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Consultation Document

Together for Mental Health **Delivery Plan: 2016-19**

Date of issue: 18 January 2016
Action required: Responses by 4 April 2016

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Overview	Proposed <i>Together for Mental Health Delivery Plan:2016-19</i>
How to respond	<p>Electronic responses should be submitted by 4 April 2016 to: mentalhealthandvulnerablegroups@wales.gsi.gov.uk</p> <p>Alternatively you can send a hard copy response to: Mental Health and Vulnerable Groups Division Health and Social Services 4th Floor, (North Core) Welsh Government Cathays Park Cardiff CF10 3NQ</p>
Further information and related documents	Large print, Braille and alternative language versions of this document are available on request.
Contact details	<p>If you have any queries relating to this consultation, please email: mentalhealthandvulnerablegroups@wales.gsi.gov.uk</p>
Data protection	<p>Any response you send us will be seen in full by the Welsh Government staff who deal with the issues set out in this consultation. It may also be seen by other Welsh Government staff to help them plan future consultations.</p> <p>The Welsh Government intends to publish a summary of the responses to this consultation. We may also publish individual responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response, helping to show the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you submit your response. We will then blank them out.</p> <p>Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an</p>

important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Responses to consultations may be made public – on the internet or in a report.

If you would prefer your response to be kept confidential, please tick here:

Together for Mental Health Delivery Plan 2016 – 2019

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

The strategy consists of five chapters and is underpinned by 18 outcomes which are set out in the table below. These were subject to detailed formal consultation in 2012 and remain unchanged for the lifetime of the strategy. The strategy is implemented through three-year delivery plans which set out the key actions for the Welsh Government and stakeholder agencies in the statutory and third sectors. The first delivery plan covered the period 2012-15 and this one covers the period 2016-19. Implementation is assured through Partnership Boards at national and local levels, and progress is reported publicly through annual reports produced by the Welsh Government, the Local Partnership Boards and NHS Trusts.

Changes in strategic context since the publication of the strategy

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

1. The Well-being of Future Generations (Wales) Act

The Welsh Government published *The Well-being of Future Generations (Wales) Act*² in April 2015 which has a key impact on future priorities. The Act aims to make public bodies think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. In short, encouraging bodies to 'do what they do' in a sustainable way, an approach that will drive future delivery. Strategy outcomes (see following table) and delivery plan priority areas (see pg.7) have therefore been mapped against the goals of the Act.

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

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

Well-being of Future Generations (Wales) Act 2015	<i>Together for Mental Health</i> High Level Outcomes	Delivery Plan 2016-19 Priority areas
A healthier Wales	<ul style="list-style-type: none"> • Population-wide physical and mental well-being is improved; people live longer, in better health and as independently as possible, for as long as possible. • People in Wales have the information and support they need to sustain and improve their mental health and self-manage mental health problems. • Families and carers of all ages are involved in assessments for support for their caring roles. • People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together. • Evidence-based high quality services are delivered through appropriate, cost-effective investment in mental health. 	1 3 4 7
A more equal Wales	<ul style="list-style-type: none"> • People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population. • People with mental ill-health experience less stigma and discrimination and feel that these problems are being tackled. • People feel in more control as partners in decision-making about their treatment and how it is delivered. • Service users experience a more integrated approach from those delivering services. • People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies. • Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services. 	2 5
A prosperous Wales	<ul style="list-style-type: none"> • People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis. • Child welfare and development, educational attainment and workplace productivity are improved as we address poverty . • Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches. 	8
A Wales of vibrant culture and thriving	<ul style="list-style-type: none"> • Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so. 	6

welsh language		
A Wales of cohesive communities	<ul style="list-style-type: none"> • People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services. • Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia. • Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering. 	9 10

Throughout this delivery plan we have suggested a number of performance indicators to measure progress. In addition, we will also include the national well-being indicators that will be agreed following the consultation on the implementation of the *Well-being of Future Generations Act*.

2. Prudent Health and Care

The public sector faces the dual challenges of rising costs and increasing demand, while continuing to improve the quality of care. Since the publication of the strategy, the Welsh Government has developed a number of principles of Prudent Health and Care (see <http://gov.wales/topics/health/nhswales/prudent-healthcare/>) which it expects services, or individuals providing a service, to adhere to. These are to:

- Achieve health and well-being, with the public, patients and professionals equal partners through co-production.
- Care for those with the greatest health need first, making the most effective use of all skills and resources.
- Do only what is needed, no more, no less; and do no harm.
- Reduce inappropriate variation using evidence based practices consistently and transparently.

This delivery plan has therefore been developed to ensure these important areas are integral to the implementation of its actions.

3. Additional funding

Particularly significant to this delivery plan is the improved financial context for NHS funded mental health services in Wales. Additional monies have been targeted at priority areas for investment within mental health, which in turn, drive the priorities of this second delivery plan, with significant emphasis on increased access, enhanced pathways and improved outcomes for service users. The Minister for Health and Social Services has also recently confirmed that the mental health ring-fence should remain, providing on-going protection to NHS investment.

4. Developing the delivery plan

Following discussions with a range of stakeholders throughout the course of 2015, priority actions in this plan have been laid out by subject area, and linked back to the relevant chapter of the original strategy. Other key themes which emerged were that:

- There should be fewer priority actions in order to ensure that all agencies really focus on those issues that make the most difference to service users and carers.
- It should be explicit who is responsible for achieving each action (an approach reflected in the 2012 Delivery Plan).
- Tangible performance measures should be included to make it clear whether the action has been delivered, recognising that in some cases robust proxy measures will need to be used.
- Actions should follow the life-course and be presented in a way that reinforces the approach (this acknowledges that transitions need to be managed on a needs-led approach, rather than simply age).

5. Priority areas

The priority areas identified as a result of the engagement process are that:

- 1. All children have the best possible start in life, enabled by giving parents / care-givers the support they need.*
- 2. All children and young people are more resilient and better able to tackle poor mental well-being when it occurs.*

3. *Children and young people experiencing mental health problems get better sooner.*
4. *People at working age are more resilient and better able to tackle poor mental well-being when it occurs.*
5. *People with mental health problems, their families and carers are treated with dignity and respect.*
6. *Services meet the needs of the diverse population of Wales.*
7. *People with a mental health problem have access to appropriate, evidence based and timely services..*
8. *People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances.*
9. *Wales is a 'Dementia Friendly Nation'.*
10. *The quality of life for older people is improved, particularly through addressing loneliness and isolation.*

The final priority area provides further detail on how the delivery of this strategy will be supported through the life time of this delivery plan.

The actions set out overleaf confirm how each priority area will be delivered and by when. Each chapter is linked to the corresponding chapter of the 'Together for Mental Health' strategy for ease of reference.

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

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 1 – All children have the best possible start in life which is enabled by giving parents / care givers the support needed		
<p>1.1 To provide better outcomes for women, their babies and families with, or at risk of, perinatal mental health problems.</p>	<p>1.1(i) Health boards to ensure women are offered good information and support when planning a pregnancy as well as during pregnancy, through birth and post natally. This will support positive health and wellbeing using programmes such as Flying Start, Families First, Healthy Child Wales Programme, third sector initiatives (including specific perinatal training projects) and the All Wales Maternity Network by March 2017. (Chapter 1)</p> <p>1.1(ii) Health boards to ensure that there is an accessible community perinatal service in every LHB area in Wales by November 2016. (Chapter 3)</p> <p>1.1(iii) Public Health Wales to ensure that women are offered good information and support when planning a pregnancy and during pregnancy, through birth and at the perinatal stage to support using information such as Bump Baby and Beyond positive health and wellbeing through the implementation of a mental wellbeing framework from April 2016. (Chapter 1)</p>	<ul style="list-style-type: none"> • 10% of new mothers are in contact with community perinatal support • 100% of the women who are identified as having serious mental health problems such as a psychosis or bipolar disorder are offered appropriate support by services during subsequent pregnancies • Uptake of educational / training programmes to improve awareness and management of perinatal mental health problems • Number of professionals utilising Bump, Baby & Beyond resource
<p>1.2 Parents are supported to promote resilience and positive attachment during infancy and early years.</p>	<p>1.2(i) Health boards and local authorities to support and promote resilience and positive attachment during infancy and early years through existing family programmes, including Integrated Family Support Teams, Teams around the Family, Flying Start and utilising</p>	<ul style="list-style-type: none"> • Percentage of children in pre-expansion Flying Start areas reaching, exceeding or within one age band of their development milestones at age 3 years. • Early Years Outcome Framework

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>third sector experience by March 2019. (Chapter 1)</p> <p>1.2(ii) Health boards to fully implement the <i>Healthy Child Wales</i> Programme over the course of the next government. (Chapter 1)</p>	
Priority area 2 –All children and young people are more resilient and better able to tackle poor mental well-being when it occurs		
<p>2.1 To develop the resilience and emotional wellbeing of children and young people in Wales in educational settings.</p>	<p>2.1(i) Welsh Government (Education) to consider the findings of the review on differing approaches to supporting emotional well-being of children in primary schools, in the development of policy from 2016. (Chapter 1)</p> <p>2.1(ii) Pioneer Schools (primary, secondary and special) to work with experts and other key stakeholders as part of an all-Wales partnership to lead on the design and development of the new curriculum. Originating from the Professor Donaldson ‘<i>Successful Futures</i>’ report, this includes the Health and Wellbeing Area of Learning and Experience (AoLE). Pioneer Schools will work on designing the new curriculum framework from January 2016. The aim is for the curriculum to be available to settings and schools by September 2018. (Chapter 4)</p> <p>2.1(iii) The NHS led Together <i>for Children and Young People Programme</i> (T4CYP) to promote the use across Wales of a multi-agency national staff training module encompassing health, education and social care from June 2016. (Chapter 1)</p>	<p><i>As part of the work indicated in (i) and (ii) consideration will be given to appropriate measures.</i></p> <p>Therefore the following indicators apply to (iii) only:</p> <ul style="list-style-type: none"> • Number / percentage of appropriate staff from health, education and social care undertaking relevant training • Specialist Child and Adolescent Mental Health Service (CAMHS) to provide a named contact and times to offer advice and guidance to every school in Wales • Life satisfaction rating (Health Behaviour in School Children)

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>2.1 (iv) Public Health Wales to implement a mental wellbeing framework to ensure children and adolescents are supported to develop resilience and emotional wellbeing during their time at school, from April 2016. (Chapter 1)</p>	
<p>2.2 To support children and young people aged 0 to 25 with additional learning needs, including those who have mental health needs.</p>	<p>2.2(i) Welsh Government (Education) to lead on the enactment of primary legislation relating to additional learning needs reform in the next Assembly term. (Chapter 4)</p> <p>2.2(ii) Welsh Government (Education) to work with partners to improve the capability and capacity of the education workforce to better support learners with additional learning needs by March 2019. (Chapter 4)</p>	<ul style="list-style-type: none"> • Number/percentage of learners identified with behavioural, emotional and social difficulties • Number/percentage of learners attaining a level 2 inclusive at Key Stage 4 • Number/percentage of learners attaining a level 2 inclusive at Key Stage 4 with behavioural, emotional and social difficulties
<p>2.3 To improve the well-being of children and young people at raised risk of poor mental well-being, with particular attention given to children in vulnerable groups such as children with sensory impairments, Learning Disabilities, young offenders, those looked after and young carers.</p>	<p>2.3(i) Welsh Government (Social Services) to refresh the <i>Carers Strategy in 2016</i>. This will include consideration of the enhanced rights brought by <i>Social Services and Well-being (Wales) Act</i> and well-being of carers including young carers and young adult carers. (Chapter 2)</p> <p>2.2 (ii) Welsh Government (Social Services) to develop a national strategic approach for looked after children, in Wales, to help improve outcomes and to explore what improved early intervention and preventative action can be taken to help reduce the numbers of children taken into care from 2016. (Chapter 2)</p>	<p><i>As part of public health outcomes framework consultation views have been sought on appropriate indicators.</i></p> <ul style="list-style-type: none"> • Care and support available to children and young people in the secure estate • Number of local authorities who have established referral systems to ensure children and young people suffering parental imprisonment are referred for a care and support assessment • Children and young people receiving care and support with a current mental health problem

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>2.3 (iii) Welsh Government (Social Services) will continue to provide a platform for a strategic integrated approach to tackling bullying against children and young people in schools and in the community (Ongoing). (Chapter 1)</p> <p>2.3 (iv) Welsh Government (Social Services) to help improve the personal outcomes of children and young people in the secure estate, exploring what improved early intervention and preventative action can be taken to help children and young people by March 2017. (Chapter 1)</p> <p>2.3 (v) Welsh Government (Social Services) to help improve the personal outcomes of children and young people suffering from the impact of parental imprisonment, exploring what improved early intervention and preventative action can be taken to help children and young people by March 2017. (Chapter 1)</p>	
Priority area 3 – Children and young people experiencing mental health problems get better sooner.		
<p>3.1 To enable children and young people experiencing mental health problems to access appropriate and timely services as close to their home as practical.</p>	<p>3.1(i) Health boards to have appropriate services in place to assess urgent referrals. No child in crisis should wait more than 48 hours for a specialist assessment where indicated. (Ongoing). (Chapter 3)</p> <p>3.1 (ii) Young people presenting in crisis to the police are assessed in an appropriate place</p>	<ul style="list-style-type: none"> • Urgent referrals seen across Wales within 48 hours • Out of area placements for children and young people reduced below 2013/14 baseline by 10% each year • Waiting times reduced to 28 days for routine CAMHS referrals

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>and in a timely manner. <i>Police custody suites should not be used for children under 18 by March 2017.</i>(Chapter 3)</p> <p>3.1 (iii) Health boards to ensure that the two CAMHS inpatient units in Wales are operating safely and effectively, and preventing out of area placements whenever possible. (Chapter 3)</p> <p>3.1(iv) Health boards to implement the pathways set out in the Quality and Delivery Framework produced under T4CYP for CAMHS from June 2016.</p> <p>3.1(v) Health boards to establish, and thereafter monitor, a process where children and young people who are detained in a police based place of safety are identified through 'never events / serious untoward incidents' by March 2017. (Chapter 3)</p> <p>3.1(vi) Working with health boards, the Youth Justice Board and Community Safety Department, the Welsh Government to review the effectiveness of the 2014 Policy Implementation Guidance for addressing the mental health problems for children and young people in the criminal justice system in a timely and appropriate manner by January 2017. (Chapter 4)</p> <p>3.1(vii) Health boards working with support of</p>	<ul style="list-style-type: none"> • CAMHS liaison psychiatry and crisis services in place for 7 days a week in each health board by July 2016 • Reductions in numbers of referrals by Youth Offending Teams (YOTs) into specialist CAMHS or other specialist service (YJB indicator commencing April 2016) • Access time to specialist CAMHS advice by YOTs improved. (YJB indicator commencing April 2016) • No child is detained in police custody by March 2017 with alternatives to police custody in place for each health board area • Adherence to the T4CYP Quality and Delivery Framework

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	the Welsh Government / Youth Justice Board to publish an agreed care pathway to ensure appropriate referrals between CAMHS / other specialist mental health services and the Youth Justice System by January 2017 . (Chapter 4)	
3.2 To enable children and young people experiencing neurodevelopmental conditions, (such as autistic spectrum disorder and attention deficit hyperactivity disorder) to access timely assessment and treatment that supports their continued social and personal development.	<p>3.2(i) Health boards to develop appropriate services working with local authority and third sector services, within their area to assess, diagnose and manage neurodevelopmental conditions using evidence based multi-disciplinary approaches by June 2016. (Chapter 3).</p> <p>3.2(ii) Public Health Wales (1000 lives improvement service), jointly with the Welsh Local Government Association, to run a improvement programme to support delivery of the above and the wider development of services for Neurodevelopmental conditions, assuring by June 2016 :</p> <ul style="list-style-type: none"> • Integrated diagnostic/assessment support packages for neurological conditions and a common care pathway for adoption across Wales. • A range of effective evidence based post diagnostic support and interventions. <p>(Chapter 3)</p>	<ul style="list-style-type: none"> • Each health board will be expected to produce an update on progress through the local partnership boards' annual report • To achieve a waiting time target of 26 weeks with neuro-developmental services for young people by March 2017
Priority area 4 – People at working age are more resilient and better able to tackle poor mental well-being when it occurs.		
4.1 To enable people in Wales to have access to appropriate information and advice to promote well-being and to help	4.1(i) Health boards to provide or commission effective accessible lower level interventions (Local Primary Mental Health Support Services	<ul style="list-style-type: none"> • Percentage of service users, carers and GPs across Wales positively rated (strongly agreed or partly agreed) (LPMHSS)

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
<p>them understand / manage their conditions.</p>	<p>(LPMHSS) <i>and Tier 0</i>) such as anxiety management and mindfulness in community setting across Wales by March 2017. (Chapter 2)</p> <p>4.1 (ii) Welsh Government (Public Health), with partners, to improve awareness and access to evidence based tier 0 information and support by March 2018. (Chapter 1)</p>	<ul style="list-style-type: none"> • LPMHSS services and to report upon: service user satisfaction; carer satisfaction and GP satisfaction. • Number of people in receipt of treatment and advice from local primary mental health support services each year • CALL / 111 helpline numbers usage remains at or above 2015 levels • Book Prescription Wales/Better with Books access • Warwick-Edinburgh Mental Well-being Scale
<p>4.2 To prevent and reduce suicide and self harm in Wales.</p>	<p>4.2(i) Health Boards, Public Health Wales, Local Authorities and Third Sector to implement the <i>Talk to me 2</i> Action Plan available at: http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en by March 2019. (Chapter 1)</p>	<ul style="list-style-type: none"> • Monitor rates of suicide reducing from 2014/15 baseline - ONS • Mental Wellbeing – National Survey • Admission rates for self harm to Welsh hospitals <p><i>The priority actions comprise a rolling programme of work which the National Advisory Group on Suicide and Self Harm Prevention (NAG) will review and report on annually – the first report will be in April 2016 and will serve as a baseline report in the context of this document.</i></p>
<p>4.3 To promote mental well-being and where possible prevent mental health problems developing.</p>	<p>4.3 (i) Welsh Government (Public Health) and Public Health Wales to support workplaces to improve the mental health and well-being of their staff by March 2019. (Chapter 1)</p>	<ul style="list-style-type: none"> • Percentage of the working population engaged in Healthy Working Wales

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 5 – People with mental health problems, their families and carers are treated with dignity and respect		
<p>5.1 To ensure that all services are planned and delivered based on safety, dignity and respect.</p>	<p>5.1(i) Public Health Wales (1000Lives improvement service) to facilitate a Community of Practice for NHS Older People’s Psychiatric inpatient wards in Wales to share learning and drive service improvement in the promotion of dignified care. This will include peer led review by March 2017. (Chapter 3)</p> <p>5.1(ii) Welsh Government (Health and Social Services), local authorities and health boards to develop standards for training on safeguarding and vulnerable adults, to include the <i>Mental Capacity Act</i> by March 2017. (Chapter 3)</p>	<ul style="list-style-type: none"> • The Community of Practice for older persons services outcomes for dignified care are evaluated, published and disseminated • Lessons learnt from untoward incident process • 60% of staff will have undertaken the appropriate training as specified for the role in the All Wales collaborative dementia benchmark project • Increased use of user and carer satisfaction mechanisms for services such as ‘i want great care’ • Percentage of people who feel they have been treated with respect (National Survey) • People reporting they were treated with dignity and respect when receiving care and support services
<p>5.2 To ensure that there is a concerted effort to continue to sustainably reduce the stigma and discrimination faced by people with mental health problems.</p>	<p>5.2 (i) Welsh Government (Health and Social Services), with partners, to challenge mental health discrimination, and improve knowledge and understanding of the stigma and discrimination associated with mental health problems in Wales through face to face contact with key organisations, professionals, and members of the public by December 2017. (Chapter 2)</p>	<ul style="list-style-type: none"> • Number of organisations signing the Time To Change Wales (TTCW) Pledge • Number of TTCW Champions • Percentage shift in public attitude towards mental health problems • Number of face to face contacts between professionals or members of the public
<p>5.3 To ensure that service users feel listened to and are fully involved in decisions about their own care.</p>	<p>5.3(i) Health boards, local authority and third sector agencies to work with service users as equal partners to continuously improve quality</p>	<ul style="list-style-type: none"> • Increased percentage of service users across Wales who positively rated (strongly agreed or partly agreed) that they were

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>of outcome based care and treatment plans whenever possible. (Chapter 3)</p> <p>5.3 (ii) Welsh Government (Health and Social Services) to support development and disseminate e-learning resources for staff, which improve understanding of experiences of people living with of mental health problems by March 2017. (Chapter 5)</p> <p>5.3(iii) Health boards and third sector providers to undertake satisfaction surveys of service users and their experiences of Care and Treatment Planning by March 2017 and report annually. (Chapter 3)</p> <p>5.3(iii) The NHS led <i>Together for Children and Young People (T4CYP)</i> improvement programme to work in partnership with the office of the Children’s Commissioner for Wales, the Children in Wales ‘Young Wales’ Project and the Third sector collaborative ‘Making Sense’ initiative to listen and respond to the views of children and young people across all areas of its work, giving them the opportunity to shape and challenge the proposed changes by April 2017 and annually thereafter. (Chapter 2)</p>	<p>satisfied / felt involved with their care and treatment plan on annual review</p> <ul style="list-style-type: none"> • Feedback from ‘You said – we did’ process through the T4CYP process • People reporting they felt involved in any decisions made about their care and support • Carers reporting they felt involved in designing the care and support plan for the person that they care for
<p>5.4 To ensure that families and carers are fully involved in service development and care planning.</p>	<p>5.4 (i) Local authorities, through the Social Services Well-being Act, to ensure an assessment is offered where it appears the carer may have, or will have, support needs as</p>	<ul style="list-style-type: none"> • Percentage of care and treatment plans which reflect the involvement of the carer and family (where applicable) evidenced through local audit

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>part of their caring role and that they meet the needs of carers who themselves have eligible needs by March 2017. (Chapter 2)</p> <p>5.4(ii) Health boards and local authorities to jointly prepare and implement a strategy for carers by April 2017 which will include:</p> <ul style="list-style-type: none"> • the provision of information and guidance for carers, and • support constructive engagement with carers in decision making about the provision of services for themselves and the person(s) they care for. (Chapter 2) 	<ul style="list-style-type: none"> • People reporting that they have received the information or advice when they needed it
<p>5.5 To ensure that people in crisis and in contact with police are managed appropriately with dignity and respect.</p>	<p>5.5(i) All partners, including police, health boards, Wales Ambulance Service Trust (WAST) and third sector to adhere to the principles of the published <i>Crisis Care Mental Health Concordat</i> to ensure that people who are detained under powers within section 135 and 136 of the <i>Mental Health Act</i> receive an improved and more appropriate level of service by March 2017. (Chapter 3)</p>	<ul style="list-style-type: none"> • Reduction in number of police transportations / increase in ambulance transportations of those in crisis or detained under Mental Health Act
<p>Priority area 6 – Services meet the needs of the diverse population of Wales</p>		
<p>6.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.</p>	<p>6.1(i) Welsh Government (Mental Health and Vulnerable Groups) to provide guidance and signposting information for Health Boards and Local Authorities on supporting service users with protected characteristics by December 2017. (Chapter 2)</p>	<ul style="list-style-type: none"> • Number & percentage of healthcare staff undertaking the <i>Treat me Fairly equalities training e-learning package</i> • Percentage of service users across Wales who positively rated (strongly agreed or partly agreed) that they were satisfied / felt involved with their care and treatment plan were

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	6.1(ii) Health boards and Trusts to ensure as far as possible that all healthcare staff have undertaken the <i>Treat Me Fairly</i> equalities training e-learning package, of relevant vulnerable groups on a rolling programme, developed by the NHS Centre for Equalities and Human Rights (CEHR) and NHS Wales by December 2016. (Chapter 5)	equitable across different groups including ethnicity and disability (evidenced via local audit) <ul style="list-style-type: none"> • Delivery of equality, diversity and cultural competency training by health boards
6.2. To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce.	6.2(i) Welsh Government (Health and Social Services) to create an on-line resource for all NHS and social services staff to help them deliver the 'active offer' (offering Welsh language services to Welsh speakers without them having to ask) by April 2017. (Chapter 2) 6.2(ii) Welsh Government (Health and Social Services) to strengthen Welsh language provision for patients and service users through the implementation of the successor strategy to <i>More than just words</i> from April 2016 and to report progress biannually until March 2019. (Chapter 2)	<ul style="list-style-type: none"> • Number of individuals who report Welsh language needs identified within care and treatment planning process (evidenced via local audit) • Welsh language standards met • People reporting that they were able to communicate in their preferred language
Priority area 7 – People with a mental health problem have access to appropriate and timely services		
7.1 To ensure that mental well-being is given equal priority with physical well-being in the development and delivery of services.	7.1(i) Health boards to establish effective mental health psychiatric liaison capacity for District General Hospitals by March 2017 and to have evaluated the impact of service by March 2018. (Chapter 4) 7.1(ii) Health boards to establish effective physical health care liaison to people using	<ul style="list-style-type: none"> • All patients who are prescribed anti-psychotic medications to receive a physical health check and appropriate interventions subject to the findings accordance with NICE 2016 guidelines (as evidenced by local audit) • 100% of District General Hospitals have Psychiatric liaison services in place by 2017 • Number of mental health readmissions within

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	mental health services by March 2017. (Chapter 4)	30 days reduced
<p>7.2 To ensure people experiencing mental health problems are able to access evidence based and timely psychological therapies.</p>	<p>7.2(i) Health boards to improve access to evidence based psychological therapies for adults in line with the National Psychological Therapies Management Committee (NPTMC) action plan by March 2017. (Chapter 3)</p>	<ul style="list-style-type: none"> • Health boards to report on 26 week referral to treatment target in specialist secondary mental health services for all patients including those in inpatient services , in their local partnership board annual report • 28 days in LPMHSS adherence complied with for 80% of cases • Mechanisms to be put in place to identify psychological interventions and the waiting times for these elements within the current LPMHSS data tool • Annual report from local partnership boards to evidence progress against the NPTMC action plan
<p>7.3 To ensure timely and appropriate services for people with first episode psychosis.</p>	<p>7.3(i) Health boards to increase the provision of NICE compliant Psychological Therapies and interventions for people with early or a first episode psychosis (EIP) by June 2016. (Chapter 3)</p>	<ul style="list-style-type: none"> • 100% of health boards have an EIP service in place • Local pathways in place to ensure those suspected of psychosis are treated as urgent and seen within 48 hours for assessment and process established for EIP services to audit this • 100% 14-25 year olds newly presenting and suspected of a psychosis are assessed and supported by the EIP team working with the local team, and are offered NICE compliant interventions • Duration of untreated psychosis measured by all EIP services and shared in peer review

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures and audit.
<p>7.4 To ensure that public services work together to provide an integrated approach.</p>	<p>7.4 (i) Local authorities to provide services to meet the needs of carers who themselves have eligible needs by April 2017. (Chapter 4)</p> <p>7.4 (ii) Health Boards, to ensure that links are made with relevant advice services and local and national networks, such as the information, advice and assistance service under <i>the Social Services and Well-being (Wales) Act</i>, and that clients, families and carers are aware of the support available to them by April 2017. (Chapter 4)</p> <p>7.4(iii) Local authorities and health boards to jointly carry out an assessment of care and support needs, including the support needs of carers, in each local authority area by April 2017. (Chapter 4)</p>	<ul style="list-style-type: none"> • Rate of delayed transfers of care per 10,000 of local authority population • Wales-wide completion of <i>Social Services and Well-being (Wales) Act</i> population assessment reports
<p>7.5 To ensure that there are robust links between primary care and mental health.</p>	<p>7.5(i) Health Boards and primary care clusters to work together to develop a needs analysis / understanding of local requirements in order to inform more effective person centred care and to set out how this need will be met in cluster, health board and other formal plans including the health boards' Integrated Medium Term Plans (IMTPs).</p> <p>By April 2017 health boards to proactively identify in their IMTPs, opportunities for non-medical roles to support work at the cluster</p>	<ul style="list-style-type: none"> • IMTPs to demonstrate how primary care and mental health provision will provide integrated care • Interventions delivered by a wide variety of professional roles

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>level and to consider, but not limited to, the needs of:</p> <ul style="list-style-type: none"> • Children and young people • Maternity and early years • Older People • Offenders • People with protected characteristics • Welsh Language requirements. <p>(Chapter 4)</p> <p>7.5 (ii) Welsh Government (Health and Social Services) to work with health boards and clusters to identify ways of utilising therapists in primary care to facilitate more fitting use of resources and better access to appropriate services by April 2017. (Chapter 4)</p>	
<p>7.6. To ensure people of all-ages experiencing eating disorders are able to access appropriate and timely services.</p>	<p>7.6(i) Health boards to ensure the updated eating disorder framework for adults, children and young people is fully operational across Wales and adhere to NICE guidelines so that treatment is received in a timely manner by September 2017. (Chapter 3)</p> <p>7.6(ii) Health Boards to deliver eating disorder treatment services as close to home as possible, in either inpatient or community settings by September 2016. (Chapter 3)</p>	<ul style="list-style-type: none"> • 50% reduction of out of area placements by 2017/18 from a 2013/14 baseline
<p>7.7 To ensure mental health services for Veterans in Wales who are experiencing mental health problems are sustainable</p>	<p>7.7(i) Health boards continue to support Veterans NHS Wales to deliver timely and appropriate services for Post Traumatic Stress</p>	<ul style="list-style-type: none"> • Management data from health boards and Veterans NHS Wales in relation to veteran referrals, improving waiting times and

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
and able to meet that populations needs in a timely and appropriate manner.	Disorder (PTSD) for veterans. (Ongoing) (Chapter 3)	outcomes incrementally and become compliant with LPMHSS targets.
<p>7.8 To ensure timely and appropriate Mental Health services for people with mental health problems who are in contact with the criminal justice system.</p>	<p>7.8(i) Health board mental health prison in-reach services to deliver services for prisoners across Wales, as defined within policy implementation guidance issued in June 2014, to enhance support and treatment for those with mental health needs by March 2017. (Chapter 3)</p> <p>7.8(ii) National Offender Management Service (NOMS) to improve access to services that can support Mental Health Treatment Requirements as part of a community order for offenders with a mental health problem, (which is below the threshold for a custodial sentence and who have or require secure in-patient treatment) by March 2018. (Chapter 4)</p> <p>7.8(iii) Welsh Government (Health and Social Services) / health boards to improve the quality of the current delivery of the Criminal Justice Liaison Services (CJLS) so that individuals can then be referred to, and in some cases diverted towards, a more appropriate service by March 2018. (Chapter 4)</p>	<ul style="list-style-type: none"> • 100% First Night reception health screening for all prisoners with emphasis on self-harm, suicide prevention and substance misuse treatment requirement • Royal College of Psychiatrists mental health standards for prisons in place and accreditation in progress in each of the 4 Welsh prisons by 2018 • NOMS to track performance outcomes for those who meet threshold. When an order is made, it is completed with support via the offender manager process • Fewer overall detentions under section 136 – year on year - using 14/15 benchmark of 1,460 • Reduction in number of people with protected characteristics (particularly black and minority ethnic males) detained under the Mental Health Act including Section 136 <p><i>Evaluation in relation to the CJLS due to be published in January 2016 will help inform new performance indicators.</i></p>
<p>7.9 To ensure timely and appropriate services for people who require a secure setting.</p>	<p>7.9(i) Welsh Government (Health and Social Services) working with Welsh Health Specialised Services Committee (WHSSC) and other partners to review and refresh the</p>	<p><i>Performance measures to be developed from 2017/18 onwards</i></p>

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	current secure services action plan by March 2017. (Chapter 3)	
<p>7.10 To ensure co-occurring mental health and substance misuse problems are managed effectively.</p>	<p>7.10(i) Substance Misuse Area Planning Boards (SMAPBs) and Local Mental Health Partnership Boards (LMHPB) to develop and submit joint action plans to Welsh Government on how they will effectively deliver the <i>Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment Framework</i> by June 2016. (Chapter 3)</p> <p>7.10(ii) SMAPBs and LMHPBs to have in place clear protocols and integrated pathways between mental health and substance misuse services by June 2016 and reviewed annually thereafter. (Chapter 3)</p> <p>7.9(iii) SMAPBs and LMHPBs to improve joint audits to biannually review:</p> <ul style="list-style-type: none"> • effective clinical leadership • resolution of professional differences of opinion • delivery of competency based training • service user involvement in the design and evaluation of local services. (Chapter 3) 	<ul style="list-style-type: none"> • 70% of relevant staff able to demonstrate formal training in relevant areas by 30 June 2016 • 100% of relevant staff able to demonstrate formal training in relevant areas by 31 March 2018 • Jointly agreed local care pathways and protocols in place 2016 (and published on their website) by health boards and local authorities by 30 June 2016
<p>Priority area 8: People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances</p>		
<p>8.1 To enable people with mental health problems to have fair access to housing and related support and promote access</p>	<p>8.1(i) Welsh Government (Housing) to commission and act on the outcome of research on tackling homelessness (including</p>	<ul style="list-style-type: none"> • Number / percentage of care and treatment plans where housing needs are addressed (as evidenced through local audit)

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
<p>to mental health services amongst people who are homeless or vulnerably housed.</p>	<p>people with mental health problems) by examining the impact of the <i>Housing (Wales) Act 2014</i> by July 2018. (Chapter 4)</p> <p>8.1(ii) Welsh Government (Housing) promote access to mental health services amongst people who are homeless or vulnerably housed (Ongoing) (Chapter 4)</p>	<ul style="list-style-type: none"> • Mental health services to provide a named contact to each homeless team for advice and guidance
<p>8.2. To support people with mental health problems to sustain work and to improve access to employment and training opportunities for those out of work.</p>	<p>Welsh Government (Health and Social Services) to deliver the European Social Fund (ESF) supported programme '<i>Together for a Health Working Wales</i>'. This includes the In-Work Service and the Out of Work Service.</p> <p>8.2(i) The Out of Work service to increase employment and training opportunities for those with mental health problems by March 2019. (Chapter 1)</p> <p>8.2(ii) The In-Work Service to support people with mental health problems to retain employment by March 2019. (Chapter 1)</p>	<ul style="list-style-type: none"> • Increase in the numbers of people with mental health problems taking up employment, education, volunteering, or improving their labour market position in other quantifiable ways such as taking up job search • Number of people accessing peer mentoring scheme • Increase in the numbers of people with mental health problems accessing or improving access to support networks • Number of people with mental health issues supported by the In-Work Support Service • Increase in the numbers of employers (and healthcare professionals) who are engaged to help develop and improve the understanding of mental health • Number of care and treatment plans where employment needs are addressed (as evidenced through local audit) • Percentage of the working population engaged in Healthy Working Wales

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
<p>8.3 To ensure people with mental health problems have access to advice and support on financial matters.</p>	<p>8.3(i) Health boards and third sector providers ensure that care and treatment planning take into account consideration of financial matters and ensure appropriate referral(s) are made by March 2017. (Chapter 4)</p> <p>8.3(ii) Welsh Government to ensuring that the needs of those with mental health problems are reflected in the Financial Inclusion delivery plan to be developed by December 2016. (Chapter 4)</p>	<ul style="list-style-type: none"> • Proportion of care and treatment plans where financial needs are identified and access to appropriate advice is supported (evidenced from local audit)
<p>8.4 To increase the availability of recovery oriented mental health services.</p>	<p>8.4(i) Public Health Wales (1000 lives + service) to establish recovery mechanisms training for example a recovery learning set incorporating service users and carers, clinicians and managers to enable the development of a shared understanding of the principles of recovery or peer support and improve the development of recovery focused services and outcomes within Care and Treatment plans by March 2017. (Chapter 3)</p>	<ul style="list-style-type: none"> • 90 % of service users have a care and treatment plan in place as per tier 1 target for mental health measure • Audit of care and treatment plans to enable the identification of recovery focused objectives in March 2018 and 2019 • Findings from both the LPMHSS and care and treatment planning (CTP) satisfaction surveys to be incorporated in local partnership board annual reports.

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 9 - Wales is a 'Dementia Friendly Nation'		
<p>9.1 To improve the quality of life and care for people with, or at risk of, dementia and their care-givers, through the implementation of our <i>Wales: a Dementia-Friendly Nation</i> initiative.</p>	<p>9.1(i) Welsh Government (Health and Social Services) to produce a dementia strategic plan by December 2016 to cover the period 2017-19</p> <p>9.1(ii) Welsh Government, with partners, to ensure people in Wales are aware of the steps they can take to reduce their risk of dementia by March 2017 and review progress annually. (Chapter 1)</p> <p>9.1(iii) Health boards, local authorities and third sector to increase the number of people in Wales who are able to spot signs of dementia, understand where to access additional support and create more dementia supportive communities by September 2016 and review progress six monthly. (Chapter 1)</p> <p>9.1(iv) Health boards to provide primary care support worker at a cluster level, who will deliver face-to-face support, information and advice on accessing the right care and</p>	<ul style="list-style-type: none"> • Increase in number of dementia friends/champions in Wales • 60% of staff will have undertaken the appropriate training as specified for the role in the All Wales collaborative dementia benchmark project • Number of people on GP Dementia Registers (50% target for dementia diagnosis by 2016, increasing annually thereafter) • Percentage of GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care • A minimum of 1 dementia support worker per 2 GP clusters in place across Wales • All of those identified with dementia by memory clinics, are referred to a dementia support worker post diagnosis. (Audit) • All DGHs have psychiatric liaison service in place • All older persons' mental health wards provide full programmes of evidence based therapeutic daily activities.(Audit)

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	<p>services for people newly diagnosed with dementia by September 2016. (Chapter 2)</p> <p>9.1(v) Health boards to ensure effective liaison services are in place to meet the needs for people with cognitive impairment/ dementia or mental health problems in the DGH setting are met by March 2017. (Chapter 3)</p> <p>9.1(vi) Welsh Government (Health and Social Services) to develop the all Wales collaborative dementia benchmark project work to be adopted by all organisations as the means to address workforce training and development by June 2016. (Chapter 5)</p> <p>9.1 (vii) Health boards, through the older persons community of practice to continue to focus on service improvement using the outcomes of the older persons mental health spot-checks as part of their two year implementation plan by March 2017. (Chapter 3)</p> <p>9.1(viii) Welsh Government (Health and Social Services) to work with the Care Council for Wales to co-ordinate the development of learning and development for the social care workforce providing care and support to people living with dementia by March 2018. (Chapter 5)</p>	

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
Priority area 10. The quality of life for older people is improved, particularly through addressing loneliness and isolation.		
<p>10.1 To improve the health and well-being of older people in Wales by reducing loneliness and unwanted isolation.</p>	<p>10.1(i) Welsh Government (Health and Social Services) to work with the <i>Ageing Well in Wales</i> network to take forward a programme of work that aims to reduce loneliness and isolation among our older populations by March 2019. (Chapter 1)</p>	<ul style="list-style-type: none"> • De Jong Giervelf scale – percentage of people reporting overall emotional and social loneliness <p><i>The Ageing Well in Wales Network will establish a set of appropriate performance measures through their work programme.</i></p>
Priority Area 11: The implementation of the strategy continues to be supported		
<p>11.1 To ensure that the appropriate infrastructure is in place to deliver the requirements of <i>Together for Mental Health</i>.</p>	<p>11.1(i) Health boards to review the arrangements of their Local Partnership Boards to ensure that they have the infrastructure in place to deliver on their commitments within the new delivery plan and to deliver the requirements of T4CYP, including to undertake a review of membership and terms of reference by June 2016 (Chapter 5)</p> <p>11.1(ii) Welsh Government (Mental Health and Vulnerable Groups) and Health boards to ensure that the National and Local Partnership Boards meet the minimum requirement of having 2 service users and 2 carers as core members on these boards and to ensure that these members are provided with the appropriate support to undertake these roles by June 2016 and thereafter annual review (Chapter 5)</p>	<ul style="list-style-type: none"> • Evaluation criteria agreed which focuses on outcomes. • Annual progress reports published by every health board • Review of the Welsh Government, Local Partnership Board and Trust Annual Reports on T4CYP

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
<p>11.2 To progress the development and implementation of a national mental health core data set capturing service user outcomes.</p>	<p>11.2 (i) PHW (1000 lives improvement service) to further support a Mental Health Service Core Data Set (MHCDS) to standardise data measures. New measures to be developed for recording unmet service need and monitoring service outcomes with repeat test assessments. The MHCDS will include specific measures for specialist CAMHS, adult and older adult mental health services by December 2016. (Chapter 5)</p> <p>11.2(ii) NHS Wales Informatics Service (NWIS) to support the implementation (via the Welsh Community Care Informatics Solution (WCCIS) project) of a national information technology platform to be integrated for health and social care mental health services by July 2019. (Chapter 5)</p> <p>11.2 (iii) Welsh Government (Housing Policy) to analyse the supporting people service user data using the Secure Anonymised Information Linkage (SAIL) database to understand the impact of tenancy related support on NHS services. (Ongoing) (Chapter 4)</p>	<ul style="list-style-type: none"> • Incrementally all health boards and local authorities to join the Welsh Community Care Informatics Solution (WCCIS) project an national information technology platform for mental health services, equipped with nationally standardised/common core data set requirements (MHCDS), in line with their procurement and other processes to be reviewed annually. • Data used from multiple sources to inform planning and needs assessment.
<p>11.3 To ensure a competent and sustainable workforce that helps people improve health as well as treat sickness.</p>	<p>11.3 (i) Health boards to review service delivery models and staffing structure and to ensure that staff configuration and skill mix meets service needs by March 2018. (Chapter 5)</p>	<ul style="list-style-type: none"> • Service change priorities and plans in place • Workforce intelligence data in place and being used including demographic trends and full sector analysis as evidenced through IMTPs.

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
	11.3(ii) Welsh Government and health boards to implement the NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers by September 2016 . (Chapter 5)	<ul style="list-style-type: none"> • Continued Professional Development (CPD) requirements of current practitioners are recognised and met – evidenced through health board feedback on personal development reviews/ CPD and appraisal compliance rates and training data • The electronic staff record to contain the appropriate data on both CPD and mandatory training • Inclusion of workforce development for all staff as a priority within the IMTP process.
11.4 To ensure that investment in mental health services is sustained.	11.4(i) Health Boards to demonstrate their adherence to their ring fenced mental health allocations and to set out how their expenditure is improving outcomes for people with mental health problems annually from 2016 . (Chapter 5)	<ul style="list-style-type: none"> • Health boards to report on their compliance with the ring fence in their annual reports on <i>Together for Mental Health</i> and IMTPs.
11.5 To continue to promote and support emotional wellbeing and resilience, providing effective and helpful services at an early stage, as well as ensuring those in need of specialist services receive the highest quality of care and treatment.	11.5 (i) Welsh Government (Health and Social Services) and health boards to implement the duty to review recommendations arising from the evaluation of the delivery of <i>the Mental Health 2010 (Wales) Measure</i> by March 2019 . (Chapter 5)	<ul style="list-style-type: none"> • Health boards to report on their compliance with the duty to review recommendations in their Annual Reports on <i>Together for Mental Health</i> and IMTPs. • Welsh Government to report on their compliance with the duty to review recommendations through the National Partnership Board and annual reporting process.
11.6 To continue to support an evidence based approach and ensure active	11.6 (i) Welsh Government and all partners continue to research, evaluate and audit	To meet the programme deliverables within the funding award to the National Centre for Mental

Goal	Key actions - How we will do it and when.	How we will know - Performance Measures
research and evaluation is at the heart of service development.	current services and interventions as well as new provision. (Chapter 5)	Health by April 2018.