## Together for Mental Health - Local Partnership Board Update Hywel Dda 2017-2018

Priority Area 1: People in Wales are more resilient and better able to tackle poor mental well-being when it occurs		
1.1 – Access to wellbeing information and advice		
1.2 – Talk to Me 2		
(1.3) – Promotion of well-being and prevention (WG/PHW)		
Reported Progress Summary	Work left to do 2018-2019 and	So What? Impact and Next
	any areas of concern	Steps

√ 1.1 - A range of Tier 0
interventions, third sector supports
were evidenced

## Complete / ongoing

Training delivered by WWAMH on Suicide Intervention and also Samaritans ( Swansea). Talks given in schools by Samaritans. Work undertaken with railways and staff offering one to one support and information at train stations. Network Rail staff trained by the Samaritans.

A wide range of services are provided ranging from Befriending, counselling to activity sessions such as Walking and Mindfulness. New Wellbeing days and Walk In sessions developed by Providers.

New projects also include a **West Wales Motorcycle project** aimed at offering activity and social opportunities related to Motorcycles. This group has over 35 members of all ages and backgrounds, but a high number of men who have experiencing mental health problems and would not access mainstream mental health services. Members report improved ability to manage mental health, new friendships and a renewed passion for life and bikes!

Hafal provide a range of Carers Support groups and Family Information service. Activities for Carers such as pamper sessions and Carers social lunches developed. A reported increase in self confidence and social networks reported by Carers attending.

Impact is an increase in access to help and support which supports well being and provides support at an early

stage.

As part of the implementation of the Social Service and Wellbeing Act, LA's have established structures to respond to enquiries relation to information advice and assistance. As part of the transformation programme we are collaborating with health and third sector colleagues to align our" front door "with a SPA for mental health services.

Community Connectors are now in post in Ceredigion who support individuals in the community to access local community resources as well as supporting local groups to set up support/self help groups.

Develop service specifications to align/integrate a SPA with the current arrangements for IAA including third sector to ensure consistency across the region.

Continuation of 3<sup>rd</sup> sector contract reviews and updating of contracts to reflect the legislation requirements. 1.2 – Action plan to be produced by Feb 2018 update required.

- To facilitate coordinator post by April 2018

Funding had been sought from the MH transformation fund for Coordinator TTM2 however this is on hold pending a national review. The three LA's the region support coordinator post to progress a suicide and self-harm prevention plan. The Local delivery Group has been re-established and is developing an action plan for the region. The Head of MH or Carms CC chairs the regional forum and sits on the National Advisory group to ensure implementation of talk to me. Two stakeholder events were held in the summer to consult on regional priorities. Progress concerning Talk to Me 2 is also a regular agenda item on the Regional Safeguarding Board.

Amend Regional Plan in light of stakeholder events

Complete sub regional delivery plan. Await outcome of national TTM2 review and amend plan accordingly.

Establish systems for data collection to ensure that plans are making a difference and also that lessons are learned.

Steps

## Priority Area 2: The quality of life for people is improved, particularly through addressing loneliness and unwanted isolation (2.1) - Reduce loneliness and isolation (WG/PHW) Reported Progress Summary Work left to do 2018-2019 and So What? Impact and Next any areas of concern Steps N/A N/A N/A Priority Area 3: Services meet the needs of the diverse population of Wales 3.1 – Treat Me Fairly Training (3.2) - WG to improve access to Welsh language through More than Just Words Reported Progress Summary Work left to do 2018-2019 and So What? Impact and Next

any areas of concern

√ 3.1 - Nov 2017, 91% of staff have	Ongoing / Meeting 70% target	The mandatory training
completed Treat me Fairly Training,		compliance for equality and
which is now mandatory. Update on		human rights 'Treat Me Fairly'
figures required		(TMF) is 74.2%, a 14.9%
		improvement from Sept 2017
		59.3%
		From March 2018 a
		'Turnaround' approach to
		mandatory training
		commenced. As part of this a
		'mandatory module month' has
		been introduced to focus on a
		specific mandatory element.
		Work to improve medical
		consultant and middle grade
		mandatory training has
		commenced including
		specifically designed study
		days.
Priority Area 4: Po	eople with mental health problems,	their families
	ers are treated with dignity and resp	ect
4.1 – Services are planned with safety, dignity and respect		
4.2 – Reduce stigma and discrimination		
4.3 – Service users / carers are involved in decisions about care		
4.4 – Service users / carers are involved in Population Needs Assessments SSWBA		
4.5 – People in crisis / in contact with		•
Reported Progress Summary	Work left to do 2018-2019 and	So What? Impact and Next

any areas of concern

Steps

- 4.1 √ Confirm safeguarding framework in place.
- X Only 33% of staff have undertaken Good Works dementia training
- √ Improvement in coordination of service user and carer involvement from baseline position to Nov 2017 and links to local authorities improved
- Plans to review reward / recognition during 2018
- √ Service user focus groups need detail re. feedback mechanisms this return

Regional Safeguarding Board well established, clear attendance, reporting and governance arrangements in place. Local operational group and subgroups well attended with all partners. Regional threshold document concerning safeguarding agreed with all partners across the region.

Need to improve engagement with service service users/ carers which is a priority for 18/19

Service users are routinely involved and are part of the 15 steps visits to Inpatient units which is the process used to improve quality and provide assurance that units are safe and provide quality treatment.

There is continued development of involving Carers in patient assessment – this work and the subsequent pilot /trial has been presented to a local carers network group for consideration and involvement this continues to be developed and will be further rolled out in 2018/19. The feedback from the Carers network group is delivered to staff through the local Quality Assurance meeting.

Investors in Carers Bronze awards has been achieved in most inpatient units further work to complete in 2019 is expected. Work towards the Silver level is being achieved in some areas.

To establish an engagement plan across the region.

Obtain qualitative feedback on the service user/ carer experience

The 15 steps has had a positive feedback from staff and service users involved in the process. The process needs to be rolled out to community team bases/outpatient areas as well as a larger pool of service users developed to complete the programme of visits 2018/19.

The impact of involving Carers in the patients assessment and subsequent care is yet to be measured formally
Assurance plan for 2018/19 will monitor compliance by staff

Next steps will include;

- Audit of compliance
- Audit of Carers views
- Audit of service user views

Next steps for Investors in Carers programme will be;

• to complete all areas to a minimum bronze level standard

To begin silver level in all areas.

√ 4.2 Dignity Pledge signed off	Complete	Develop a plan of action to
following discussion at LPB and form		promote Dignity Pledge across
of words agreed		all Mental Health services.

- √ 4.3 Maintaining 90% target of service users with Care & Treatment Planning
- X Identified need to improve CTP
- √ Delivery Unit supported audit work complete to identify improvements
- √ Experience groups being developed

The CTP provision is being maintained at or above 90% this is monitored through the CTP audit monthly cycle.

Officers for the three LA's in the region regularly attend service user and carer forums and facilitate consultation stakeholder events for all significant service changes. Stakeholder event concerning IAA in Carms planned for 21st Nov 18 and in relation to transition services. In October/Nov. Survivors and specialist sector engagement formed critical part consultation in relation to VAWDASV strategy and I the views of those with lived experience has been integral in relation to the regional and suicide and self-harm strategy

Service Manager for Learning Disabilities and Project Manager for Learning Disabilities & Older Adult Mental Health have developed the final draft of the action plan relating to the DU's 2017 audit of Care and Treatment Planning.

This action plan is to be approved at MH Act Scrutiny Group on 29<sup>th</sup> November, and AMH, OAMH and LD services will then detail their current position and progress against (relevant parts of) the plan, any issues faced in achievement and proposed mitigating actions.

Rollout of the CTP audit to the remaining areas in 2019 which are in patient units.

The quality of CTP is included in the audit cycle

Intended that the development of this action plan, as well as the positions provided by each service will provide assurance that:

- a) Key findings and recommendations from the DU's audit are priorities for use in service development
- b) Some actions have already been completed whilst others are underway (as part of programmes within the MH&LD Directorate)

Many actions can (and have / will) be taken by operational services and teams, however, just as many actions will require a steer from Directorate level and above

	Responsible officers and timescales will be allocated to outstanding actions. Many of this work ties in with the work plans of TMH and the LD service improvement programme, so alignment with their timelines will be key.	(and across Health & Social Care organisations) if they are to be achieved. Therefore, all actions have been grouped under overarching themes, that may be owned by BP&PAG, QSESC, WCDG etc., to ensure pace and effective governance. The agreed mechanisms for delivery of these actions will be existing work streams and newly agreed task & finish groups.
√ 4.4 Confirmed service user and carer involvement. PNA complete.	Complete	Area plan is complete.
<ul> <li>✓ 4.5 Substantial evidence provided about activities relating to crisis care concordat plan – good practice identified. Ongoing plan of work being monitored by CJLPF</li> <li>More detail on how crisis care improving / future plans required</li> </ul>	Complete (ongoing)	CCC delivery plan being revised in line with revised national plan. Ongoing plan is monitored regularly against progress by the multi-agency planning forum. New task & finish groups being established to develop in new areas within revised delivery plan.  Establishing new methods of improving crisis care through I&T fund and a multi-agency approach. Will be monitored by the CCC delivery forum.
The state of the s	ren have the best possible start in li parents / care givers the support ne	
5.1 – Perinatal support 5.2 – Infancy / early years support		
Reported Progress Summary	Work left to do 2018-2019 and any areas of concern	So What? Impact and Next Steps

J.F. 1. Devine tel semiles in releas	Designated Montal Haalth Care to	Mante to condemne to the development
√ 5.1 Perinatal service in place	Perinatal Mental Health Service	Work is underway to develop a
	developed and operational	Perinatal Operational Standard
	across 3 counties.	outlining core criteria,
	Ongoing risk that the Perinatal	standards and pathways.
	Service will be overwhelmed by	Posters/leaflets perinatal info
	high demand and due to small	for display in antenatal depts,
	service provision not be	GP Surgeries, CMHS, SCAMHS,
	sustainable without additional	_
		Primary Care, H/V base, all
	investment.	relevant, etc.
	Service has developed a bespoke	
	care plan for all clients accepted	
	into perinatal service.	
	permatar service.	
	Service model , Information	
	Leaflet and Pathway developed	
	and in situ	
	Close working relationships	
	established with Midwifery	
	colleagues for joint assessments	
	and interventions.	
	Introduced POEM – Patient rated	
	Outcome and Evaluation	
	Measure.	
	Wicasarc.	
	An audit and full service review	
	has been completed using CCQI	
	guidelines	
▼ Training for perinatal staff	Maternal Infant Mental Health	
V Training for permatarstan	Training (MIMHS)	
	Level 3 – 2 days:	
	March – 19	
	May – 17	
	July – 18	
	September – 13	
	Total staff trained = 67	
	<u>Level 2 – 1 day:</u>	
	September – 191 Staff trained	

/ High risk process in place with CMHTs for mothers with serious mental illness  **C Urgent only in Ceredigion – plans to fully implement service by Jan 2018 with additional CPN	All urgent mental health assessments are undertaken by the CMHT  Currently undertaking training programme.	
2016 With additional CFN		

√ 5.2 Evidence of implementation of	Implementation of HCWP is	Liaison meetings established
Healthy Child Wales provided.	Complete and there will be	with Public Health Wales to
Training planned. Monitoring	ongoing training / monitoring.	consider joint working and
arrangements in place		avoid duplication of services.
		Focus on ACES and linking in
		training for staff.
		training for starr.
√ Good evidence of multi-agency	Yes , ongoing	Monthly liaison meetings in
working provided with intentions of	163 / 611861118	place with LA Children Services
developing more groups		and joint proposals being
		developed to meet local need.
		-
		Paediatric Liasion meetings
		held in each locality to discuss
		cases which do not meet
		threshold for S-CAMHS but
		would benefit from
		consultation.
		Specialist Consultation Clinics
		developed for Childrens Social
		Services for LAC and Out of
		County Cases to provide
		consultation /advice and
		support.
		заррога.
Priority Area 6: All	children and young people are mor	e resilient and
	tackle poor mental well-being when	
(6.1) – Children and young people in 6	-	•
(6.2) – Children aged 0-25 with addition		
(6.3) – Children in vulnerable groups a		
Reported Progress Summary	Work left to do 2018-2019 and	So What? Impact and Next
N/A	any areas of concern N/A	Steps N/A
•	g people experiencing mental health	•
7.1 –T4CYP program and timely / app		
Reported Progress Summary	Work left to do 2018-2019 and	So What? Impact and Next
reported Frogress Summary	any areas of concern	Steps
	a, areas or contectin	0.000

V Good performance meeting targets up to Nov 2017	Achieved	Variable performance for Part 1 in Q1 however targets now improved as staff recruited and sickness reduced. Part 2 fully compliant.
V SCAMHS service 7d/ week 9a − 9p	Achieved	Community Crisis Team Operational 7 days weekly. Arrangements in place with adult mental health unscheduled care to provide out of hours assessments.
√ Pathways in place T4CYP (crisis and EIP). Supporting national ED pathway development	Achieved	Clear Pathway operational for Crisis Service and EIP. Working collaboratively with ED Services to improve service and improve transition.
- Forensic Service improvements ongoing	Achieved	Forensic Service in place with Mental Health Advisor role embedded.
V Confirmation that youth offending teams have CAMHS link	Achieved	Each 3 YOPS Service have a dedicated link with primary care team and access to Single point of access pathway
Work in progress: - Training police in needs of children and young people with MH issues	Ongoing	Training plan agreed with Police Link
- To undertake service user satisfaction survey	Achieved	Service user Satisfaction Survey undertaken with highly positive outcome

- To establish transition steering group and data system	Ongoing	Transition Steering Group to be established
- Service development event 2018	Achieved	
	Service development event held with staff and stakeholders for Primary Mental Health and changes agreed to referral pathway to include school counsellors and provide training for Tier 1	
	Priority in service plans for LA and also a priority in regional S and SH strategy and local delivery plan. Meeting planned for Nov to agree a more strategic collaborative approach for Children and young people.	

- Priority Area 8: People with a mental health problem have access to appropriate and timely services
- 8.1 Neurodevelopmental conditions to access timely treatment and supports
- 8.2 Physical and mental well-being are given equal priority in service development and delivery including psychiatric liaison and physical health monitoring
- 8.3 Psychological therapies / Matrics Cymru
- 8.4 First episode psychosis
- 8.5 Support to carers across public services and third sector
- 8.6 To ensure strong links between primary care and other mental health services
- 8.7 Eating Disorders
- 8.8 Veterans
- (8.9) People in contact with criminal justice system
- (8.10) Secure Services
- 8.11 Co-Occuring mental health and substance misuse

or occurring mental health and substance misuse		
Reported Progress Summary	Work left to do 2018-2019 and	So What? Impact and Next
	any areas of concern	Steps

	8.1 √ ND service in place	Integrated children ASD Service	Active recruitment to posts.
		established.	Neurodevelopmental Pathway
		Recovery plan in place to	being reviewed/updated and
ļ		address historic waiting list with	changes being made to
ļ		financial support from IAS.	pathway to include
ļ		Anticipate historic referrals will	developments for ADHD.
ļ		be cleared by April 2019.	developments for Abrib.
ļ		be dicared by April 2013.	Plans underway to include
ļ		Steering Group established	service users/ carers in steering
		which is multiagency.	group.
		Significant risks include	Establishing links with Local
		recruitment challenges.	National Autistic Service user
		Risk of Increasing demand which	groups
		is then exceeding capacity.	
		Mapping of ADHD demand and	
		capacity completed with Women	
ļ		& Children's Directorate.	
		a cimarcii s Directorate.	
	X 288 people on		Recovery Plan in place with a
ļ	neurodevelopmental waitlist. Target		clear objective to address the
	to catch up revised from April 2018		historic waiting list by March
	to Oct 2018. This is not acceptable		2019. The current breaches are
ļ	please update.		176 and we anticipate through
ļ			the following actions this will be cleared by March 2019
ļ	√ Meeting targets for new refs as of		- Time limited contract
	Nov 2017 (please update)		with a private company
	(picase apaace)		to undertake additional
			assessments
			- Additional staff
			recruited to provide extra assessments
			- Clinical Psychologist
			recruited to provide
			additional sessions

8.2 √ Recruitment difficulties into psychiatric liaison posts.  ✓ Difficulties monitoring data about physical health checks though numbers on register captured routinely.	Recruited consultant liaison post via internal secondment with backfill via NHS locum. Older Adult Liaison team is operational covering all 4 sites, staff turnover is low but are 2xand 6 posts currently vacant and being recruited. LD liaison posts been established with 3 x 0.5 WTE equivalents been appointed and 1x0.5 outstanding. First post holder to take up post in December 2018	Currently exploring how service incorporates into adult mental health and is dependent on outcomes of TMH  Recruitment to 3-County multidisciplinary specialist dementia intervention team that will work from hospitals into community.
8.3 √ Consistently meeting Mental Health Measure targets	On track	Psychological therapy service offers a range of evidence based psychotherapy in line with PIG and Matrix Cymru
V Psychological Therapies Audit completed and bids submitted for consideration by Welsh Government to drive improvements	Complete. Bids submitted are in line with the HB Psychological Therapies Strategy 2017-2020	Recruitment of staff to new posts.  Release of staff to attend training.  Development of supervision structures.  Reduce variations across Psychological therapy and psychology by implementing single clear service model.  Improve waiting lists to meet 26 week performance standard for therapy.  Establish range of EB high intensity therapies, in line with Matrix Cymru.  Undertake service user evaluation.  Implement robust outcome measures.

8.4 √ EIP service in place and	Complete / ongoing	EIP pathway established and
meeting targets.	Complete / Origonia	•
meeting targets.		referral targets being achieved.
√ Working with third sector to deliver to train support workers		Database established.
✓ Database set up		SLA with MIND is in place and mid-year review outlines KPI's
		are being met and Independent personal support
		(employment) service working very well with 8 clients re-
		engaging in full time work, 2 clients in voluntary work and 7
		clients back in full time
		education.
8.5 √ Considering different models	Complete / Ongoing	Investors in carers being
for service user / carer engagement		awarded to three day centres
across sectors	Investors in carers being	in Carms LA and plans to roll
V Carar angagament officer in past	awarded to three day centres in	this programme out to further services.
<ul><li>✓ Carer engagement officer in post (across health and local authorities)</li></ul>	Carms LA and plans to roll this programme out to further	services.
working with carers network	services.	Carers champions appointed in
working with carers network	Services.	all social work adult teams
√ Plans to review care for people	Carers champions appointed in	
with protected characteristics	all social work adult teams	Work progressing with MH
(please update)		carers network to establish an
	Work progressing with MH	information sharing protocol
	carers network to establish an information sharing protocol	Ceredigion - Joint action plan in place between Carers unit and
	Ceredigion - Joint action plan in	Mental Health Social Care team
	place between Carers unit and	to improve the take up of carers assessments,
	Mental Health Social Care team	identification of support
	to improve the take up of carers	services and access to
	assessments, identification of	information to support caring
	support services and access to	role.
	information to support caring	
	role.	
8.6 √ Population needs assessment	Complete / Ongoing	I&T money received to invest in
complete		testing a new primary care
		model in Pembrokeshire. If
- Plans to improve training for GP's		successful will be rolled out
and to introduce mental health staff		across the three counties.
to GP surgeries		across the times counties.
√ Evidence of PMHSS links with		
other services provided / ongoing		
work		

8.7 √ Support to national work

√ To merge HD / Cwm Taf ED services

The NICE guidance has been published. In response to this an All Wales group with representation from all of the health boards met to discuss the impact of this and to identify whether our services met the guidance. From this meeting it was identified that the All Wales model of assessment and treatment of Eating Disorders as set out in the Framework did not appear to fit with the NICE guidance. From this meeting a report was submitted to Welsh government requesting a review of the Framework. This review was agreed and commenced earlier this year. **Currently there is a draft** proposal being circulated for a new model. This is significantly different to the current services. Careful consideration needs to be given to how this proposed new model meets the needs of the health board's population. The Tier 3 Clinical Lead has circulated the proposal to the team and they have met to discuss the implications of the new model. The clinical lead will feed back within the national ED sub group as well as seek clarity on several points contained within the proposal.

The Tier 3 team are able to provide all the new evidence based treatments identified within the new NICE guidance. Members of the team have received extensive training over the past 12 months. This extensive training has been delivered as part of a National Training project which has been developed and implemented by the Health Board's Tier 3 Clinical Lead.

For senior Clinicians from The Adult and CAMHS eating disorder services to actively participate in the National discussions regarding the review of the Framework and the development of a new model across Wales; to ensure that the needs of our patient group are understood and met in an equitable way. Senior Clinicians to meet with senior managers to keep them informed of the process and discuss implications for local services.

To actively contribute through the formal consultation period

The Tier 3 Specialist Eating Disorder Service are delivering a full range of evidence based treatments to their patients.

The Health Boards Clinical Lead **Adult Eating Disorder Service has** continued to chair a group overseeing the development of transition services across Wales. Within the Health Board the development of transition services is progressing. The recruitment process is almost complete with an excellent standard of applicants. Specialist adult services and CAMHS are meeting regularly and have agreed referral and treatment pathways. Joint working has already commenced with the setting up of a Multi Family group therapy programme, jointly developed and delivered between CAMHS and adult services. Both CAMHS and Adult services have actively participated and been involved with an extensive national training programme for eating **Disorders** 

Joint away day between
CAMHS and Adult services to
ensure joint vision/goals and
the eradication of
barriers/boundaries to ensure
seamless transition for young
people and their carers.
Monthly meetings to be
implemented between CAMHS
and Adult eating disorder
services to ensure that all
potential patients requiring
transition are jointly treated in
a timely and effective manner.

The merging of the Hywel Dda and ABMU Adult Eating Disorder Service is currently on hold due to the All Wales Eating Disorder Framework being reviewed. This will potentially bring changes to the way Eating Disorder Services are delivered. It was felt that we should await the outcome of this before progressing further. New staff recruited under the transition service have however been employed to work across the 2 health boards.

Once there is national clarity and agreement regarding the new model to be implemented across Wales we will be in a position to plan local services to reflect the National Agenda. Senior Clinicians from Adult Eating Disorder Services and Specialist CAMH's will continue to contribute to the National debate and discussion regarding the new model. Senior managers will also be actively involved in the planning of local services.

8.8 V Evidence of range of supports for veterans provided  V To review internal structure of VNHSW	Complete / ongoing	Veterans Service operational Data reported and no breaches in performance and meeting 28 day performance target. Increased Psychiatric time x1 session is in place. Staff training is provided from regional hub. Health Board Service is small and there is a risk in respect of business continuity if staff leave.
8.9 (No prison in Hywel Dda) N/A	N/A	N/A
8.11 – Some progress in implementing Substance Misuse treatment framework. APB developing a plan of work – update required	100% of Substance Misuse Staff, 69% of Community Mental Health Staff and 44% of Inpatient Mental Health Staff have so far received training in Co-occurring mental health and substance misuse. This training includes agreed referral pathways, awareness of the Welsh Government Treatment Framework and the use of case studies to explore issues based on experiences of working with the client group.	This has proved challenging this year. Areas of good practice and development from across Wales have been scoped out by the Substance Misuse service lead. The lead has also met with the APB Executive Chair. The chair has offered her support and written to a number of agencies requesting their increase attendance and support in supporting the delivery of a draft action plan to meet the framework.
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) – Housing and Homelessness (WG) (9.2) – Healthy Working Wales (WG) 9.3 – Financial support (9.4) – PHW to develop recovery training 9.5 – Violence against women and domestic abuse		
Reported Progress Summary	Work left to do 2018-2019 and any areas of concern	So What? Impact and Next Steps

9.3 √ Delivery Unit audit complete to review and act on findings to support service users in identifying / setting goals for financial needs

X No regular service user / carer involvement in feedback / evaluation of services

Monthly CTP audits ongoing for CMHT's, OAMHS, EI Service. Audit provides instant results which can be used in the supervision sessions with the manager. Roll out to other services delayed c/o current audit tool development.

Monthly training sessions for the use of the electronic patient record system.

Care coordinators booklet completed by the wales CTP leads and approved by the delivery unit which will be rolled out to the directorate.

Closer working with Domestic Abuse services and Welfare rights organisations need to be established. These organisations are now part of the Mental Health Forums which is improving partnership working and identifying key actions.

Joint working also undertaken with DWP around the roll out of DWP and impact of welfare reforms.

Training delivered on Universal Credit and more planned especially for Service Users and Carers.

Information and presentations given by CAB's on Energy rights and information.

Links made with the Money Advice Service for the Forums also and looking to see who we can promote the help and support for financial needs more widely, and increase knowledge.

Information is on DEWIS and Info Engine, so developing a wide

Monthly CTP training to be rolled out.

Care coordinators booklet to be rolled out.

DWP invited to the Partnership Board and this will help increase the joint working.

Awareness of the need for help and support with financial planning and issues has been identified and increased in priority and profile for the Partnership Board.

We have active and full participation from 6 people with lived experience on our Partnership Board and over 25 people involved in various other aspects of mental health planning. The outcome is that these issues have increased in profile and importance.

marketing plan for this to ensure people know how to access financial help and support.

Service Users and Carers are involved in work undertaking CTP reviews and looking at outcomes in relation to employment and finances.

Service Users and Carers involved in all working groups in relation to Transforming Mental Health Services and the Pathways group in particular looking at financial and employment help and support.

The issues have also been raised with LA's about access to financial help and the lack of specialist Welfare Rights units within some of the LA's.

9.5 X No progress reported throughout delivery plan urgent action required

There is mandatory training for all staff to complete on the e learning portal.

Regional VAWDASV strategy is complete and has been amended following consultation. It will be launched on the 15<sup>th</sup> November at regional the safeguarding conference. The regional VAWDASV group is chaired by the Head of S for MH in Carmarthenshire and is well attended by all partners A delivery plan has been produced and work streams have been establishes to progress the priorities. VAWDASV regional advisor is currently being recruited to and will be hosted by Carms CC. Regional IDVA service operational since July.

Regional group reports into the safeguarding Board.

Consideration to include questions specific to domestic violence to be included on the standard assessment tool which is being considered for roll out in 2019.

The particular needs of people and their families experiencing domestic abuse has been highlighted. These focus on the difficulties of accessing specialist help for trauma and delays with have been central to this. These issues have been raised with the Health Board and working to see how these Health can be addressed. Board in partnership with WWAMH will be undertaking a review of counselling services and the access to these, including EMDR.

## Priority Area 10: Wales is a 'Dementia Friendly Nation'

\*\*\*\* These actions have been super ceded by the Dementia Action Plan no response required \*\*\*\*

Reported Progress Summary	Work left to do 2018-2019 and any	So What? Impact and Next
	areas of concern	Steps
N/A	N/A	N/A
Priority Area 11: The implementation of the strategy continues to be supported		
11.1 – Links to RPB's, Annual review of LPB Terms of Reference, Minimum 2 carer / 2 service user reps LPB		
(11.2) – Mental Health Core Dataset and WCCIS		
11.3 – Workforce – skill mix and non-traditional roles and HCSW framework implementation / Nursing		
workload assessment program		
11.4 – Adherence to ring-fence and evidence of capacity & demand analysis		
11.5 – Duty to Review Recommendations		
(11.6) – Research & Information potential and SAIL		
Reported Progress Summary	Work left to do 2018-2019 and any	So What? Impact and Next
	areas of concern	Steps

11.1 √ Links to RPB and mental health key priority of West Wales	Complete/ Ongoing	Governance review ongoing
RPB		Regular reporting to RPB on implementation where this is
√ Review of governance		monitored
arrangements and consideration of consecutive LPB/RPB meetings – has this happened?		
-20 Nov 2017 meeting planned to discuss delivery arrangements and to review ToR – did this go ahead?		It has been agreed by the Board after being identified by service user and carer reps that the reports to the Board by members need to align themselves to the Delivery of the Together for Mental Health and how each member/ topic area is progressing on this. This has been piloted in the last few meetings and is working well.
		A workshop has been held on team building and joint working, and another on developing the annual report. The Board have agreed to hold several workshops over the year as this supports Coproduction well.
√ Minimum 2 carer / 2 service user reps LPB not being met		This is met on our Mental Health LPB. HD LMHPB have 6 reps on the Mental Health Partnership Board.

11.3 √ Skill mix reflected in IMTP  - HCSW framework in progress — update	Each of the Heads of Service has developed their own separate workforce plans as part of the IMTP.	Many of the pilot schemes that we have been identified in the Transformation funding give real opportunities to try out new roles across all sectors.
V Ongoing participation in nursing workload assessment	The Directorate are now able to benefit from the part-time HCSW to registered nurse framework.  Similar opportunities have also been provided for HCSW to undertake Learning Disabilities registered nurse training.	The pilots all have identified outcome measures which will assist in the evaluation of new ways of delivering services.
	The Directorate are participating in the All Wales Acuity work.	
11.4 √ Confirmed spending above ring fenced allocation.	Complete / ongoing	Currently in the process of working with corporate finance colleagues to ascertain spending above ring fenced allocation
11.5 – Awaiting national guidance. Please provide update on Duty to Review Recs that have been progressed not enough detail in previous returns.	Currently report against all duty to review recommendations are on a regular basis through a standardised dashboard of information.  Governance framework established through regular reporting to the Delivery Unit, Quality and Safety Committee and the Mental Health Business Planning and Performance Assurance Committee.  DU review around CTP completed and recommendations developed	Continue to work with Welsh Government and Health Board to monitor and update duty to review reports.  Implement recommendations from DU CTP review