Document Pack

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TUESDAY, 10TH MAY, 2016

TO: ALL MEMBERS OF THE **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE** WHICH WILL BE HELD IN THE **CHAMBER, 3 SPILMAN STREET, CARMARTHEN** AT **10.00 A.M.** ON **MONDAY, 16TH MAY, 2016** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA.

Mark James

CHIEF EXECUTIVE

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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE
14 MEMBERS

PLAID CYMRU GROUP – 5 MEMBERS

1.	Councillor	T.T. Defis
2.	Councillor	W.T. Evans
3.	Councillor	D.J.R. Llewellyn
4.	Councillor	G. Thomas (Chair)
5.	Councillor	J.S. Williams

INDEPENDENT GROUP – 4 MEMBERS

1.	Councillor	S.M. Allen (Vice-Chair)
2.	Councillor	I.W. Davies
3.	Councillor	E.G. Thomas
4.	Councillor	H.I. Jones

LABOUR GROUP – 4 MEMBERS

1.	Councillor	K. Madge
2.	Councillor	E. Morgan
3.	Councillor	B.A.L. Roberts
4.	Councillor	J. Williams

PEOPLE FIRST (CARMARTHENSHIRE) – 1 MEMBER

1.	Councillor	S.M. Caiach

AGENDA

1.	APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF PERSONAL INTERESTS	
3.	DECLARATION OF PROHIBITED PARTY WHIPS	
4.	PUBLIC QUESTIONS (NONE RECEIVED)	
5.	TOGETHER FOR MENTAL HEALTH: ANNUAL REPORT FOR 2014/15	5 - 54
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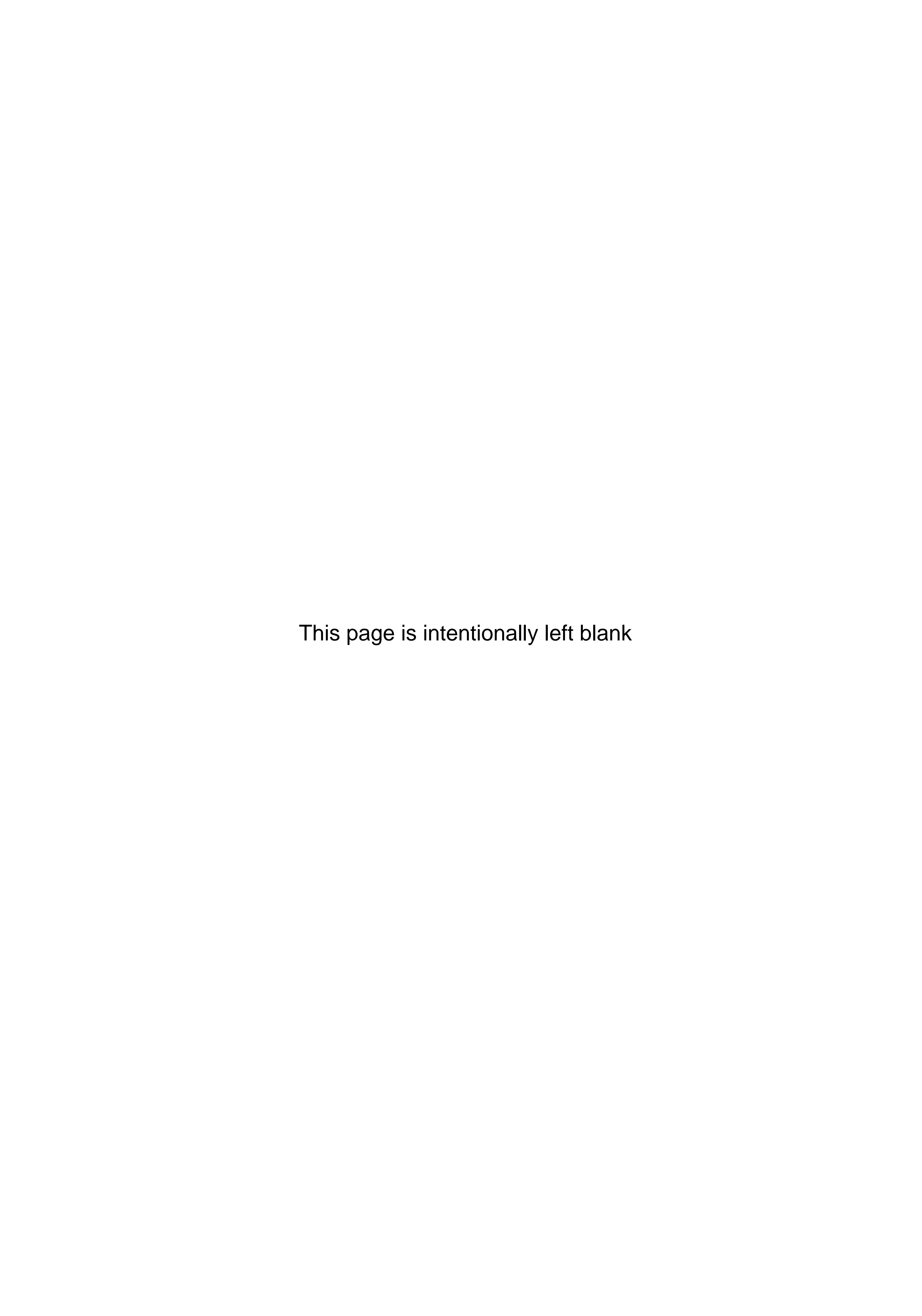
8.	EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT	87 - 88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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

DATE: 16TH MAY 2016

SUBJECT:

TOGETHER FOR MENTAL HEALTH :
ANNUAL REPORT FOR THE PERIOD 2014/15

Purpose:

That members of the Social Care and Health Scrutiny Committee appraise the most recent Annual Report for the Hywel Dda region in respect of delivery on key objectives of the Mental Health Strategy.

To consider and comment on the following issues:

To note progress in relation to the six agreed priority areas for our region and any implications for the Council.

REASONS:

As a partner organisation signed up to the production of an Annual Report on this subject matter, attendance and presentation at the Committee provides the opportunity for the Council to scrutinise developments and performance that pertain to Carmarthenshire.

To be referred to the Executive Board / Council for decision: **NO**

Executive Board Member Portfolio Holder:

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

Directorate		**Tel Nos.**
Communities	**Designations:**	**(01267) 242492**
Name of Head of Service/Report Author:	Head of Mental Health & Learning Disabilities	
Avril Bracey		**E Mail Addresses:**
		ABracey@carmarthenshire.gov.uk

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

16TH MAY, 2016

SUBJECT:
TOGETHER FOR MENTAL HEALTH : ANNUAL REPORT FOR THE PERIOD 2014/15

In October 2012, Welsh Government launched Together for Mental Health – A strategy for Mental Health & Wellbeing in Wales. Local Mental Health Partnership Boards were established based upon Health Board footprints and each local area produces its own Annual report which is submitted to Welsh Government. The Strategy is underpinned by a delivery plan, the second phase of which has recently been subject to public consultation. For the Hywel Dda region 6 high level priorities were agreed and progress against these in 2014/15 is captured in the attached report.

The 6 priority areas are:-

- To ensure that people of all ages are better informed about mental health and mental illness
- To ensure that services are based on a recovery and re-ablement approach
- To improve families/communities mental health and well-being
- To further reduce levels of suicide and self-harm
- To ensure that there is a concerted effort to reduce the stigma and discrimination faced by people with mental health problems
- To ensure that service users, their families and carers are involved in service development

The agenda item will allow Members to review progress in relation to local priorities and to ask questions of those presenting the item. Hywel Dda Health Board representatives Julie Denley (Assistant Director of Mental Health & Learning Disabilities) and Tom Alexander (Service Transformation and Partnerships Manager) will be accompanied by Mark Evans (Senior Manager, Carmarthenshire County Council).

DETAILED REPORT ATTACHED ?	YES – Hywel Dda Local Partnership Board Annual Report 2014/15 – Together for Mental Health

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IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: Avril Bracey Head of Mental Health & Learning Disabilities

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	**NONE**	**NONE**	**NONE**	**NONE**	**NONE**	**NONE**

CONSULTATION

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Avril Bracey Head of Mental Health & Learning Disabilities

1.Local Member(s)

N/A

2.Community / Town Council

N/A

3.Relevant Partners

Hywel Dda Local Mental Health Partnership Board

4.Staff Side Representatives and other Organisations

N/A

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THERE ARE NONE

Title of Document	File Ref No.	Locations that the papers are available for public inspection

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Hywel Dda Local Partnership Board Annual Report 2014 – 15

Together for Mental Health

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1.0 Introduction from the Local Mental Health Partnership Board Chair

It is with great pleasure that I am able to introduce this third annual report from the Hywel Dda Local Mental Health Partnership Board. Having only recently been appointed to the position of chair of the Local Mental Health Partnership Board it is encouraging to see the progression from last years report and the wide range of developments being taken forward to improve the experience for out population.

It has been gratifying to see the coproduction work of the Partnership Board go from strength to strength over the course of the last 12 months and this is evident throughout this report as it is inclusive of member's individual and organisational contributions and it has been co-produced with Local Mental Health Partnership Board (LMHPB) service user and carer representatives.

The approach to the format and content was the subject of a LMHPB workshop pre the 2nd annual report and the members agreed to follow the same approach and structure for this 3rd report. The approach has seen us deviate from the structure and directions given by Welsh Government. We believe this makes for an honest transparent account of our work, our progress, our low progress areas, our next steps and importantly a readable and meaningful report.

The Annual Report:

- Evidences significant advancement in developing safe and sustainable services and implementation of the strategy.
- Provides excellent examples of innovation and best practice with the commitment and innovation of the Mental Health workforce being recognised through the achievement of several national awards.
- Recognises areas where progress is needed, which create the local priorities for the next 12 months.

This report reflects another period of significant collaborative developments within the strategy.

The Hywel Dda collaborative, has been held up as an exemplar across

Wales for it's work to reduce mental health stigma and discrimination and to enhance the impact within the 'Time to Change' approach from within the wider organisations.

Investments seen in Street Triage a joint project with Dyfed Powys Police is seeing early positive results and pleasingly won the Wales NHS Award for Working Seamlessly Across organisations.

The development of a 'Recovery Wall' and 'Recovery Toolkit' are really putting this important concept alive and very practical for use locally.

Work on dementia is clearly articulated as is many areas of innovation with children and young people. The perinatal pilot has been exciting and the opportunity to role this out wider in 2015 / 16 is welcome.

The second iteration of the Talk to Me suicide strategy and action plan has been welcomed and is critically one of six high priority areas for the partnership board.

The ring fence review of mental health funding has been welcome and the board look forward to receiving the final report on this to ensure best practice locally.

Warren Lloyd
Associate Medical Director Mental Health & Learning Disability

Partnership Board Members Statement and Sign Off of Report

This report has been inclusive of member's individual and organisational contributions and it has been co-produced with Local Mental Health Partnership Board (LMHPB) service user and carer representatives.

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Angie Darlington WWAMH	Rob Quinn MAWWFRS	Wales Community Rehabilitation Company
Sam Dentton CHC	Julie Denley HDUHB	Sabine Roberts Carer Representative

Probation	Warren Lloyd HDUHB	Pamela Marsden Pembrokeshire LA	Teresa Owen HDUHB Public Health

Elizabeth Ryan- Davies HDUHB	A John Dyfed Powys Police	Penny Gripper Service User Representative
Chris Davies MAWWFRS	Maggie Nichols Service User Representative	Angela Lodwick HDUHB

3.0 Partnership Board and Partnership Working

The Local Mental Health Partnership Board has been in existence for three years. This year has seen four full meetings and one half day workshop. The attendance had been strong by service user and carer representative and other key stakeholders but Local Authority attendance has been erratic to due vacancies and changing structures. This is something that will be addressed further in the coming year.

It was attended by seven partner organisations and had four service user and carer representatives from the Partnership Board involved.

The first objective of the workshop was to identify the skills of Partnership Board members so that they could contribute more effectively to it's work. Many of these are listed below.

• Delegator • Negotiation • Creative Response to the Unexpected ('winging it') • Understanding Needs • Calmness • Peace Keeper • Engaging • Advisor • Staying Power • Financial Skills • Consistence • Self Restraint • People Skills • Sense of Humor • Reflective	• Communication, Empathy, Caring • Researcher • Presenter • Planner • Knowledgeable • Time Keeping of Others • Responding to questions • Ability to take Guidance or Instruction • Team Work/Sharing • Listening • Organisational Management • Teaching • Administration • Motivator

The second objective of the workshop was to develop an improved shared understanding of the role of the partnership board in assurance.

- To undertake assurance the board requires sufficient and good quality evidence about what is being done by partner organisations.
- Assurance recognise risks and seeks information that everything is being done or is risk managed.
- Assurance involves confidence that the right people are doing the work.
- Assurance and scrutiny have differences but there needs to be recognition that they cannot always be separated as they overlap.
- Assurance describes action, progress and blockages.
- Assurance involves asking the right questions.
- What are assurance type questions? (Not accepting information in face value but also not getting lost in details).
- May need to look at where scrutiny happens andhave a contact name for more information to scrutinise.
- Information from partners, specific to organisations and accountable to Board.

The final objective of the workshop was to identify how we could use the delivery plan more meaningfully within the Partnership Board.

In doing this exercise the members noted the complexity of the task due to the high volume of actions and the varying nature of these in the delivery plan.

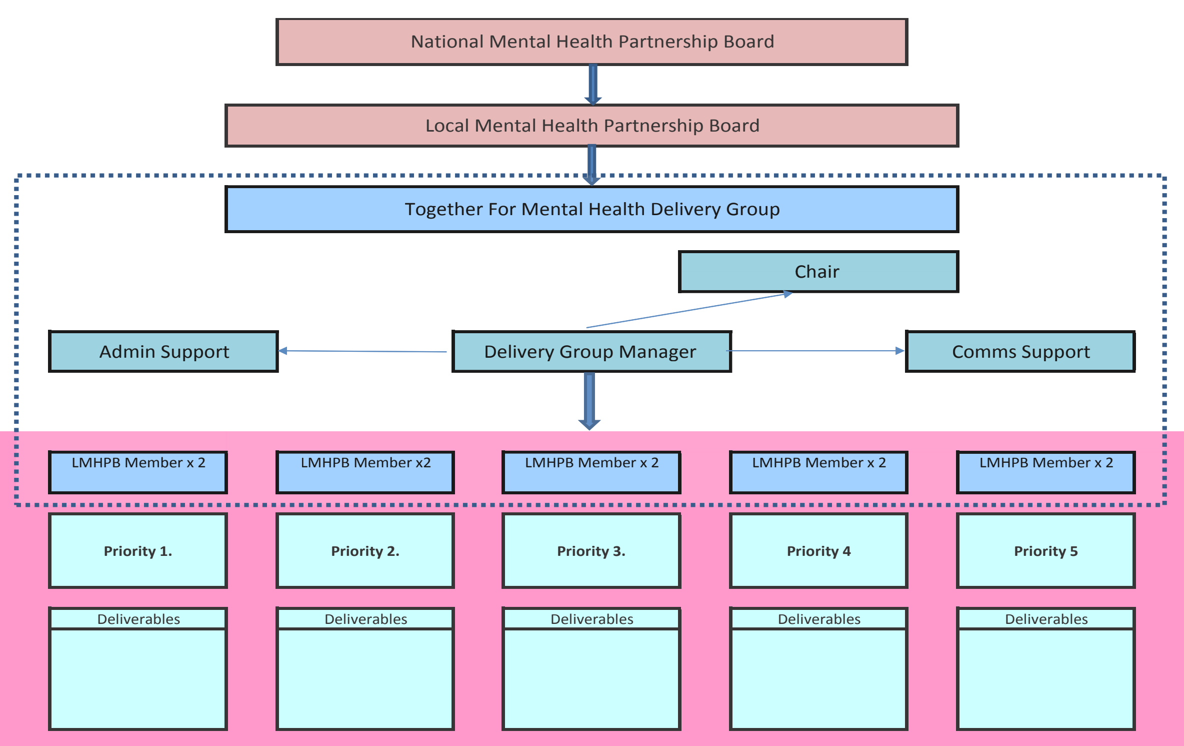
- Relate Partnership Board agenda to this for each item explicitly.
- Amend the Partnership Board template for presentations and papers so they relate to this explicitly.
- Need to incorporate RAG rating discussions into Partnership Board meetings with a clear and equitable process.
- For each action, each member of Partnership Board says how it is delivering this, but the Partnership Board reports as a collective group. This will make the action plan outcome focused and will highlight priorities.

  How each organisation is then progressing will then feedback into plan and then feeds/reports up to the Partnership Board.
- The Social Care and Well Being Bill relates to a number of actions, it will deliver on these together.

- Take a deep dive approach to assurance and carry out peer assurance. A team of 3 or 4 people from Partnership Board every year looks into an organisation or area for purposes of scrutiny or exploration.
- A mechanism is needed which captures unmet needs (cross agency) to inform planning. Further, to consider developing a mechanism online with performance updates built in for the differing organisations involved.
- Need to ensure induction with new members and the chair to increase familiarity with the meeting processes and key documents involved.

It was recognised that organisations have different performance measures, sometimes with competing priorities, but they are always willing to collaborate.

Previously, the Partnership Board selected a number of areas for additional focus and pace. These continue to be chaired by partners, service users and carer representatives.



The National Partnership Board acknowledged the work that went into the first Together for Mental Health Annual Report that was submitted by 31st October 2013. They requested that the second report demonstrates strong service user and carer involvement in collaboratively producing the annual report and have asked that this approach is followed this year.

In 2014 Welsh Government supported the development of coproduced annual reports by issuing a £1000 grant. The funding was used to pay service users and carers working on writing the annual progress report with Health Board. As part of this work they completed a summary document of the full report to promote this to wider service user and carer communities and groups. A further summary report will be developed this year.

4.0 Shared Vision

The six high priority areas agreed by the Partnership Board members are outlined below:

- **To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.**

  Local Health Boards (LHBs) and Local Authorities (LAs), together with Third Sector Partners, to ensure that Mental Health Service User Development Officers (MHSUDOs) maintain up to date web based directories of local mental health services and information available and to share these with appropriate organisations, such as Community Advice and Listening Line and NHS Direct Wales.

- **To ensure that services are based on a recovery and reablement approach, supporting people to gain more control over their lives.**

  LHBs and LAs to ensure that individual service user views of what recovery means to them become a core part of Care and Treatment Planning. Service users to act as trainers for professional staff to support cultural change.

- **Improve families / communities Health & Wellbeing**

  LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably:
  - Flying Start
  - Families First
  - Integrated Family Support Service.

- **To further reduce levels of suicide and serious self- harm**

  LAs, LHBs, Welsh Ambulance Services, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self-harm in Hywel Dda.

- **To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems.**

LHBs and LAs to identify Time To Change Wales (TTCW) Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff.

NHS and Local Authorities to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. Organisations to also make an effort to employ people who have mental health problems, and make the workplace accessible to them, through flexible and part time working.

- **To ensure that service users of all ages and their families and carers are fully involved in service development.**

LHBs and LAs to agree and put in place robust arrangements for engaging service users and carers of all ages in the design, delivery and monitoring of local services. MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of people of all ages.

5.0 Progress on Six High Priority Areas

To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.

Priority Identified: - Local **Key actions agreed:** That individuals and families can access helpful information easily. The work has concentrated on mainly on service users and carers who find communication and comprehension difficult.
Co production Areas and service user and carer involvement This group has consisted of onlytwo people, a carer representative and volunteer, since our local Public Health Wales board member retired and no successor could be found. Priority will be given at the partnership board to strengthen the membership to support those leading the work. The work has involved testing the accessibility of mental health information on key statutory sector websites. Key words were typed into website and an assessment made on the ease of use and information held. In particular information about mental health, local NHS and social services info and links to other services were searched for. Pembrokeshire County Council website was initially difficult to follow and a phone call to their technical support team resulted in them having difficulty finding their way around their own website. They listened and acknowledged the challenge and a few days later a re-check found that it was easy to get concise information on their website. The project lead fed this back positively to the County Council. The Carmarthen County Council website was easily accessible and held a range of helpful information and links. Ceredigion County Council website is very focused on assessment and eligibility to services in a way that could put off vulnerable person seeking help. There were no links to other services. When contacted they provided assurance that they were in the process of updating their website. The Health Board website has been subject to redesign as it was recognised the information had become dated. The NHS direct website is easy to use and access information. Third sector websites were generally found to be very good. The work stream leads recognise the challenge involved with leaflets. Leaflets about conditions, treatments, local support etc. can be very helpful but they must get to the person seeking help. Leaflets never stay around where you might want to pick them up

even in GPs' surgeries or hospital waiting rooms. They are available in mental health resource centres but first you have to find the centres. They quickly date and recalling earlier versions is problematic.

It is planned to develop a pack of relevant and leaflets that can be given to service users and carers when first come in contact with services people. At this point people will be given a folder which can be added to and updated by support workers, GPs, CPNs, etc. and can contain appointment reminders, medication info or changes and more. This work will be a priority for 2015 / 16.

Since most people are now actively using smart phones with apps this may be one way forward to reassure and remind sufferers of techniques that help in times of distress, and to have important contact information at their fingertips. This will be explored further in 2015 / 16.

Information for carers was variable and the workstream members favour the development of a proper group training course for carers who carry the responsibility for a person on a regular basis.

The development of a coproduced carers group will be a priority for 2015 / 16.

Partners perspectives – Further opportunities

One repository of up to date local and national mental health information accessible from any agency, in a range of ways would be helpful and mean consistent well vetted information is available that is then in turn easier to maintain.

Data / Evidence of Change

The improvement in websites mentioned is pleasing and should aid many people.

To ensure that services are based on a recovery and reablement approach supporting people to gain more control over their lives.

Priority Identified: - Local

Delivery Plan Outcome 14.1 To ensure that services are based on a recovery and reablement approach, supporting to gain more control over their lives

Key Action/s Agreed / Achieved:

- To hold pan agency recovery action learning sets.

- To develop a recover wall.

Co production areas and service user and carer involvement

Monthly recovery support groups led by a carer representative of the board have been established and have gone well. Time has been spent building up a good group dynamic through art exercise, then through exploration of themes such as:

- What does recovery mean to you?
- Can anyone recover?
- What might recovery look/feel like?
- What could make recovery ongoing/sustainable?
- Who or what inspires you?/What gets you out of bed in the morning?
- Is informed risk taking and shared responsibility possible?

The approach is seeing a really moving exchange of stories and views. Further sessions involve participants sharing an exercise that helped in their recovery. Participants have a shared book in which they are "collecting the learning"

Recovery learning sets, now called recovery gatherings, are commencing in early November to further engage wider groups of people.

Recovery Toolkit courses are being held regularly and are progressing well. During these people actually develop their own 'toolkit' in a box that has items of meaning to them and that have helped or could help at times of difficulty.

The Recovery Wall is an exciting new project developed by WWAMH in partnership with CVCMedia.

The project uses digital media as a means of promoting recovery and wellbeing. They work with service users and providers, volunteers and professionals, people who are recovering from mental health problems, and those who can help in the recovery process, to build a collection of stories, case studies of ordinary people who have shown extraordinary strength and courage on the road to recovery.

These films help to illustrate the huge impact mental health problems have on individuals and families lives, highlight the range of coping strategies and recovery gateways people find, and address the stigma attached to mental health problems.

They will also simply give people hope that recovery is in fact possible.

Partners perspectives – Further opportunities

We want to experience a recovery and enablement approach as 'common place' – in all sections of the community in regard to individual and community well being and Mental Health.

A priority for 2015/16 to enable the dissemination of ideas and to reach a wider audience, and help to change culture and practice for key people involved in this workstream. Pop up Recovery road show and cafes will be taken to different settings CMHTs, Mind, Hafal, Inpatient ward area with information stands and films, and discussion groups will be held.

The local Low Secure ward to are keen to further progress recovery based service and interventions with recovery and self management training for staff and patients. A pilot of a peer mentoring scheme agreed and will be evaluated in 2015/16.

There is a aspiration to develop a Recovery College for West Wales. A Business case has been drafted and a meeting has been arranged with UNLLAIS to discuss a North Wales college proposal.

Data / Evidence of Change

A Recovery Wall- digital media project continues to collect stories and form people of all ages. These enable continued learning about Recovery through sharing of experience and knowledge.

Ten stories have been collected and four film volunteers recruited and trained. A grant was secured to enable the purchase of the equipment.

Improve families / communities Health & Wellbeing

Priority Identified - Local

The Partnership Board Delivery Group previously identified five areas of wellbeing on which to focus its priorities from Together for Mental Health .The area of focus from Chapter 1 was agreed to be "Families/ Communities/Health & Wellbeing" with a emphasis on the following areas in particular

- Flying Start
- Families First
- Intensive Family Support Teams

Key Action/s Agreed / Achieved:

The provision of a Perinatal Mental Health Service across the Hywel Dda University Health Board area is very patchy and not equitable. Perinatal mental illnesses are a major public health issue and can have a devastating impact on women and their families. They are one of the leading causes of death for mothers during pregnancy and the year after birth.

Co production areas and service user and carer involvement

The Health Board in collaboration with the Local Authority Flying Start Service developed and delivered the first Perinatal Conference in West Wales to over 200 delegates and attracted many eminent speakers and researchers in perinatal mental health

A proposal has been submitted to WG for funding to develop a bespoke Perinatal Mental Health Service, which will provide equitable services across the HB footprint.

Since the workstream was developed it has identified representation from WWAMH, working together for improvedcoproduction. The group has also developed close relationships with service users and third sector agencies and are developing innovative services, such as groups for fathers with Mark Williams – Fathers Reaching Out Charity and Baby Cafe with music being donated by Jenny Muscratt – a musician and composer.

Partners perspectives – Further opportunities

A central component of this is that services should be developed in collaboration with partner agencies, be co- located where possible, reduce variation and ensure equitable service provision across the Health Board footprint.

In respect of the project, unfortunately due to service re organisation within the HB a number of key staff have relocated. Therefore, the group has not had regular meetings but the aim for 2016 is to be able to set out the meetings in advance

The agencies who remain involved are:

- Flying Start
- WWAMH
- Paediatrics/ Midwifery
- S-CAMHS
- Adult mental health

Where we were?
The provision of Perinatal Mental Health Service across the Hywel Dda University Health Board area is very patchy and not equitable.

Having identified this as a risk to the organisation, and the pilot perinatal service in Pembrokeshire demonstrating significant improvements for women children and their families, we have developed a a proposal for the provision of a detailed and comprehensive perinatal mental health service for Hywel Dda University Health Board. This includes a proposed Service Model, key aims outcomes and training requirements

Where are we now?
We are still not equitable but having undertaken a pilot so that we knowhas worked, what has not worked and can adapt the model for further roll out.

Where do we want to be in future?

We want to ensure that all women and their infants who experience mental health problems, either during or after their pregnancy, have rapid access to support at the level which is right for them.

Access to Perinatal MH Services should be available to parents regardless of age, gender, race, religion, ability, class, culture, ethnicity or sexuality. Both the commissioning and delivery of services should be informed by multi-agency assessment of need that is updated regularly. This needs to incorporate locally adjusted epidemiological information on the prevalence of parental and infant mental health problems, to reflect the diversity of the population and other local demographic circumstances

Welsh Government have recently announced recurrent funding for the development of a proposal for Perinatal Mental Health Services which should enable the above to be fully achieved in 2016

Data / Evidence of Change

For the purpose of the pilot service, it was agreed that initially, the perinatal emotional support service would be offered to all women, antenatally and postnatally who lived in Pembroke and Pembroke Dock and were registered with the Argyle Street Medical Group. This area is predominantly a Flying Start area whose caseloads are managed by 7 Flying Start health Visitors and 2 midwives. It was also decided that a further 270 children (aged 0-5 years) who are registered with this surgery but live in the outer lying catchment area and are managed by a generic Health Visitor should also be included

in this pilot to avoid confusion regarding who is eligible for referrals and to prevent inequity of care.

The joint collaborative working within the Pembroke and Pembroke Dock Perinatal Emotional Support Service has resulted in:

- Improved awareness and increased knowledge for the whole team.
- Improved awareness and respect within the primary health team of each professional's role in supporting women who are experiencing mental illness in the perinatal period which has enabled a seamless transition for women between professionals in the team.
- Agreed tools to be used for early identification.
- Agreed referral form and a timed pathway of care to be followed, enabling women to be assessed and seen by specialist service quickly.
- Following Community Psychiatric Nurse assessment, women are offered support from the most appropriate member of the team according to the level of need identified. This could be direct access to Consultant Psychiatrist, to GP, primary mental health team for counselling or back to HV or midwife for supportive listening visits.
- Improved uptake of services by women who previously were reluctant to discuss their problems and seek help.
- A service which is more approachable for women with the aim focused on prevention rather than cure.
- A structured approach to listening visits offered by the Health team.
- Consistency in advice and support that women are receiving.
- Advice regarding medication and dosages etc provided to GP by the Mental Health team.
- Support for the health team when dealing with women who are more difficult to engage, enabling joint visiting etc.
- Specialist supervision is provided by the CPN and /or the Consultant Psychiatrist regarding individual cases for the HV/Midwife which results in women and their children being effectively supported.
- Prevention of longer term ongoing problems for women who may not have been diagnosed early and may have experienced either a delay in or no treatment.
- Use of shared assessment and information available to be able to plan care for the woman's future pregnancies therefore preventing possible problems and reducing risks.
- Improved attachment and bonding for these women and their babies which should result in improved outcomes for children's development and emotional

wellbeing.

- Possible reduction in child protection registrations as assessment provides safety planning.

To further reduce levels of suicide and serious self- harm

Local priority Identified

Delivery Plan Outcome 2.4 To further reduce levels of suicide and self harm

Key Action/s Agreed / Achieved:

- Attend Regional Suicide and Self-harm prevention forum
- Attended Talk to me 2 launch
- Local Statistics examined
- Paper put together for the Local Mental Health Partnership board reporting goals on the Talk to me 2 action plan and proposing appointment of Talk to me 2 coordinator to lead and drive action plan delivery
- Meetings held with local Public Health
- Paper on Talk to Me 2 presented to the Mental Health Act Monitoring Committee
- Workshop planned for December 2015
- Local pilot project SWISH (Social Work Intervention Following Self Harm) – a brief intervention for people not in touch with the mental health service
- Police Street Triage Project will also affect suicide and self-harm prevention goals

Co production areas and service user and carer involvement

- Co-leader of the group is a service user
- Report to Local Mental Health Partnership Board written by a service user
- Service users and carers involved in the workshop event planned for December
- Service user attends the Regional Suicide and Self-Harm Prevention Group
- Service user attended the Talk to me 2 launch with co-lead
- Wider service user and carer involvement planned through the work shop in December
- Report from National Forum on service user and carer experience of Crisis Teams presented to the forum and involvement events proposed in the Hywel Dda area.

Partners perspectives – Further opportunities

Where we were?

- Lack of coordinated activity on prevention and self harm.
- No specific leadership on these issues
- No specific coordinated response to suicide and self-harm amongst those not known to services

Where are we now?

We now have a suicide and self-harm delivery group reporting to the LMHPB.

Current figures and data for suicide and self harm are only accurate up to the end of 2013 due to differences in the registration of deaths over time. All of the following figures are for Wales only unless identified as otherwise.

- Between 2003 and 2013 there were 3,508 deaths registered as suicide in Wales. An average of 319 per year.
- There has been an increase in male suicide rates since 2007 particularly in men aged 45-54 and 55-64. An increase of 74% and 75% respectively.
- The suicide rate in men aged 25-34 has fallen by 48% since 2003
- There has been no change in the suicide rate in any age group in women
- There were 13.1 suicides per 100,000 population within the Hywel Dda University Health Board area of residence.
- 77% of suicides were not known to Mental Health Services in Wales
- During 2003 to 2013, 806 deaths were identified as patient suicides (i.e. contact with Mental Health Services in the previous 12 months). This is an average of 73 per year.
- Self harm remains one of the top five causes of admission to general hospital in Wales. 5,500 admissions on average per year.
- For girls aged 15-19 it is the leading cause of admission to hospital

Most common risk factors for suicide are identified as alcohol or substance misuse; low socio-economic status; poor educational achievement; social isolation; and mental disorder. However, biggest risk indicator for suicide is a history of previous suicide attempts.

There are particular high risk times for those known to Mental Health Services. Since 2008 there has been a gradual increase in patient suicides. Whilst there has been a fall in the number of suicides within 3 months of in-patient discharge, there has been an increase in suicides of patients receiving treatment by Crisis Resolution and Home Treatment Teams (CRHTs). This most likely reflects the change in the nature of acute care

There are wo projects impact on suicide and self-harm in our area. SWISH and the Street Triage Project

Where do we want to be in future?
• For each partner to have leadership on at least one suicide and self harm prevention goal. • Good information to underpin action, and dissemination of information effectively • A paid Talk to me 2 coordinator to drive action • Reducing suicide and self-harm rates
Data / evidence of change
• Reduced incidence of suicide and self harm in Hywel Dda area • Reduced presentations of self harm at A and E in Hywel Dda area • Reduced number of deaths by suicide overall, and whilst under the care of the mental health service and the Crisis service, in Hywel Dda area • Improving evaluations of A&E responses to self harm, of the experience of receiving a service from the crisis team, and other mental health services in Hywel Dda area

To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems.

Priority Identified Local & National

Delivery Plan Outcome 7.1 To ensure that there is a concerted effort to sustainable reduce the sigma and discrimination faced by people with mental health problems

Engaging with Time to Change Wales National Campaign and applying the approach locally across the Health Board, partners and the community

Key Action/s Agreed / Achieved:

- Action Plan completed, agreed and in the process of delivery. Promoted nationally as the most progressive Partnership Board approach that fully encompasses engagement of the community. The action plan has three clear focuses.
    - CONNECTING INWARDS - Actions designed for Hywel Dda University Health Board Staff
    - INFLUENCING INWARDS - Actions designed for Hywel Dda University Health Board patients
    - REACHING OUTWARDS - Actions designed for Hywel Dda University Health Board population & Partners

Co production areas and service user and carer involvement

As below.

Partners perspectives – Future opportunities

Strong cross sector work addressing the three areas of the action plan cohesively together.

Our population showing commitment to the campaign by businesses signing up and engagement at community events.

Where we were?

- The Health Board had signed the organisational pledge.
- No other partners had signed the organisational pledge.
- An action plan had been developed as above.
- A local project group to oversee the action plan was in place.

- Early events had been held on a small scale.

Where are we now?

Hywel Dda Health Board signed a pledge to help end stigma, not only within Hywel Dda but working with the third sector, local businesses and communities in surrounding areas. In just one year we have already carried out and taken part in a range of events and activities in aim to tackle stigma, working closely with the TTCW Team, educators, staff within the Health Board and the third sector along with Community members. Educators have attended team meetings within the Health Board as well as Local Rotary Clubs with a great response from all. Display/Information boards have been held at Bronglais Hospital, GP surgeries and at events held in Aberystwyth for Carer's Rights Day. In addition to this:

- The Dyfed Powys Police have signed the organisational pledge.
- The Mid and West Wales Fire and Rescue Service are due to sign shortly.
- Carmarthen County Council have signed the organisational pledge.
- Pembrokeshire County Council are close to signing the organisational pledge.
- The Health Boards Interim Chief Executive presented a well deserved award to "Get Stuffed Cafe" for providing a Mental Health friendly environment.
- Wales Probation have signed the organisational pledge.

Staff at the cafe had a reputation for going out of their way to help their customers, even with the smallest of things, which clearly make big differences.

- There was an hour long facilitated a session with Executives and independent Board members within Hywel Dda University Health Board, members of the Board expressed high interest in the campaign and were keen to find out more and get involved with future work around Younger Adults.

- Carmarthen Leisure Centre, provided the opportunity to hold information stands at the reception area for a week, which allowed us to capture a wide range of audiences.

- The Mid and West Wales Fire and Rescue Service hosted an event in Haverfordwest town centre which attracted interest from the community.

- GP event at Clych Pedr Practice, display stand, pledges, questions and answers from LPMHSS.

- We attended Carers Rights Day in Aberystwyth, with display information and staff present to answer any questions.

- We have had over 600 pledges signed

Where do we want to be in future?

All LMHPB organisations will sign the organisational pledge and all partners will work together on a regional approach to TTCW.

We have made a video of the Health Board Chief Executive that reinforces the need to address stigma and discrimination whilst also ensuring the wellbeing of staff. In the video he talks about recruiting Health Board staff to become TTCW champions and educators.

Once complete the video will be launched with an advert to recruit Health Board staff and training will be provided for them by TTCW in order that they can deliver sessions across the Health board.

The Mid and West Wales Fire and Rescue Service are going to replicate the advert and which provides an opportunity to train staff across service to become champions and educators.

We will hold a competition open to Young artistic students, age 14-18, to design a paper format sculpture from the pledge cards. Arts Care Gofal will lead on this part of the project and find free Gallery time in their schedule. Local papers can run the competition and it means that we can engage with even more of the communities.

With a younger audience in mind for 2015, we hope to approach schools, colleges, universities and youth clubs. Developing the support and engagement we did in 2014 we are confident 2015 is going to be even more of a success. The Health Board and TTCW team would thank everyone for their upmost efforts, helping us tackle stigma against mental health and we are very much looking forward to what's to come.

The team are planning a rural mental health workshop to raise awareness of mental health stigma and discrimination in farming communities.

Data / evidence of change

Evidencing change on a public awareness and attitudes campaign is complex. There has been a shift in public attitudes when measured nationally but work is going on to understand this better.

To ensure that service users of all ages and their families and carers are fully involved in service development.

Priority Identified – Local but with a view to also influencing national approaches.

Delivery Plan Outcome 10.1 To ensure that service users of all ages and their families and carers are fully involved in service development

Key Action/s Agreed / Achieved:

Positive open workshop was held in Oct 2014 to gather a range of views about the priorities for the work, as the starting point for the Delivery group. The following actions were agreed for the subsequent 18 months:

- Improve information about service user and carer involvement opportunities and ensure this is widely available.
- Develop clear role descriptions for all representatives on meetings, not just service users and carers.
- Be clear why people are in the meeting and what is expected of them.
- Guidelines for all in the meeting to be developed for each meeting.
- Improve involvement of service users and carers in commissioning and recruitment panels
- Development of team of "Mystery shoppers", and a system for the management of this.
- Joint training of mental health staff and service users and carers on key topics such as care and treatment planning, communication and record keeping.
- Work more closely with the CHC, and ensure the CHC is aware of the information from service users and carers.
- Surgeries to be developed at the point of access to services where service users and/or carer have appointments with service users to hear their ideas and feelings about services.
- Organise Conferences on key topics such as Open Dialogue.
- Research opportunities to be identified for service users and carers.
- Development of Peer support and Mentoring for staff, service users and carers regarding involvement.
- Improve format of Partnership Board meetings.

- Creative facilitation of partnership meetings.
- Independent facilitator (&clinical) Informal meetings/wider opportunities for service users and carers and senior staff.
- Support professionals to engage – reduce fear, increase skills, create and structure

Use of Digital stories

- Gather service user, carer and staff stories
- Training service users and carers to take other service user stories
- Professionals need help and need their stories heard
- Sensitive people within each team to be supported to listen to service user and carer views and to use these as part of service planning.

Service user and carer audits of care plans

- Implement Reward and Recognition including agreeing procedure and policy for paying service users and carers for their work.
- Ditch the jargon – clear language creates clear thinking

Co production areas and service user involvement

The workshop was open and we had a range of people attending, including service users, carers, mental health staff and volunteers. Staff came from the NHS, LA and voluntary sector.

We used a mixture of presentation and group working and discussion to gather the priorities and actions.

This action plan has then been progressed over the year by WWAMH and the service user and carer reps, and Co-Chairs of the Delivery group.

The Delivery group is a virtual group which is called together in open workshops but the work of the action plan is taken forward through WWAMH and the service user and carer reps Network meeting.

Another workshop is planned later in the year to progress on the work and gather future actions that need to be undertaken to continue to improve involvement.

Service users and carers have been involved throughout the progress, from the initial discussions about the work and what needs to be undertaken to implementation.

Service users and carers have been integral to the monitoring and evaluation of the progress of involvement through the regular service user and carers reps meetings, and Carers Network.

Partners perspectives – Further opportunities

Where we were?

We had new reps on the Partnership Board and other groups, and involvement was only starting to develop. There was a new multiagency planning structure.

Previous planning groups had good service user and carer involvement and there was a service user training consortium in the past. The work has built on the foundations of this excellent involvement history.

Where are we now?

We have made good progress against the agreed actions. Service Users and Carers have been Co-Chairing and leading on key improvement work. There are

- Six Service User and Carer reps on the Mental Health Partnership Board,
- Three on the Mental Health Act Monitoring Committee and
- Nine people involved in the new Mental Health Project Group. The reps have also chaired a Mental Health Partnership Board meeting.

The reps have also given a presentation on the local involvement work to the National Mental Health Service User and Carer Network. The feedback from reps on the Partnership Board is that involvement feels equal and valued, and in a positive place.

We have made progress on the involvement of service users in research and two service users are being paid by the NHS to undertake a best practice review. Service users and carers have also been paid to produce an excellent summary of last year's annual report, which has been widely circulated.

Service users have been paid by WWAMH to deliver training to Dyfed Powys Police, and also self management training.

Role descriptions for the Partnership Board are in place and we are developing these for the other reps roles on the various groups.

We have helped to change the format of the Partnership Board meeting and have workshop based meetings on a regular basis. The feedback on these is that the help to widen debate allow people to think more creatively and helps trust to develop.
We have also carried out a workshop based skills audit which was very helpful to help build team work and create equality, value and respect.

Service user and carer stories have been collected and used a part of the Mental Health Prgramme group work and in training. 12 Recovery Stories have been collected. We have started to collect and record staff stories to use in the same way.

Work has started through the Mental Health Act Monitoring committee to review the audit of Care Plans, and to listen to the concerns from carers and service users and service improvement ideas.

Where do we want to be in future?
Work is still needs to be completed on developing the mystery shopper audit scheme, and promoting more widely the involvement opportunities available.

We also need to ensure more consistent training for health and social care staff regarding involvement so that they can understand why it is important, and feel more comfortable and confident with it.

We need to continue to ensure we engage a wide range of people with different methods and means for involvement. We need to collect and measure the difference the involvement work makes to mental health services.

We need to have two open workshops a year to gather the views on this work and monitor progress.

We want to continue to hear that people feel valued, respected and equal and ensure this becomes a consistent experience for everyone who gives their time to improve mental health services.

Data / Evidence of Change

- Improved satisfaction by the existing service user and carer representatives on their experience of involvement and engagement
- Changes to services such as the Day Services now having a experience based questionnaire to gather views of services
- Service users and carers involved in interviews and delivering training
- Service users and carers paid for some of their involvement work
- Increase in the number of people becoming involved
- Positive feedback from mental health staff on the difference it makes having service users and carers involved in service improvement.

An example

There had been significant development of Therapeutic day services of recent years. At their beginning of their development there had been an evaluation questionnaire developed. As part of the work of this group a working group looked to develop a service user led approach to evaluation.

A questionnaire was developed and refined then piloted in one site. It was agreed important to keep this independent of the service so completed questionnaires are placed in a secure box, collected and reviewed by service user representatives and in conjunction with West Wales Action for Mental Health a report is written and fed back to the service ad through the Psychological services management Committee. The findings are to be posted on service notice boards with clear messages including any where changes have been made – A 'you said – We did model'

6.0 Delivering Together for Mental Health

6.1 Chapter 1 - Promoting Better Mental Wellbeing and Preventing Mental Health Problems

What we have achieved in the last 12 months

Delivery Plan Outcome 2.1 To improve resilience of children and young people

Specialist Child and Adolescent Mental Health Services (S- CAMHS) within Hywel Dda University Health Board provides community-based mental health services for children, adolescents and their families to a population of approximately 81,000 children and young people across Carmarthenshire, Ceredigion and Pembrokeshire. Mental health services are provided both from a a Primary Care a Secondary Mental Health perspective in line with the Mental Health (Wales) Measure 2010.

The Minister is clear that the responsibility for undertaking change and improving the delivery of services is not the remit of the NHS alone and a transformational change conference was held in February with cross party representation from Welsh Government and all key agencies including Social Care , Education and Health.

The Together for Children and Young People (T4CYP) Improvement Programme will focus on this via a detailed programme of work streams and improvement plans. This transformational change programme will commence with a Baseline Variance and Opportunity Audit addressing 7 domains.

The Together for Children and Young People (T4CYP) Improvement Programme will be incorporated into the LMHPB planning and reporting structure.

A recent conference "Together for Children and Young People" focused on transformational change in the key area of early intervention and prevention . Building resilience in young people. Reducing stigma & discrimination will ensure that young people receive help at an earlier level by the right people at the right time.

Following on this the Minister for Health recently announced recurrent funding for S-CAMHS to develop sustainable evidenced based services to meet the key areas highlighted above.

HDUHB has developed a number of high level service proposals which , in partnership with Adult mental health services and Acute service provision(Women and Children Directorate) and third sector support will transform the current service provision ensuring the delivery of sustainable and evidence based service provision for all children , young people and their families across the Health Board footprint.

The proposals have been submitted to Welsh Government for final approval following scrutiny and agreement with Welsh Government we hope to be informed

of a positive outcome in August 2015. The Health Board was allocated a total of £ 873,090 and the proposals and funding allocation for Hywel Dda UHB has been apportioned as :

- Neurodevelopmental Services – ASD/ ADHD Assessment and Treatment £235,972
- Improving access to Local Primary Mental Health Services £94,389
- CAMHS Psychological Therapies £129.785
- CAMHS Specialist Crisis Intervention £318,562
- CAMHS Early Intervention Psychosis £94,389

Hywel Dda has also put forward a "Once for Wales " proposal for their award winning DVD getting the Low Down : An educational resource for Primary and Secondary Schools to be financially supported across Wales thus promoting early intervention and prevention for children and young people.

Getting the Low Down Wales : An Emotional Health Resource for Primary and Secondary Schools built on the success of last year, the DVD has recently won the category "Working with Priority Groups- children, young people and families" at the Welsh Language in Health, Social Services and Social Care Awards 2015, and therefore has raised its profile at a National level.

Tonic Surf – a collaboration between S-CAMHS and West Wales Action for Mental Health (WWAMH) is a programme based on the researched efficacy and effectiveness of using surf/ocean therapy programmes to promote recovery from mental health issues as recently seen in the USA and UK.

The overall aim is to provide an " alternative treatment " to conventional therapy and medication by providing a hobby/ interest that can be sustained by young people after the course has finished. The overall aim is to improve physical and mental health by a alternative treatment / intervention by leading to:

- Improved physical fitness
- Improved psychological wellbeing – confidence/ self esteem/ sense of happiness
- Increased social outlook- sense of wellbeing/ positive outlook / increased socialization and being with peer group.

The original pilot in 2014 demonstrated positive impact for young people evidenced by improvements in engagement with the activity , increased social activity, improved self esteem and confidence. This was evidenced by some of the comments captured as part of the audit of the pilot as below :

" it (Tonic Surf) got me out rather than staying in all day every day .. it helped me get over my fear of water .. i also felt more confident (EF16)

"Surf Tonic helped me feel better and more confident in how i look and helped me push of any bad thoughts.. it made me less anxious " (CH14)

“Surf therapy has allowed me to feel more comfortable in new situations .. i feel more confident in myself and now agree to try new things (age 13)

Delivery Plan Outcome 2.1 To improve resilience of communities

Dementia Risk Reduction - As part of the Dementia Public Health Sub-Group (Dementia Development Board) the Hywel Dda Public Health Team are in the process of developing a campaign to raise awareness of the modifiable risk factors for Dementia. The concept that has been developed is called PANDA’S and is an acronym for the following:

PA – Physical Activity
N – Nutrition and Networks
D - Diagnosis
A – Alcohol
S - Smoking

PANDA’S is also being used to convey the message that Dementia and it’s causes (modifiable and non-modifiable) are not a black and white issues. The PANDA approach has been adopted by all of the Older Adult Mental Health Teams in supporting older people who are known to the services.

Delivery Plan Outcome 2.4 To further reduce levels of suicide and self harm

See chapter on six high priority areas.

Where do we require further action and our priorities for the next 12 months?

- For each partner to have leadership on at least one suicide and self harm prevention goal.
- Good information to underpin action, and dissemination of information

effectively in relation to suicide prevention.

- A paid Talk to me 2 coordinator to drive action

6.2 Chapter 2 - A New Partnership with the Public

What we have achieved in the last 12 months

Delivery Plan Outcome 4.1 To reduce the inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services

Street Triage
Last years report provided extensive information on the scoping and piloting of 'Street Triage' weekends to better manage demand and issues arising from the use of Section 136 of the Mental Health Act 1983. The key action noted was for the project to go live towards the end of 2014 and ensure a whole system evaluation of the model will is embedded.

The two key challenges noted in last years reports were ensuring pan-organisation and service buy in and robust information sharing procedures in place.

- Pan-organisation engagement and input has been achieved. The three Social Services departments have been well represented, as have the ambulance service, substance misuse and Child and Adolescent Mental Health Services as well as the University of South Wales

- Information sharing procedures – A full Information Sharing Protocol (ISP) is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI), and has been agreed between to support the regular sharing of personal information between Mental Health (Hywel Dda University Health Board (HDUHB)), Local Authority (Pembrokeshire, Carmarthenshire and Ceredigion), Welsh Ambulance Service Trust (WAST) and Dyfed Powys Police (DPP).

  The ISP outlines cross-border collaboration between the various agencies across the Hywel Dda University Health Board area to ensure that those individuals who are Mental Health service users are appropriately and adequately protected by timely and approved interventions to ensure that their vulnerability is safeguarded.

The formal pilot of a Mental Health Triage service commenced on 5th January 2015. One police officer and one mental health practitioner were seconded to the service by Dyfed Powys Police and Hywel Dda University Health Board. They are supported by a cohort of police officers and mental health practitioners who are rotated in to the

service to extend its operating hours.

The main aims of the Mental Health Triage service are:

- To reduce the number of people detained under section 136 of the Mental Health Act 1983 (Section 136 authorises a police officer who finds a person who appears to be suffering from mental disorder, and to be in immediate need of care or control in a public place, to remove them to a place of safety);
- To reduce the use of police custody cells as a place of safety for people detained under section 136;
- To provide timely and appropriate interventions to people in mental distress who come to the attention of the police

The majority of the evaluation is being undertaken by a postgraduate student and her supervisor, a senior lecturer at the International Centre for Policing and Security, University of South Wales. The student is also a service user, and has experience of being detained under Section 136 as well as being detained in police cells.

The views of service-users who have come into contact with the Triage service are be obtained by undertaking qualitative semi-structured interviews either face to face or via the telephone. Qualitative research is also be undertaken with workers directly involved in the delivery of the service. Qualitative surveys will also be undertaken with workers from other agencies that come into contact with the Triage service.

In addition to this, a Social Worker and Project Board member is undertaking a quantitative study using data collected from Approved Mental Health Practitioner reports. The results are very promising and have attracted much national interest.

The project scooped the 'Working Seamlessly Across Organisations' award, supported by the Welsh Local Government Association. NHS Wales Awards judges praised the organisations for working together to improve support and provide more timely assessments for people suffering episodes of mental distress.

Delivery Plan Outcome 4.1 To reduce the inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services

Public awareness and support – The Health board has supported several projects within the local communities in relation to developing dementia supportive communities. Pontyberem, Carmarthenshire, Aberaeron, Ceredigion and St Davids Pembrokeshire have all attained the status of a dementia supportive community with several other working towards this. There is a project ongoing in Ceredigion supported by the health Board dementia coordinator in making all the counties public toilets dementia friendly. The directorate is working closely with the newly appointed Alzheimer's society Dementia Supportive communities lead – Marcia Vale in supporting further initiatives in the localities of the Health Board.

Delivery Plan Outcome 7.1 To ensure that there is a concerted effort to sustainable reduce the sigma and discrimination faced by people with mental health problems

See chapter on six high priority areas.

Delivery Plan Outcome 9.1 To ensure support for families and carers through the implementation of the Carers (Wales) Measure 2011

Triangle of Care
The Triangle of Care guide was launched in 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit, emphasising the need for better local strategic involvement of carers and families in the care planning

and treatment of people with mental health problems.

The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations.

A small multi agency working group has been set up to consider the implementation of the Triangle of Care across the Hywel Dda Health and Social Care community. The working group includes carers, West Wales Action for Mental Health (WWAMH), Investors in Carers and the Health Board. Representatives for the three Local Authorities will be invited to attend the working group.

The Three Counties Mental Health Carers Network which is facilitated by WWAMH has produced an Action Plan in regards the concerns expressed by Carers in relation to mental health support.

The Network has also considered Triangle of Care and is supportive of the implementation of this across the region. The Action Plan is included in this paper as an appendix.

The implementation of the Triangle of Care will help to address many of the concerns expressed by the Carers Network, and provide an audit trail and evidence for the improvements and support for Carers.

The Local Mental Health Partnerships Board endorsed the work on Triangle of Care, and supported the implementation of this on a regional level.

Delivery Plan Outcome 10.1 To ensure that service users of all ages and their families and carers are fully involved in service development

See chapter on six high priority areas.

Where do we require further action and our priorities for the next 12 months?

Specific focus will be applied to Outcome 5 – Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care when they need to so. A full scoping of all services to understand their ability to deliver services in Welsh will be undertaken.

All LMHPB organisations will have signed the TTCW organisational pledge.

All partners will work together on a regional approach to TTCW.

We will have recruited public sector staff to become TTCW champions and educators and be delivering sessions consistently.

The team will be working within the farming communities raising awareness of mental health stigma and discrimination.

6.3 Chapter 3 - A Well Designed, Fully Integrated Network of Care

What we have achieved in the last 12 months

Delivery Plan Outcome 11.5 To Improve physical health care for those with chronic conditions including metal health problems

The Health Board has undertaken work to support the development and implementation of a dementia training plan. This includes initiatives such as training for the 'volunteers for health' scheme, the Skills to care course for Health Care Support Worker's and a University programme on dementia care.

The health Minister announced in May 2015 that a target has been set for the completion of dementia awareness training. The Health Board is required to have in place arrangements to ensure that, by the end of the financial year 2015/16, at least 50% of health board directly employed staff who have direct contact with patients (including administrative and ancillary staff - e.g. receptionists and porters - as well as healthcare professionals) have received appropriate dementia awareness-raising or training to enable them to recognise and appropriately support individuals with dementia.

A plan has been agreed that will support the achievement of this target.

Training undertaken already includes:

- 2 Withybush Dementia Conferences – over 400 members of Health and Local Authority staff in attendance at each, with talks on a wide variety of dementia related topics, a dementia poster competition and cross-sector dementia information stands.

- Skills to Care training undertaken which includes a focus on dementia.

  April 2012 – March 2013 = 93
  April 2013 – March 2014 = 108
  April 2014 – March 2015 = 127

- Approximately 1470 staff across Carmarthenshire and Ceredigion have received Butterfly Scheme training.
- All staff in Tregaron hospital have received a 3 day training programme on dementia.
- Dementia awareness and delirium training included as part of the preceptor programme (General and mental health) for all newly qualified staff.
- Volunteer Training programme – 49 volunteers trained in dementia awareness during 2014/2015.
- A dementia session has been included on the non medical independent prescribing course run by Swansea University which will focus on communication, challenging behaviour, assessment, dementia drugs and antipsycholtics.

- The Dementia Coordinators across the 3 county areas have delivered numerous dementia focused training sessions to departmental teams including A&E , general hospital wards, physiotherapy departments, Radiology departments.

There have also been opportunities to deliver dementia awareness training to social care teams as part of partnership working, and in 2014 -15 care homes in Carmarthenshire received training in the Butterfly scheme and the 'This is Me' document. This aims to improve the patient experience if the necessity to be admitted to hospital occurs through improved communication and effective transfer of information.

The crisis team should not just be a gate keeper for the ward, but a gateway to help, problem solving and advice, and to other services in the community

National Service User and Carer key message 2015

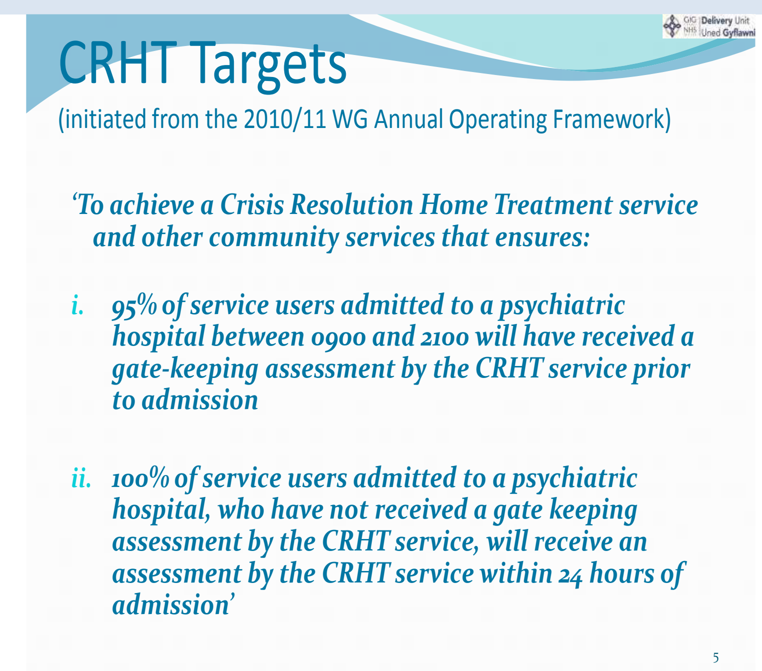
The Directorate has agreed a proposal to increase the OAMH liaison capacity across the health Board, There is currently a dedicated OAMH liaison practitioner in Carmarthenshire and this will be replicated in Ceredigion and Pembrokeshire.

A recent announcement of funding for liaison in acute hospitals was welcomed and a bid made is awaiting confirmation.

Delivery Plan Outcome 13.3 (D) Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services

Crisis Resolution Home Treatment Services

The Partnership Board received the presentation delivered at the National Board outlining the performance of Crisis Resolution Home Treatment Services.



The local services have consistently met the targets above but the Partnership Board noted service user and carer concerns that added to the presentation. On a national leave service users and carers raised concerns about:

- Access to services
- Crisis planning
- Their experience of first contacts
- Their experience of Accident and Emergency departments

Only one respondent had ever been asked to fill in a satisfaction survey on crisis services. Nobody else knew of any such surveys. The national Crisis Resolution and Home Treatment service satisfaction questionnaire was reviewed and it was agreed it did not have sufficient focus on outcomes for service users.

On the back of this discussion the Partnership Board committed to developing a local evaluation plan that is co-produced with service users, carer and other key stakeholders.

Delivery Plan Outcome 13.1 (c) To ensure service users of all ages are safeguarded from harm while accessing mental health services – adopt and share learning from published practice reviews, POVA cases and other reviews

A report provided the Partnership Board with an update on the Ministerial Unannounced Older persons mental health ward Spot Check visits that took place in December 2014.

A series of unannounced 'spot check' visits to older persons mental health wards were carried out across Wales in the wake of the report "Trusted to Care" and in light of the more recent findings from the Tawel Fan Ward in Betsi Cadwalader University Health Board. The spot check visits focused on seven fundamental aspects of care:

- Eating and drinking
- Ease of restraint
- The use of medication
- Continence and personal care
- Daily activities
- Relatives and carers and their involvement in care
- Culture and leadership

There were examples of good practice highlighted through the older persons' spot checks and these should be noted by the Health Board and any learning shared with other providers of healthcare to support improvement in every setting. The spot checks also identified areas for improvement across all three inpatient areas and these are focus of the action plans.

Areas of good practice identified in the reports included:

St Nons Ward, Withybush Hospital:

- Communications project
- Nutritional Project
- Transforming care in practice
- Good standard of patient documentation
- Patient centred handover
- Older persons restraint training programme
- New staff felt that members of the team were supportive.

Bryngolau Ward, Prince Phillip Hospital:

- Video linking/teleconferencing for MDT meetings
- Strong leadership in managing change in a short period of time
- Ward management are demonstrating success in taking staff along with them in the change journey.
- Good involvement from West Wales Action for mental health and West Wales carers group
- Ward manager is a carers champion
- Evidence of a holistic approach to assessment

Enlli Ward, Bronglais Hospital:

- Good patient dashboard
- Faith in the service manager
- Staff are kind and prioritise the mainainance of patient dignity
- Good practice in prescribing
- Active care planning and review process in place
- Covert medication process is good.

Following the visits comprehensive action plans were developed for each of the three Older Adult Inpatient Areas to support development and improvements in those areas identified by the review teams undertaking the spot checks.

Key areas for improvement and development included environmental issues such as creating a more dementia friendly environment within the ward areas and developing dementia friendly approaches to care delivery.

The provision of specialist ‘high-low’ beds and assistive technology to support patient independence was identified across all three areas. It was also identified that there was a need to improve the timeliness of maintenance /estates requests as well as supporting all staff in becoming dementia aware, including hotel services, portering and catering departments.

The reports also stated that there was a need to improve the availability of meaningful activities on each ward area with a view to developing person centred activity structured around the needs of the individual patient. Pleasingly Welsh Government have recently announced additional funding for the expansion of occupational therapy on older adult mental health wards.

The Partnership Board were very assured by the transparency of the reports, the areas of good practice and the clarity about the areas for improvement.

Delivery Plan Outcome 13.4 To Improve older people's mental health services ensuring they are based on clinical need rather than age, with transitions managed effectively (also contributes to 11,12 & 14)

Dementia Diagnosis rates – The Memory assessment services (MAS) have developed a set of agreed operational procedures to support patients who are referred into the service; this has also supported the standardisation of systems and processes across all four Memory Assessment teams.

The Health Minister has announced that there is an expectation that Wales will have a 50% diagnostic rate by the end of March 2016. In July 2015 the rate was recorded at 42% on an all Wales basis.

MAS teams have been reconfigured to be aligned with GP clusters and work is ongoing in relation to key staff linking into Primary care to support and advise GP's and primary care staff. The introduction of a pilot GP led Memory assessment review clinic in Carmarthenshire has been implemented with reported positive effects and plans are in place to roll out the concept to other areas within the Health Board.

Post Diagnostic Support – The development and implementation of the standardised Memory Assessment Service (MAS) Operational Procedures has embedded the post diagnostic counselling process within all teams.

Funding was announced in June 2015 by the Health Minister to put in place dementia Support Workers. The funding is to be used to secure new posts, embedded within, and working across primary care clusters, to provide face-to-face support and information to patients and their families/carers up to 12 months after diagnosis, and beyond that, when the disease is further advanced and different challenges emerge. The funding is based on approximately 1 worker per 2 clusters.

The health board currently commissions the Alzheimer's society to support services and this will be expanded to deliver this service.

Delivery Plan Outcome 14.1 To ensure that services are based on a recovery and reablement approach supporting to gain more control over their lives

See chapter on six high priority areas.

Where do we require further action and our priorities for the next 12 months?

- Dementia diagnoses rates will exceed 50%
- Stakeholders will have worked together to design an evaluation framework for crisis services and have implemented this.
- We will have an expanded primary care mental health service that truly covers all age groups.
- We will have improved the access to and provision of psychological therapies.

6.4 Chapter 4 - One System to Improve Mental Health

What we have achieved in the last 12 months

Delivery Plan Outcome 15.8 To ensure that the physical health needs of people with mental illness are better recognised and better met

Physical Health and Mental Health

The Partnership Board sought information on how the Health Board delivers on improving the physical health of people with mental illness.

The Health Board monitors delivery of improving the physical health of people with mental illness in Primary Care in two ways; the uptake of the Directed Enhanced Service (DES) and the Mental Health QOF indicators. These are not perfect, but the Health Board reviews the other clinical primary care outcome measures against the whole population and does not differentiate between those who have or have not got a mental illness diagnosis.

Mental Health DES 2013-14:The Mental Health DES was commissioned in its current form from 1st April 2013. It encourages GP practices to undertake annual training in an area of mental health practice. In 2013-14, 26 Hywel Dda GP practices participated (46% of all our practices).

The table below provides the detail of which training topics were chosen in 2013/14 and 2014/15, the most popular topic being *Early identification, effective management, advice and support for people with dementia and their Carers.*

Feedback from practices was mainly positive with practices reporting that the training had been well received by staff and found to be useful preparation for dealing with patients. It is too soon to know the uptake for 2014-15.

There is a concerning reduction in the number of surgeries undertaking the annual training.

Training Topic Chosen 2013-14	Number practices 2013/14	Number practices 2014/15
Early identification, effective management, advice and support for people with dementia and their Carers	21	1
Recognition and management of threatened suicide and self harm	3	6
Diagnosis and management of depression in the elderly	1	1
Service user led training on understanding the experience of mental illness from a service user's perspective	1	5
Understanding the mental health needs of young people and local pathways and support, working with local CAMHS services		3
Did not participate	30	38

* There were **56** practices in 2013-14; in 2014-15 1 closed & 1 merged leaving **54**
Where do we require further action and our priorities for the next 12 months?

An increased number of GP practices will have an annual mental health training session.

6.5 Chapter 5 – delivering for Mental Health

Partners welcomed the review instigated nationally into mental health ring fenced money. The overarching purpose of the review was to provide the Minister for Health and Social Services with recommendations on how the mental health ring-fence can be strengthened to achieve the outcomes of *Together for Mental Health* and how to ensure consistency of approach and application across Wales.

The Partnership Board is clear it needs the Health Board to demonstrate:

- How much is spent across all ages and on what
- Which expenditure is included
- How value for money is being provided
- How investment is changing year by year
- How expenditure is helping to deliver Welsh Government's strategic outcomes as set out in *Together for Mental Health*.

The Mental Health ring-fence is based on the 2008/09 Programme Budgeting Returns. This was uplifted by inflation to create the ring-fence for 2010/11 (the first year it was applied on this basis) and then added to over the years for specific investments. As a comparator the ring fence set in 2010/11 was £82.491m. The current figures and the original are shown below together with their component parts.

Service	**Ring fenced elements**	**2013/14**	**2010/11**
		£m	**£m**
Mental Health including EMI and CAMHS	Hospital & Community Health Services – this includes our secondary care services, services provided by others including WHSSC and CHC	66.650	64.724
	Primary Care Prescribing	6.263	6.263
	General Medical Service (GPs)	0.878	0.878
	Other Primary Care	0.970	0.970
	Sub Total	**74.761**	**72.835**
Substance Misuse		**1.747**	**1.747**
Learning Disabilities		**8.663**	**7.909**
Total MH&LD		**85.171**	**82.491**

Since the ring-fence was established a number of deliberate actions have occurred that has reduced/contained spend in certain areas that were in danger of escalating significantly e.g.

- **Continuing Health Care (CHC)** – ring-fence includes £17.354m for Mental Health CHC. A repatriation strategy was developed and facilities were developed locally to enable patients to be cared for within our own core Health Board services and closer to home. Therefore CHC spend has only increased to £18.224m when this would have been expected to have grown much more.
- **Prescribing** – all Wales targets have been introduced to reduce the prescribing of anxiolytics and hypnotics as well as a focus on reducing overall prescribing costs.
- **Community based service models** – we have implemented a service strategy that places less reliance on more expensive in-patient facilities to develop a community based model. This has reduced our total estates costs whilst improving care for patients.

7.0 Data / Evidence of Change

Reported in each section of the report.

8.0 Summary and Conclusion

The Progress of the Local Mental Health Partnership has been set out clearly in this report. The Partnership Board welcomes the approach to the new delivery plan being developed by Welsh Government, as there is a strong view that the first plan has had too many actions to be able to carry out it's assurance role fully and thoroughly.

Good progress is being seen in many areas of the delivery plan and most pleasing is the coproduction seen in all areas of work.

To receive national awards for a number of areas of work has been pleasing and is good recognition of the hard work of the board and members involved.

Key priorities are set out in all sections for the next year and these will be progressed with pace.

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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

16TH MAY, 2016

SUBJECT:

COMMUNITY RESILIENCE IN CARMARTHENSHIRE

To consider and comment on the following issues:

The approach to community resilience in Carmarthenshire to support prevention.

Reasons:
For the Committee's information.

To be referred to the Executive Board / Council for decision: NO

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett, Social Care & Health Portfolio Holder

Directorate		
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EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

16TH MAY, 2016

SUBJECT:

COMMUNITY RESILIENCE IN CARMARTHENSHIRE

The report outlines the definition of community resilience and why it is important in supporting the health and well-being of the residents of Carmarthenshire. It outlines the priorities for community resilience activities, the work being undertaken to support this agenda and future intentions. For reference attached to the report is The Prevention Strategy and Carmarthenshire a Resilient Community: A Framework for Action.

DETAILED REPORT ATTACHED ?	**YES**

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: Rhian Dawson Head of Integrated Services

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	**NONE**	**NONE**	**NONE**	**NONE**	**NONE**	**NONE**

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CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: **Rhian Dawson** **Head of Integrated Services**

1.Local Member(s)

N/A

2.Community / Town Council

N/A

3.Relevant Partners

N/A

4.Staff Side Representatives and other Organisations

N/A

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THERE ARE NONE

Title of Document	File Ref No.	Locations that the papers are available for public inspection

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Carmarthenshire: A Resilient Community

What is community resilience?

The word resilience seems to be used more and more frequently and whilst the term community resilience is entering the common language there is no agreed definition to its meaning. There are many different views, in fact an academic paper has summarised 47 different definitions, however, these do fall broadly into three themes:

1. The ability to cope with an adverse effect and to positively adapt to change.[1]
2. The ability to cope with an adverse effect and bounce back[2]
3. The ability of communities to help themselves during emergency situations [3]

For us community resilience isn't just a buzz word or an academic concept ……. it is a way of describing the ability of communities in Carmarthenshire and individuals that create them, to be stronger and more empowered to help themselves stay healthy, strong and maintain their wellbeing ……… no matter what the circumstances.

Why is community resilience important?

Community resilience is about how people living in a particular place deal with problems. Going beyond just coping, resilient communities can become stronger and more adaptable over time as they adjust to the problems occurring. This may be by acquiring new skills, strengthening social connections or developing new physical resources. Community resilience is a vital element in preventing the need for statutory services; supporting health and wellbeing before crisis occurs.

Whether individuals are resilient or not obviously depends on personal attributes and skills, but the resilience of the community also has a vital part to play. This includes the nature of relationships between individuals, local authorities, and voluntary groups and has an impact on quality of life and the capacity of the community to contribute to positive social change[4].

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[1] Young Foundation, 2012; Platts-Fowler and Robinson, 2013

[2] Omand, 2005; Edwards, 2009).

[3] The Cabinet Office (2006)

[4] Young Foundation, 2012

Here is a brief overview of the evidence available to support the importance of community resilience:

- Low social interaction is as high a risk factor for early death as smoking 15 cigarettes daily or being an alcoholic, and twice the risk factor of obesity. [5]
- Over 7 years those with adequate community links show a 50% greater survival rate compared with those with weaker relationships. [6]
- Loneliness and social isolation have been linked to a 30% increase in the risk of having a stroke or heart disease and increases the risk of high blood pressure[7]
- Isolation puts individuals at greater risk of cognitive decline[8]
- One study concludes lonely people have a 64% increased chance of developing clinical dementia[9]
- Loneliness and low social interaction are predictive of suicide in older age[10]
- Lonely individuals are more likely to:
    - Visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care[11]
    - Undergo early entry into residential or nursing care[12]
    - Use accident & emergency services independent of chronic illness.[13]
    - At higher risk of the onset of disability[14]
- Social networks can not only stop you from getting ill, but that they also help you to recover more quickly you do get ill and regain function that may otherwise be lost.

The right time for resilience?

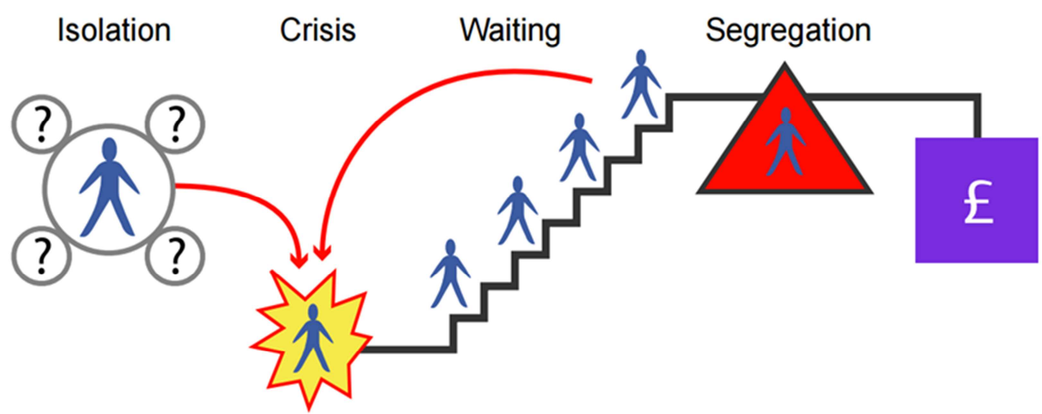
We live in a time of several connected challenges. Some of these are new problems, such as adapting services for an increasingly ageing population and some are of the older and intractable kind, such as inequalities in income, opportunity and health. The time has come however to approach the challenges in health and social care

[5] Julianne Holt-Lunstad: Social Relationships Mortality Risk: A Meta-analytic Review
[6] Julianne Holt-Lunstad: Social Relationships Mortality Risk: A Meta-analytic Review
[7] https://www.theguardian.com/science/2016/apr/19/loneliness-linked-to-30-increase-in-heart-disease-and-stroke-risk
[8] James et al, 2011
[9] Holwerda et al, 2012
[10] O'Connell et al, 2004
[11] Cohen, 2006
[12] Russell et al, 1997
[13] Geller, Janson, McGovern and Valdini, 1999
[14] Lund et al, 2010

services differently. The overwhelming evidence demands a shift in the way that services are delivered to one that ensures a more preventative and resilient approach to wellbeing.

The Christie Commission (2011) reported that "*as much as **40%** of all spending in public services can be accounted for by interventions that could have been **avoided** by prioritising a preventative approach*". This is significant not only in relation to increasing demand and reducing budgets but in that outcomes for individuals and communities themselves are overwhelmingly more positive.

The figure below illustrates the cycle of crisis that preventative community services seek to avoid.



This has been reflected in legislation and guidance from Welsh government such as The Social Services and Wellbeing Act and The Wellbeing of Future Generations Act where provision of preventative services and focusing on individual and community assets are now a statutory responsibility.

This legislation must be approached from the evidence which indicates increasingly that disconnected communities are having an impact on individuals living in them:

- Loneliness is a particular problem for those with poor health - **59%** of adults aged over 50 who report poor health say they feel lonely some of the time or often, compared to **21%** who say they are in excellent health[15]
- Approximately 10% of people over 65 in the UK are lonely all or most of the time.[16]
- Over 1 million older people haven't spoken to a friend, neighbour or family member for at least a month[17]

[15] Beaumont, 2013
[16] University of York Loneliness and social isolation in older adults
[17] Age UK

- Only 55% of those over the age of 80 in Carmarthenshire have access to a car or van – which makes local support even more vital.

- People over 65 living alone in Carmarthenshire is predicted to rise by 38% in the next 20 years.[18]

- Over half of all people aged 75 and over live alone[19]

- Two fifths of all older people over 55 (about 3.9 million) say the television is their main source of company[20]

- 12% of older people feel trapped in their own home[21]

What makes a community resilient?

Resilient individuals and communities ***cannot*** be created through the action of one particular professional group or area of policy. Actions must be aligned at the level of individual and community as well as services to support it.

It is important to remember that practical issues also underpin resilience, the statutory meeting of need is a precursor for ongoing resilience. A resilient perspective complements rather than replaces provision so that targeted services become more effective at addressing inequalities and the effects of illness and disability.

It is suggested that a range of assets and resources are needed for a community to thrive which are:

1. Human capital (e.g. skills and education)
2. Social capital (e.g. social networks and friendship groups)
3. Built capital (e.g. access to amenities)
4. Natural capital (access to green space)
5. Economic capital (e.g. income)

Evidence suggests that building social capital is vital in the success of building these assets.

Resilience is a dynamic interaction between an individual and their community. Whilst strategic action can be taken to develop resources, individuals must have the

[18] Daffodil Cymru
[19] ONS, 2010
[20] Age UK, 2014
[21] http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/StatisticsGFLA.pdf

skills and desire to take advantage and develop the assets that can help them cope and maintain their wellbeing.

This ability can be defined as individual resilience and this concept has been explored in relation to ageing and people living with long-term health conditions[22]

Research investigating the potential challenges of ageing has developed a new understanding around resilient processes. Interpersonal relationships and a sense of belonging to a community have been identified as crucial to supporting and sustaining individual resilience[23].

Further evidence has revealed that statutory services can weaken rather than strengthen individual resilience. They can create dependency and overly risk-averse behaviour. It seems that it is essential that wellbeing and independence is supported psychologically as well as physically.[24]

What can we do to help community resilience?

There are targeted plans across statutory services to address areas of intervention such as regeneration that supports economic capital. However, a significant gap in provision seems to be in the area that seems to impact on health and wellbeing the most ……. social capital and focusing on individual resilience skills.

In response key plans have been drafted:

- **Prevention Strategy: Supporting People to Stay Well and Independent**
  This strategy outlines the approach to preventative services, key themes and objectives. It is intended to be a tool to engage and communicate with individuals, communities and the third sector.

- **Carmarthenshire – A Resilient Community: A Framework for Action**
  This framework in a more detailed action plan designed for staff and stakeholders involved in working and delivering the resilience agenda in Carmarthenshire.

The plans have three core themes at the heart of delivery:

- **Compassion**
- **Connection**
- **Capability**

They outline the approach to supporting resilience:

1. ***An asset-based approach***: Instead of starting with the problems, it starts with strengths and values skills, connections, potential and what matters to individuals and communities as a whole.

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[22] Reich et al., 2010) or in poverty (Garmezy, 1993; Furstenberg et al., 1999
[23] Aldwin and Igarashi, 2012
[24] Anatomy of Resilience

Taking an asset-based approach supports a community to do things for itself and fosters greater confidence and self-esteem. It can build resilience, local confidence, capacity and capability to take action as equal partners with services in addressing health inequalities.[25].

2. ***Working Together*:** Research by the Young Foundation (2012) suggests that community resilience is built through relationships, not just between members of the community but also between organisations, specifically the voluntary sector, the public sector and the local economy. Encouraging connection and collaboration between all stakeholders is embedded throughout the approach.

3. ***Supporting resilient relationships***: The approach to this is across all levels of action and focuses on:
   - ✓ Embedding support for individual psychological resilience across all provision and contact[26]
   - ✓ Putting individuals at the centre of planning, promoting choice, control and co-design.
   - ✓ Strengthening opportunities for community connection
   - ✓ Building and enabling support, social networks and social capital
   - ✓ Strengthening or repairing relationships between communities and health and social care agencies
   - ✓ Improving the quality of relationships of care between individuals, agencies (including third sector) and professionals

4. **A targeted approach:** whilst social capital and individual resilience are important to all members of the community. Research[27] has identified risk factors and areas of vulnerability which include:
   - **Personal** (Living alone; being single, divorced, or widowed; living on a low income or living in residential care or being over 75))
   - **Transitions** (Bereavement; becoming a carer or giving up caring or retirement)
   - **Health and disability** (Poor health; immobility; cognitive impairment; sensory impairment or dual sensory impairment)
   - **Environmental** (high levels of material deprivation, crime or rurality)

   The approach outlined in the plans ensure that these risk factors are acknowledged and prioritised for action.

[25] Kings Fund, 2013
[26] E.G. Making Every Contact Count
[27] http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Risk-factorsGFLA.pdf

What does success look like?

At its simplest, building strong resilient communities means taking a preventative approach to services; to reduce, delay or prevent people from increased need and reaching crisis point. Its primary focus is not personal care for those with substantial and complex needs and it is not simply re-labelling existing traditional low level support services, e.g. meals-on-wheels.

Success would mean a holistic or whole-systems approach to prevention through community resilience, where people are enabled and supported to maintain and improve their own wellbeing. It would involve a paradigm shift from traditional service provision as outlined in the table below:

We want to move from a system that…	…...to one where that:
Focuses on treating illness and ill health.	Promotes health, wellbeing and independence
Does things to/for people	Focuses on working with and enabling people to do things for themselves (e.g. re-ablement).
Focuses on need and vulnerability	Identifies strengths and assets as a means to manage and support health and well-being.
Provides support and intervention only at crisis point.	Has an embedded approach to prevention and resilience that acknowledges increasing need but avoids crisis.
Focuses statutory intervention on addressing limitations to physical ability and health.	Acknowledges and promotes community, social capital and psychological resources as vital to maintaining wellbeing.
Looks towards national targets and central government initiatives	Emphasises looking outwards to the community: engaging people locally; focusing on the strengths and needs of the local population and aligning priorities to these.
Commissions for volume and price	Commissions for quality, effectiveness, value and outcomes.
Focuses on inputs and processes	Focuses on outputs and outcomes.

What we have achieved so far……….

Whilst there has always been prevention and community engagement embedded in service provision targeted action on a holistic approach to community prevention and resilience began in November 2015. Since then a number of key actions have been achieved in partnership with public health:

- **Community Resilience Co-ordinators:** Three permanent posts were established in each locality of Integrated Services through ICF[28] funding. They are directly aimed at supporting communities and the third sector to build strong resilience networks and promote social capital. One of these posts in the 3Ts area is currently vacant but is currently being recruited as a senior.

- **Wide scale asset mapping exercise:** Asset mapping of community resources has been conducted across Carmarthenshire, including third sector provision, community resources and groups. This work has been supported by ICF funding where CAVS has populated an on-line directory of these assets called info-engine. Asset mapping has been prioritised in the 3Ts area to mitigate the risk of the vacant post.

- **Co-design events**: Events were held in Llanelli and Ammanford to engage with stakeholders and third sector to inform the strategy and framework.

- **Consultation**: An on-line consultation exercise was undertaken in the form of a survey and distribution of written material. However, feedback revealed that this consultation had not reached the intended audience – as a result a revised strategy has been drafted with a wide scale public engagement event and workshops planned in 3 locations on the 1st of October 2016 to celebrate National Older Persons Day.

- **Roll out of Time Banking**: Funding was agreed to support the extension of the SPICE Time Credits model across Carmarthenshire, focusing on supporting resilience through greater integration with community health, social care and primary care. A number of significant successes have already been delivered:

  - ✓ Co-design event delivered with third sector organisations
  - ✓ 6 training and planning events delivered to internal staff.
  - ✓ Established relationship with primary care and referral pathways
  - ✓ Developed a model of social prescription
  - ✓ Established pilot group based in GP surgeries of a group entitled ***"Feeling Well ……. No Matter What!"*** where identified individuals are supported to develop community and individual assets through time-banking model.
  - ✓ Planned training event with care management and health staff in May

[28] Intermediate Care Fund

- **Increased funding and support for the third sector**: A successful bid for ICF funding established funding for the third sector to build capacity around community provision and preventative services. This has included:

  - ✓ **Age Cymru Sir Gar:** To explore establishing a Primary Care navigator scheme across the County, to provide highly targeted support in GP surgeries to identified individuals with the aim of preventing hospital admission.
  - ✓ **Care and Repair:** To increase capacity in the Handy-van scheme carrying out low level adaptations to allow frail elderly individuals to remain independent at home.
  - ✓ **CAVS:** To support an asset mapping exercise of community and voluntary provision across the county that supports preventative services.
  - ✓ **Cross Roads Care**: To deliver a Carer Demonstrator Programme in Llanelli.
  - ✓ **Menter Cwm Gwendraeth**: To provide a 7day enhanced discharge hospital transport service.
  - ✓ **Royal Voluntary Service (RVS):** To support independence in older people to access good nutrition in the community with a 'Wheels to Meals' service which supports reduction of social isolation.

- **Funding proposals 16/17:** The following funding proposals are being developed:

  - ✓ Delivering a holistic community preventative service based on the PIVOT model in Pembrokeshire, where third sector organisations create a co-operative model of holistic community support to reduce and prevent hospital admission and facilitate timely discharge.
  - ✓ A joint initiative between public sector organisation to employ staff to support vulnerable individuals to engage in the community and reduce areas of identified risk.
  - ✓ Delivering training and ongoing support at locality level to front line staff on how to encourage individual psychological resilience with techniques such as Brief Intervention Training and Making Every Contact Count.
  - ✓ To further develop and embed the Time banking model to link more directly with GP practices to create a robust social prescription service.
  - ✓ An innovation grant that provides community groups and organisations with a 'start up pack' to create community assets. This will include as appropriate financial support, time credits to encourage volunteers, venue hire and practical ongoing support from Community Resilience Co-ordinators.

- **Draft prevention strategy and framework for action**: A copy of both plans are attached for reference.

- **Engagement and awareness raising**: Engagement conducted with the following groups:

- ✓ Primary care – doctors
- ✓ Third sector
- ✓ 50+ forum
- ✓ Domiciliary care workers
- ✓ Care management staff
- ✓ Physiotherapists 25/05/05
- ✓ Residential care staff 09/06/16

Glossary

Term	Definition
Assets	Any resources that are available to use e.g buildings, community groups, green spaces, personal assets such as cooking skills
Asset mapping	This provides information about the strengths and resources of a community and can help uncover solutions. Once community strengths and resources are inventoried and depicted in a map, you can more easily think about how to build on these assets to address community needs and improve health.
Asset based approach	These are an integral part of community development in the sense that they are concerned with facilitating people and communities to come together to achieve positive change using their own knowledge, skills and lived experience of the issues they encounter in their own lives.
Brief Intervention	A technique used to initiate change for an unhealthy or unwise behaviour such as smoking, lack of exercise or alcohol misuse.
Community Resource Teams CRTs	Integrated teams of health and social care professionals such as nurses, social workers, Occupational Therapists and Physiotherapists that provide care and support services to older adults, those with a physical disability, chronic health condition or sensory impairment.
Domiciliary Care	This is also known as home care, this service provides personal care and support to people in their own home.
Co-production / co-design	Participatory design (originally co-operative design, now often co-design) is an approach to design attempting to actively involve all stakeholders (e.g. employees, partners, customers, citizens, end users) in the design process to help ensure the result meets their needs and is usable.
Intermediate Care Fund	The Intermediate Care Fund was announced by the Welsh Government in December 2013 to drive forward integration between health, social care, housing and the voluntary sector. One of its primary aims is to avoid unnecessary hospital admissions, or inappropriate admission to residential care, as well as preventing delayed discharges from hospital.

Infoengine	A website that lists the available community assets and is universally accessible
Dewis	A website promoted by Welsh Government that lists all the health and social care related assets in the community and is universally available.
SPICE	This is a registered charity which has developed a Time Credit scheme. For each hour that an individual gives to their community, they earn one Time Credit, which can be spent on an activity, help from another person, or gifted to others.
Primary Care	Health care provided in the community for people making an initial contact with a health care provider for example the GP or community pharmacy
MDT Multi-disciplinary Team	A meeting of health and social care professionals that discuss and plan appropriate care and support.
Locality	There are 3 localities in Carmarthenshire integrated services that are based around GP clusters. These are 3Ts, Amman Gwendraeth and Llanelli.
Making Every Contact Count	Every day front line health, local government and third sector staff see tens of thousands of members of our community collectively. Making Every Contact Count (MECC) is about encouraging and helping people to achieve positive long term behaviour change by: Systematically promoting the benefits of healthy living Asking individuals about their lifestyle and changes that they may wish to make, when there is an appropriate opportunity to do so, (for example when a patient, client or customer lights a cigarette or mentions smoking). Responding appropriately to the lifestyle issue(s) once raised Taking the appropriate action to either give information, signpost or refer individuals to the support they need.
Place based system of care	Where services and organisations collaborate to address the challenges and improve the health of the populations they serve.
Rowntree Foundation	The Joseph Rowntree Foundation is an independent organisation working to inspire social change through research, policy and practice.

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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE
16th MAY 2016

Social Care & Health Scrutiny Committee Forward Work Programme for 2016/17

To consider and comment on the following issues:

- That the Committee confirms its Forward Work Programme for 2016/17.

Reasons:

- The County Council's Constitution requires scrutiny committees to develop and publish annual forward work programmes that identify issues and reports to be considered during the course of the municipal year.

To be referred to the Executive Board for decision: NO

Executive Board Member Portfolio Holder: *NOT APPLICABLE*

Directorate: Chief Executive's	**Designations:**	**Tel Nos. / E-Mail Addresses:**
Name of Head of Service: Linda Rees-Jones	Head of Administration & Law	01267 224010 lrjones@carmarthenshire.gov.uk
Report Author: Matthew Hughes	Assistant Consultant	01267 224029 mahughes@carmarthenshire.gov.uk

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE
16th MAY 2016

Social Care & Health Scrutiny Committee Forward Work Programme for 2016/17

Purpose of the briefing paper

The purpose of this paper is to inform the development of the Social Care & Health Scrutiny Committee forward work programme for 2016/17.

The purpose of the Forward Work Programme

Article 6.2 of the County Council's Constitution states that: *"Each scrutiny committee is required to develop and publish an annual forward work programme, identifying issues and reports to be considered during the course of a municipal year".*

The development of a work programme:

- Provides an opportunity for members to determine the priority issues to be considered by their scrutiny committee over the course of the next year.
-
- Provides a focus for both officers and members, and is a vehicle for communicating the work of the Committee to the public. The programme (see attached report) will be published on the council's website and will be updated on a quarterly basis – www.carmarthenshire.gov.uk/scrutiny – and sent to key stakeholders for information. It will also be updated on a quarterly basis.

- Ensures agreement of provisional agendas for scheduled scrutiny meetings within the council diary. The Programme is a flexible document that can be amended to reflect additional meetings and agenda items during the course of the year.

Members will recall that the Committee held an informal planning session on the 11th April 2016 to consider the draft briefing paper and begin the process of formulating the forward work programme for 2016/17. The outcome of this meeting is now presented to the Committee in this briefing paper for formal approval.

DETAILED REPORT ATTACHED?	YES

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

Signed: Linda Rees-Jones Head of Administration & Law

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	**YES**	**NONE**	**NONE**	**NONE**	**NONE**	**NONE**

1. Policy, Crime & Disorder and Equalities – In line with requirements of the County Council's Constitution.

2. Legal – In line with requirements of the County Council's Constitution.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Linda Rees-Jones Head of Administration & Law

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Social Care & Health Scrutiny Committee Reports and Minutes	**Meetings held up to July 2015:** http://www.carmarthenshire.gov.wales/home/council-democracy/committees-meetings/agendas-minutes-(archive)/ **Meetings from September 2015 onwards:** http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?CommitteeId=169

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Social Care & Health Scrutiny Committee

Forward Work Programme 2016/17
Briefing Paper

16th May 2016

1. Purpose of the briefing paper

The purpose of this paper is to inform the development of the Social Care & Health Scrutiny Committee forward work programme for 2016/17.

2. The purpose of the Forward Work Programme

Article 6.2 of the County Council's Constitution states that: "Each scrutiny committee is required to develop and publish an annual forward work programme, identifying issues and reports to be considered during the course of a municipal year".

The development of a work programme:

- Provides an opportunity for members to determine the priority issues to be considered by their scrutiny committee over the course of the next year.
- Provides a focus for both officers and members, and is a vehicle for communicating the work of the Committee to the public. The programme (see end of report) will be published on the council's website and will be updated on a quarterly basis – www.carmarthenshire.gov.uk/scrutiny – and sent to key stakeholders for information. It will also be updated on a quarterly basis.
- Ensures agreement of provisional agendas for scheduled scrutiny meetings within the council diary. The programme is a flexible document that can be amended to reflect additional meetings and agenda items during the course of the year.

This briefing paper makes reference to issues emerging from the Executive Board's Forward Work Programme, a review of key issues to emerge from the Committee's work over the past year, together with any uncompleted scrutiny business from the Committee. This information, together with standard scrutiny items (e.g. budget consultation reports and performance monitoring reports) has informed the development of the briefing paper which provides a broad outline of suggested areas for the Social Care & Health Scrutiny Committee to consider.

Members will recall that the Committee held an informal planning session on the 11th April 2016 to consider the draft briefing paper and begin the process of formulating

the forward work programme for 2016/17. The topics discussed and suggestions made at this meeting have been included in this briefing paper for formal approval.

3. Membership and remit of the Committee

The Social Care & Health Scrutiny Committee has 14 members and has responsibility for the following services and issues:

- Social services for older people including nutritional standards
- Adults with learning disabilities
- Support for Carers
- Mental health services
- Safeguarding of Adults
- Integration of Health and Social Care Services
- Dementia Services
- Physical Disabilities
- Supporting People Programme

4. Social Care & Health Scrutiny Committee Forward Work Programme

4.1 Performance & Progress Monitoring

Items within this section have been included to reflect the monitoring role of scrutiny and particularly to enable the Social Care & Health Scrutiny Committee to hold the Executive Board to account in key areas.

Included are standard scrutiny monitoring reports and monitoring of other key priority/risk areas that have been identified by the former scrutiny committees during last/previous years' work programmes.

Item	Rationale	Frequency / Date
Performance Monitoring Reports	This is a standard 6-monthly report which allows members to undertake their monitoring role in relation to the relevant departments' services. The report also includes details of the compliments and complaints received by the relevant departments. Following agreement by the Scrutiny Chairs & Vice-Chairs Forum, all the scrutiny committees will now receive performance monitoring reports for quarters 1 and 3 from 2016/17 onwards. The end of year position will be captured as part of the Council's Annual Report and Improvement Plan document.	Every 6 months – 15th June 2016, 20th September 2016 and 6th March 2017

Revenue / Capital Budget Monitoring Reports	Standard item which allows members to undertake their monitoring role.	Quarterly – 15th June 2016 onwards
Actions & Referrals Updates	These quarterly updates provide details on progress made in relation to actions and requests from previous meetings.	Quarterly – 15th June 2016 onwards
SC&H Annual Report 2015/16	In accordance with Article 6.5 of the Authority's Constitution, each Scrutiny committee "must report annually to full Council on their workings and make recommendations for future work programmes taking account of resources available and amended working methods." This report will provide members with an overview of the Committee's work during 2015/16.	Annually – 15th June 2016
SC&H Scrutiny Committee Forward Work Programme 2016/17	The County Council's Constitution requires scrutiny committees to develop and publish annual forward work programmes that identify issues and reports to be considered during the course of the municipal year. Following the planning session held on 20th April, this report will enable the Committee to confirm its Forward Work Programme for 2016/17.	Annually – 16th May 2016
Mental Health Services	This update will enable the Committee to monitor the progress being made in relation to supporting people with mental health needs in the County. Representatives from the Hywel Dda University Health Board will also provide input for this item.	16th May 2016
Community Resilience in Carmarthenshire	This item will outline the definition of community resilience and why it is important in supporting the health and well-being of the residents of Carmarthenshire. It will include the priorities for community resilience activities, the work being undertaken to support this agenda and future intentions. It will also refer to matters discussed at previous Committee meetings during 2015/16 (e.g. reablement, loneliness).	16th May 2016
Annual Report of	This annual self-assessment report will	Annually – 23rd

Director of Social Services 2015/16	provide the Committee with an opportunity to scrutinise performance in relation to Social Services. This item will be considered at a joint-meeting with the Education & Children Scrutiny Committee.	May 2016
Hywel Dda Information & Consultation Strategy for Carers Annual Report 2015/16	The Welsh Government introduced the Carers Strategies Measure in 2012. The Measure determines that Local Health Boards and Local Authorities must work together to develop and implement a strategy that describes how Carers in the region will benefit from Information and Consultation. Health Boards are required to adopt a lead role and host the associated funding that supports the delivery of the strategies. This annual report is presented to the Committee for information and scrutiny as well as endorsement for submission to the Welsh Government.	Annually – 15th June 2016
Carers Action Plan	The Committee has played an active role in developing policy and monitoring progress in relation to supporting carers. This item will enable the Committee to monitor the effectiveness of the Carmarthenshire Carers Strategy.	15th June 2016
Safeguarding Adults from Abuse – Annual Report 2015/16	This is one of the Council's key priorities and in the past, the Scrutiny Committee has received regular updates on the issues and progress being made in developing robust processes to safeguard adults.	Annually – 20th September 2016
Extra Care Schemes	This will provide the Committee with an update on the Extra Care Schemes now operating within the County.	20th September 2016
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) (part of the Mental Capacity Act 2005) are aimed at ensuring that individuals in care homes, hospitals or supported living facilities are cared for in ways that do not inappropriately restrict their freedoms. This item will provide the Committee with an update on the latest developments.	20th September 2016
Commissioning	This item will provide the Committee	20th September

Framework for Domiciliary Care	with an overview of the commissioning framework for domiciliary care services including details of the inspection process undertaken by the Care & Social Services Inspectorate Wales (CSSIW).	2016
Information, Advice & Assistance (IAA)	The Social Services and Well-Being (Wales) Act came into force on 6th April 2016 with the aim of improving the well-being of people who need care and support, and carers who need support. The provision of Information, Advice and Assistance (IAA) to residents is a key component of the Act. This item will provide the Committee with details of the Authority's existing provision of and future plans relating to, Information, Advice and Assistance.	17th November 2016
CSSIW Local Authority Social Services Inspection Evaluation 2015/16	The Care & Social Services Inspectorate Wales (CSSIW) annually reviews the Council's performance in relation to social services. This is a key area for the Committee to monitor. This item will be considered at a joint-meeting with the Education & Children Scrutiny Committee.	Annually – 21st November 2016
Carmarthenshire Dementia Framework for Action	As part of the Joint Scrutiny Forum alongside the Community Health Council, Committee members produced a set of recommendations that are now helping to shape the way people living with dementia and their carers are supported. During the past few years, the Committee has monitored the progress being made. This item will provide the Committee with details of the next steps in developing dementia support services further. At its work programme planning session, the Committee requested an update from the Alzheimer's Society on the Ammanford Dementia Friendly and Supportive Community Initiative.	25th January 2017
Welsh in Social Care Services for Older People	At its meeting on the 20th January 2016, the Committee received an update on the Communities Department's progress with regards to the Welsh Government's Strategic Document 'More than Just	To be confirmed

	Words', which sets out the importance of the Welsh language when caring for older people. This second update, deferred from the previous work programme, will include a corporate response in relation to the training and 'up-skilling' of staff with regards to the Welsh language.	

3.2 Policy Development / Policy Review

Scrutiny committees can play a key role in contributing to the development of new policies by having early input into the shaping of a policy and providing evidence based proposals for the Executive Board to consider. The Committee itself may also request to undertake a review of a particular policy or strategy. The Committee can decide to undertake a review or develop a policy via a Task & Finish Group or as a Committee (over the course of 2-3 meetings).

Item	**Rationale**	**Frequency / Date**
Alternative Service Delivery Models in Social Care	This item will provide the Committee with an opportunity to comment on proposals for alternative service delivery models, as previously discussed at Committee meetings during 2015/16.	20th September and / or 17th November 2016
Revised Charging Policy	This item will provide the Committee with an opportunity to comment on a revised charging policy for social care services.	17th November 2016

3.3 Pre-Decision Scrutiny

This section provides an opportunity for members to contribute to future decisions of the Executive Board and / or Council.

Item	**Rationale**	**Frequency / Date**
CCC Annual Report 2015/16 and Draft Improvement Plan 2016/17	The Local Government (Wales) Measure 2009 requires the Authority to publish an annual plan of its key improvement objectives and an assessment of how it has performed in the previous year. This year the Welsh Government has allowed the Authority to publish them in a single report. The	Annually – 15th June 2016

	Committee will receive the elements of the plan and annual report that are relevant to its remit.	
Revenue Budget Setting 2017/18 to 2019/20	To provide members with an opportunity to consider and comment on the budget settlement, departmental service budgets and efficiency savings proposals.	Annually – 15th December 2016
Capital Programme Budget Setting 2017/18 to 2021/22	To provide members with an opportunity to consider and comment on the draft five-year capital programme.	Annually – 15th December 2016

3.4 Investigative Scrutiny

This section reflects scrutiny's role in undertaking 'light-touch' or 'in-depth' reviews of particular service areas or themes. There are a number of reasons why scrutiny committees may want to undertake a review of this nature. These include:

- Concerns about performance evidenced by previous scrutiny reports, or concerns expressed by members of the public about a particular issue.
- The need to explore opportunities for further development of a service offered by better and improved working with partners etc.
- To assist in assessing the impact of new legislation or guidance.

However, when selecting topics for review, the Committee may want to consider the following to facilitate the process of selection:

- The importance of the issue to the residents of the County
- The availability of resources
- Timeliness of the issue
- The expected value added to work of the Council by the review

At its forward work programme planning session, the Committee suggested that the topic of rural isolation be considered further as a potential task and finish review.

4. Development / Briefing Sessions and Site Visits

Development sessions or site visits will be arranged for scrutiny committees during 2016/17, as and when they are requested.

The Committee has suggested that the following sessions be held during the forthcoming year:

Topic	Details
Public Health Wales	At its meeting in November 2015, the Committee requested that a development session in relation to the work of Public Health Wales, be included in its work programme for 2016/17.
Adult Safeguarding & Commissioning	At its meeting in December 2015, the Committee requested that a development session in relation to the Adult Safeguarding & Commissioning service be included in its work programme for 2016/17. This may be held as an all-member development session.

The Committee has also requested that site visits be undertaken to:

- Tŷ Dyffryn Extra Care Scheme, Ammanford (once opened)
- Coleshill Centre for Economic Inclusion, Llanelli

5. Joint-Working Arrangements – Hywel Dda Community Health Council

The Social Care & Health Scrutiny Committee joined forces with the local Community Health Council in 2008 to form the Carmarthenshire Joint Health & Social Care Scrutiny Forum (the Forum). It was the first time in Wales that such a partnership had been established, the aim of which was to improve the joint scrutiny of health and social care services. Due to the national interest, the project received a small amount of Welsh Government funding to establish it and the Forum's early years were dedicated to developing skills, knowledge, relationships and governance arrangements.

Between 2012 and 2014, the Forum undertook two pieces of joint investigative work, the first on Dementia Support in Carmarthenshire, which culminated in a well-received report and set of recommendations that are now helping to shape the way people living with dementia and their carers are supported. The second study saw the Forum investigate the impact of the new Mental Health (Wales) Measure on services in Carmarthenshire.

However, at its planning session in April 2016, the Committee noted that these joint-arrangements had not been progressed during the past municipal year and that it would be beneficial to re-establish ties during the forthcoming year. In addition, the County Council recently received a letter from the new Chief Executive of the Board of Community Health Councils in Wales offering a presentation on the work of the councils. The Committee may therefore wish to consider holding a separate meeting for this purpose during the forthcoming year, along with the local Carmarthen Branch of the Community Health Council.

6. Committee Meeting Dates 2016/17

Date	Venue	Time
Monday 16th May 2016	Spilman Street Chamber	10:00am
Monday 23rd May 2016 *Joint with Education & Children Scrutiny Committee*	*County Hall Chamber*	*2:00pm*
Wednesday 15th June 2016	County Hall Chamber	10:00am
Tuesday 20th September 2016	Spilman Street Chamber	10:00am
Thursday 17th November 2016	Spilman Street Chamber	10:00am
Monday 21st November 2016 *Joint with Education & Children Scrutiny Committee*	*County Hall Chamber*	*2:00pm*
Thursday 15th December 2016	County Hall Chamber	2:00pm
Wednesday 25th January 2017	Spilman Street Chamber	10:00am
Monday 6th March 2017	Spilman Street Chamber	10:00am
Thursday 20th April 2017	Spilman Street Chamber	10:00am

** Please note that dates and locations of meetings are subject to change.*

Social Care & Health Scrutiny Committee – Draft Forward Work Programme 2016/17

16 May 16	15 June 16	20 Sept 16	17 Nov 16	15 Dec 16	25 January 17	06 March 17	20 April 17
Mental Health Services	Draft CCC Improvement Plan 15/16 and Annual Report 14/15	Safeguarding Adults from Abuse - Annual Report 2015/16	Alternative Service Delivery Models in Social Care (Post-Consultation)	3-year Revenue Budget Consultation 2017/18 to 2019/20	Carmarthenshire Dementia Framework for Action	Budget Monitoring 2016/17	
Community Resilience in Carmarthenshire	Hywel Dda Info. & Consultation Strategy for Carers Annual Report 2015/16	Alternative Service Delivery Models in Social Care (Pre-Consultation)	Revised Charging Policy	5-year Capital Programme Consultation 2017/18 to 2021/22		Q3 Performance Monitoring 2016/17	
SC&H Forward Work Programme 2016/17	Carmarthenshire Carers Action Plan	Extra Care Schemes	Information Advice & Assistance (IAA)			Actions & Referrals Update	
	EOY Performance Monitoring 2015/16	Deprivation of Liberty (DoLS)	Budget Monitoring 2016/17				
	EOY Budget Monitoring 2015/16	Commissioning Framework	Actions & Referrals Update				
	SC&H Scrutiny Annual Report 2015/16	Q1 Performance Monitoring 2016/17					
	Actions & Referrals Update	Budget Monitoring 2016/17					

Joint Meetings

Education & Children Scrutiny Committee (23rd May 2016) – Annual Report of Director of Social Services 2015/16
Education & Children Scrutiny Committee (21st November 2016) – CSSIW Local Authority Social Services Inspection Evaluation 2015/16

EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS

SCRUTINY COMMITTEE : SOCIAL CARE & HEALTH

DATE OF MEETING : 16TH MAY, 2016

ITEM	RESPONSIBLE OFFICER	EXPLANATION	REVISED SUBMISSION DATE
Welsh Language in Social Care Services for Older People	Rhian Dawson, Head of Integrated Services	The report outlines the learning and development opportunities for staff working in Older People's Services in order to meet the new Welsh Language requirement. The report has been deferred to await the outcome of the Welsh language skills audit which is currently underway. The report will also be broadened to include the position in other divisions within the department	20th September 2016

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