 9                                       |
| <b>A Wales of vibrant culture and thriving welsh language</b> | <ul style="list-style-type: none"> <li>• Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</li> </ul>   | 3                                       |
| <b>A Wales of cohesive communities</b>                        | <ul style="list-style-type: none"> <li>• People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services.</li> <li>• Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.</li> <li>• Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.</li> </ul>   | 2<br>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](http://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   |
|--|---|---|
| <b>Priority area 1 – People in Wales are more resilient and better able to tackle poor mental well-being when it occurs.</b>   |   |   |
| <p><b>1.1</b> 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.</p> | <p>1.1 (i) Health boards to provide or commission effective accessible lower level interventions (Local Primary Mental Health Support Services (LPMHSS) and <i>Tier 0</i>), such as anxiety management and mindfulness, in community settings across Wales <b>by March 2017</b>. (Chapter 2)</p> <p>1.1 (ii) Welsh Government (Public Health), with partners, to improve awareness and access to evidence based Tier 0 information and support <b>by March 2018</b>. (Chapter 1)</p> <p>1.1 (iii) Welsh Government (Health and Social Services) to explore the development of a pilot Social Prescription Scheme <b>by December 2017</b>. (Chapter 1)</p> | <ul style="list-style-type: none"> <li>• Percentage of service users, carers and GPs across Wales who positively rate (strongly agreed or partly agreed) the LPMHSS <b>Source: health boards</b></li> <li>• Number of people assessed and who have received therapeutic interventions and advice from LPMHSS each year <b>Source: health boards</b></li> <li>• CALL / 111 helpline numbers usage remains at or above 2015 levels <b>Source: Welsh Government</b></li> <li>• Mean mental well-being score for people. <b>Source: National Survey for Wales (16 plus) /Understanding Society*(for children) (Well-being of Future Generations (Wales)) Act</b></li> </ul> |

| Goal  | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|---|---|--|
|   |   | <ul style="list-style-type: none"> <li>• Mental health service users accessing social prescriptions e.g. physical exercise/green gyms/books on the same basis as other groups. <b>Source: health boards</b></li> </ul>   |
| <p><b>1.2</b> To prevent and reduce suicide and self harm in Wales.</p> | <p>1.2 (i) Health boards, Public Health Wales, local authorities and third sector to implement the <i>Talk to me 2</i> Action Plan available at: <a href="http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en">http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en</a> by <b>March 2019</b>. (Chapter 1)</p> <p><i>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.</i></p> | <ul style="list-style-type: none"> <li>• Rate of suicide reducing from an average over the 10 year (2005-2015) period. <b>Source: Office of National Statistics (ONS)</b></li> <li>• Mean mental well-being score for people. <b>Source: As per 1.1</b></li> <li>• Admission rates for self harm to Welsh hospitals. <b>Source Patient Episode Database for Wales (PEDW)</b></li> <li>• All individuals discharged from inpatient care to have a first follow up within 5 working days of discharge. <b>Source: health boards</b></li> </ul> |

| Goal  | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|---|---|--|
| <p><b>1.3</b> To promote mental well-being and where possible prevent mental health problems developing.</p>                                  | <p>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 <b>by March 2019</b>. (Chapter 1)</p> <p>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 <b>by March 2018</b>. (Chapter 1)</p>   | <ul style="list-style-type: none"> <li>• Percentage of the working population engaged in Healthy Working Wales. <b>Source: Welsh Government</b></li> <li>• Mean mental well-being score for people. <b>Source: As per 1.1</b></li> <li>• Proposal of options for consideration by Welsh Government. <b>Source: Public Health Wales</b></li> </ul>  |
| <p><b>Priority area 2. The quality of life for people is improved, particularly through addressing loneliness and unwanted isolation.</b></p> |   |  |
| <p><b>2.1</b> To improve the health and well-being of people in Wales by reducing loneliness and unwanted isolation.</p>                      | <p>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 <b>by March 2019</b>. (Chapter 1)</p> <p>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 <b>March 2019</b>. (Chapter 2)</p> <p>2.1 (iii) Welsh Government (Health &amp; Social Services) to work with partners on a pilot for developing compassionate communities <b>by March 2017</b>. (Chapter 1)</p> | <ul style="list-style-type: none"> <li>• Percentage of people who are lonely <b>Source: National Survey for Wales* (Social Services Outcomes Framework)</b></li> <li>• 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 <b>Source: National Survey for Wales* (Social Services Outcomes Framework)</b></li> <li>• Communities identifying</li> </ul> |

| Goal  | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|---|---|--|
|   |   | <p>mental wellbeing as a priority area for action.<br/> <b>Source: Public Health Wales</b></p> <ul style="list-style-type: none"> <li>Uptake of network tools and resources relating to mental wellbeing and community resilience.<br/> <b>Source: Public Health Wales</b></li> </ul>  |
| <b>Priority area 3 – Services meet the needs of the diverse population of Wales</b>   |   |  |
| <p><b>3.1</b> To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.</p> | <p>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 <b>by December 2017</b>. (Chapter 2)</p> <p>3.1 (ii) Health boards and trusts to ensure as far as possible that all healthcare staff have undertaken the <i>Treat Me Fairly</i> 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 <b>by December 2016</b>. (Chapter 5)</p> <p>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 <b>by December 2016</b>. (Chapter 3)</p> <p>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 <b>by January 2017</b>. (Chapter 3)</p> | <ul style="list-style-type: none"> <li>Number &amp; percentage of healthcare staff undertaking the <i>Treat me Fairly equalities training e-learning package</i>.<br/> <b>Source: health boards</b></li> <li>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). <b>Source: health board service</b></li> </ul> |



| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|--|---|--|
|  |   | <p><b>user satisfaction for Part 2 of the Measure</b></p> <ul style="list-style-type: none"> <li>• Delivery of equality, diversity and cultural competency training by health boards. <b>Source: health boards</b></li> <li>• Integrated Health and Social Care Framework published. <b>Source: Welsh Government</b></li> <li>• Refugee and asylum seeker pathway issued by Welsh Government for local action by health boards. <b>Source: Welsh Government</b></li> </ul> |
| <p><b>3.2.</b> To ensure that Welsh speakers access services through the medium of Welsh when needed and to increase welsh language capacity in the workforce.</p> | <p>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 <i>More than just words</i> follow-on framework from <b>April 2016 and to report progress annually until March 2019.</b> (Chapter 2)</p> | <ul style="list-style-type: none"> <li>• 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. <b>Source: health boards</b></li> </ul>  |

| Goal  | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|---|---|--|
|   |   | <ul style="list-style-type: none"> <li>Percentage of people who used the Welsh language to communicate with health or social care staff. <b>Source: National Survey for Wales (Social Services Outcomes Framework)</b></li> </ul>  |
| <b>Priority area 4 – People with mental health problems, their families and carers are treated with dignity and respect</b> |   |  |
| <p><b>4.1</b> To ensure that all services are planned and delivered based on safety, dignity and respect.</p>               | <p>4.1 (i) Public Health 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 <b>by March 2017</b>. (Chapter 3)</p> <p>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. <b>Ongoing</b>. (Chapter 3)</p> <p>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. <b>Ongoing</b>. (Chapter 3)</p> <p>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. <b>Ongoing</b>. (Chapter 3)</p> | <ul style="list-style-type: none"> <li>Community of Practice action plan to be developed. <b>Source: Public Health Wales NHS Trust(1000 Lives)</b></li> <li>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 <i>Good Work – Dementia Learning and Development Framework</i>. <b>Source: health boards</b></li> <li>Increased use of user and carer satisfaction mechanisms for services. <b>Source: health boards /</b></li> </ul> |

| Goal  | Key actions - How we will do it and when.  | How we will know - Performance Measures  |
|---|--|--|
|   |  | <p><b>local authorities</b></p> <ul style="list-style-type: none"> <li>• Increased percentage of people who feel they have been treated with respect. <b>Source: National Survey for Wales (Social Services Outcomes Framework)</b></li> <li>• Confirmation of environment being considered 'age friendly' within business cases received and annual capital discretionary revenue. <b>Source: Welsh Government and health boards</b></li> </ul> |
| <p><b>4.2</b> To ensure that there is a concerted effort to continue to sustainably reduce the stigma and discrimination faced by people with mental health problems.</p> | <p>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 <b>by March 2019</b> (Chapter 2)</p> <p>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 <b>December 2016</b> (Chapter 2)</p> | <ul style="list-style-type: none"> <li>• Number of organisations signing the Time To Change Wales (TTCW) Pledge. <b>Source: TTCW</b></li> <li>• Number of TTCW Champions. <b>Source: TTCW</b></li> <li>• Percentage shift in public attitude towards mental health problems. <b>Source: TTCW</b></li> <li>• Number of health boards and local authorities adopting a Dignity</li> </ul>  |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures   |
|--|---|---|
|  |   | Charter. <b>Source: Local Partnership Boards (LPBs)</b> <ul style="list-style-type: none"> <li>Increased use of user and carer satisfaction mechanisms for services. <b>Source: health boards / local authorities</b></li> </ul>  |
| <p><b>4.3</b> To ensure that service users / carers feel listened to and are fully involved in decisions about their own care / family member's care</p> | <p>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. <b>Ongoing.</b> (Chapter 3)</p> <p>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 <b>by March 2017.</b> (Chapter 5)</p> <p>4.3(iii) Health boards and third sector providers to undertake satisfaction surveys of service users and their experiences of care and treatment planning <b>by March 2017 and report annually.</b> (Chapter 3)</p> | <ul style="list-style-type: none"> <li>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. <b>Source as per 3.1</b></li> <li>Increased percentage of people who feel satisfied with the care and support they have received. <b>Source: National Survey for Wales (Social Services Outcomes Framework)</b></li> <li>90% of secondary mental health patients have a valid care and treatment plans. <b>Source: health boards.</b></li> </ul> |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|--|---|--|
| <p><b>4.4</b> To ensure that service users, families and carers are fully involved in service development.</p>         | <p>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 <i>the Social Services and Well-being (Wales) Act</i>. 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. <b>Ongoing.</b> (Chapter 3)</p> | <ul style="list-style-type: none"> <li>• 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. <b>Source: local authorities / health boards.</b></li> </ul>                          |
| <p><b>4.5</b> To ensure that all people in crisis and in contact with police are treated with dignity and respect.</p> | <p>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 <i>Crisis Care Mental Health Concordat</i> to ensure that people who are detained under powers within section 135 and 136 of the <i>Mental Health Act</i> receive an improved and more appropriate level of service <b>by March 2017 and ongoing review.</b> (Chapter 3)</p>                             | <ul style="list-style-type: none"> <li>• Reduction in number of police transportations / increase in ambulance transportations of those in crisis or detained under Mental Health Act. <b>Source: Police.</b></li> <li>• Reduced use of section 135/136 from 2014 baseline by March 2018. <b>Source: Police / health boards</b></li> </ul> |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures   |
|--|---|---|
| <b>Priority area 5 – All children have the best possible start in life which is enabled by giving parents / care givers the support needed</b> |   |   |
| <p><b>5.1</b> To provide better outcomes for women, their babies and families with, or at risk of, perinatal mental health problems.</p>       | <p>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 <i>Flying Start</i>, <i>Families First</i> and <i>Healthy Child Wales</i> as well as <i>Bump Baby and Beyond</i> 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) <b>by March 2017</b>. (Chapter 1) <b>See also action 5.2</b></p> <p>5.1 (ii) Health boards to ensure that there is an accessible community perinatal service in every health board area in Wales <b>by November 2016</b>. (Chapter 3)</p> <p>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 <b>by November 2016</b>. (Chapter 3)</p> <p>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. <b>Ongoing</b> (Chapter 3)</p> | <ul style="list-style-type: none"> <li>• 10% of new mothers are in contact with community perinatal support. <b>Source: health boards</b></li> <li>• Perinatal community services available in each health board area. <b>Source: health boards.</b></li> </ul> |
| <p><b>5.2</b> Parents and carers are supported to promote resilience and positive attachment during infancy and early years.</p>               | <p>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 <i>Families First</i> and the <i>Team around the Family</i> approach, <i>Flying Start</i>, <i>Integrated Family Support Teams</i> and by utilising third sector experience <b>by March 2019</b>. (Chapter 1)</p>   | <ul style="list-style-type: none"> <li>• Agreed local pathways in place to provide services that integrate not duplicate with perinatal mental health services (Flying Start by</li> </ul>  |

| 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 <i>Healthy Child Wales</i> Programme for 0-7 year olds in this government term. (Chapter 1)  | December 2017 / Families First by December 2018)<br><b>Source: health board / local authorities</b><br><ul style="list-style-type: none"> <li>Decreased percentage of children in need with mental health problems.<br/> <b>Source: Local authority children in need census.</b></li> </ul>   |
| <b>Priority area 6 – All children and young people are more resilient and better able to tackle poor mental well-being when it occurs</b> |  |   |
| <b>6.1</b> To develop the resilience and emotional wellbeing of children and young people in Wales in educational settings.               | <p>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. <b>Ongoing.</b> (Chapter 1)</p> <p>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 <i>New Curriculum for Wales</i>. 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 <b>September 2018</b> and used to support learning and teaching from September 2021. (Chapter 4)</p> <p>6.1 (iii) Education settings to start to use <i>the Digital Competence Framework</i> (DCF), which was made available in <b>September 2016</b>. 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'. <b>Ongoing.</b> (Chapter 4).</p> | <ul style="list-style-type: none"> <li>Increased percentage of mental well-being among children and young people. <b>Source: Understanding Society*</b></li> <li>Percentage of schools achieving the Welsh Network of Healthy School Schemes (WNHSS) National Quality Award. <b>Source: Welsh Government</b></li> <li>Number of settings which are implementing the Healthy and Sustainable Higher Education/Further</li> </ul> |

| Goal  | Key actions - How we will do it and when.   | How we will know - Performance Measures   |
|---|---|---|
|   | <p>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 <b>by March 2019</b>. (Chapter 1)</p> <p>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 <b>April 2017</b>. (Chapter 1)</p> <p>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 <b>October 2016</b>. (Chapter 1)</p> | <p>Education Framework.<br/><b>Source: Public Health Wales</b></p> <ul style="list-style-type: none"> <li>• 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.<br/><b>Source: health boards</b></li> <li>• Number / percentage of appropriate staff from health, education and social care undertaking relevant training.<br/><b>Source: health boards / local authorities.</b></li> </ul> |
| <p><b>6.2</b> To support children and young people aged 0 to 25 with additional learning needs, including those who have mental health needs.</p> | <p>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)</p> <p>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. <b>(Ongoing)</b>. (Chapter 4)</p>  | <ul style="list-style-type: none"> <li>• Number/percentage of learners identified with behavioural, emotional and social difficulties.<br/><b>Source: Welsh Government</b></li> <li>• Number/percentage of learners attaining a level 2 inclusive at Key Stage 4. <b>Source: Welsh Government</b></li> <li>• Number/percentage of</li> </ul>  |



| Goal  | Key actions - How we will do it and when.  | How we will know - Performance Measures  |
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|   |  | <p>learners attaining a level 2 inclusive at Key Stage 4 with behavioural, emotional and social difficulties. <b>Source: Welsh Government</b></p>  |
| <p><b>6.3</b> 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.</p> | <p>6.3 (i) Welsh Government (Social Services) to refresh the <i>Carers' Strategy</i>. This will include consideration of the enhanced rights brought by <i>Social Services and Well-being (Wales) Act</i> and well-being of carers including young carers and young adult carers <b>by December 2016</b>. (Chapter 2)</p> <p>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 <b>from 2016</b>. (Chapter 2)</p> <p>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. <b>Ongoing</b>. (Chapter 1)</p> <p>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 <b>by March 2017</b>. (Chapter 1)</p> | <ul style="list-style-type: none"> <li>• Increased percentage of mental well-being among children and young people. <b>Source: Understanding Society*</b></li> <li>• Increased percentage of people who feel involved in the decisions about their care and support. <b>Source: National Survey for Wales (Social Services Outcomes Framework)</b></li> <li>• Decreased percentage of children in need with mental health problems. <b>Source: Local authority children in need census.</b></li> </ul> |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures   |
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| <b>Priority area 7 – Children and young people experiencing mental health problems get better sooner.</b>  |   |   |
| <p><b>7.1</b> 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.</p> | <p>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. <b>Ongoing.</b> (Chapter 3)</p> <p>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 <b>by March 2017.</b> (Chapter 3)</p> <p>7.1 (iii) T4CYP service improvement programme to develop three care pathways per annum under the specialist CAMHS Framework for Improvement <b>from October 2016.</b> (Chapter 3)</p> <p>7.1 (iv) Health boards to implement the pathways set out in the Framework for Improvement for specialist CAMHS <b>from October 2016.</b> (Chapter 3)</p> <p>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 <b>by January 2017.</b> (Chapter 4)</p> <p>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 <b>(Ongoing).</b> (Chapter 3).</p> <p>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</p> | <ul style="list-style-type: none"> <li>• Out of area placements for children and young people reduced below 2013/14 baseline by 10% by March 2018. <b>Source: health boards</b></li> <li>• Length of stay reducing for out of area placements by 10% from 2013/14. <b>Source: health boards</b></li> <li>• Waiting times reduced to 48 hours for urgent assessment and 28 days for routine CAMHS referrals. <b>Source: health boards</b></li> <li>• CAMHS liaison psychiatry and crisis services in place for 7 days a week in each health board by July 2016. <b>Source: health boards</b></li> <li>• Reductions in numbers of referrals by Youth Offending Teams (YOTs) into specialist CAMHS or other specialist service. <b>Source Youth Justice Board</b></li> </ul> |

| Goal | Key actions - How we will do it and when.  | How we will know - Performance Measures   |
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|      | <p>CAMHS / other specialist mental health services / local authority and youth justice system by <b>December 2017</b>. (Chapter 4)</p> <p>7.1 (viii) Welsh Government (Substance Misuse working with support of Mental Health and Vulnerable Groups) and key stakeholders to review the guidance entitled: <i>'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)</i> to ensure timely and appropriate services by <b>March 2018</b>. (Chapter 4)</p> <p>7.1 (ix) T4CYP service improvement programme to develop a transitions pack for professionals for implementation by health boards <b>from April 2017</b>. (Chapter 3)</p> | <ul style="list-style-type: none"> <li>• Access time to specialist CAMHS advice by YOTs improved. <b>Source Youth Justice Board</b></li> <li>• Never event reports by health boards to Welsh Government should they occur. <b>Source health boards</b></li> <li>• Care and treatment plans have formal transition arrangements in place for all young people over 16 years and 6 months (local audit). <b>Source: health boards</b></li> <li>• Care pathway published between CAMHS / other specialist mental health services and the youth justice system. <b>Source: health boards</b></li> <li>• Care pathway published between CAMHS / other specialist mental health services / local authority and adoption services. <b>Source: health boards</b></li> </ul> |

| Goal  | Key actions - How we will do it and when.  | How we will know - Performance Measures   |
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| <b>Priority area 8 – People with a mental health problem have access to appropriate and timely services (* CAMHS waiting times covered under priority area 7)</b>   |  |   |
| <p><b>8.1</b> 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.</p> | <p>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 (<b>by April 2017</b>) and to assure that a range of effective evidence based post diagnostic support and interventions are available across Wales <b>by September 2017</b>. (Chapter 3)</p> <p>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 <b>by October 2016</b>. (Chapter 3).</p>  | <ul style="list-style-type: none"> <li>• Care pathway developed for neurodevelopmental conditions and thereafter adopted across Wales. <b>Source: Public Health Wales NHS Trust/ health boards</b></li> <li>• Delivery of waiting time target of 26 weeks with neuro-developmental services for young people by March 2017 and ongoing. <b>Source: health boards.</b></li> </ul>                      |
| <p><b>8.2</b> To ensure that mental well-being is given equal priority with physical well-being in the development and delivery of services.</p>  | <p>8.2 (i) Health boards to establish effective mental health psychiatric liaison capacity for District General Hospitals <b>by March 2017</b> and to have evaluated the impact of service <b>by March 2018</b>. (Chapter 4)</p> <p>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 <b>by March 2017</b>. (Chapter 4)</p> <p>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 <b>March 2019</b>. (Chapter 5)</p> <p>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</p> | <ul style="list-style-type: none"> <li>• 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. <b>Source: health boards.</b></li> <li>• 100% of District General Hospitals have Psychiatric liaison services in place by</li> </ul> |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
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|  | frequent attenders. <b>Ongoing.</b> (Chapter 4)   | <p>2017. <b>Source: health boards.</b></p> <ul style="list-style-type: none"> <li>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. <b>Source: QOF – health boards.</b></li> <li>Reduced numbers of frequent attenders in each emergency department. <b>Source: health boards.</b></li> </ul> |
| <p><b>8.3</b> To ensure people with an identified mental health problem are able to have timely access to a range of evidence based psychological therapies.</p> | <p>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 <b>by March 2017.</b> (Chapter 3)</p> <p>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 <b>by October 2016.</b> (Chapter 3)</p> | <ul style="list-style-type: none"> <li>28 days LPMHSS adherence complied with for 80% of cases. <b>Source: Welsh Government published data</b></li> <li>Reduction in the number of people who are classed as waiting over the target date for</li> </ul>   |

| Goal   | Key actions - How we will do it and when.  | How we will know - Performance Measures   |
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|  |  | <p>therapeutic intervention from the LPMHSS following a LPMHSS assessment. <b>Source: Health board census 2016 and 2017.</b></p> <ul style="list-style-type: none"> <li>• Review of structured interventions complete and recommendations made. <b>Source: Welsh Government.</b></li> </ul>   |
| <p><b>8.4</b> To ensure timely and appropriate services for people with first episode psychosis.</p> | <p>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) <b>by October 2016.</b> (Chapter 3)</p> <p>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 <b>by April 2017.</b> (Chapter 3)</p> | <ul style="list-style-type: none"> <li>• 100% of health boards have an EIP service in place. <b>Source: health boards</b></li> <li>• 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. <b>Source: health boards</b></li> <li>• All individuals identified to have commenced a treatment management plan within 14 days. <b>Source: health boards</b></li> </ul> |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
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| <p><b>8.5</b> To ensure that public services and third sector work together to provide an integrated approach.</p> | <p>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 <b>by April 2017</b>. (Chapter 4)</p> <p>8.5 (ii) Local authorities to provide services to meet care and support needs including for carers who themselves have eligible needs <b>by April 2017</b>. (Chapter 4)</p> <p>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 <i>the Social Services and Well-being (Wales) Act</i>, and that clients, families and carers are aware of the support available to them <b>by April 2017</b>. (Chapter 4)</p> <p>8.5 (iv) Welsh Government (Health and Social Services) to explore the development of Well-being Bond pilots <b>by December 2017</b>. (Chapter 4)</p> | <ul style="list-style-type: none"> <li>• Completion of <i>Social Services and Well-being (Wales) Act</i> population assessment reports. <b>Source: Local authority / local partnership board agencies.</b></li> <li>• Increased percentage of people who rate the care and support they have received as excellent or good. <b>Source: National Survey for Wales (Social Services Outcomes Framework)</b></li> <li>• Review of well-being bonds complete and recommendations made. <b>Source: Welsh Government.</b></li> </ul> |
| <p><b>8.6</b> To ensure that there are robust links between primary care and mental health services.</p>           | <p>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 <b>December 2016</b>.</p> <p>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</p>   | <ul style="list-style-type: none"> <li>• IMTPs to demonstrate how primary care and mental health provision will provide integrated care. <b>Source: health boards</b></li> <li>• Completion of <i>Social Services and Well-being (Wales) Act</i> population assessment reports. <b>Source: local</b></li> </ul>  |

| Goal  | Key actions - How we will do it and when.   | How we will know - Performance Measures   |
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|   | <p>problems in this context by <b>April 2017</b>. (Chapter 4)</p> <p>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 <b>by April 2017</b>. (Chapter 4)</p> <p>8.6 (iv) Welsh Government (Health and Social Services) to issue policy implementation guidance on Crisis intervention Home treatment provision <b>by April 2018</b>. (Chapter 3)</p>   | <p><b>authorities / local partnership board agencies</b></p> <ul style="list-style-type: none"> <li>• Interventions delivered by a wide variety of professional roles as demonstrated in the NHS Benchmarking returns for both adult mental health services and CAMHS. <b>Source: health boards</b></li> <li>• Policy implementation guidance issued on Crisis intervention home treatment provision. <b>Source: Welsh Government.</b></li> </ul> |
| <p><b>8.7.</b> To ensure people of all-ages experiencing eating disorders are able to access appropriate and timely services.</p> | <p>8.7 (i) Health boards to review progress in implementation the <i>Eating Disorders Framework</i> 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 <b>(in the 2016-17 annual report in the first instance)</b>. (Chapter 3)</p> <p>8.7 (ii) Welsh Government and health boards to consider the need to review the <i>Eating Disorders Framework</i> following publication of NICE Guidance on Recognition and Treatment of Eating Disorders <b>by March 2018</b>. (Chapter 3)</p> <p>8.7 (iii) Health boards to deliver eating disorder treatment services as close to home as possible, in either inpatient or community settings <b>by September 2016</b>. (Chapter 3)</p> | <ul style="list-style-type: none"> <li>• Reduced number of out of area placements for adults with eating disorders from the 2014/15 baseline. <b>Source: health boards</b></li> <li>• 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. <b>Source: health</b></li> </ul>  |



| Goal   | Key actions - How we will do it and when.  | How we will know - Performance Measures  |
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|  | <p>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 <b>by September 2017</b>. (Chapter 3)</p>   | <p><b>boards</b></p> <ul style="list-style-type: none"> <li>Review of eating disorder framework implementation undertaken and findings reported. <b>Source: health boards</b></li> </ul>   |
| <p><b>8.8</b> 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.</p> | <p>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. <b>Ongoing</b>. (Chapter 3)</p> <p>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. <b>Ongoing</b>. (Chapter 1)</p>   | <ul style="list-style-type: none"> <li>Management data on Veteran referrals, improving waiting times and outcomes incrementally and become compliant with LPMHSS targets. <b>Source: Health boards and Veterans NHS Wales.</b></li> </ul>  |
| <p><b>8.9</b> To ensure timely and appropriate Mental Health services for people with mental health problems who are in contact with the criminal justice system.</p>  | <p>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 <b>by March 2017</b>. (Chapter 3)</p> <p>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 <b>by March 2018</b>. (Chapter 4)</p> | <ul style="list-style-type: none"> <li>100% First Night reception health screening for all prisoners with emphasis on self-harm, suicide prevention and substance misuse treatment requirement. <b>Source: Local audit of prisons via Welsh Government</b></li> <li>Royal College of Psychiatrists' mental health standards for</li> </ul> |

| Goal  | Key actions - How we will do it and when.  | How we will know - Performance Measures  |
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|   |  | <p>prisons in place and accreditation in progress in each of the 4 Welsh prisons by 2018.<br/> <b>Source: Local audit of prisons via Welsh Government</b></p> <ul style="list-style-type: none"> <li>Reduced use of section 135/136 from 2014 baseline by March 2018.<br/> <b>Source: Police / local health boards</b></li> </ul>  |
| <p><b>8.10</b> To ensure timely and appropriate services for people who require a secure mental health setting.</p> | <p>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 <b>by March 2018</b>. (Chapter 3)</p>  | <p><i>Performance measures to be developed from 2017/18 onwards</i></p>  |
| <p><b>8.11</b> To ensure co-occurring mental health and substance misuse problems are managed effectively.</p>      | <p>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 <i>Mental Health &amp; Substance Misuse Co-occurring Substance Misuse Treatment Framework</i> 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. [<b>October 2016</b> for submission of plans and then reviewed annually as part of monitoring process]. (Chapter 3)</p> <p>8.11 (ii) SMAPBs and LPBs to improve joint audits to <b>biannually</b> review:</p> <ul style="list-style-type: none"> <li>effective clinical leadership</li> <li>resolution of professional differences of opinion</li> </ul> | <ul style="list-style-type: none"> <li>100% of relevant staff able to demonstrate formal training in relevant areas by 31 March 2018.<br/> <b>Source: local partnership boards / substance misuse area planning boards</b></li> <li>Jointly agreed local care pathways and protocols in place during 2016 (and published on their website) by health boards and local</li> </ul> |

| Goal   | Key actions - How we will do it and when.  | How we will know - Performance Measures   |
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|  | <ul style="list-style-type: none"> <li>• delivery of competency based training</li> <li>• service user involvement in the design and evaluation of local services. (Chapter 3)</li> </ul> <p>8.11 (iii) Health boards through the all Wales mental health senior nurses' group to scope issues relevant to the application of the <i>Mental Health &amp; Substance Misuse Co-occurring Substance Misuse Treatment</i> framework and then to work with Welsh Government and the Workforce and Education Development services (WEDs) to develop an implementation plan by <b>December 2016</b>. (Chapter 3)</p>  | <p>authorities by October 2016. <b>Source local partnership boards / substance misuse area planning boards</b></p>  |
| <p><b>Priority area 9: People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances</b></p>   |  |   |
| <p><b>9.1</b> 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.</p> | <p>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 <i>Housing (Wales) Act 2014</i> <b>by July 2018</b>. (Chapter 4)</p> <p>9.1 (ii) Welsh Government (Housing) to promote access to mental health services amongst people who are homeless or vulnerably housed (- <b>Ongoing</b>). (Chapter 4)</p> <p>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. (<b>Ongoing – to be reported bi-annually</b>). (Chapter 4)</p> | <ul style="list-style-type: none"> <li>• Number / percentage of care and treatment plans where housing needs are addressed. <b>Source: health boards</b></li> <li>• Mental health services to provide a named contact to each homeless team for advice and guidance. <b>Source: health boards</b></li> <li>• Compliance to health and homelessness standards. <b>Source: health boards NHS Outcomes Framework.</b></li> </ul> |
| <p><b>9.2.</b> To support people with mental health problems to sustain work</p>   | <p>Welsh Government (Health and Social Services) to deliver the European Social Fund (ESF) supported programme <i>Together for a Healthy Working Wales</i>. This includes the In-Work Service and the Out of Work Service.</p>   | <ul style="list-style-type: none"> <li>• Number of people with mental health problems taking up employment,</li> </ul>  |

| Goal   | Key actions - How we will do it and when.  | How we will know - Performance Measures  |
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| <p>and to improve access to employment and training opportunities for those out of work.</p> | <p>9.2 (i) The Out of Work service to increase employment and training opportunities for those with mental health problems <b>by March 2019</b>. (Chapter 1)</p> <p>9.2 (ii) The In-Work Service to support people with mental health problems to retain employment <b>by March 2019</b>. (Chapter 1)</p> <p>9.2 (iii) Welsh Government to continue to work with partners, including the third sector, to help employers support employees with mental health problems <b>by March 2019</b>. (Chapter 1)</p> | <p>education, volunteering, or improving their labour market position in other quantifiable ways such as taking up job search.</p> <p><b>Source: In-Work Support / Out of Work Service</b></p> <ul style="list-style-type: none"> <li>• Number of people accessing peer mentoring scheme. <b>Source: Out of Work service</b></li> <li>• Number of people with mental health problems accessing or improving access to support networks. <b>Source: In-Work Support / Out of Work Service</b></li> <li>• Number of people with mental health issues supported by the In-Work Support / Out of Work Service. <b>Source: In-Work Support / Out of Work Service</b></li> <li>• Number of employers (and healthcare professionals) who are engaged to help develop and improve the</li> </ul> |

| Goal   | Key actions - How we will do it and when.  | How we will know - Performance Measures   |
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|  |  | <p>understanding of mental health. Source: <b>In-Work Support / Out of Work Service</b></p> <ul style="list-style-type: none"> <li>• Number of care and treatment plans where employment needs are addressed. <b>Source: health boards</b></li> </ul>   |
| <p><b>9.3</b> To ensure people with mental health problems have access to advice and support on financial matters.</p> | <p>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 <b>by March 2017</b>. (Chapter 4)</p> <p>9.3 (ii) Welsh Government (Communities) to ensure that the needs of those with mental health problems are reflected in the <i>Financial Inclusion Delivery Plan</i> to be developed <b>by December 2016</b>. (Chapter 4)</p> | <ul style="list-style-type: none"> <li>• Proportion of care and treatment plans where financial needs are identified and access / signpost to appropriate advice is supported. <b>Source: health boards</b></li> <li>• Decreased gap in mental well-being between the most and least deprived among adults. <b>Source: National Survey for Wales (Public Health Outcomes Framework)</b>.</li> </ul> |
| <p><b>9.4</b> To increase the availability of recovery oriented mental health services.</p>                            | <p>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 <b>by March 2017</b>. (Chapter 3)</p>  | <ul style="list-style-type: none"> <li>• 90% of service users have a care and treatment plan in place as per tier 1 target for mental health measure. <b>Source: health boards.</b></li> <li>• Audit of care and</li> </ul>   |

| Goal  | Key actions - How we will do it and when.  | How we will know - Performance Measures  |
|---|--|--|
|   |  | <p>treatment plans to enable the identification of recovery focused objectives in March 2018 and 2019. <b>Source: health boards.</b></p> <ul style="list-style-type: none"> <li>• Service user satisfaction surveys from LPMHSS / care and treatment planning surveys from secondary services. <b>Source: health boards</b></li> </ul> |
| <p><b>9.5</b> 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.</p> | <p>9.5 (i) Health boards to implement the <i>Violence Against Women and Domestic Abuse</i> National Training Framework; to ensure consistent training is delivered to improve the understanding of the general workforce <b>by April 2018.</b> (Chapter 3)</p> | <ul style="list-style-type: none"> <li>• 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</li> </ul>  |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures   |
|--|---|---|
| <b>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</b> |   |   |
| <p><b>10.1</b> 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 <i>Wales: a Dementia-Friendly Nation</i> initiative.</p>            | <p>10.1 (i) Welsh Government (Health and Social Services) to produce a dementia strategic plan by <b>December 2016</b> to cover the period 2017-19.</p> <p>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 <b>by March 2017 and review progress annually.</b> (Chapter 1)</p> <p>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 <b>by September 2016 and review progress six monthly.</b> (Chapter 1)</p> <p>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 <b>by September 2016.</b> (Chapter 2)</p> <p>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 <b>by March 2017.</b> (Chapter 3)</p> <p>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 <b>by September 2016.</b> (Chapter 5)</p> <p>10.1 (vii) Health boards, through the older persons community of practice</p> | <ul style="list-style-type: none"> <li>• Increase in number of dementia friends/communities in Wales. <b>Source: Alzheimer's Society Cymru</b></li> <li>• 75% of staff will have undertaken the appropriate training as specified for the role in 'Good work – Dementia Learning and Development Framework'. <b>Source: health boards</b></li> <li>• Number of people on GP Dementia Registers (50% target for dementia diagnosis by 2016, increasing annually thereafter). <b>Source: health boards</b></li> <li>• A minimum of 1 dementia support worker per 2 GP clusters in place across Wales. <b>Source: health boards</b></li> <li>• All of those identified with dementia by memory clinics, are referred to a</li> </ul> |

| 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 <b>by March 2017</b> . (Chapter 3)   | <p>dementia support worker post diagnosis. <b>Source: health boards</b></p> <ul style="list-style-type: none"> <li>All DGHs have psychiatric liaison service in place. <b>Source: health boards</b></li> </ul> <p><i>Data sources will be confirmed within dementia strategic action plan (when published)</i></p>  |
| <b>Priority Area 11: The implementation of the strategy continues to be supported</b>  |   |   |
| <p><b>11.1</b> To ensure that the appropriate infrastructure is in place to deliver the requirements of <i>Together for Mental Health</i>.</p> | <p>11.1 (i) Regional Partnership Boards, as established under Part 9 of the <i>Social Services and Wellbeing Act</i>, 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 <b>by December 2016</b>. (Chapter 5)</p> <p>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 <b>by December 2016</b>. (Chapter 5)</p> <p>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 <b>by September 2016</b></p> | <ul style="list-style-type: none"> <li>Terms of reference of local partnership boards audited to evidence how they link in with Regional Partnership Boards and support T4CYP programme. <b>Source: local partnership boards.</b></li> <li>Terms of reference of local and national partnership boards to evidence carer and service user membership required. <b>Source: local partnership boards audit / Welsh Government.</b></li> </ul> |



| Goal   | Key actions - How we will do it and when.  | How we will know - Performance Measures   |
|--|--|---|
|  | <b>and thereafter annual review</b> (Chapter 5)  |   |
| <p><b>11.2</b> To progress the development and implementation of a national mental health core data set capturing service user outcomes.</p> | <p>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 <b>by April 2017</b>. (Chapter 5)</p> <p>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 <b>by July 2019</b>. (Chapter 5)</p> | <ul style="list-style-type: none"> <li>• 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. <b>Source: health boards</b></li> <li>• Data used to inform needs assessment and planning. <b>Source: health board IMTPs</b></li> </ul>    |
| <p><b>11.3</b> To ensure a competent and sustainable workforce that helps people improve health as well as treat sickness.</p>               | <p>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 <b>by March 2018</b>. (Chapter 5)</p> <p>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 <b>by September 2016</b>. (Chapter 5)</p> <p>11.3(iii) Health boards to ensure all mental health in-patient wards in Wales test the Mental Health Nursing Workload Assessment Programme <b>by December 2016</b> with full implementation <b>by July 2018</b>. (Chapter 3)</p>   | <ul style="list-style-type: none"> <li>• IMTPs will define the service models required to meet the needs of their population, supported by appropriate workforce plans. <b>Source: health boards.</b></li> <li>• Continuing Professional Development (CPD) requirements of current practitioners are identified and met (evidenced through health board feedback on personal development</li> </ul> |

| 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).<br><b>Source: health boards.</b> <ul style="list-style-type: none"> <li>• Reports contain the appropriate data on both CPD and mandatory training. <b>Source: health boards.</b></li> </ul> |
| <b>11.4</b> 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 <b>annually from 2016.</b> (Chapter 5 )<br><br>11.4 (ii) Health boards to consider their planned expenditure against an assessment of capacity and demand <b>annually from 2017.</b> (Chapter 5 ) | <ul style="list-style-type: none"> <li>• Report on compliance with the mental health ring fence, including appropriate capacity and demand analysis.<br/> <b>Source: health boards.</b></li> </ul>  |
| <b>11.5</b> 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 <i>the Mental Health 2010 (Wales) Measure</i> by <b>March 2019.</b> (Chapter 5)  | <ul style="list-style-type: none"> <li>• Report on compliance with the duty to review recommendations<br/> <b>Source: health boards / Welsh Government</b></li> </ul>   |

| Goal   | Key actions - How we will do it and when.   | How we will know - Performance Measures  |
|--|---|--|
| <p><b>11.6</b> To continue to support an evidence based approach and ensure active research and evaluation is at the heart of service development.</p> | <p>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. <b>Ongoing.</b> (Chapter 5)</p> <p>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. <b>Ongoing.</b> (Chapter 5)</p> <p>11.6 (iii) Public Health Wales NHS Trust to develop knowledge base on building wellbeing and resilience of communities at scale <b>by March 2019.</b> (Chapter 1)</p> <p>11.6 (iv) Welsh Government (Housing Policy) to analyse <i>the Supporting People</i> 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)</p> <p>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 <b>by March 2018.</b> (Chapter 5)</p> | <ul style="list-style-type: none"> <li>• To meet the programme deliverables within the funding award to the National Centre for Mental Health by April 2018. <b>Source: Welsh Government</b></li> <li>• Evidence and guidance available on effective approaches to building community mental wellbeing and resilience. <b>Source: Public Health Wales.</b></li> <li>• Potential of SAIL is fully utilised <b>Source: Welsh Government</b></li> </ul> |

## 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 <i>Well-being of Future Generations (Wales) Act 2015</i> .   |
| 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: <a href="https://www.equalityhumanrights.com/en/equality-act/protected-characteristics">https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</a> |
| Prudent Health and Care      | The public sector faces the dual challenges of rising costs and increasing demand, while continuing  |

|                   |  |
|-------------------|--|
|                   | <p>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:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Achieve health and well-being, with the public, patients and professionals equal partners through co-production.</li> <li><input type="checkbox"/> Care for those with the greatest health need first, making the most effective use of all skills and resources.</li> <li><input type="checkbox"/> Do only what is needed, no more, no less; and do no harm.</li> <li><input type="checkbox"/> Reduce inappropriate variation using evidence based practices consistently and transparently.</li> </ul> |
| 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   |