

BRIDGEND COUNTY BOROUGH COUNCIL
REPORT TO CABINET COMMITTEE EQUALITIES

26 MARCH 2019

JOINT REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES and WELLBEING and the CORPORATE DIRECTOR, EDUCATION AND FAMILY SUPPORT
MENTAL HEALTH SERVICES IN BRIDGED

1.0 Purpose of Report

- 1.1 To provide the Committee with information on the range of services across the county borough. The report will seek to describe the:
- Collaboration between the Bridgend County Borough Council (BCBC) and health;
 - Collaboration between BCBC and the third sector;
 - Recent changes or development in provision;
 - Any future work and planned changes to provision.

2.0 Connection to Corporate Plan

- 2.1 This report assists in the achievement of the following corporate priorities:-
- **Helping people to be more self-reliant** – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
 - **Smarter use of resources** – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3.0 Background

Population of people with mental health problems.

- 3.1 The Welsh Health Survey (2012) states that in Bridgend, 13% of adult respondents report being treated for a mental health illness. The survey also highlighted that in Wales a higher percentage of women (14%) than men (8%) report being treated for a mental illness.
- 3.2 In Wales, 1 in 4 adults will experience some kind of mental health problem or illness within their lifetime and 2 in 100 people will have a severe mental illness such as Schizophrenia or Bipolar Disorder.
- 3.3 The population assessment has indicated that there will be an increase in the prevalence of dementia in Bridgend County Borough. The Population of older adults 65+ is predicted to increase by 48% by 2030, and it is well known that dementia is more common as people age; for example one in 14 people over 65 and one in 6 people over 80 will have a form of dementia. This is likely to mean, that somewhere

in the region of 3000 people aged over 65, will be living with dementia in Bridgend by 2030.

- 3.4 The Office for National Statistics (2004) stated that 1 in 10 children and young people aged 5-16 had a clinically diagnosed mental health disorder, 4% an emotional disorder (anxiety or depression), 6% a conduct disorder, 2% hyperkinetic disorder, 1% a less common disorder (autism, eating disorder) with 2% having more than one disorder . Research suggests that 20% of children have a mental health problem in any given year and about 10% at any one time. The National Mental Health Strategy indicates that 1 in 10 children aged 5-16 has a mental health problem.

Mental Health Services

- 3.5 The range of services across the county borough covers both adults and children and young people and includes Child and Adolescent Mental Health Services (CAMHS), dementia services, adult mental health and services for prisoners.
- 3.6 This definition of mental health problem, mental illness and mental ill health has been taken from the Western Bay Health and Social Care Programme Moving Forward Together: Joint Commitments for Mental Health 2015.

Mental health problem: Emotional distress that may not constitute a mental illness but may be a predisposing factor to mental illness.

Mental illness: A diagnosable condition including both common mental health problems and severe and enduring mental health problems.

Mental ill health: A term which incorporates mental illness and mental health problems.

- 3.7 Typical mental health problems include:

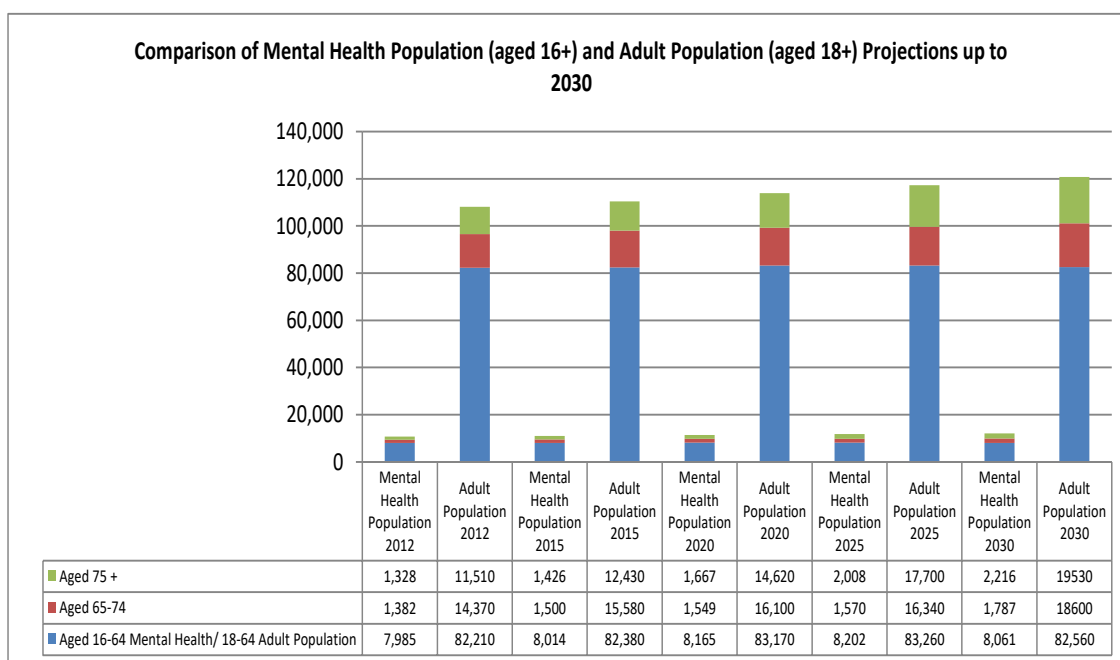
- Anxiety and panic attacks;
- Depression;
- Eating problems;
- Obsessive Compulsive Disorder.
- Loneliness

- 3.8 Typical types of mental illness include:

- Bipolar disorder;
- Personality disorder;
- Post-traumatic stress disorder;
- Schizophrenia;
- Suicidal feelings.

Projection of need

- 3.9 The diagram below shows the predicted number of people in Bridgend with a mental health problem. These predictions are based on projection data from Daffodil using information taken from the Welsh Health Survey. Adult respondents were classified as having a mental health problem if they reported as currently being treated for depression, anxiety or 'another mental illness'.



National context

- 3.10 The Welsh Government strategy Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales and Delivery Plan: 2012-16 was launched in October 2012. This strategy covers all age groups and replaces previous age-specific Welsh Government strategies and service frameworks. By introducing an all-age strategy, the aim is to promote fully integrated partnership working intended to improve mental health and wellbeing. The strategy has a solid emphasis on prevention and early intervention, in addition to setting out a framework for the provision of specialist mental health services for those who need them.
- 3.11 The strategy aims to improve outcomes for those who require mental health services, their carers and their families and improve the wellbeing of the wider population. It places the person at the centre of service delivery, emphasises the importance of partnership working and promotes a 'recovery and enablement' approach to help people to live independently and reach their full potential. The Strategy focuses on six outcomes:-
1. To improve whole population mental health and wellbeing;
 2. To reduce the impact of mental health problems and/or mental illness on individuals, families, carers and their communities;
 3. To reduce inequalities amongst people experiencing mental illness and mental health problems;
 4. To increase the feeling of control that people in receipt of assessment, treatment services have over decisions made that affect them;
 5. To improve the values, attitudes and behaviours of staff within the public, independent and Third Sector in relation to mental health and wellbeing.
- 3.12 **Mental Health (Wales) Measure 2010** - Places a legal duty on Local Health Boards and Local Authorities to the assessment and treatment of people with mental health problems and will improve access to independent mental health advocates. The Measure will result in an increase of services available within primary care, ensure that all patients receiving secondary services have a Care and Treatment plan,

enable adults discharged from secondary services to refer themselves back into services for assessment and provide opportunities for all in-patients to receive help from an independent mental health advocate if required.

- 3.13 **Social Services and Wellbeing (Wales) Act 2014** - Aims to empower those in need of social care services and their carers and to promote their independence by affording them a stronger voice and giving them more control over the services they receive. The Act emphasises the promotion of equality, improvement of service quality and provision of information and stresses the need for commissioners to achieve a shared focus on prevention and early intervention. Key elements of the Act include:-
- Revised assessment, care planning and review arrangements;
 - New ways of providing information, guidance and wellbeing support for the public;
 - Strengthening early intervention, re-ablement and prevention services;
 - Further strengthening our work with and support for carers;
 - Revising safeguarding arrangements;
 - Strengthening Direct Payments arrangements;
 - Promoting social enterprises, co-ops and the third sector in the provision of care, support and preventative services;

Local Context

- 3.14 The key considerations for adult mental health services in Bridgend are:
- Optimise opportunities for community networks and support systems;
 - Create a progression pathway model for accommodation and community based services, which promotes the recovery philosophy;
 - Review current unscheduled care and crisis provision;
 - Undertake a review of care coordination and Community Mental Health Teams (CMHTs).
- 3.15 The vision for the future of mental health services is ambitious. Prioritisation of the objectives has taken into account the following factors:-
- Responding to the individual needs of people with a mental illness who potentially require Social services;
 - Delivering statutory duties;
 - Meeting national, local and regional objectives and performance targets;
 - Effectively managing resources;
 - Putting in place service developments that enable the efficient and effective delivery of services in line with the councils Medium Term Financial Strategy;
 - Collaboration between the authority, health and the third sector.

Dementia

- 3.16 As previously reported to Scrutiny in April 2018, Bridgend County Borough Council, in partnership with Abertawe Bro Morgannwg University (ABMU) Health Board and third sector, had previously developed a Dementia Strategy and Delivery Plan 2015. During the implementation of the plan there were a number of national changes and initiatives that impacted on how the plan should be delivered, the most of significance of which were the Social Services and Wellbeing (Wales) Act in April

2014, and the Well-Being of Future Generations (Wales) Act 2015, the development of the *National Dementia Vision for Wales 2016* and the development of the *Together For Mental Health Delivery Plan 2016 – 2019*.

3.17 It was the intention of partners locally to revise the plan in the context of these changes, however further work on the Dementia Strategy was delayed by the decision to await the publication of Welsh Government's Dementia Action Plan for Wales 2018 – 2022; this plan was published in February 2018 with the intention of delivering on Wales as a *Dementia Friendly Nation*. The ambition of the plan was summed up by the Cabinet Secretary as follows:

"We have a clear vision for Wales to be a dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities."

Vaughan Gething, Cabinet Secretary for Health and Social Services

3.18 Regionally, ABMU Health Board has brought together the Local Authorities and other stakeholder partners, to deliver a regional approach to older people's mental health services; as well as supporting the development of local delivery boards in each local authority area. However with the Welsh Government announcement of the health board boundary change, the local authority has been minded that future planning for the provision and delivery of dementia services will need to be agreed in line with the ambitions of the Cwm Taf Morgannwg University Health Board.

3.19 The following statements from stakeholders and people with dementia have been adopted by Welsh Government as principles to underpin the Dementia Action Plan for Wales:

- *We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.*
- *We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.*
- *We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.*
- *We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.*
- *We have the right to know about and decide if we want to be involved in research that looks at cause cure and care for dementia and be supported to take part.*

3.20 Following consultation Welsh Government has structured the National Action Plan around outcomes which follow a pathway approach to dementia care. The planned outcomes are:

- *Individuals will understand the steps they can take to reduce their risk, or delay the onset, of dementia.*
- *The wider population understands the challenges faced by people living with dementia and are aware of the actions they can take to support them.*
- *People are aware of the early signs of dementia; the importance of a timely diagnosis; and know where to go to get help.*

- *More people are diagnosed earlier, enabling them to plan for the future and access early support and care if needed.*
- *Those diagnosed with dementia and their carers and families are able to receive person-centred care and support which is flexible.*
- *Research is supported to help us better understand the causes and management of dementia and enables people living with dementia, including families and carers, to be co-researchers.*
- *Staff have the skills to help them identify people with dementia and to feel confident and competent in supporting individual's needs post-diagnosis.*

3.21 To support the delivery of the National Vision Welsh Government invested £10 million from 2018/19 over three years, to support the delivery of the following key actions in this document, which include:

- Developing 'teams around the individual' to provide additional support for people with dementia and their families and / or carers;
- Reviewing and standardising the role of dementia support workers;
- Development of an All Wales Dementia Allied Health Practitioner Consultant post which will give advice and support to health boards and local authorities to drive forward service improvements;
- Increasing the rate and timeliness of dementia diagnosis;
- Strengthening collaborative working between social care and housing to enable people to stay in their homes longer;
- To roll out the 'Good work – Dementia Learning and Development Framework' to enable people who work with those living with dementia to have the skills to recognise symptoms earlier and help them feel confident and competent in caring for and supporting those living with dementia;
- Introducing the principles of 'John's Campaign' across all health boards and trusts.

Services to Prisoners

3.22 The Social Services and Wellbeing (Wales) Act 2014 came into effect on 6th April 2016; and accordingly changed the Authority's responsibilities for people in prison. Since April 2016, local authorities are responsible for addressing and meeting the care and support needs of all adults and children in the secure estate not just upon release but while they are in custody. This is a significant change and additional responsibility for the Authority as the Act applies equally to those in the secure estate as it does for those individuals in the community.

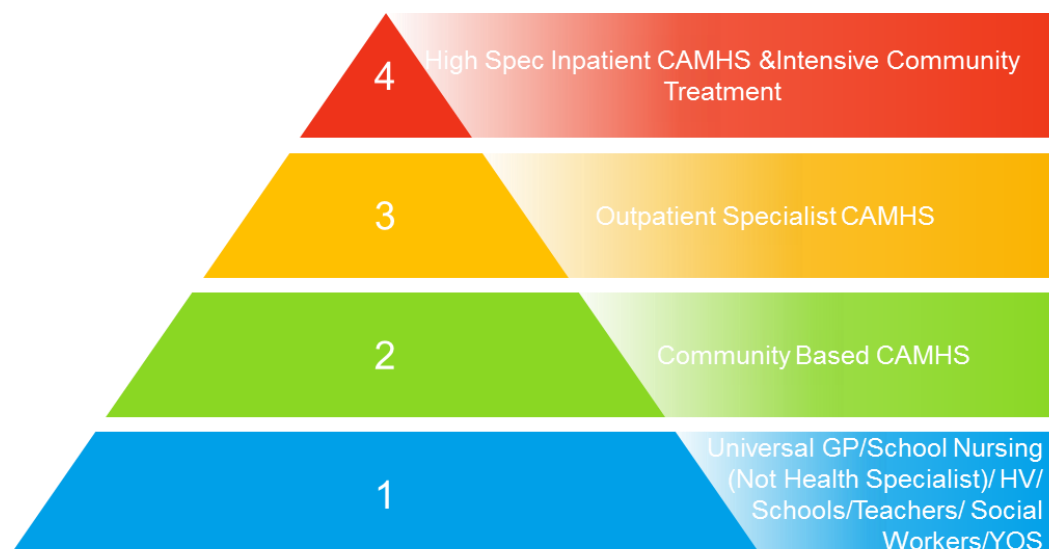
3.23 Welsh Government issued a Code of Practice that set out the requirements on Local Authorities in the exercise of their social services functions in respect of those being held in custody, bail accommodation and on release.

3.24 Bridgend County Borough Council has within its boundary, HMP and YOI Parc, which is a Category B Prison with capacity for 2000 male prisoners, the majority being adult offenders. The current population is 1779 (includes 62 in the Young Persons unit for people up to 18 years of age). The prison opened in November 1997 and is the only private prison in Wales and is managed by G4S on behalf of the Prison Service. All offenders over the age of 18 are deemed to have 'ordinary residence' and the Council is responsible for meeting the care and support needs of individuals with eligible needs

- 3.25 The responsibilities for the Local Authority, as required by the Social Services and Wellbeing (Wales) Act, 2014, are as follows;
- Completing care and support assessments for prisoners;
 - Producing care and support plans (with prison and healthcare involvement);
 - Providing care and support services for those with eligible needs;
 - Specialist and moveable items (e.g. walking frames, hoists);
 - When a prisoner is to be released, or transferred to a different prison, to work with the local authority that they are moving to, ensuring continuity of care and support.

Child and Adolescent Mental Health Services (CAMHS)

- 3.26 The performance of Child and Adolescent Mental Health Services has been a long-standing area of concern across Wales. While the delivery of mental health services for children in Bridgend is primarily a responsibility of ABMU Health Board, there are elements of mental health support that necessarily are delivered by a full range of other services. This is determined by the tiers of need. The tiers of need 1-4 are briefly described below.



- 3.27 Since April 2016, ABMU has taken a new approach to tackling the delivery of these mental health services. This is a tiered approach as set out in the diagram above.
- 3.28 Many children will benefit from early help and support at some time in their childhood and some will require help from specialist mental health services. In addition to those young people with identified mental health needs, there are many more with early stage difficulties, including those living in situations that increase the risk of developing significant problems and who may benefit from receiving early support to actively promote good mental health.
- 3.29 The key to good mental health, in children and young people, is a robust graduated approach involving the family in issues such as: a healthy birth, consistent, positive parenting, balanced nutrition and exercise, attainment at school, having friends and an ability to cope with life events. Children and young people with good mental

health are able to develop emotionally, creatively and intellectually and have the resilience to cope with life's difficulties. It is recognised that childhood experiences impact significantly on the ability to be an effective and nurturing parent in the future.

Commissioned Services

- 3.30 There are a range of services commissioned by the Directorate for adult mental health services which include residential services, care and support at home in the community.

4.0 Current Situation

Adult Mental Health Service Provision

- 4.1 The current model for mental health services in Bridgend is largely a result of incremental changes in service design in response to policy developments, local pressures and organisational transformations. There is recognition locally that there needs to be a greater investment in the development of a wider range of mental health services, for example the expansion of more community based help and support. BCBC works in partnership with stakeholders to ensure that the services provided meets, and continue to meet, the changing needs of the population through effective planning and commissioning.

- 4.2 Key components of the current model include:-

- Community Mental Health Teams (CMHT) is the main source of community mental health services. They are at the core of the mental health system and are specialist, multidisciplinary, multiagency teams which provide mental health assessments and support to individuals accessing services. CMHT's prioritise their work based on a persons need, risk, and vulnerability for whose complexity of care cannot be met within primary care services;
- The multi-disciplinary and multi-agency Home Treatment Team is set up to support people experiencing crisis in their own homes in order to avoid admission or readmission into mental health inpatient services;
- Outpatient consultant clinics to support people in the community;
- Structured day opportunities, psychological and psychotherapeutic interventions provided out of the ARC centre and in local community centres ;
- The specialist Perinatal Response Management Service (PRAMS) for those experiencing significant stress and/or other mental ill health in pregnancy and up to a year after birth;
- A range of inpatient specialist services at Princess of Wales Hospital and Glanrhyd, including assessment, respite, rehabilitation and long-stay beds;
- Residential and nursing care establishments for people with high or intensive support needs;
- Glyn Cynffig is supported accommodation that provides support and assistance to adults recovering from serious mental illness, including those with co-occurring serious mental illness and substance misuse;
- Supported living accommodation providing supportive environments to enable people to live independently in the community;

- Domiciliary care and floating support to providing personal and practical support in a person's home;
- A range of voluntary sector services providing information, support, advocacy, and befriending for service users and carers.

4.3 Below are some recent changes or development in provision:

New Approved Mental Health Professional (AMHP) Service in Bridgend

- 4.3.1 AMHPs are mental health professionals who have been approved by a local authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating assessment and admission to hospital for people who have been detained (sectioned). Doctors can make recommendations that someone should be detained in hospital but it is up to the AMHP to make the final decision. It is also the responsibility of the AMHP to ensure that the law is being applied correctly.
- 4.3.2 BCBC are currently implementing a new daytime AMHP service that will act as a single point of access for the public, carers, GPs, NHS colleagues and the Local Authority for requests for Mental Health Act Assessments. The aim of the Hub is to provide a high quality, auditable AMHP service, that builds on the existing legal knowledge and specialisms within the current team of AMHPs' embedded within the Mental Health and Learning Disability teams in BCBC.
- 4.3.3 The Hub will offer short term support services for individuals with mental health issues and create a service for carers and families thus ensuring that the requirements of Social Services and Wellbeing Act are fulfilled. Additionally, families who experience a loved one being detained will have a point of contact for advice, information and assistance following the event and during the period of detention.
- 4.3.4 The AMHP Hub will link in closely with other agencies, both statutory and third sector to create a high quality AMHP service for citizens. The Hub will be managed by the AMPH lead/Team Manager who will co-ordinate and oversee the AMHP service and lead on the development of a regional professional peer group.

Review of Mental Health Social Work team

- 4.3.5 Mental health social work services in Bridgend are currently delivered via two separate Community Mental Health Teams (CMHT). A review completed in Spring 2018 considered options for the most effective utilisation of resources provided by BCBC within mental health service provision. The review identified the following:
- Need to improve the Information, Advice and Assistance (IAA) service;
 - Need to develop more prevention and early intervention services;
 - Need to build stronger partnership working in primary mental health services;
- 4.3.6 In order to address these issues it was proposed that an element of the staffing resource currently allocated to the CMHTs would be moved into primary mental health service provision where a focus on provision of information, advice and assistance, prevention and early intervention and partnership working could be engendered. This proposal is currently in the consultation phase.

Service Development Plan

- 4.4 There is an Adult Mental Health Development Plan which covers all areas of service. The plan is made up of a number of work streams each with a project lead who reports to the programme team.
- 4.5 The key considerations in taking mental health services forward are set out below and overleaf:
- Over the last few decades there have been significant changes to the delivery of Mental Health services, not only in Bridgend but across the UK. Current models of support have moved away from traditional inpatient based care, which focused on 'treatment', towards multidisciplinary community based approaches that promotes the 'recovery' philosophy.
 - There are many interpretations of the recovery philosophy but the underlying concept within the Mental Health (Wales) Measure 2010 is 'the belief that it is possible for someone to maintain, gain or regain skills that help them to live as fulfilling a life as possible, despite serious mental illness'.
 - There are a number of national, regional and local strategic drivers that have and continue to shape the development and delivery of mental health services.
- 4.6 Locally the plans for mental health services include an aim to work with stakeholders and partner organisations to reshape existing services in order to achieve the vision of providing person centred services that enable independence, maximise personal potential and are flexible and responsive to need, whilst ensuring effective use of funding available.
- 4.7 Below are some high level objectives which are planned to be taken forward over the next three years with partners in Cwm Taf Morgannwg and the Third sector:

Care Co-ordination

- Continue to ensure that care plans and reviews are person centred;
- Build on current assessment processes to deliver clear outcome focused care planning that support the recovery approach and the progression pathway;
- Work with colleagues in children's services at earlier points to develop more effective transitions to adult services;
- Promote positive approaches to risk taking with partner agencies and Service Users by building on current risk management approaches to enable independence and reduce the need for more intensive support whilst identifying and appropriately supporting those who are at increased risk of suicide, self-harm, self-neglect and/or harm to others;
- Provide information to service users and carers so they can play an informed part in their Care and Treatment pathway;

Range of Care Models

- Develop a clear progression pathway through different models of support and accommodation, which provides alternatives to hospital admission and supports the recovery approach;
- Work with the provider market and stakeholders to develop a wider choice of and increased access to 'move on' accommodation and housing related support models, including enabling, step down and floating support;
- Increase opportunities for people to receive support that enables them to remain in their own homes;
- Develop appropriate and specialist models of care to support those with complex needs and co-occurring conditions;
- Provide robust care pathways for those in crisis and develop a range of support models to ensure that those in crisis receive appropriate and timely responses;
- Develop preventative and specialist models that help people remain out of traditional care services and reduce the likelihood of crisis situations.

Independent Living

- Promote the development of local support networks in the community and prevent social isolation by maximising opportunities for local services to offer natural support networks;
- Continue to expand opportunities for individuals to develop life skills that promotes and enables independence;
- Improve opportunities for individuals to access training, education and work;
- Further develop ways to enable carers to continue in their caring role by providing appropriate information, advice and services.

Collaboration

- Respond to national policies and objectives, such as the implementation of the Social Services and Wellbeing (Wales) Act, the Mental Health (Wales) Strategy, the Cares Strategy (Wales) Measure and Together for Mental Health;
- Seek further opportunities to pool budgets and align services to improve experiences for Service Users through the provision of coordinated care models;
- Work with colleagues in Supporting People to identify housing related support solutions in order to develop effective and sustainable community based lower level support and preventative services, which promote independence;
- Optimise opportunities to identify and attract funding from partner agencies to further develop services.

Commissioning and Planning

- Implement clear mechanisms for improving the information flow from practice to commissioning so that practice knowledge informs commissioning activity;
- Carry out further development activity to ensure that the local market can respond to future demand;
- Strengthen engagement approaches so that service users and carers are involved in the planning, development and implementation of the services they require;
- Produce a robust and transparent market position statement that outlines our commissioning intentions to transform and shape services for the future.

Dementia

- 4.8 In 2019/20 the local authority will reinvigorate its implementation plans to deliver on the Welsh Government's Dementia Action Plan for Wales 2018 – 2022, with its new health partners in Cwm Taf Morgannwg University health board. In the meantime work has been ongoing on reviewing short breaks for carers, and day opportunities for people with complex needs; as well is the ongoing work to deliver a dementia friendly County Borough.
- 4.9 Specialist services for people with dementia within Bridgend County Borough include the following:
- A therapy led short term specialist reablement service known as Bridgeway. Individuals are able to access the service following a social work assessment of needs.
 - There are two Dementia Support workers which are funded from the Welsh Government grant known as the Integrated Care fund and are based in the Community Resource team. This service provides support to those individuals that are either pre or early diagnosed with Dementia.
 - In addition, there is a well-established dementia coordinator service funded via ABM UHB and individuals access this service via a referral from a Consultant; people are followed up individually from clinic after their appointment. It provides support service and includes a home visit element and an Information, Advice and Assistance service.
 - A specific social work team collocated with ABMU which is available for those individuals that are in the secondary mental health services with ABMU. There are currently 160 individuals (26/02/19) on this team's case load and is those individuals that present with complex needs which are overseen by a clinical professional.
 - In the integrated services which service mainly older adults, approximately 60% of individuals who are being supported have a presenting need that includes early stages of dementia and/or those that have been diagnosed with dementia but are able to live and manage in the community by receiving services from primary care and community based clinical support such as from a community psychiatric nurse (CPN) and services commissioned via a social worker.
 - In terms of day services, there is a specialist dementia unit located within the Bridgend Resource Centre based at Waterton in Bridgend. This specialist dementia service is for people who have moderate or advancing dementia; these are people who need higher levels of staffing support to meet their needs. They are usually people whose needs could not be met fully within a community based resource or in a generic day service
 - In terms of younger people with dementia, the council commissions specialist services to enable individuals to live and access community services; this includes flexible short break services to support people and their carers.
 - Dementia care training is provided in collaboration with the ABMU Dementia Care Training Team.
 - The two Extra care schemes in Bridgend are planned to be dementia friendly facilities with the environment designed to support individuals with dementia. These schemes include the creation of 25 residential EMI beds

- 4.10 There are currently 127 people in specialist dementia residential placements at a forecast annual gross cost of £3.3m in 2018/19; in addition to the many people living with dementia who are supported to live at home.
- 4.11 In addition to statutory provision there has been a collaborative approach from the local authority with the health board and the third sector, to developing services to ensure that Bridgend meets its commitment, in signing the Dublin Declaration in 2014, to create a dementia friendly Bridgend. In 2016, initial work took place within Maesteg to make it the first town within Bridgend County Borough to gain the status of 'working towards a Dementia Friendly Community'; in 2018 further areas obtained the same status, and these were Porthcawl, Cefn Cribwr, Cornelly, Kenfig Hill and Pyle. The rollout of dementia friendly communities is being coordinated on behalf of the local authority and health board by Bridgend Association of Voluntary Organisations (BAVO) in partnership with the Alzheimer's Society; the Council and the Health Board are continuing to support BAVO in delivering a dementia friendly Bridgend County Borough.
- 4.12 In addition, in 2017 a partnership of Halo, BAVO and the Alzheimer's Society saw the launch of a pilot to deliver dementia friendly swimming sessions, where people living with dementia and their carers can attend the swimming pool, with assistance from trained dementia friendly staff in the pool, along with the opportunity for a meeting in the café afterwards. There have been other initiatives such as for example, developing Memory Lane Cafe at Pyle, which was developed in partnership with the community, the Library service (AWEN) and the Community Network Team based at Pyle Resource Centre.
- 4.13 With the release of Integrated Care Fund (ICF) monies specifically related to the Welsh Government's Dementia Action Plan for Wales 2018 – 2022, two bids were submitted to create a specialist dementia provision within Integrated Community Services and day opportunities within Bridgend County Borough. The Community Dementia (Support) Team is an integrated health and social care service made up of specialist dementia practitioners from various registered professional backgrounds, as well as dementia support workers; the team aims to support the Integrated Community Services, in delivering support for people with dementia as well as informal carers and staff in their ability to provide person-centred holistic care for people with dementia and/or cognitive impairment.
- 4.14 The staff are embedded within the Integrated Community Service and work directly with people and professionals to provide expert information, signposting, advice, and assistance to citizens who have dementia and carers of people who have dementia or are concerned about their memory.

Services for Prisoners

- 4.15 In order to meet the duties and responsibilities required by the Act, the Authority has established a team within HMP Parc which comprises a senior social work practitioner, a social worker, a senior occupational therapist who carry out assessments and develop managed care and support plans for people in the secure estate, as well as support the work of the existing Health Board's mental health in-reach team.

- 4.16 The Secure Estate Team works extensively with HM Prison and Probation Service as a key partner, in particular at the release planning stage. This work includes attendance at multi-agency public protection arrangement (MAPPA) meetings. In addition the Secure Estate Team carry out Social Care Assessments requested for Parole Board Hearings; this involves liaising with and referring on to relevant receiving home local authorities of prisoners. This work will often involve the initial release of individuals to Approved Premises (AP) prior to move-on into the general community. In some cases, this has resulted in support plans being formulated in order to provide the AP support staff with an initial plan on which to build and inform ongoing intervention as part of re-settlement of individual prisoners. It also provides continuity for the individual, and engages them in the process surrounding their release and has proved to be more outcome-focussed. This in turn delivers a more holistic approach to support planning, taking account of the Wales Reducing Re-offending Strategy
- 4.17 Local authorities in Wales follow the National Pathway for Homelessness Services to Children, Young People and Adults in the Secure Estate. The pathway was created by a multi-agency Working Group, the Prisoner Accommodation and Resettlement Working Group, in which the Authority was a member; the only referrals the Authority receives are for those prisoners who have a local connection to Bridgend. Anyone not from Bridgend will have the referral sent to their home authority.
- 4.18 The Authority's Secure Estate Team work collaboratively with statutory and third sector organisations relating to issues around housing, homelessness, advocacy as well as alcohol and substance misuse; the team makes referrals and seek advice on behalf of prisoners to these organisations. The type of support a person will need on release will depend on their individual circumstances, and the resources available within the area to which the prisoner is moving. The following are examples of support the Secure Estate Team has provided:
- Arranging case conferences and inviting relevant agencies and providers, including housing and floating support for housing related need schemes, as part of the release planning process;
 - Researching and establishing relevant services that are available in the receiving authority area on release for prisoners. This has including signposting and providing information to the individual prior to release;
 - Advocacy plays a vital role in relation to one of the key principles of the Act 'Voice & Control' and the team has made referrals to both advocacy services within the County Borough Council whilst prisoners are serving their sentence and also to other local authorities as part of release planning;
 - Within the prison, in some cases, the Authority works alongside Her Majesty's Prison and Probation Service resettlement officers and have made referrals to PACT (Prison Advice and Care Trust) as appropriate, for support through the Gate Mentoring Service. On the day of release, the Mentor meets the individual at the prison gate and escorts them to initial appointments with Probation, Housing and other services;
 - The Samaritans train prisoners to provide emotional support to other prisoners by becoming 'Listeners' as part of a peer support service within the prison. This support can form an import element in achieving wellbeing as part of the assessment and support planning process;

- ‘Dyfodol’ provides support to people with drug and alcohol issues, targeting people within the criminal justice system. Dyfodol provide services both within HMP Parc and in the community, and therefore forms an essential part of release planning in some individuals.

4.19 In terms of mental health support to prisoners, Secondary Mental Health services are provided by the University Health Board’s In Reach Team. Professionals in this service include registered mental health nurses, occupational therapy, psychology and a psychiatrist. The Local Authority’s Secure Estate team work collaboratively with the In Reach team and contribute to their ‘High Risk’ meetings. Referrals are made between the teams for a holistic response to need. However, the resourcing of the Secondary Mental Health provision has not risen in line with the rise of the prison population and there is no specialist mental health service for prisoners who have dementia or cognitive impairment. This service will continue post 1st April 2019 with Cwm Taf Morgannwg University Health Board. The Secure Estate Team also include in their care planning, appropriate ways of working with prisoners who have mental health needs and/or dementia for the wider prison staff and ensure appropriate services are available for the prisoners’ release.

Mental Health services for children and young people

Local Authority Provision

4.20 There are a number of services and roles that identify and/or support children and young people with mental health issues across the county borough:

- The local authority employs seven school based counsellors, two community counsellors and one play therapist. The majority of counsellors work 28 hours over four days per week. They are all British Association of Counsellors and Psychotherapists (BACP) registered, which means that as a minimum they have completed a BACP accredited course. Accreditation can be at various academic levels, but will be at university, college or other training provider (not online or distance learning) and sets minimum standards in terms of hours of counselling delivery. There are also minimum supervision levels and continuous professional development requirements, to maintain registration.
- All counsellors are based within early help services. They offer a limited amount of training, support and advice to staff within the wider service but their role is predominately focused on service delivery.
- In addition to the school counselling service, early help staff have been able to access a number of training opportunities. The majority of lead workers have been trained in ASIST (Applied Suicide Intervention Skills Training). However, staff turnover means that there is an on-going training need for new staff. Approximately half a dozen early help staff have been trained in ELSA (emotional literacy support).
- Educational psychology colleagues offer half a day’s support to each of the early help locality hubs every half term. This has covered a range of topics, such as referral pathways for the panel for autistic disorders (PAD).

4.21 Within the Youth Offending Services, staff have accessed the following training:

1. How to create emotional health and wellbeing
2. Anxiety awareness
3. Trauma recovery
4. ASIST

Training

- 4.22 Third sector organisations and colleagues access training, including:
- Mental Health First Aid – subsidised by third sector youth grant – via Bridgend Association of Voluntary Organisations (BAVO)
 - Youth Mental Health First Aid - subsidised by third sector youth grant – via BAVO
 - Applied Suicide Intervention Skills Training – self funded – provided by BAVO
 - STORM (clinical version of ASIST) – ABMU training
 - Suicide Talk – self funded BAVO
 - Mental Health Awareness – Mental Health Matters Wales (MHMW) – self funded
 - Dual Diagnosis – MHMW – self funded
 - Confidence and assertiveness – MHMW – self funded
 - Mental Capacity Act – MHMW – self funded
 - Depression and Anxiety – free training – MHMW
 - Food and Mood – GOFAL – self funded
 - Self harm training – MHMW – free
 - Mental Health and Adolescence – Mind Cymru – self funded
- 4.23 These training opportunities are provided and/or promoted by each training provider and by BAVO. Uptake can sometimes be an issue due to the cost of the training.
- 4.24 Within the local authority's Inclusion Service, there are range of staff who deliver school based interventions and training. On-going training is promoted through the Inclusion Service training directory that provides a menu of training for schools and is distributed termly.
- 4.25 Additional training is rolled out on a wider scale when there are opportunities provided from grant funding. For example, 'Thrive' training was piloted throughout schools in Bridgend for looked after children (LAC) pupils from the LAC PDG (pupil and deprivation grant). Thrive training provided key school staff with the skills and understanding to manage the emotional development of children, especially vulnerable children with disruptive and troubling behaviour. The Thrive training requires continued professional development of the staff to maintain their licence.
- 4.26 ELSA is co-ordinated and delivered to school staff (usually support workers) by educational psychologists in Central South Consortia (CSC). ELSA training is advertised on 'Cronfa' which is a system that enables all schools in CSC to log on to courses. Termly emails are also sent to all schools to inform them of the ELSA training dates. ELSA was designed to build the capacity of schools to support the emotional needs of their pupils from within their own resources. It recognises that children learn better and are happier in school if their emotional needs are also addressed. ELSA is an initiative developed and supported by educational psychologists who apply psychological knowledge of children's social and emotional development to particular areas of need and to specific casework.
- 4.29 The student assist programme (SAP), mindfulness and other psychological interventions are delivered by educational psychologists directly to pupils, either on an individual basis or to groups of pupils as and when appropriate. Some training of

these techniques/interventions can be provided to experienced school staff, if the school setting requires this.

CAMHS

Performance & Strategic Direction

- 4.30 Access to CAMHS for the ABMU population (and most other areas in Wales and across England) has historically been poor with long waiting times for children and young people. Performance has improved over the last 18 months, and as commissioners ABMU have a much improved understanding of the challenges and barriers for the service are when implementing improvements.
- 4.31 In January 2018, performance of CAMHS improved with significant reductions in waiting times, and this upward trend continued for five months. However, in May, performance started to deteriorate and compliance against the Welsh Government targets became less consistent. This correlated with staff leaving and delays in advertising and filling these posts. Action has been taken to stabilise the CAMHS Service to maintain the improved position including additional waiting list clinics, however it has become clear that changes that are more radical are required to transform the service model to provide a sustainable service in the medium to long-term.
- 4.32 ABMU are working with Cwm Taf to develop a new integrated model. The proposed integrated model will include a single point of referral / entry to the service via a telephone triage system, which will allow all professionals working with children and young people to access advice and consultation from CAMHS, and onward referral into CAMHS (primary or secondary) where appropriate. The service will extend the use of the Choice and Partnership Approach (currently embedded within Secondary CAMHS) to facilitate provision of the right support, at the right time, to the right children, young people and families, by the right clinician from across the service. This will therefore provide a single point of access to all primary and secondary CAMHS.
- 4.33 From 1st April 2019, Cwm Taf Morgannwg UHB will replace ABMU Health Board as the commissioner for CAMHS for children and young people resident in Bridgend. This will not change the strategic direction and development already underway.

Services to Support the Emotional Health & Wellbeing of Children & Young People Delivery Plan

- 4.34 Discussions have been held through the Western Bay partnership about the importance of CAMHS to be seen as a multi-agency problem that can only be resolved with a multi-agency response, and this is a joint priority for the Regional Partnership Board.
- 4.35 A Western Bay Delivery Plan for Emotional Health & Wellbeing was developed and agreed for 2017/19 with all partners. The top three priorities are:
- Facilitate the delivery of the Welsh Government performance indicators;
 - Improve multi-agency working, and support the delivery of the single point of access;

- Develop the NDD Service to meet the needs of the ABM population and the All Wales Pathway.

4.36 Some key areas of progress are as follows:

- The Western Bay Emotional Health & Wellbeing Planning Group is currently considering plans to develop universal services to support tier one & two services. In 2017, ABMU were successful in securing Integrated Care Funding for three liaison posts. These posts facilitate joint working and support early intervention and prevention for children, young people and adolescents.
- The Neurodevelopmental Service transferred to ABMU Health Board from Cwm Taf in 2017. During the first 18 months, the NDD team have worked with stakeholders to develop evidence-based pathways, assessment frameworks and ongoing professional development tools to ensure that all children and young people within the ABMU footprint are able to access appropriate, robust and timely assessments with specialist clinical staff. Compliance against the Welsh Government target had been excellent, however activity and demand on the service is increasing and compliance has deteriorated since September 2018 and is now below the 80% target. Additional WLI funding has been identified and agreed through Integrated Autism Service slippage monies for the 18/19 financial year. The increase in referrals to the NDD service has been seen across Wales.
- Performance and access to specialist and primary CAMHS has improved over the last 18 months; however, a deterioration in performance was seen in Q2 of 2018. Performance improved in Q3, and this has been achieved through waiting list initiatives and Welsh Government have provided funding for the remainder of 2018/19 for this to continue. Waiting lists are beginning to equalise across the 3 areas and agency staff are being brought in to support the services in NPT and Swansea to accelerate this. As at 8th February 2019 the Welsh Government target for 80% of non-urgent patients being seen within 4 weeks had been achieved in Bridgend for the first time (81.3%). ABMU and Cwm Taf Health Boards are aiming for this target to be achieved across all areas within ABMU by 31st March 2019.

Youth Offending Service (YOS)

4.37 The Crime and Disorder Act 1998 sets out in Section 38 the composition of the Youth Offending Service. It states that the YOS must include at least one member of staff nominated by the Local Health Board. Western Bay Youth Justice and Early Intervention Service (WBYJ and EIS) has been without a member of staff provided by health staff to act as the statutorily required member of the YOS since 2013 in Bridgend and has over the years lost the health staff in Swansea and Neath Port Talbot locality teams. The staff have not been withdrawn from the service but as vacancies have occurred naturally these posts have not been filled.

4.38 WBYJ and EIS is Wales' largest YOS and is responsible for the care and supervision of highly complex young people who have been subject to a plethora of adverse childhood experiences. Many of these young people will have presenting mental health issues. The expertise that health professionals bring to this work and the wider long-term health benefits that effective rehabilitation of individuals at an early age should not be underestimated. The active participation of health as a statutory partner in the WBYJ and EIS is particularly important at this time. The

service is participating in a trial of a psychology-led approach to addressing adverse childhood experiences and the consequent impact on offending behaviour through the application of the “Enhanced Case Management Approach”. Health as a key partner in this will be pivotal to seeing the maximum benefit for the children and young people involved.

- 4.39 Work has been ongoing for some time with ABMU to design a model that meets the needs of children and young people who offend or are at risk of offending. The aim being to ensure that children and young people receive the support they need from the right professional, in a timely fashion to prevent escalating difficulties and aimed at equipping non-specialist services with sufficient knowledge and skills to enable them to appropriately identify and respond to emotional and mental health needs. This area of work is also necessary under the Welsh Governments “Together for Mental Health Delivery Plan”. The proposed model remains with ABMU waiting to be finalised.
- 4.40 In the interim WBYJ and EIS has taken actions to secure monthly consultations with a consultant child psychiatrist, maintained referral pathways to primary healthcare services, links with forensic services and invested in emotional health and wellbeing training for staff. This cannot however replace the benefits of having a healthcare professional as a seconded staff member. These arrangements are currently under review.

5.0 Effect upon Policy Framework and Procedure Rules

- 5.1 There is no impact on the policy framework and procedure rules.

6.0 Equality Impact Assessment

- 6.1 Underpinning everything is the commitment to public sector duties of advancing equality of opportunity between people who have protected characteristics and people who do not, fostering good relations between those who have a protected characteristic and those who do not and eliminating discrimination, harassment and victimisation. With this in mind, progress will continue to ensure that:
- There is equitable access to services which are responsive to, and inclusive of, the individual needs of those with protected characteristics;
 - People are not discriminated against or stigmatised because of their mental ill health;
 - Welsh speakers are able to receive services that meet their linguistic preferences.
- 6.2 As service developments are planned and implemented the service will complete EIAs as required.

7.0 Well-being of Future Generations (Wales) Act 2015 Implications

- 7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing Act (Wales) (SSWBA) 2014, in turn, supports the promotion of two of the

seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a Healthier and more equal Bridgend and Wales are supported.

7.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long Term – Social Services is demand led and the SSWBA focusses on sustainable prevention and wellbeing outcomes for the future. In terms of Mental Health, there is a requirement to meet the needs of people in the longer term and, because of rising demographics and increasing complexity, the remodelling and transformation of services continues to be a priority.
- Prevention – the report highlights the work to date to address the needs of those people with mental health concerns and the need to develop more prevention and early intervention services.
- Integration – the implementation of the SSWBA requires local authorities to work with partners, particularly the NHS and the Police, to ensure care and support for people and support for carers is provided. The report evidences the work to date and the future plans to developing mental health services.
- Collaboration – The strategic planning and local delivery of integrated support and services are developed with current and new partners in the ABMU and Cwm Taf Health Boards.
- Involvement – the key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults, children and young people is heard.

8.0 Financial Implications

8.1 In Bridgend, the gross budget for Mental Health specific services this financial year 2018/19 is £5.4 million. This is in addition to the forecast gross spend on dementia residential placements of £3.3 million highlighted at paragraph 4.10.

8.2 In addition to the above funding, the Council is also forecasting expenditure for older person's mental health services to the value of £462,000 in relation to elderly mental health packages provided by independent domiciliary care and direct payments. There is also a secure estate budget of £221,000 that would include mental health services within Parc Prison.

8.3 Also within the financial year 2018/19, Supporting people grant funding of approximately £500,000 has also been allocated to mental health services across and Integrated Care Funding (ICF) for dementia schemes of £235,000.

9.0 Recommendation

9.1 It is recommended that the Cabinet Committee Equalities note the information contained in this report.

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11. Background documents
None