CYNGOR GWLEDIG LLANELLI

Adeiladau Vauxhall, Vauxhall, Llanelli, SA15 3BD
Ffôn: 01554 774103

PWYLLGOR POLISI AC ADNODDAU

A gynhelir yn Siambr y Cyngor, ddydd Mercher, 19 Gorffennaf, 2017, am 4.45 y.p.

Mark Galbraith

CLERC y CYNGOR

13 Gorffennaf, 2017.

AGENDA

1. Derbyn ymddiheuriadau am absenoldeb.

2. Derbyn Datganiad o Fuddiannau gan Aelodau mewn perthynas â'r busnes i'w drafod.

3. Ystyried dogfennau ymgynghori a dderbyniwyd oddi wrth Bwrdd Iechyd Prifysgol Hywel Dda ar y canlynol:

   (1) Trawsnewid Gwasanaethau Clinigol – Helpwch ni i wella ein GIG ar gyfer Canolbarth a Gorllewin Cyrmr;
   (2) Helpwch ni i gysylltu Gwasanaethau Iechyd Meddwl Oedolion Gyda Phobl Leol.

4. Deddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd), 1960 – ystyried eithrio aelodau'r cyhoedd pan ystyrir y materion canlynol oherwydd natur gyfrinachol y busnes a drafodir.

5. Adroddiad Dynol – Materion Staffio – I dderbyn adroddiad y Dirprwy Glerc.

Aelodau'r Pwyllgor:

Cyng. F. Akhtar (Cadeirydd y Pwyllgor), S. M. Donoghue (Is-Gadeirydd y Pwyllgor), H. J. Evans (Cadeirydd y Cyngor) T. Devichand, P. Edwards, A. G. Morgan, J. S. Phillips, C. A. Rees, A. J. Rogers, E. Simmons, W. V. Thomas and I. G. Wooldridge.

LLANELLI RURAL COUNCIL

Vauxhall Buildings, Vauxhall, Llanelli. SA15 3BD
Tel: 01554 774103

POLICY AND RESOURCES COMMITTEE

To be held at the Council Chamber on Wednesday, 19 July, 2017, at 4.45 pm

Mark Galbraith

CLERK to the COUNCIL

13 July, 2017.

AGENDA

1. To receive apologies for absence.

2. To receive Members Declarations of Interest in respect of the business to be transacted.

3. To consider consultation documents received from Hywel Dda University Health Board on the following:

   (1) Transforming Clinical Service – Help Us Improve our NHS for Mid and West Wales;
   (2) Help us to Connect Adult Mental Health Services with Local People.

4. Public Bodies (Admission to Meetings) Act, 1960 – to consider excluding members of the public during consideration of the following matter owing to the confidential nature of the business to be transacted.

5. Human Resources – Staffing Matters – to receive the report of the Deputy Clerk.

Members of the Committee:

Cllrs. F. Akhtar (Chairman of Committee),S. M. Donoghue (Vice Chairman of Committee) H. J. Evans (Chairman of Council), T. Devichand, P. Edwards, H. J. Evans, A. G. Morgan, J. S. Phillips, C. A. Rees, A. J. Rogers, E. Simmons, W. V. Thomas and I. G. Wooldridge.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ITEM No. 3 (i)

Ein cyf/Our ref: Transforming Clinical Services
Gofynnwch am/Please ask for:
Rhif Ffôn /Telephone: 01554 899056
E-bost/E-mail: tcs@wales.nhs.uk

June 2017

Dear colleague

Transforming Clinical Services - Help us improve our NHS for Mid and West Wales

Hywel Dda University Health Board has launched a new clinically-led engagement and listening exercise to ask local residents and stakeholders exactly what they want from their future NHS services.

'Transforming Clinical Services' will give people the chance to have their say on how they would like services to improve across Carmarthenshire, Ceredigion and Pembrokeshire. The exercise will run from 22 June – 15 September 2017 and is the first stage of a longer term plan for change.

To take part, residents are asked to read our issues paper and answer an accompanying questionnaire. An easy read version is also available. These three documents are attached.

Documents can be also accessed or requested by:

E- mailing:	tcs@wales.nhs.uk
Visiting our website:	www.hywelddahb.wales.nhs.uk/tcs
Writing to us at:	FREEPOST HYWEL DDA HEALTH BOARD
Calling us on:	01554 899056

You can also complete our questionnaire online at: www.hywelddahb.wales.nhs.uk/tcs

We feel it is absolutely crucial that we work hand in hand with our local communities to improve health services in Carmarthenshire, Ceredigion and Pembrokeshire. The only way that we will be able to deliver the type of care and support that each and every member of our population needs both now and in the future, will be if we work together to debate, discuss and then jointly decide on how to fundamentally make things better.

We will be holding a "big conversation" stakeholder workshop style event in each county to discuss the issues relating to "Transforming Clinical Services" in more detail with local stakeholders.

You will need to book in to attend the workshops. The details of the events and how to book in can be found overleaf:

Carmarthenshire
Friday 7 July 2017, 2pm, Robert Hunter 1, University of Wales Trinity Saint David, Carmarthen Campus, Carmarthen SA31 3EP
Please book in to attend this event online: https://www.eventbrite.co.uk/e/transforming-clinical-services-tickets-35596580330

Ceredigion
Thursday 13 July 2017, 2pm Llanon Village Hall, Llanon, Nr Aberystwyth SY23 5HW
Please book in to attend this event online: https://www.eventbrite.co.uk/e/transforming-clinical-services-tickets-35596983536

Pembrokeshire
Tuesday 18 July 2017, 2pm, Roch Victoria Hall, Roch, Haverfordwest SA62 6JU
Please book in to attend this event online: https://www.eventbrite.co.uk/e/transforming-clinical-services-tickets-35597159061

If you or any colleagues would like to attend, please can you register **by at least 2 days before your preferred event.** The number of attendees may be limited due to venue capacity.

Yours faithfully

Libby Ryan-Davies
Director of Transformation

Transforming Clinical Services

Help us improve our NHS for Mid and West Wales

"Safe, Sustainable, Accessible and Kind"

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Contents

About us 3

What we are asking you to do 3

Why things need to change 5

Our challenges 5

Our approach to change 6

Doing what is right for local people 7

The four key things we think we must do better – tell us if you agree 7

- 1. Quality of care 7
- 2. Meeting the changing needs of patients 8
- 3. Making our resources go further 9
- 4. Joining up services 10

Where do we need to make changes? 11

- Transforming "Out of Hospital" care 11
- Transforming urgent and emergency care 13
- Transforming planned care 14

Services already undergoing change 16

Get involved! 17

About us

What is Hywel Dda University Health Board?

We are your local NHS organisation. We plan, organise and provide health services for 384,000 people in Mid and West Wales. We manage and pay for the care and treatment that people receive in hospitals, health centres and surgeries, GPs, dentists, pharmacists, opticians and other places, including within the community. Every time you use an NHS service in Carmarthenshire, Ceredigion and Pembrokeshire, you are using a service which we are responsible for.

We want everyone to have a good experience of our services and we also want to make sure that we spend your money wisely. We believe the best way to do this is to connect with local people, our staff and with partner organisations in order to jointly think about how best to run services.

Our vision is to deliver a healthcare system that is of the highest quality, with excellent outcomes for patients. Our mission – the difference we intend to make for people – is:

- To prevent ill health and intervene in the early years – this is key to our long term mission to provide the best healthcare to our population;
- To be proactive in our support for local people, particularly those living with health issues and the carers who support them;
- To provide rapid diagnosis so that you can get the treatment you need, if you need it, or move on with your life; and
- To be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and high quality; that has a culture of transparency and learning when things go wrong.

As an organisation we work hard to ensure our aims and priorities are driven by our doctors, nurses and other healthcare professionals, rooted in their own communities. This is what we mean when we say that we are 'clinically led' – our decisions are informed by people who are respected and trusted by the local population to have the best interests of their patients at heart. Professionals who are deeply committed to helping people get healthy and stay healthy, or when they are ill, ensure they get the very best treatment and care possible, in the right place, at the right time and delivered with compassion and respect.

What we are asking you to do

We face a number of challenges in Hywel Dda University Health Board (Hywel Dda): many of our current services are fragile and are only sustained by a temporary workforce. This costs us more money and inhibits our ability to invest in other services that are needed. The geography we cover is large and mainly rural with a scattered population that is getting older and is in increasing need of more complex healthcare, treatment and support. Consequently we have no choice but to do things differently in the future if we want to provide high quality, safe and sustainable care that is able to meet the changing needs of local people.

This document invites you to join in our big conversation about our local NHS. We want to talk to and hear from patients, the public, carers, Community Health Councils, local authorities, the third sector – in fact everyone who uses, cares about or interacts with our services. It sets out the key areas for discussion and the accompanying questionnaire asks you to respond to us on twelve specific questions to help make our services better. We want to listen to the views and experiences

of many people and groups to help develop a range of solutions that genuinely meet the needs of our communities.

In 2016/17 we produced our Integrated Medium Term Plan which outlined our desire to become a 'Population Health Organisation'. This means we don't just want to provide health services that help people to get well, we want to join up our services around the needs of each person to aid swifter recovery, prevent illnesses from developing, give children the best start in life and ensure people can make healthier choices.

In order to meet these aspirations we need a long term plan which can support the needs of a population that is living longer and surviving serious illnesses, both of which are good news but can result in continuing physical and mental health needs. Modern lifestyles are also already starting to contribute to longer term health conditions such as diabetes, cancer, respiratory and cardiovascular disease.

We are not at the stage of making any firm decisions and we don't yet have clarity on the specific changes needed; if we were to get to that point we would, of course, run a full and open public consultation on the options available – right now we want to know if you think our emerging ideas are the right ones. In all of our thinking we have done our best to ensure that patients are at the very centre and we are committed to ensuring that any changes are clinically-led and properly tested.

We cannot do this without your views, ideas and questions, so please, work with us to help build a better NHS for our people.

Please share your views with us by:

Writing to us, or completing the accompanying questionnaire which features all of the questions that we have asked in this document and return to us at:
FREEPOST HYWEL DDA HEALTH BOARD (you do not need a stamp)

Email us: **tcs@wales.nhs.uk**

Call us: **01554 899 056** and leave your comments on our answerphone – if you'd like we can also call you back.

Visit our website to find out more about our plans or to complete our questionnaire online:
www.hywelddahb.wales.nhs.uk/tcs

If you or someone you know would like this paper translated into another language or more accessible format, please get in touch with us. Please make sure you have shared your views, comments and experiences with us by 15 September 2017.

Steve Moore
Chief Executive

Bernardine Rees OBE
Chair

Dr Phil Kloer
Medical Director

Libby Ryan-Davies
Transformation Director

Why things need to change

The needs of people in Mid and West Wales have changed a lot since 1948 when the NHS was first established. Back then life expectancy was lower and the most common conditions people faced were infectious diseases, injuries, heart attacks and strokes.

Now more people live into old age and although this is great news, it brings with it some health challenges, the most significant of which is the fact that more people are living with chronic conditions such as diabetes and dementia. Advances in surgery and anaesthetics mean people no longer need to spend weeks in hospital and can return home sooner, however despite new developments in technology, we are not able to make best use of the advantages that they can bring.

We also have challenges with the way in which we are able to organise our staff across the NHS. Some specialist staff don't get to see sufficient patients to maintain and build their expertise, and it is not always possible for our patients to have a specialist appointment when they need one. This means that patients with similar conditions may not always get the same access to treatment depending on where they live. We also have too many staff vacancies, which means we often need to employ temporary staff to keep services running which is very expensive and impacts on the quality of care for patients. In addition, some of our facilities are outdated which makes it difficult to provide care within a modern environment to meet the expectations of the public, visitors and staff.

One of the key issues underpinning all of this is the need to control the amount of money we spend – this is a huge and growing problem across the whole of the NHS. If we carry on as we are, we estimate that we will need to spend between £167-£200m on top of our existing budget over the next five years. It is money we do not have and also means that we will be unable to invest in some important services that we believe our population would benefit from.

So there is an urgent need to change the way we do things. We need to reorganise our health services to make the most of technology, employ skilled people to work in the right places, and make the best use of every pound we spend. The way we currently do things also does not reflect people's changing health needs as well as it could. Doing nothing is not an option. The NHS is now facing unprecedented challenges and here in Mid and West Wales, and we are prepared to face up to these issues and take action because we are committed to ensuring everyone has access to safe, high quality and modern healthcare.

Our challenges

We have some very specific challenges, predominantly around our geography and our workforce.

Our geography

We are fortunate to live in a truly beautiful part of Wales, however due to its predominantly rural nature, we face challenges in coordinating and delivering healthcare services. Although we have four main population centres, much of the area we cover is sparsely populated and somewhat remote. Longer travel times are an unavoidable consequence of living here, as are difficulties in providing emergency and specialist care.

Our workforce

We find it harder to attract staff to work for us in a full-time and substantive capacity compared to elsewhere in Wales. This has led to us becoming overly dependent on temporary staff to deliver our existing services. We play a key part in shaping and delivering both national and local staff recruitment campaigns, but it is becoming more apparent that the challenges we face mean we will need to think differently about our ways of working.

Our approach to change

In line with the rest of the NHS in Wales, we follow the four Prudent Healthcare principles proposed by the independent Bevan Commission on promoting health services improvement. This means that we are committed to doing the following:

- **Achieve health and wellbeing with the public, patients and professionals as 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; and**
- **Reduce inappropriate variation using evidence based practices consistently and transparently.**

The Bevan Commission was originally established in 2008 to provide expert advice on how the NHS in Wales could respond to the growing challenges facing healthcare providers across the whole country.

Formed of international experts, the Commission helps to ensure the Welsh NHS can draw on best practice from around the world whilst remaining true to the principles established by Aneurin Bevan when the NHS was first formed.

The 4 principles of prudent healthcare

Public and professionals are EQUAL PARTNERS through CO-PRODUCTION

CARE FOR those with the greatest health need FIRST

Do only WHAT IS NEEDED and do NO HARM

Reduce INAPPROPRIATE VARIATION through EVIDENCE-BASED approaches

For further information visit www.prudenthealthcare.org.uk

Doing what is right for local people

In addition to ensuring we follow national guidance, we also need to be certain that our approach is right for our local population. We have developed ten key areas of strategic focus for our work that we will address during our journey to transform healthcare services in Mid and West Wales.

We will:

- ✔ Encourage and support people to make healthier choices for themselves and their children, and reduce the number of people who engage in risk-taking behaviours;
- ✔ Reduce the numbers of overweight and obese people within our population;
- ✔ Improve the prevention, detection and management of people with cardiovascular disease;
- ✔ Increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes;
- ✔ Improve the early identification and management of people with diabetes, as well as improve long term wellbeing and reduce complications;
- ✔ Improve support for people with established respiratory illness and reduce the need for hospital-based care;
- ✔ Improve the mental health and wellbeing of people through better promotion, prevention and timely access to interventions;
- ✔ Improve early detection and care of frail people accessing our services including those with dementia, including maintaining wellbeing and independence;
- ✔ Improve the productivity and quality of our services, and the opportunities to innovate and work with partners; and
- ✔ Deliver on our targets and eliminate the need for unnecessary travel and waiting times, as well as return Hywel Dda to a sound financial footing.

The four key things we think we must do better – tell us if you agree

1. Quality of care

All of our patients should get the best possible care but the quality and safety of our current services can vary significantly depending on where and when you receive your care and treatment. Not only do we want people to be able to get help when they need it, we want them to have the same safe and positive experience at any time of the day or night, wherever they access our healthcare services.

People tell us that:

- They have difficulty getting to see a GP in many of our areas; and
- That our community services are limited and under resourced to support people leaving hospital or prevent them going into hospital in the first place.

We know:

- Results for patients using our services are not the same across our three counties; and
- People taken ill at the weekend are less likely to see a senior doctor as we have a shortage and struggle to cover all of our hospitals all of the time.

The evidence shows:

- Having senior doctors available for key decisions helps to ensure safer services and better results for patients;
- Senior doctors work more effectively in teams or networks, allowing peer support and development of more specialist expertise;
- Rearranging some specialist services can help to achieve much better outcomes – for example, where stroke patients are treated in dedicated treatment centres which require people to travel further for specialist care initially, but then return to a location closer to home for continued rehabilitation; and
- Rearranging some investigative services can help to achieve much better outcomes – for example, it is more efficient to have larger pathology centres.

What does 'quality of care' mean to you?

Is it having a good overall experience? Feeling supported every step along the way? Getting the care you want and the outcome you need in a timely way? Understanding all about your condition including any next steps in your care to help you get well and stay well.

2. Meeting the changing needs of patients

In 2017, older and vulnerable people with long term conditions are now twice as likely to be admitted to hospital and to remain there as an inpatient. By 2030 our resident population will have grown significantly. Over the next 13 years there will be a 65% increase in the number of people over the age of 85 living within our three counties, double the number of people between the ages of 75-85 and 65-74 year olds will increase by 30,000. These age groups require much more support for chronic conditions, often involving multiple diagnoses and complex care.

People tell us that:

- Older people's health issues are compounded by isolation and loneliness;
- They want to be supported to look after themselves and manage their own condition better so that their health problems do not become more serious; and
- Carers can help people to stay well, but they need support of their own.

We know:

- One in three people are now living with one or more long term illnesses, including conditions such as heart disease, dementia, diabetes and asthma;
- 20% of people admitted to our hospitals can be treated at another location more convenient to them and at a lower cost – this means hospitals are busier than they should be and people experience delays in receiving care; and
- We need to get much better at helping people to live healthier lives and avoid becoming ill, for this reason prevention of illness must have a much stronger focus in our future health services.

The evidence shows:

- Nationally, four in every 10 people attending A&E could have been seen by their GP or actually did not require treatment at all, only advice and support;
- Many of the healthcare needs of those with chronic conditions, frailty and dementia can be best met by non-medical professionals;

- Different parts of the NHS need to work much more effectively with one another and with partners, in order to support people in a joined up way;
- Better healthcare in the community reduces the need for people to rely on hospitals and creates more capacity for hospitals to deal with specialist care; and
- A high proportion of people receive a significant investigation or treatment within the last few weeks of their life.

How would you prefer to receive care for your health condition?

Do you want more support closer to your home? Would it be easier for you to receive more of your treatment within the community and not in hospital? Would it be easier for your family if you received more of your care outside of hospital?

3. Making our resources go further

We spent in excess of £800m on healthcare services last year, including almost £50m of additional funding from Welsh Government. We have a considerable financial problem as our spending has risen significantly over time and this is now restricting our ability to invest in new services. We have also become overly dependent on temporary staff to meet unexpected shortages and sometimes to tackle gaps where we cannot recruit permanent staff. This limits our opportunity to invest in improvements to services or technology.

People tell us that:

- They prefer to receive treatment from staff that they have built trust with;
- They want to be supported to look after themselves and manage their own condition better so that their health problems do not become more serious;
- Carers are a very important part of people's care and should be recognised and valued; and
- They do not want to come into hospital unless they absolutely need to.

We know:

- By relying on temporary staff our care and treatment is more costly, less joined up and results in more variable outcomes for patients – it also reduces our ability to invest in higher value activities; and
- Community-based services are often safer and more convenient for patients, and currently most NHS care takes place outside of hospital, especially in GP surgeries, but most of the money is currently spent on hospital care.

The evidence shows:

- The cost of delivering health services is rising much faster than inflation and if this continues the NHS will not be able to afford what it is delivering today;
- Many services delivered outside of hospital offer equally good, often better experiences for patients, as well as providing easier access, often at lower cost; and
- There is a national shortage of key specialist staff including GPs, hospital doctors, therapists and nurses, so getting the right staff to provide our services is a big challenge but also presents the opportunity for different ways of working and innovative extended roles for other clinical professionals.

How do you think we can use our resources more wisely?

Should we look at flexible ways to provide care outside of hospital? Could we ask our partners to help us create a more flexible and multi-skilled workforce? Who would you prefer to see for your care and support and does this always have to be a doctor, a nurse or another professional working for the NHS? How can we recognise carers more?

4. Joining up services

We talk a lot about 'seamless services', but in simple terms what we mean is that the many healthcare services people use often do not work well enough together. Many times they are not based around the needs of the patients who use them and this can disrupt their overall experience at a time when they may feel particularly vulnerable and want things to go as smoothly as possible.

People tell us that:

- They are frustrated when they have to keep providing the same information to different people each time they need support with an existing condition;
- They feel passed from pillar to post because they can't get everything that they need in one place, even for seemingly minor healthcare matters; and
- They don't feel that different healthcare services talk each to other effectively.

We know:

- That to have straightforward pathways (essentially this means the journey that a patient has to go through a range of different services to get their care needs met) we need our services to work together – both within the NHS and externally with partner organisations;
- That people increasingly expect us to communicate and interact digitally with them and want more rapid and open access to electronic information about their health, and control over how they access services and advice; and
- We collect a lot of data on our services but this is mainly to report on our targets, rather than to support a continuous cycle of learning and adapting.

The evidence shows:

- Better Information Technology (IT) systems can make care more effective by being safer and more patient-centred, helping standardise processes to support decision-making;
- Organisations that use data in a broader sense and share analysis with their frontline teams, have been shown to have better communication and less variation in the care that they provide; and
- Patients who have straightforward care pathways can become more involved in their own care, helping them to feel more confident in managing their own condition and empowered to ask the right questions of care providers.

What would make services feel more joined up?

Having all of your notes saved electronically in one place? Having the chance to feedback on your experience at every stage of your journey? Knowing who to contact to get information and advice, 24 hours a day, seven days a week?

Now that you've thought about how we can improve our quality of care, meet the changing needs of our patients, use our resources more wisely and join up our services so that they offer a seamless experience for people, we would like you to think in a bit more depth about specific types of services.

Over the following pages we have explored some ideas for improving out of hospital care, urgent and emergency care, and planned care. We've used Welsh Government guidance to describe what 'good' looks like and how we might have to change the things that we do in order to provide better services in these areas.

Where do we need to make changes?

Transforming "Out of Hospital" care

Out of hospital care is any health service that you use which is not based within a hospital – this can include support given by GPs, district and community nurses, pharmacists, opticians, dentists, occupational therapists, podiatrists, speech and language therapists, dieticians and others. It also includes services delivered in the community by clinicians who are usually based in hospital, and social care provided by the local authority and voluntary sector services.

What does good look like?

NHS organisations that are committed to strengthening out of hospital care should:

- Use information on local population health needs to plan services for local areas;
- Use information about costs, staffing and resources to strengthen primary care services, listening to what patients say works best;
- Consider how people can be cared for more in primary and community care services, with less reliance on secondary care;
- Develop different roles and ways of working in primary and community care settings;
- Ensure that people have easy access to information and services in a timely way, including online resources;
- Develop systems to make sure care is joined up between different services;
- Report openly on how primary and community care services are doing, including outcomes for patients; and
- Make sure that all healthcare staff have access to all the clinical information that they need to aid safe clinical decision making.

What we think we need to do to get better

- People must be able to get an appointment for out of hospital care when they need one and should not have to wait too long to see a care provider;
- Services must be joined up and regularly share information with one another;
- Provide out of hospital care facilities that are closer to where people live and located alongside other local services if appropriate (the one-stop-shop model);
- Ensure the same high quality treatment wherever you receive out of hospital care;
- Offer more community support to help people live healthier lives and prevent them becoming seriously ill – when people do have to go to hospital, there should be support to help them leave as soon as they are ready to go home;
- We need to pre-empt problems as much as possible for those with known health and social care needs, and put appropriate support and plans in place;
- Increased use of technology to support patient preferences, in particular those who do not need face-to-face care (e.g. Skype appointments, online information and advice);
- Consider new staff roles', such as care navigators, who could play a crucial role in helping people to get the right support, at the right time, to help manage a wide range of needs – this may include support with long term conditions, help with finances or with booking appointments, medicine reminders, giving people advice and signposting them to a range of statutory and voluntary sector services; and
- Enhance the role played by pharmacists, therapists and local nurses in delivering care.

What are your views?

- What is your view on our ideas? What would make them work or not work?
- What is working well in primary care (GPs, dentists, opticians and pharmacists, etc.) and other community services that we can build on? What do we need to improve? What is missing now?
- Some types of treatment that have traditionally been given in hospital are now suitable for use in GP surgeries or elsewhere in the community – would you be happy to have your treatment outside of hospital if possible?
- A large amount of care has traditionally been delivered directly by GPs – would you be happy to have your treatment provided by another clinical professional (e.g. nurse, therapist, pharmacist, paramedic, etc.) if the access to and outcome from their care was the same or better?
- How do you feel about being seen by other health professionals and staff in primary care instead of your GP, if this means that you have a swifter and joined up experience?

Transforming urgent and emergency care

Emergency care is for people with a serious life-threatening or life-changing condition. Urgent care is for people who have a problem that needs attention the same day, but is not life threatening. This area of health services is under intense, growing and unsustainable pressure, driven by rising demand. For the Public and staff, at times the services outside hospital can be seen as confusing and an inconsistent array of services. There is high public trust in A&E, which means some patients visit A&E when they could be treated elsewhere. It's also important to understand that emergency and urgent care doesn't just take place in A&E, it's provided in many other areas, such as critical care, acute medicine and surgery, and as a result it's crucial to have a system which can effectively direct patients to the right service, at the right time and in the right place.

What does good look like?

A patient receiving quality driven, evidence based and patient focused urgent and emergency care will:

- Know what is expected of them to take responsibility for their own health and wellbeing;
- Be directed to the most appropriate service as quickly as possible, as close to home as possible;
- Receive a response based on their clinical need and always in a timely and efficient manner regardless of where they live or the time of day, week, month or year;
- Be placed at the centre of decisions made by all involved in planning and delivering their care;
- Be sent home to recover, if admitted to hospital, as early as clinically appropriate without unnecessary waiting; and
- Have an opportunity to feedback on their experience to help improve the quality of care or support given to others.

What we think we need to do to get better

- Better information for people about services and when and how to access them, so that people with emergency and urgent care needs get the right advice, in the right place at the right time – this includes more support for people to self-care;
- People who do need A&E want reduced waiting times, a calmer environment and to feel safe and supported as soon as they walk through the door;
- People who don't need A&E but currently use it because of a lack of options should have better support in the community for their urgent care needs, including for those people who experience a mental health crisis;
- All emergency and urgent care departments and supporting specialties should follow best practice for handling patients with major illnesses or injuries, including early review by a senior doctor and reduced reliance on temporary staff;
- When patients are admitted to hospital via A&E there should be early conversations about their discharge so they can get home when they are fit and ready to do so, and do not have to wait for the arrangements they need to be made;

- Access to alternative urgent and emergency care services within specialist centres for those that need them;
- Specialists need to be closer to the 'front door' of the hospital so that patients can have early access to a specialist opinion in an emergency or urgent situation; and
- To connect urgent and emergency care services so that the overall system becomes more than just the sum of its parts.

What are your views?

- What is your view on our ideas? What would make them work or not work?
- What is working well in urgent and emergency care that we can build on? What do we need to improve? What is missing now?
- Would having urgent and emergency care located close to one another – as happens at some hospitals – make it easier to access services? Where would you like to receive urgent and emergency care in a location more local to you?
- Would having a special access helpline, such as NHS 111 (which is currently just running in Carmarthenshire), to help you choose whether you needed urgent or emergency care make it easier or more difficult to decide?

Transforming planned care

Planned care is care that is arranged in advance – for example an operation in a hospital or a series of treatments for a long-term or acute condition or illness.

What does good look like?

NHS organisations that provide effective, high quality planned care will:

- Understand in detail the needs of the people using services, and what is needed to meet this demand;
- Be working to clear patient outcomes including any national targets;
- Ensure that patients are fully engaged in decisions about their care, and how services are planned and delivered;
- Consider the most appropriate setting in which to provide services, whether primary, community or hospital care;
- Always ensure that services are planned to make best use of the available resources and skills;
- Develop local plans for how services will be provided;
- Make sure that hospital systems achieve the best outcomes possible for patients with a focus on clinical safety;
- Identify how new and follow up outpatients will be cared for; and
- Have patient experience and outcomes at the heart of the way services are provided.

What we think we need to do to get better

- Too many operations and procedures are cancelled due to emergencies happening elsewhere in the hospital – these need to be substantially reduced as they lead to distress, upset and inconvenience for patients;
- Highly skilled specialists who are well-practiced in the procedures they carry out – this may mean having centres of excellence so that doctors can train and share practice, and patients know they are in the best possible place;
- Robust discharge arrangements so that patients can return home to recover as soon as they are able – procedures that can be performed as day surgery should mean people can return to their families and their homes sooner;
- A more efficient system for operations, so that emergencies are dealt with separately from planned care and theatres are used to maximum capacity, and reduce risk of infection; and
- Follow-up appointments within the community – if a patient is feeling well and has no adverse side-effects, they shouldn't need to go back to hospital for their check-up, this can take place closer to home when appropriate.

What are your views?

- What is your view on our ideas? What would make them work or not work?
- What is working well in planned care that we can build on? What do we need to improve? What is missing now?
- Would you be prepared to travel further for treatment if you knew it would be provided by a highly skilled doctor with lots of experience and the latest skills and technology? Would it matter if this person wasn't your usual doctor?
- Would you be happy to have a consultation at your GP surgery or elsewhere in the community if provided by a fully trained professional?
- What support do you think you would need – outside of healthcare – if you were admitted to hospital for a procedure? Befriending, a care navigator or a temporary carer? What support might your family need?
- While all of us would love to have the ideal healthcare facilities on our doorstep, the reality is that this is not possible given our financial and workforce issues. Would you be happy to access services that might be further away but which gave you better results, so that any extra travel time would be outweighed by an improvement in the quality of care you receive on arrival?

Other things we would like you to consider

- The temporary staff that we employ are highly able and committed, and help fill vacancies that we are unable to recruit permanent staff to, but sometimes this does affect the quality of our services. How important do you think it is to have a more stable and permanent workforce that we are able to use more flexibly across our services as needed, even if they performed different roles to the ones we are traditionally used to in the health arena?
- If we come to the point where we are struggling to maintain all of our existing services to the standards we want because of financial pressures or workforce shortages, what are your views on concentrating on our core services and offering our patients the chance to receive some specialist services from neighbouring NHS organisations?
- Have you experienced problems with transport when trying to access healthcare services? What could we do to improve access to services, given the rural nature of the area in which we operate? How would you feel about receiving some of your care through the use of modern technology or tele-medicine? (Tele-medicine is the use of information technology to

provide health care from a distance, it can be used to overcome distance barriers and improve access to services that would often not be consistently available in more rural communities)

- What could we do to create more opportunities for better communication with patients, including making sure that patients are clear on the status of their health or condition and know how their treatment will progress?
- What innovative new things do we need to do more of? For example, our Acute Medical Assessment Unit (AMAU) and new Minor Injuries Unit (MIU) at Prince Philip Hospital in Llanelli is run by GPs and Emergency Nurse Practitioners working together to treat patients for a variety of problems from muscle and joint injuries to burns and scalds, minor head and eye injuries, and more.

Services already undergoing change

Mental Health

We have been on a two year journey to improve mental health services across Carmarthenshire, Ceredigion and Pembrokeshire, having embarked upon a 24-month listening, learning and talking exercise in 2015, with a wide variety of service users, carers, NHS staff and other healthcare professionals, the voluntary sector and local authorities to look at the best way to organise mental health services.

The outcomes of these engagement activities have resulted in the need for a full public consultation which will run from 22 June – 15 September 2017 and will test ideas for the future arrangements as well as invite further input from people living locally. It is a very exciting time for everyone involved. By starting with what matters most to service users, their friends, family and carers, we know we can deliver flexible, responsive, and accessible mental health services, which will offer people the best possible outcomes and treat them with kindness and compassion wherever and whenever they need our help.

This significant piece of work will now be managed within the remit of our Transforming Clinical Services programme – as there are many areas of crossover and influence within other healthcare services – however the pace of change will not reduce. In terms of our overall ambition for improving services, our mental health work is the 'gold standard' in terms of how we want to engage with people and use prudent healthcare principles to help us designing better services with the meaningful input of patients, carers and the public.

Women's and Children's

Our services for women and children have also been subject to change in recent years and the future model for care is still evolving, subject to discussions around the viability of provision across our three counties. There is a programme of work already underway, which also includes a business case for developing estates and improving hospital environments for babies, families and staff. As with mental health, this work will not slow down and we expect to have a decision on our latest business case from Welsh Government later this year.

Get involved!

We have already started work to improve and increase the care we provide in community settings and have been engaged in conversations with a variety of people for many months. We don't want to make decisions in isolation and we certainly don't want to make them without the full and frank input of patients, carers, the public, and every other stakeholder who wants to give their view.

This is the beginning of a big conversation with everyone – and one that is likely to result in major changes within the local NHS. We want to do this in partnership with local people and we want what we do to be right.

We cannot do this without your views, ideas and questions, so please, work with us to help build a better NHS for our local communities.

Please share your views with us by:

- Writing to us, or completing the accompanying questionnaire which features all of the questions that we have asked in this document and return to us at: **FREEPOST HYWEL DDA HEALTH BOARD** (you do not need a stamp)
- Email us: **tcs@wales.nhs.uk**
- Call us: **01554 899 056** and leave your comments on our answerphone – if you'd like we can also call you back
- Visit our website to find out more about our plans and complete the survey online: **www.hywelddahb.wales.nhs.uk/tcs**

Alternatively you can contact your local Community Health Council to share your views, ideas and comments. The contact details are **01646 697610** or **hyweldda@waleschc.org.uk**

If you or someone you know would like this paper translated into another language or more accessible format, please get in touch with us. Please make sure you have shared your views, comments and experiences with us by 15 September 2017.

We know that this document contains a lot of information, but we want to take this opportunity to ask you to provide feedback on some potentially big changes to our services. It's important to note that this does not mean we have decided on anything yet and also services will continue to run as usual in the meantime. We just know that we need to think differently about how we can support people in the future and the time to do that is now.

Thank you for your time and for your input, we really could not do this without you.

Notes:

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Better Health Services

Help us improve our NHS for Mid and West Wales

Contents

		Page
	Hywel Dda University Health Board	3
	Why things need to change	4
	Our challenges	5
	How we work	6
	Our focus	7
	The 4 key things we must do better	9
	Other questions	13
	Thank you	19
	For more information	19

Hywel Dda University Health Board

We are your local NHS organisation.

We provide health services for people in Mid and West Wales.

Our services include hospitals, health centres, GPs, dentists, pharmacists, opticians and others.

We want to talk and listen to local people about how we should change our services.

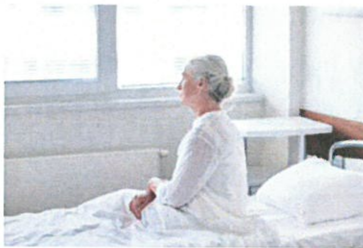
Please read through this document and let us know what you think by answering the questions.

We will take your ideas into account when we make changes to our services.

Why things need to change

Our services need to change because many other things have changed:

- People are now living longer, including many who have long term health problems



- We have made improvements to the way we care for people so that people don't have to stay in hospital if they don't need to

- Many people want to carry on living independently with long term health conditions

- We need to make sure we don't spend more money than we have

Our challenges

Hywel Dda has certain problems:

- Our area of Wales is mainly countryside. It takes a long time to travel to get health care

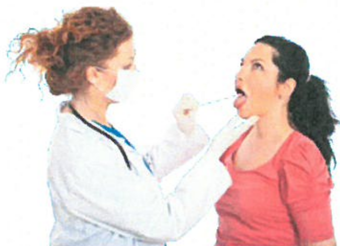
- It is hard to get doctors, nurses and health staff to come and work for us. We have to use many temporary staff

How we work

We are committed to:

- Working with the public, patients and professionals to get the best health and wellbeing for local people

- Caring for people with the greatest need first



- Doing only what is needed, no more, no less; and do no harm

- Giving the same good service to everyone

Our focus

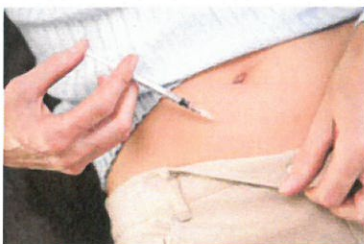
We want to focus on these 10 areas:

1. Help people to make healthy choices

2. Reduce the number of people who are overweight

3. Improve how we prevent and treat heart disease

4. Help more people to get treated sooner and to get better after having cancer



5. Spot people who have diabetes sooner and improve their wellbeing

6. Improve our work with people with breathing difficulties

7. Improve people's mental health and wellbeing

8. Help older and more vulnerable people sooner, including those with dementia

9. Improve the quality of what we do and work with other organisations better

10. Patients should not have to wait so long or travel so far

The 4 key things we must do better

1. Quality of care

- We want patients to have a positive experience any time of day or night, wherever they access the services
- People need to receive care in the right place at the right time and to return home sooner
- We want people to have a good experience and ensure they understand their condition and what they need to do to stay well

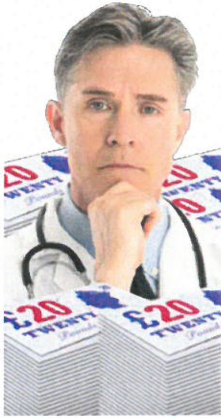
Question 1. What does 'quality of care' mean to you?

2. Meeting the needs of patients

- People are living longer even though they might have some long term health conditions
- People want to be supported to look after themselves closer to home
- Carers can help - but they need support as well

Question 2. How do you want to get healthcare that meets your personal needs?

3. Doing more with our money



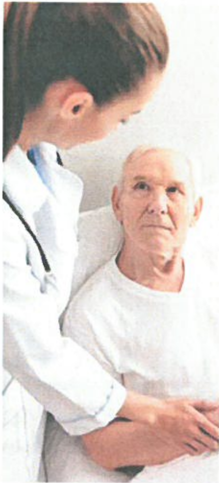
- We are spending more money than we have

- Welsh Government has given us extra money but we need use our money better

- We are spending too much on temporary staff because we can't get full time staff

Question 3. How should we spend our money better?

4. Services working together better



- People get frustrated when they have to explain things over and over to each new health professional
- We could save time and money if services worked together better
- It would save time if people caring for you could easily see your health records on a computer system

Question 4. How could services work better together?

Other questions

Out of Hospital Care

Out of Hospital Care is any health care that you don't get in a hospital.

This includes local doctors as well as other community services such as pharmacists, dentists, opticians and therapists.

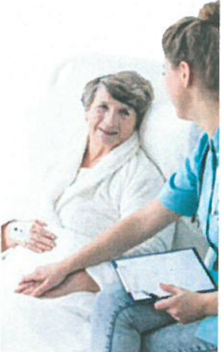
We want you to have the same high quality care outside of hospital wherever you live.

Question 5. What do you think we should do to improve our **Out of Hospital Care**?

Urgent and Emergency Care

Emergency Care is needed when you might die if you don't get help from a doctor. You need to go to a hospital Accident and Emergency Unit (A&E).

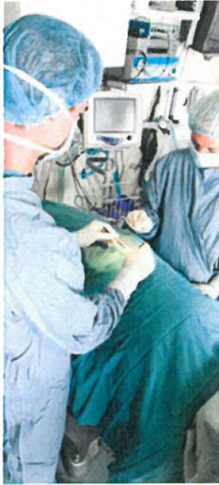
Urgent Care is where you need help quickly but you are not going to die.



We want to give you urgent care nearer to where you live, so you don't need to go into hospital.

Question 6. How could we improve **Urgent** and **Emergency Care**?

Planned Care



Planned Care is when you have an appointment to go into hospital for an operation, some tests or treatment. Planned care is not urgent.

Too many planned operations and appointments are cancelled because the doctors have to deal with an emergency. This wastes time and money.

To give patients a better experience and outcome we think that planned care should not always be provided in a hospital.

Question 7. How could we improve **Planned Care**?

Temporary Staff

We have a lot of temporary staff. This means that they haven't worked with us for very long and probably won't stay very long.

We want to have a more stable and permanent workforce that we can use in different roles.

Question 8. How do you think we can use our staff better?

Transport

Some people have problems with transport because our services are provided in the countryside.

We think we could help with this by making better use of modern technology in healthcare.

If you need to see someone face to face then you might be given the choice of seeing someone sooner if you are willing to travel further.

Question 9. How do you think we could improve transport and access to services?

Communication

We know that people want to know more about their health and know what is going to happen next.

We know medical advice can sometimes be hard for people to understand.

Question 10. How could we communicate with patients better about their health?

New ideas

Question 11. What new things could we do more of in the NHS?

What good ideas have you seen in other places that we could use here?

Is there anything else you would like to say?

Thank you

Thank you for telling us what you think.

Please send back your answers by Friday 15th September 2017 to:

FREEPOST HYWEL DDA HEALTH BOARD

That is all you need to write on the envelope. You do not need a stamp.

For more information

If you need more information or to answer the questions in a different way please contact:

Telephone: **01554 899 056**

Email: **tcs@wales.nhs.uk**

Web: **www.hyweldda hb.wales.nhs.uk/tcs**

There is an online questionnaire available on this website address

You can also contact your local Community Health Council to share your views, ideas and comments.

Telephone: **01646 697610**

Email: **hyweldda@waleschc.org.uk**

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

(2)

LLANELLI RURAL COMMUNITY COUNCIL
DATE - 4 JUL 2017
FILE REF.
PASSED TO P&R

Ein cyf/Our ref: Transforming Mental Health Services
Gofynnwch am/Please ask for:
Rhif Ffôn /Telephone: 01554 899056
E-bost/E-mail: Hyweldda.engagement@wales.nhs.uk

June 2017

Dear Sir / Madam,

RE: HELP US TO CONNECT ADULT MENTAL HEALTH SERVICES WITH LOCAL PEOPLE

We are writing to you on behalf of the Mental Health Project Group, who are a group of representatives from the health board, service users, carers, General Practitioners, Dyfed Powys Police, the Welsh Ambulance Service Trust, trade unions, the voluntary sector, West Wales Action for Mental Health, the local authorities, and the Community Health Council. We have been working together over the past two years to consider the challenges and opportunities in meeting the mental health needs of our population.

As a group we have all agreed that the vision for the service should be to have a modern community mental health service that includes:

- **24 hour services** – we want anyone who needs help to be able to access a mental health centre for immediate support at any time of the day or night

- **No waiting lists** – when referred we want people to receive first contact with our services within 24 hours and for their subsequent care to be planned in a way that ensures the support they receive is consistent.

- **Community focus** – we want to move away from admitting people into hospital when it isn't the best option; we want to provide community services where people can stay when they need some time away from home, or require extra support or protection

- **Recovery and resilience** – we don't want our services to focus purely on treating or managing symptoms, we want people with mental health problems to live independent, fulfilling lives with our help and support.

We are now at a key stage in our journey to build better services, having spent over two years talking and listening to people about their mental health needs. The Health Board recently agreed that a public consultation would be held from the 22nd of June to the 15th of September 2017.

We want you to tell us what you think about our proposals for:
- Community Mental Health Centres
- Central Assessment Unit and Central Treatment Unit

- Single Point of Contact
- Delivering our services differently
- Transport and technology
- How we evaluate and monitor our services

Your voice is important so please take the time to read the full consultation documents, which are available on our website: www.hywelddahb.wales.nhs.uk/mentalhealth

We are holding a number of workshops for the consultation across Carmarthenshire, Ceredigion and Pembrokeshire. At the workshops a presentation will be given on the details of the consultation which will be followed by an opportunity for you to feedback on the proposed changes. Additionally, we will be holding drop-in events where you will have the opportunity to speak to members of the Mental Health Programme Group on the consultation. At all of the events we will take the feedback received and use it to help us inform any changes we may make in the future. The feedback from all of the events will be processed by Hwylus Cyf, an independent, specialist social research company. They will undertake the analysis of the feedback which will be used to inform any changes we make to services in the future.

It is the case that you will need to book in to attend the workshops but for the drop-in events please attend anytime during the times indicated. The details of the events and how to book in where necessary can be found below:

Carmarthenshire

Public/Stakeholder Workshop - 17th July, 6pm - 9pm, Robert Hunter 1, Halliwell Centre, Trinity St David's, Carmarthen campus. Please book in to attend this event either online: https://www.eventbrite.co.uk/e/hywel-dda-university-health-board-transforming-mental-health-consultation-event-gweithdy-tickets-35219659951, or by phone on 01554 899056.

Public/Stakeholder drop-in event - 12th July, 2pm-7pm, Selwyn Samuel Centre, Lliedi Suite, Llanelli SA15 3AE.

Ceredigion

Public Workshop - 1st August, 1.30pm-4.30pm, Llwyncelyn Memorial Hall, Aberaeron, SA46 OHS. Please book in to attend this event either online: https://www.eventbrite.co.uk/e/transforming-mental-health-consultation-event-tickets-35219931764, or by phone on 01554 899056.

Public/Stakeholder drop-in event - 20th July, 2pm-7pm, Y Morlan, Queens Road, Aberystwyth, SY23 2HH.

Pembrokeshire

Public Workshop - 19th July, 1.30pm – 4.30pm, Crundale Hall, Cardigan road, Crundale, Haverfordwest, SA62 4DF. Please book in to attend this event either online: https://www.eventbrite.co.uk/e/hywel-dda-university-health-board-transforming-mental-health-consultation-event-gweithdy-tickets-35219861554, or by phone on 01554 899056.

Public/Stakeholder drop-in event - 6th July, 2pm-7pm, Letterston Memorial Hall Station Road, Letterston, SA62 5RY.

If you would like members of the Mental Health Project Group to come to your organisation or group to talk about the consultation, or you wish to find out more please contact us at: Hyweldda.engagement@wales.nhs.uk, or telephone 01554 899056

Yours sincerely

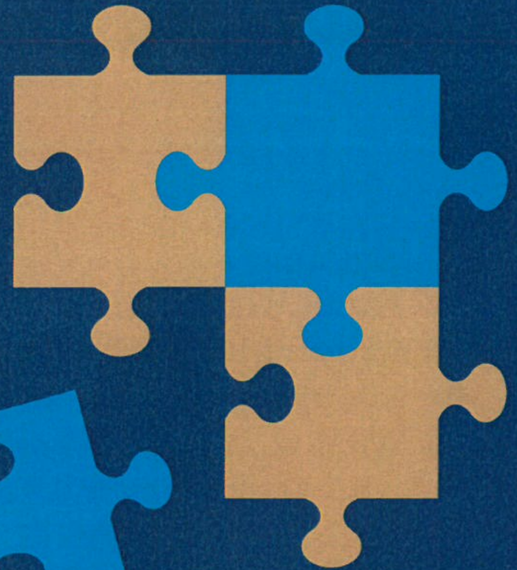
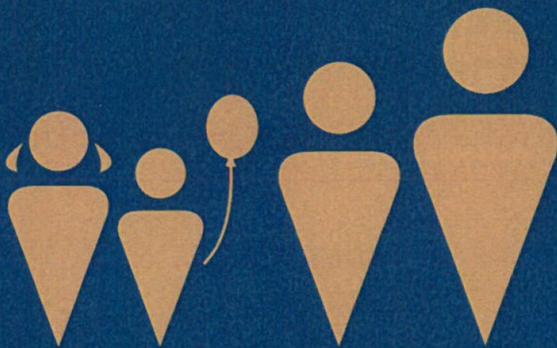
Libby Ryan-Davies
Director of Transformation

How to get involved

The formal period of consultation will commence on the 22nd of June for a period of 12 weeks.

Visit the HDUHB website: www.hywelddahb.wales.nhs.uk/mentalhealth
Email your views to: Hyweldda.engagement@wales.nhs.uk
Write to us at: FREEPOST HYWEL DDA HEALTH BOARD
Telephone: 01554 899056

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

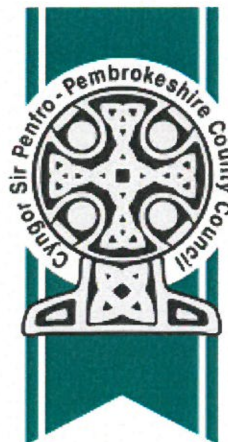



Transforming Mental Health Services

The Journey to Recovery

Help us to connect adult mental health services with local people

Cyngor Sir
CEREDIGION
County Council



Contents

01 Welcome 03
02 About this document 06
03 About this consultation 07
04 About your local NHS 08
05 What do we provide now? 10
5.1 Community Mental Health Services (CMHS) 10
5.2 Inpatient services 10
5.3 Crisis Resolution Home Treatment (CRHT) 11
5.4 Local Primary Mental Health Support Services (LPMHSS) 11
5.5 Other services 11
06 Why things need to change 12
07 What happens if we don't change 14
08 How we have worked together to develop our proposals 15
09 We need your views 17
10 Tell us what you think 18
10.1 Community Mental Health Centres (CMHC) 18
10.2 Central Assessment Unit and Central Treatment Unit 20
10.3 Single Point of Contact 22
10.4 Delivering our services differently 24
10.5 Transport and technology 26
10.6 Measuring success 28
11 The benefits we all want to see 29
12 Some examples of how the new model may work 30
13 Next steps 32

01 Welcome

Thank you for helping us to change mental health services for the better.

This document has been produced following the hard work of the Mental Health Programme Group.

Who we are

We are the Mental Health Programme group: we are made up of representatives from the health board, service users, carers, General Practitioners, Dyfed Powys Police, the Welsh Ambulance Service Trust, trade unions, the voluntary sector, West Wales Action for Mental Health, the local authorities, and the Community Health Council. We have been working together over the past two years to consider the challenges and opportunities in meeting the mental health needs of our population. ⓦ.

We want to make adult mental health services across Carmarthenshire, Ceredigion and Pembrokeshire better for everyone who needs them.

What we would like you to do:

Over the past two years we have looked at how we can transform and improve mental health services and now we want to ask you what you think. This document asks a series of questions on topics such as new ways of working, different types of services, how we organise our staff and how we provide our transport. We will be holding a number of events in Carmarthenshire, Ceredigion and Pembrokeshire and we are particularly interested to hear your views. ⓦ. Also within the document is a questionnaire which we would like you to fill out and return to us, or you can respond online via our website. The website also features a publications library which has technical information on some key themes to help explain how we have arrived at our proposals.

"Everyone has mental health. Everyone can play a part in providing support"

NHS staff member

"An over arching ethos needs to drive change and at the centre of this change must be the service user"

Service user

- Throughout our document where you see this symbol ⓦ. Please visit our website for further information: **www.hywelddahb.wales.nhs.uk/mentalhealth**
- Read our consultation document and background information and tell us what you think by 15th September 2017
- If you need this document to be translated into another language or format, such as large print or audio, please call 01554 899 056 or email **hyweldda.engagement@wales.nhs.uk**
- You can also follow us on our bilingual social media channels.

English Twitter: **@HywelDdaHB**
Welsh Twitter: **@BIHywelDda**

"We commend to you this vision for a different kind of mental health service that is able to support the way people live their lives. We have spent the last two years engaging with local people to look at how we develop mental health services for the better. We know we have challenges and have not met the needs of all. So we have listened through over a 100 engagement events across the three counties. Now we are asking you what you think, please take the time to consider the three components in the document, there are a number of ways you can help us to provide this different service model with our partners by returning our questionnaire, engaging in one of our events or getting in touch online, by phone or post.

We have developed this document for your consideration, and we greatly value your contributions.

Thank you in advance for your time and input."

Bernardine Rees OBE, Chair.

"We began this journey over two years ago and started by being honest about the need to move away from traditional well-meaning work to redesign services for the benefit of local people to a place where we are able to actually empower our population as a willing partner in debating, discussing and then jointly deciding on how to fundamentally make things better. By starting with what matters most to service users, their friends, family and carers, we know we can deliver flexible, responsive, and accessible mental health services, which will offer people the best possible outcomes and treat them with kindness and compassion wherever and whenever they need our help. I'm incredibly proud and grateful to everyone whose hard work has helped to get us to this point – it's truly been a team effort."

Steve Moore, Chief Executive.

"The mental health needs of our citizens have changed significantly in the last few decades as shown by updated national and international guidance, developments in community-based services and the increasing availability of talking therapies. The result of these changes is that many people who used to go into hospital for mental health treatment now remain at home with support from their communities and local services. It's vital for the future that we have support from healthcare professionals as well as the public and I welcome this opportunity to formally consult on and then implement an adult mental health service model that is truly co-designed by those who access and deliver the services."

Dr Warren Lloyd, Associate Medical Director and Clinical Director for Mental Health and Learning Disabilities, Hywel Dda University Health Board.

"The Transforming Mental health programme has helped us to think differently about how we design, plan and deliver services locally. We do not always help people with mental health difficulties at an early enough stage, meaning that they become more unwell and can end up being admitted into hospital, when earlier support in their community may have helped them to get better more quickly. Services do not always feel joined up for people with mental ill health, with communication between different parts of the service not always being as good as it should be and many people having to endure many repeat assessments before they get the right care. We want service users to receive better access to higher quality mental health services in their communities, helping people to stay well and out of hospital where possible.

We want to support people to recover from mental health difficulties and be supported to live full and meaningful lives. We want our services to inspire hope, confidence and understanding.

Our future services will have a greater focus on the promotion of mental wellbeing, preventing the development of mental illness, reducing the stigma and discrimination associated with mental ill health, offering appropriate and easy access to care and treatment, early intervention and timely treatment when needed. We have a great opportunity through our proposed co-designed model of service to work differently with the people who use our services, their carers and our partners, providing services in a more joined up and responsive way."

Libby Ryan-Davies, Transformation Director, Hywel Dda University Health Board.

02 About this document

We want to change mental health services for the better. We believe the best way to do this is to ask everyone who uses, or is involved with these services, what they think. This is not the first time we have asked people to help us, in 2015 we invited service users, carers, local authorities, our local Community Health Council (CHC), GPs, voluntary organisations, police and ambulance services, to join us in a project to transform mental health services. We have been working together ever since.

'Transform' is a word used a lot in the NHS to describe how we review and plan changes to health services. We believe the way we want to 'transform' local services is different: we don't just want to change what we do and where we do it, we want to work with service users and the public to make sure that we take joint decisions. This is not only common sense; it is the right thing to do.

We are now at a key stage in our journey to build better services, having spent over two years talking and listening to people about their mental health needs. Although it has taken time, we wanted to develop this document jointly with our partners to truly reflect the amount of discussions we have had together to get to this point. We will continue to work together to achieve our vision.

We want to ask you some questions about our ideas for making things better. We have tried to make it easy for you to respond, so that we can gather views from as many people as possible. We really appreciate you taking the time to give us your thoughts – every person's input matters.

We have worked closely with the Consultation Institute to develop this document. The Consultation Institute is a not-for-profit company which offers guidance to organisations who want to consult and engage with people. We did this to ensure we followed best practice in telling the story of how we have put together our proposals following our conversations on changing the way mental health services are organised in Carmarthenshire, Ceredigion and Pembrokeshire.

We look forward to hearing your views on our ideas.

03 About this consultation

We want people who live in our three counties to be supported by mental health services that are amongst the best in the UK and across the world. We have spoken at length with many individuals and groups to understand how they think we can achieve this, and we are now in a position to share these ideas more widely. We call this point in the process 'consultation', because we are now formally asking you to share your opinions on our proposals.

It is important that we do this properly as we want to make ground-breaking changes within services delivered inside and outside of hospital. Our ideas are based on the feedback we have received locally and from examples of mental health services that work well elsewhere in Wales and in other countries.

To ensure we hear from as many people as possible, we are running an open consultation for 12 weeks, from 22nd June to the 15th September 2017. Information on how to get involved will be available at a range of places including hospitals, community premises, local authority buildings and voluntary sector organisations. We will also hold a series of workshops and share regular updates on our website. ⓦ.

You can tell us what you think in a number of ways:

- By completing the questionnaire accompanying this booklet and posting it to: **FREEPOST HYWEL DDA HEALTH BOARD** (you will not need a stamp)
- Online at: **www.hywelddahb.wales.nhs.uk/mentalhealth**
- By emailing us: **hyweldda.engagement@wales.nhs.uk**
- Over the phone by calling **01554 899 056** (we will call you back so you do not have to pay for the call).

What's not included in this consultation

This consultation is focused on adult mental health services. Learning disability services, child and adolescent mental health services (CAMHS), older adult mental health services and substance misuse are not included in this consultation. However we will consider in detail the potential impact of any changes on these other services before we make any final decisions. We will do this by completing an integrated impact assessment. ⓦ.

04 About your local NHS

Who are Hywel Dda University Health Board?

We are your local NHS organisation. We plan, organise and provide health services for 384,000 people in West Wales. We manage and pay for the care and treatment that people receive in hospitals, health centres and surgeries, GPs, dentists, pharmacists, opticians and other places, including within the community. Every time you use an NHS service in Carmarthenshire, Ceredigion and Pembrokeshire, you are using a service which we are responsible for.

We want everyone to have a good experience of our services and we also want to make sure that we spend your money wisely. We believe the best way to do this is to "connect" with local people, our staff and with partner organisations in order to consider together how best to run services.

What we mean by **'CONNECT'**

- **C**ommunity – we want to involve our communities in developing services so that they are shaped around local people and are not simply 'made to fit' existing organisational structures or traditional healthcare environments
- **O**pen access – we want to bring services to people, not people to services; this means exploring new ways of working, making better use of modern technology and developing a workforce that is flexible, highly skilled and able to meet the needs of service users in any healthcare setting, including within hospital and in the community – 24 hours a day, 7 days a week
- **N**eeds led – we want everything we do to be based on what each person using our services needs in order to live a happy, independent life – we want to help everyone to not only get healthy, but to stay healthy
- **N**othing about us without us – we want people to be involved and informed every step of the way and are committed to designing our services in a way that supports this and takes into account the different needs of each person
- **E**ngagement – we want to move away from the view that only healthcare professionals have the answers; we want a new approach that appreciates the equal contributions of people with a lived experience of mental health problems as well as our partner organisations
- **C**ollaboration – we don't want to do things alone but want to work with our service users, carers, voluntary sectors, local authorities and other agencies
- **T**imely help and support – we want to work in a much more joined up way across health and social care, and the voluntary and independent sectors. We want to break down traditional barriers to provide better services which reduce waiting times and unnecessary referrals to other services.

We know our vision is ambitious but we strongly believe that we can achieve it by working together. In terms of mental health services, this means we want:

- **24 hour services** – we want anyone who needs help to be able to access a mental health centre for immediate support at any time of the day or night
- **No waiting lists** – when referred we want people to receive first contact with our services within 24 hours and for their subsequent care to be planned in a way that ensures the support they receive is consistent
- **Community focus** – we want to move away from admitting people to hospital when it isn't the best option; we want to provide community services where people can stay when they need some time away from home, or require extra support or protection
- **Recovery and resilience** – we don't want our services to focus purely on treating or managing symptoms, we want people with mental health problems to live independent, fulfilling lives with our help and support.

We want to provide services that are equitable and inclusive. Our equality impact assessment can be found in our online publications library: ⓦ.

05 What do we provide now?

Historically, adult mental health services were designed to help people with a variety of needs, ranging from mild anxiety, depression and stress, through to more severe mental health conditions such as schizophrenia and psychosis. Most people are referred to services via their GP or they may refer themselves.

Once referred, an individual can be seen either within the community or an inpatient setting, depending on their level of need. In addition to this they can also get support from Crisis Home Resolution Teams and Local Primary Mental Health Support Services. This is how our current mental health services work together across Carmarthenshire, Ceredigion and Pembrokeshire.

5.1 Community Mental Health Services (CMHS)

Community Mental Health Services – also known as CMHS – work with people with a range of needs which are often categorised as severe and enduring. Services are provided from mental health facilities within the community or through outreach support in people's homes or other convenient local sites. CMHS are staffed by mental health and social care professionals including psychiatrists, psychologists, psychiatric nurses, occupational therapists, social workers and support workers. They work from 9am – 5pm, Monday to Friday.

We currently have seven CMHS teams based in:

- Carmarthenshire: Ammanford, Carmarthen and Llanelli
- Ceredigion: Aberystwyth and Llandysul
- Pembrokeshire: Haverfordwest and Pembroke Dock

5.2 Inpatient services

People are usually referred to inpatient services because they may present a risk to themselves or to others, which makes it difficult for them to live at home and make use of community support during times of crisis. Our inpatient services are provided from small hospital-like buildings where adults with acute mental illness and/or challenging behaviours receive specialist assessment and treatment.

We currently have three adult inpatient units to support people with short term mental health needs:

- Bryngofal – an 18 bed unit in Llanelli
- Morlais – a 9 bed unit in Carmarthen
- St. Caradog – a 15 bed unit in Haverfordwest

We do not have a mental health inpatient unit in Ceredigion, so Morlais in Carmarthen is used as the closest admission point for people from Ceredigion.

Inpatient units are staffed by psychiatrists, mental health nurses, occupational therapists and healthcare assistants.

We also provide mental health care at two specialist inpatient units based in Carmarthen. These will not be directly affected by our proposed changes:

- Psychiatric Intensive Care Unit (PICU): a 6 bed unit providing short term intensive assessment and treatment for people with

acute mental health problems who are too unwell to be managed safely elsewhere

- Low Secure Unit (LSU): a 14 bed unit for men with a severe mental illness who have been detained under the Mental Health Act

5.3 Crisis Resolution Home Treatment (CRHT)

Our Crisis Resolution Home Treatment teams (CRHT) support adults with a mental health condition who are experiencing an acute episode of illness, often referred to as being 'in crisis'. They care for people outside the working hours of our CMHS. In addition to providing assessment and treatment, they provide intensive support in managing emotional distress, medication and preventing relapse.

CRHTs have an office base but carry out most of their work in the community in the most convenient and appropriate place for the person requiring support e.g. in people's homes, in hospital A&E departments, GP surgeries, etc. CRHTs work from 9am-12pm, seven days a week, 365 days a year, although are in the process of extending their hours to provide 24 hour coverage in all areas.

We currently have four CRHTs:

- Carmarthenshire: Carmarthen and Llanelli
- Ceredigion: Aberystwyth
- Pembrokeshire: Haverfordwest.

A wide range of professionals work in CRHTs, including psychiatrists, mental health nurses, social workers, occupational therapists and healthcare assistants. Their contact with service users is short term and typically lasts up to six weeks.

5.4 Local Primary Mental Health Support Services (LPMHSS)

This service is for people with mild to moderate mental health problems. It is provided within the community and can only be accessed via a referral from a healthcare professional. It offers a variety of support, including mental health assessments and advice, support and signposting to other relevant services, stress management and other psychological interventions.

5.5 Other services

We pay the voluntary sector to provide a range of mental health services on our behalf, many of which focus on preventing crisis, supporting wellness, counselling, advocacy and signposting to various statutory services within health and social care. The voluntary sector is an important partner for Hywel Dda and we want to continue to invest in them in the future.

06 Why things need to change

The mental health needs of people in our three counties have changed a great deal over the past few decades. We have tried to meet that need by changing how we provide care and treatment, but now have the vision and opportunity to make real change across all of our adult mental health services.

With the introduction of the Wellbeing of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014, we have a duty to work with our partners to improve the social, economic, environmental and cultural well-being of our communities. Leading up to this consultation we asked people: "What needs to change?"

They told us:

- Mental health needs the same recognition as physical health, with a focus on preventing ill health and reducing stigma and discrimination
- We need to help people earlier within the community to prevent a crisis and help them recover from mental ill health sooner
- Services must be easy to use – people need help all of the time, not only 9 am-5 pm, Monday to Friday – care must be of the same high quality for everyone, wherever they live, whatever the time of week, day or night
- Services need to be joined up, with fewer repeat assessments, so that people get the care they need without unnecessary delays.

Myth

People aren't discriminated against because of mental health problems

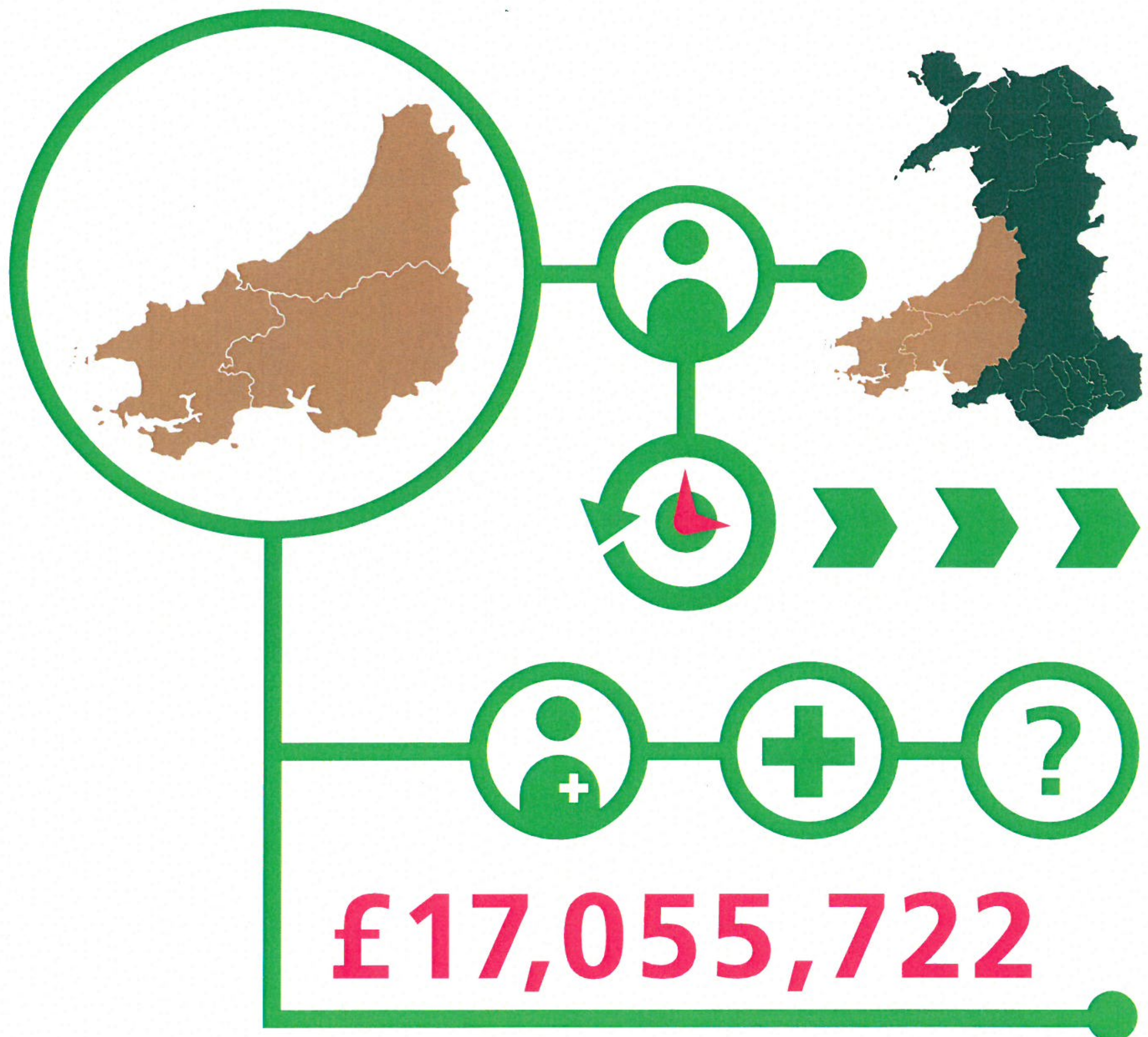
Fact

9 in 10

Nine out of ten people with mental health problems experience stigma and discrimination

We want to act on what we are told to make things better for people. However in making any positive changes we also face the following challenges:

- **Our geography:** many of our local areas are rural, so people have to travel long distances for appointments. This is particularly difficult for those using public transport, with mobility issues, or living in financial hardship. It also means staff spend a lot of time travelling when they could be treating people.
- **Our sites:** there are currently no adult hospital or community mental health beds in Ceredigion, so service users need to travel to Carmarthen.
- **Our staff:** we find it difficult to recruit and retain people to run our services safely and effectively. Further information is available within .
- **Our finances:** our budget for adult mental health services is £17,055,722. The need for services and the costs of medication are growing, so we need to spend money wisely. We have costed all the elements of the proposed co designed model and we can implement this within our current budget. For further information please access our publications library: .



07 What happens if we don't change?

Doing nothing is not an option. If we don't change:

- Our adult mental health services will struggle to meet growing demand
- We will have longer waiting times for assessment and treatment
- We will not have money to invest in the community services people want
- We will not have the skilled staff we want to deliver care where it is needed
- It will be more difficult to get good care outside normal working hours
- It will be more difficult to help people in crisis to avoid admission to hospital

We want to avoid all the situations above by transforming our services to meet the needs of people now as well as future generations in West Wales.

This means we have to make some important decisions about how we can do things differently so that we can improve the care and experience of people who need mental health support. To do this we want to hear your views because these are vital in helping us to make decisions.

We have also considered advice from professional bodies and used best practice guidance to help us explore potential types of services and standards of treatment to support our local communities. You can read more about this in our online publications library: ⓦ.

08 How we have worked together to develop our proposals

We arrived at our proposed co-designed model at the end of an extensive two-year period of discussing and exploring the issues the service encounters with those particularly affected, including service users and their families, carers, staff and members of the public.

Engagement in numbers

- **100+ events held across Carmarthenshire, Ceredigion and Pembrokeshire**
- **22 meetings with staff, service users and stakeholders to review options**
- **13 Mental Health Programme Group meetings with service users, carers, local authorities, staff and frontline healthcare workers**
- **Over 50 workstream meetings involving staff, service users and stakeholders to support the work of the Mental Health Programme Group**

There were a number of stages in collaboratively developing the proposed co-designed model. They included:

Early consideration

We held a number of staff workshops across all our mental health service areas. Key themes were identified and tested with our staff and partners. We described these in an issues paper that we published to help people understand some of the challenges we face as an organisation, along with some of our aspirations for mental health services in the future.

Listening and exploring

We discussed and explored ideas with people through a series of engagement events held across the three counties. These were facilitated by the health board, local authorities and a number of voluntary organisations with an interest in mental health. We wanted to find out what services people think we should provide and how they thought the process of changing the services would affect them or the people they care for.

We collected all the information they gave us and asked a research team at the University of Wales Trinity Saint David to independently analyse this for us. They told us that people had talked about common themes. These included:

- Access to information, to facilities, to transport and to out of hours care
- Understanding when people need emergency help
- Staffing issues
- The challenges and benefits of living in a rural area
- Working closer together.

Co-design and development of options

Following our listening and exploration of ideas we worked with a group of people, including service users, carer representatives, the Community Health Council, police, Hywel Dda University Health Board staff, West Wales Action for Mental Health and local authorities. We asked them to develop a range of options that we could redesign our services on, taking into account our vision for change and the themes identified from the engagement report findings. They developed 18 different options that had the potential to address these themes.

The group then reviewed the strengths, weaknesses, opportunities and threats associated with each of the 18 options. This enabled them to reduce these proposals to a more manageable list of seven options to be discussed in greater detail with our staff and stakeholders.

Testing the options

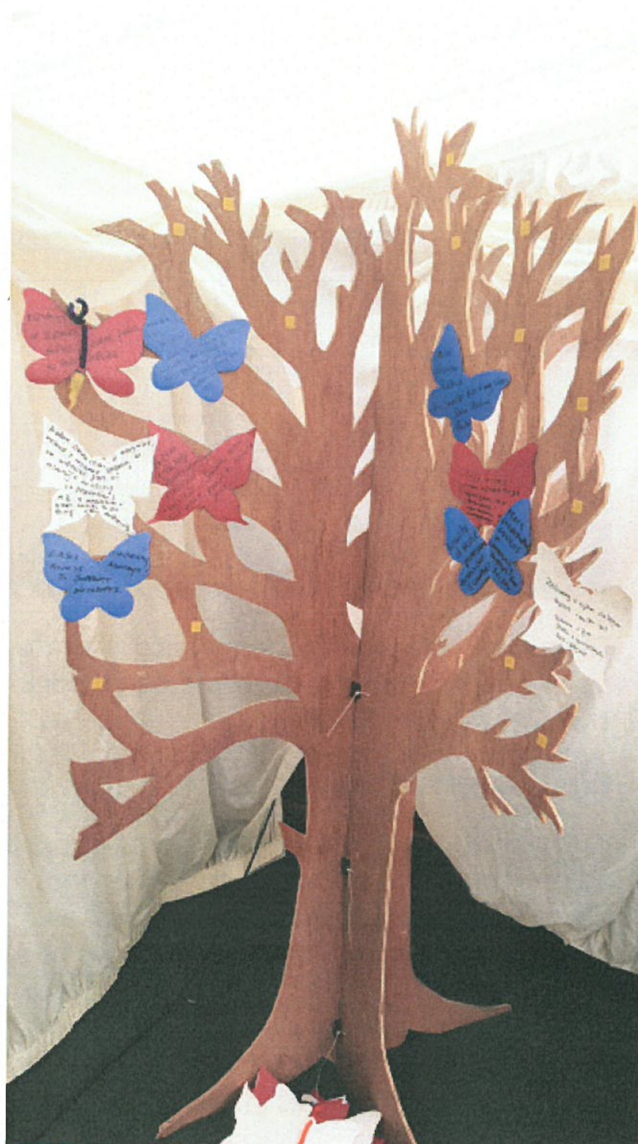
The seven shortlisted options were tested at a number of events with interested parties between September and November 2016. Also the group developed a weighted scoring criteria based on what people had told us were important to them and this was used to test each of the seven options together with the feedback from the events. The two options with the highest scores were very similar as each featured:

- A Single Point of Contact for mental health support across the counties
- 24/7 Community Mental Health Centres in each county
- Specialised assessment and treatment units

Moving towards consultation

Following advice from the Consultation Institute and the Mental Health Programme Group we decided to consult on a proposed co-designed service model which included the above three elements: a Single Point of Contact, 24/7 Community Mental Health Centres, and specialised assessment and treatment units. The remaining elements and features of the future service model are still to be decided on following our consultation process.

You can find out more about how we worked with people to develop the key themes that helped to shape the options we are now consulting on by reading our online publications library: ⓦ.



09 We need your views

We have developed some ideas and options we would like you to comment on.

There are a few areas of the model which have already been co-designed with our partners. This is because:

- We need to continue supporting people in a particular way
- We need a central structure to support our overarching services
- During engagement everyone was in favour of certain key components.

Based on our discussions with our stakeholders, we have already agreed with the Mental Health Programme Group we will have a:

- 24/7 Community Mental Health Centre in each county
- Central Assessment and Central Treatment Unit in Carmarthenshire
- Single Point of Contact to improve access for everyone.

We agreed that these changes need to happen because if we don't change then our services will become unsustainable and unsafe. They were carefully considered throughout two years of open and honest conversations. Although the points mentioned (bottom left) are decided, there are elements within each that we would like your feedback on, such as whether the Single Point of Contact should be delivered from one location or from three sites (one in each county).

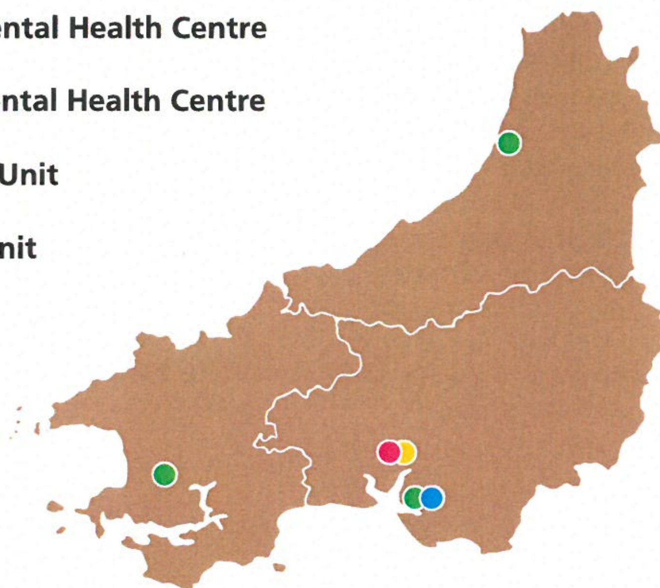
The next few pages will take you through the key parts of our new model. We have tried to outline how things will work and what these changes will mean for service users. We have highlighted the areas where we would like your input, but you will also have opportunity to tell us if we have missed anything or if there is something that you feel strongly needs our consideration.

24/7 Community Mental Health Centre

12/7 Community Mental Health Centre

Central Assessment Unit

Central Treatment Unit



10 Tell us what you think

10.1 Community Mental Health Centres

What is the proposed co-designed model?

Community Mental Health Centres (CMHC) are buildings with a more homely feel than traditional mental health inpatient units. They provide a wide range of support for people in difficulty and their families, including:

- emergency assistance in crisis situations
- outpatient services
- therapies, treatment and support
- crisis and recovery beds and daytime hospitality

'Hospitality' is an approach to providing support in a setting which is warm, friendly, generous and kind. People using the centres will receive daily reviews and will not be designated as 'inpatients', but as individuals needing short-term mental health assistance.

How will it work?

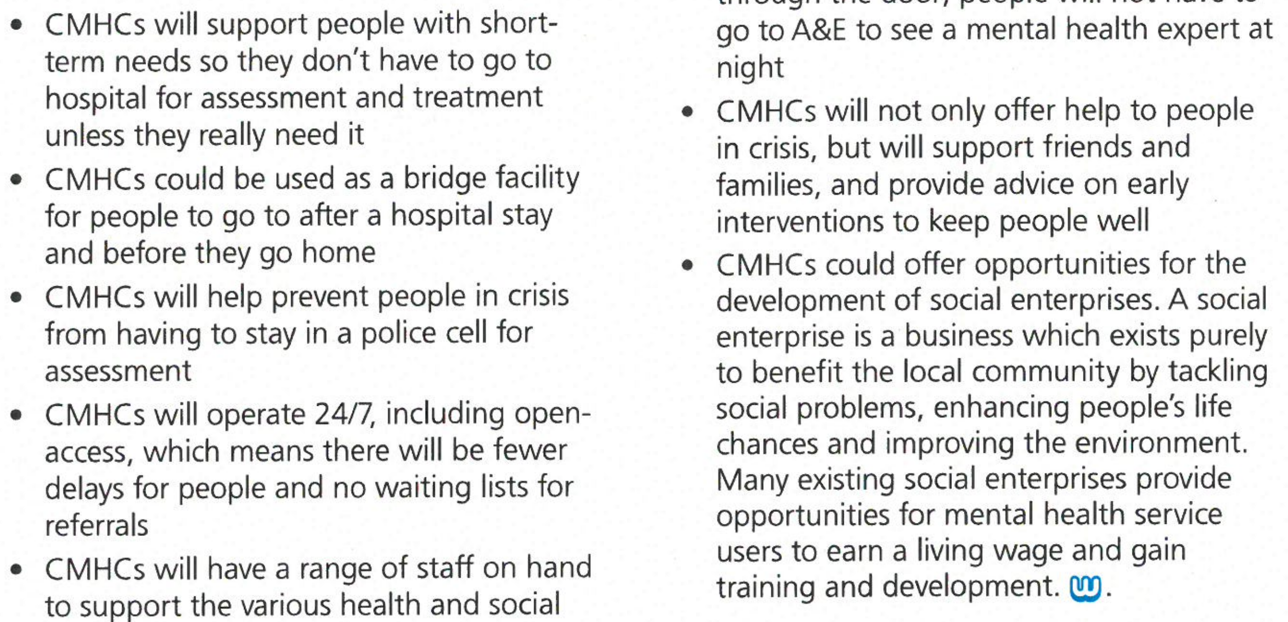
There will be one 24/7 Community Mental Health Centre in each county with four crisis and recovery beds on site. There will also be an additional CMHC in Carmarthen which will be open for 12 hours every day. We are proposing that in Pembrokeshire the CMHC will be based at the existing mental health site in Haverfordwest. We will also have CMHCs in Aberystywyth, Carmarthen and Llanelli with the exact locations to be agreed as part of implementing our changes. Core staff will include: doctors, psychologists, community psychiatric nurses, occupational therapists, pharmacists, social workers and support workers, including people with a lived experience of mental health problems to provide peer mentoring and befriending support. All our staff, whether health, social care, or voluntary sector, will receive appropriate training and supervision for the roles they undertake. ⓦ.

What will it mean for service users?

Our CMHCs will support people much closer to home, providing access to a range of social opportunities throughout their rehabilitation; this could include housing, education, training and leisure activities as well as supporting their relationships with other external services and networks. They will always be open and will bring together staff and volunteers from the NHS, the voluntary sector, local authorities and beyond.

People will be able to come to our centres whether they have a planned appointment or if they simply need to speak to someone for advice or support. The crisis and recovery beds will be run flexibly, meaning people could stay for a few hours, overnight, or for longer if needed. They will be a place of safety for people detained by the police under Section 136 of the Mental Health Act and we will offer support to families, carers and friends as well as service users.

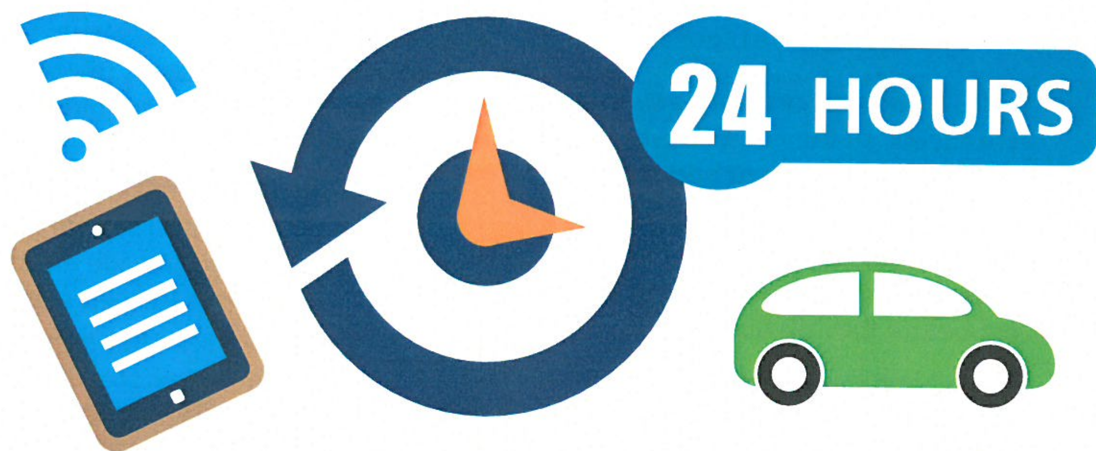
Key things to think about:



- CMHCs will support people with short-term needs so they don't have to go to hospital for assessment and treatment unless they really need it
- CMHCs could be used as a bridge facility for people to go to after a hospital stay and before they go home
- CMHCs will help prevent people in crisis from having to stay in a police cell for assessment
- CMHCs will operate 24/7, including open-access, which means there will be fewer delays for people and no waiting lists for referrals
- CMHCs will have a range of staff on hand to support the various health and social care needs of each person who comes through the door; people will not have to go to A&E to see a mental health expert at night
- CMHCs will not only offer help to people in crisis, but will support friends and families, and provide advice on early interventions to keep people well
- CMHCs could offer opportunities for the development of social enterprises. A social enterprise is a business which exists purely to benefit the local community by tackling social problems, enhancing people's life chances and improving the environment. Many existing social enterprises provide opportunities for mental health service users to earn a living wage and gain training and development.

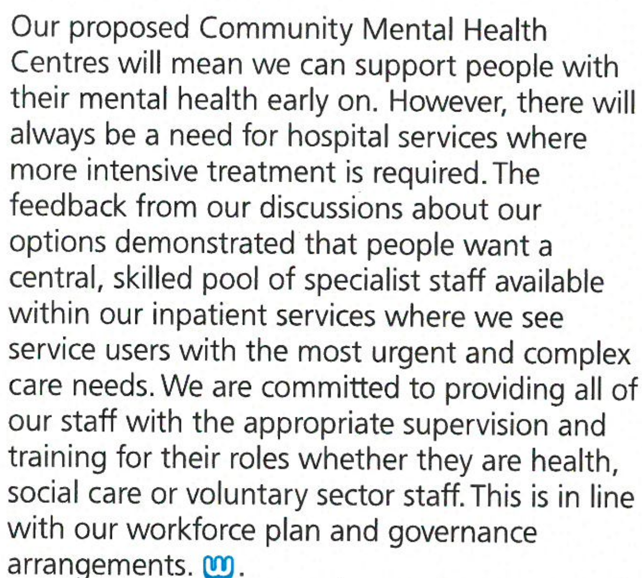
When thinking about families and social enterprise opportunities...

- We want to put service users and their families at the forefront of our services. What do we need to do to make this happen and are there any issues that you can think of which might prevent this?
- Can you think of any specific ways in which we can improve the support for families in our new Community Mental Health Centres? What might be missing from our services now that we can provide in the future?
- Do you think we should provide opportunities for social enterprise activities in our Community Mental Health Centres? If so what types of activities?



10.2 Central Assessment Unit and Central Treatment Unit

What is the proposed co-designed model?


Our proposed Community Mental Health Centres will mean we can support people with their mental health early on. However, there will always be a need for hospital services where more intensive treatment is required. The feedback from our discussions about our options demonstrated that people want a central, skilled pool of specialist staff available within our inpatient services where we see service users with the most urgent and complex care needs. We are committed to providing all of our staff with the appropriate supervision and training for their roles whether they are health, social care or voluntary sector staff. This is in line with our workforce plan and governance arrangements. .

How will the Central Assessment Unit work?

The Central Assessment Unit will be based at Glangwili General Hospital in Carmarthen and will be open 24/7. It will have 14 assessment beds and two dedicated beds for people detained under Section 136 of the Mental Health Act, to ensure capacity for people from across the three counties. The unit will be led by a consultant psychiatrist working with nurses, psychiatrists, occupational therapists and pharmacists. The team will be supported by peer mentors and family support workers, as well as social care professionals, and there will be facilities for families to visit.

What will it mean for service users?

The unit will benefit from being located within the hospital where a wide range of experts will be on hand to provide the clinical expertise needed to quickly assess people with severe mental health problems. Specialist staff will enable short term admission and ensure that planning for people's needs after they leave the unit begins at the earliest possible stage. People will not stay in the Central Assessment Unit for over five days as if they need more hospital care they will be transferred to the Central Treatment Unit.

How will the Central Treatment Unit work?

The Central Treatment Unit will be based at Prince Philip Hospital in Llanelli. It will be open 24/7 and will have 15 beds. It will be run by specialist nursing, medical and support staff including occupational therapists, psychologists and a range of mental health workers from the voluntary sector. The team will be assisted by peer mentors and family support workers, as well as social care professionals, with connections to community services to help plan care for service users after a hospital stay.

What will it mean for service users?

The unit will be treatment-focussed and will include a dedicated mental health library for service users, carers and staff. Voluntary organisations will provide support both on the unit and within the community after the service user returns home. Self-management and recovery-based education courses will be available to help people not only get well, but stay well. It will be a safe and supportive place for people to receive medical and non-medical treatment.

Key things to think about:

- By having dedicated central units we will be able to pool our resources for the benefit of service users and it will also make it easier to recruit and retain staff and trainees. We have already attracted new staff into coming to work for us because they have heard about our ideas and approach to service change
- As both units will be based within hospitals it means there will be a greater number of experts on hand to assist with assessment and treatment which should help avoid unnecessary delays and support more rapid recovery
- As both units will be in Carmarthenshire, people from Ceredigion and Pembrokeshire will need to travel further for specialist assessment or treatment, and for families and friends to visit. We recognise that at the furthest edges of Ceredigion and Pembrokeshire people will, on average, need to travel an extra 38 minutes by car under the new model compared to the current model. This could also be difficult for people reliant on public transport in these areas as networks and transport services are limited. We have more information on this in our online publications library: W.
- Both units will have the support of volunteer coordinators to help people (and their carers) with recovery activities and social issues such as housing.

10.3 Single Point of Contact

What is the proposed co-designed model?

A Single Point of Contact means there is a designated point of contact for people if they want to seek advice or want to make a referral into adult mental health services. It can also be used by anyone – not purely service users – including people who want to make a general enquiry as well as healthcare professionals who would like information on making a referral.

How will it work?

The Single Point of Contact will be free, open 24/7 and people will be able to get in touch in a variety of ways. We have suggested that this might include using the telephone, email, online, letter or by text (SMS). The service will be delivered by skilled professional staff who will provide sensitive and specialist mental health screening before guiding people to the right place for their individual needs. We want to make it easier for people to access our services.

What will it mean for service users?

People have told us they can feel "lost in the system" or "passed from pillar to post", but this should not happen with the new model. Service users will not have to search for help as they will be able to get everything that they need initially from the Single Point of Contact, helping them to feel safer and more supported. The expertise and resources for screening will be concentrated in one place and there will be a single assessment pathway.

Key things to think about:

- It should be easier for people needing information, advice or support as they will be able to get this from one place at any time of the day or night
- People will be able to get in touch with the Single Point of Contact in a variety of different ways; if they are not comfortable speaking on the telephone they can text, if they do not have a landline or credit on their mobile then they can email from a computer or use other online resources
- **If it were centralised:** it would be based in the Central Assessment Unit in Carmarthen and staffed by two mental health experts with an administration support worker. A central Single Point of Contact has proved successful in rural areas, so we have the evidence this could work well. Having one telephone number would be less confusing.

- **If it were in each county:** it would have three local bases and each would be staffed by one mental health expert who could have better knowledge and awareness of local mental health services. It would deal with fewer calls than the central model, so might not be the best use of resources and could pose recruitment problems.. There would not be a need for administrative support for each area, as that work would be done by staff working for the local Community Mental Health Centre.

A central Single Point of Contact

The central Single Point of Contact would be based within the proposed Central Assessment Unit in Carmarthen. The service would be staffed by two dedicated skilled mental health practitioners, on a 24/ 7 basis, supported by a dedicated administrative support worker.

Advantages	Disadvantages
Having a central Single Point of Access has proved to be successful for rural environments, such as Hywel Dda, nationally and internationally, so a good evidence base exists for working in this way. Having one single telephone number or point of contact would be less confusing than having three different telephone number/points of contact across the three counties.	More costly to run than a local single point of contact service.

Local Single Point of Contacts

The local Single Points of Contact would be based within each of the Community Mental Health Centres (one in Pembrokeshire, one in Carmarthenshire and one in Ceredigion). The service would be staffed by one dedicated skilled mental health practitioner in each area, on a 24/7 basis.

Advantages	Disadvantages
It may be the case that staff working from a local base, rather than a central base, could have better knowledge and awareness of local mental health services.	It is estimated that local single points of contact would have a relatively small number of phone calls/contacts to respond to. Running it locally therefore may not be a good use of additional staffing resources.

When thinking about our plans for a Single Point of Contact...

- **Would you prefer one Single Point of Contact to manage all enquiries from across the three counties, or would you prefer one Single Point of Contact per county? What are the reasons for your preference?**
- **How would you prefer to access the Single Point of Contact? Would you like to speak to someone on the telephone, via email, via text or via another method altogether? Would you like a choice of options?**

10.4 Delivering our services differently

How will it work?

Our vision is for a different kind of service that supports the way that people live their lives. To do this we need to make sure that we have the right staff, performing the right roles and using the right tools.

We are a member of the International Mental Health Collaborating Network and through this we have developed a formal twinning agreement with mental health services in Trieste, Italy, who are recognised by the World Health Organisation (WHO) as a centre of excellence for mental health recovery. This has helped us to understand more about the approaches that they use to care for people experiencing a mental health crisis. Trieste's approach has a strong community focus, they provide beds in informal, homely environments within Community Mental Health Centres that are open 24/7. This means the service has the flexibility to intervene early on and prevent people from going into crisis. ⓦ.

By understanding how their system works, we can use this knowledge to help us design our services more effectively. Traditionally mental health services in Wales have been mainly delivered by NHS staff but we would like your opinions on a range of different non-NHS staff delivering our future services.

Some aspects of assessment and treatment will still need to be undertaken by registered health and social care professionals, but there are opportunities for the voluntary sector to deliver aspects of mental health support services within the community, including managing our recovery beds alongside NHS staff. There are many examples across the UK of mental health care being delivered by non-NHS staff. ⓦ.

What will it mean for service users?

It may mean that service users receive some of their mental health support from a range of different NHS, social care and voluntary sector staff.

Some examples of this could include:

- Outreach workers – to support service users who find it difficult to engage with mental health services, to help ensure that appointments are kept and treatment is not discontinued or disrupted
- Peer mentors – people with their own lived experience of mental health issues to empathise with service users and demystify the recovery process
- Involvement workers – to ensure service users and carers continue to be involved in service improvement and development
- Volunteers – to provide non-clinical support for people who would benefit from having a discussion about their feelings and choices
- Recovery workers – to support people using our crisis and recovery beds.

Trieste Community Mental Health Centre

Key things to think about:

- There are examples where the voluntary sector successfully provides mental health services in collaboration with local health and social care services. The GOFAL Crisis House in Cardiff provides recovery beds to support people during times of crisis and the DIAL House in Leeds provides a drop in centre for people with mental health issues. For more information on these please visit the links within our online publications library: ⓦ.
- Housing and employment are extremely important for people with mental health issues as without stability in these areas it can make existing mental health difficulties much harder to manage. There are some well-established examples of the voluntary sector running services which support these needs. GOFAL community housing provides help for people with mental health issues to secure housing and also supports successful repatriation or reintegration of individuals back into their own communities. 'Jobs in Mind' is a mental health charity whose varied services provide specialist support and advice around problems at work, training and education. For further information on these initiatives please visit the links within our online publications library: ⓦ.

This way of working is very new. However the implementation of our future co-designed service model will be supported by appropriate training and development of our entire workforce across sectors. ⓦ. This will help reduce any risk associated with doing things differently. Currently we are having difficulty in recruiting the numbers of health professionals that we need to, but we believe that some of the activities we currently deliver could be better provided by the voluntary sector. This would also enable us to make the best possible use of the highly specialised skills of our own staff.

Investing in the voluntary sector to provide some of our services could provide a more sustainable and adaptable workforce model. We will be reviewing the types of support and services that we commission from the voluntary sector to identify opportunities for the future to invest differently.

We currently commission £878,925 from the voluntary sector to support delivery of our mental health services. We regularly and routinely review the contract arrangements that we have with these providers to ensure that they have the necessary skills and experience to deliver these services on our behalf, and that the outcomes for people are positive. ⓦ.

When thinking about the people that we need to run our services...

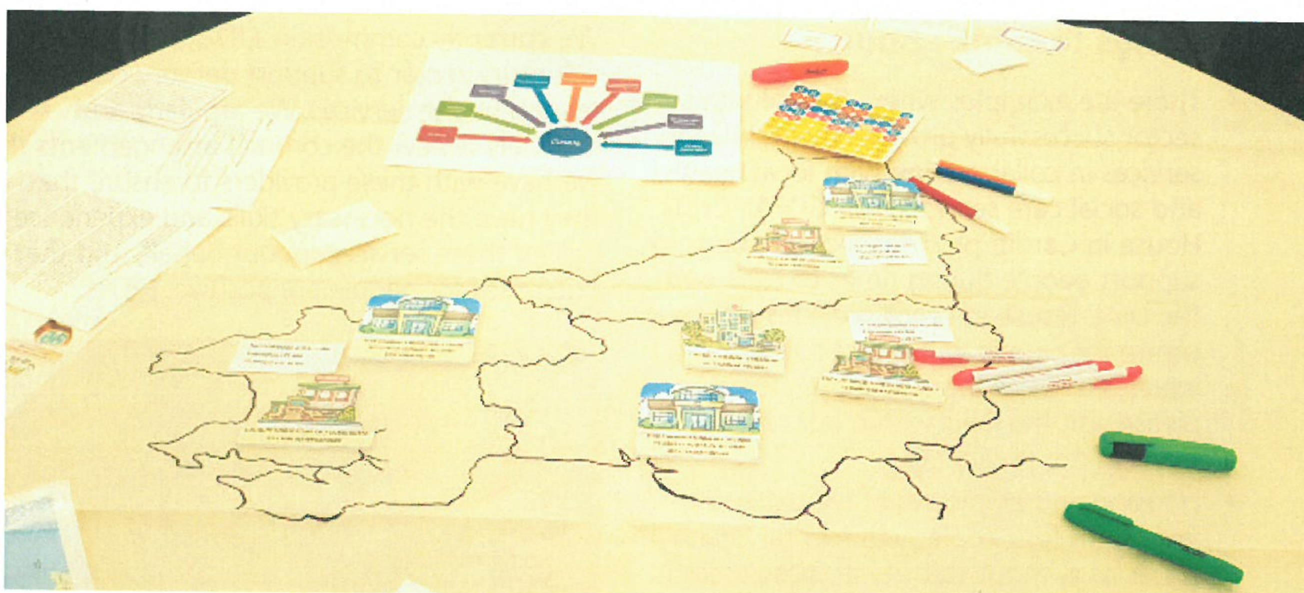
- **We think that some of our proposed services in the new model (such as the running of recovery beds) could be provided by non-NHS staff, or in partnership with non-NHS staff. How would you feel about this?**
- **Do you have any other ideas on the different types of help and support you would like to see as part of a future mental health service?**

What are the potential challenges?

Doing nothing is not an option. We cannot sustain our current model without the quality and safety of our services becoming compromised over time.

We need to carefully implement our proposed co-designed model whilst continuing to run services for our local population.

We recognise that it may be difficult to implement such a change from the way we currently deliver our services. We therefore plan to implement these changes slowly through careful co-production (working with our partners).



10.5 Transport and technology

Transport

Our proposed model increases local service provision through the introduction of three 24/7 Community Mental Health Centres, one within each county. We believe that having this level of service provided locally will reduce the need for service users to travel. Only in very severe circumstances would a person need to be seen at our Central Assessment Unit or Central Treatment Unit in Carmarthenshire.

Moving around our three counties, travelling times are significantly quicker for people who have access to their own transport. The use of public transport increases the time it takes people to travel around; some journeys may also be longer depending on the time of day or night and for more distant locations may require careful planning. Carmarthen appears to be the easiest place to reach via public transport from across the three counties.

If a service user does need to travel to hospital, they will do so using a variety of means – they may come with their family, friends or carer, be transported by a care coordinator or other mental health worker, or travel via ambulance or other emergency services. The geographical area served by the proposed Centralised Assessment and Treatment Units means that some people will face long travelling times to visit the units, particularly those living in rural north Ceredigion and west Pembrokeshire.

We have looked at the potential impact of the new model on travelling times and have set out in the table below some of the longest journeys for people needing hospital care.

Longest journey currently	Longest journey for proposed new model	Time of current longest car journey	Time of current longest bus journey	Time of longest car journey for proposed new model	Time of longest bus journey for proposed model
St Davids – Haverfordwest	St Davids – Carmarthen	30 mins	46 mins	1 hr, 8 mins	2 hr, 15 mins
Aberystwyth – Carmarthen	Aberystwyth – Carmarthen	1 hr, 26 mins	1 hr, 58 mins	1 hr, 26 mins	1 hr, 58 mins
Llandovery – Carmarthen	Llandovery – Carmarthen	46 mins	1hr, 33 mins	46 mins	1 hr, 33 mins

The Welsh Ambulance Services NHS Trust (WAST) can transport people on both an emergency and non-emergency basis. It offers:

- Emergency Ambulance – for high risk, immediate life threatening calls
- Urgent Care Service Ambulance – safe transport for stable service users requiring urgent transport or transfer; response time between 1-4 hours
- Patient Care Service Ambulance – safe transport for routine appointments or transfers between hospitals and clinics.

We will be working with our voluntary sector partners to develop transport solutions for patients and families as part of our implementation plan.

Technology

We also want to focus on how best to help staff work flexibly from different locations, based on service user need. The use of digital technology to support and improve mental health and minimise the impact of travel is something that we are very keen to introduce. This could include the use of online resources, social media and smartphone applications. Digital technology for mental health has been associated with benefits such as improving access to services, motivating people to self-help and reducing stigma. Evidence suggests that digital technology provides the potential to reach service users in inaccessible areas and in meaningful ways.

Not everyone will feel they need or are ready to speak to someone for professional help, but by using digital solutions we can help people to engage with us at a level that suits their needs. This could involve providing online information about mental health, offering digital self-management guides or using message boards or web-based programmes for direct support.

Key things to think about with transport and technology:

- Access to services can be challenging given our largely rural area and the poor road and public transport links between the north and south of the counties. There are no direct rail links from Ceredigion and the roads are largely single carriageways. Transport links are better in the south of Carmarthenshire and the south of Pembrokeshire with a main railway line and the A40 which is largely dual carriageways
- Sometimes people will need to come to hospital; there will be both scheduled and unscheduled admissions and discharges, during and after normal opening hours. We will therefore sometimes rely on ambulances, particularly in the case of service users who present a high risk
- We accept that some people will have to travel further and as part of the new model we will develop and commission transport solutions with our service users and families. .
- We realise that having the Central Assessment Unit in Carmarthen will mean longer journeys for formal inpatient assessment for those living in Pembrokeshire and Ceredigion. However, our Community Mental Health Centres will provide better access to services locally and we anticipate less need for people to need to use the central units under this new model
- There were a total of 517 admissions to our inpatient units in 2016
- There will be additional costs associated with meeting the travel needs of service users and their families who are admitted to the Central Assessment or Treatment Units. This is balanced against the 24/7 Community Mental Health Centres in local areas. Within our proposals we have calculated the costs of additional transport to support the model. .
- We will need to consider how to future-proof any investments that we make in digital technology to ensure we get the best value for money upfront and that new equipment does not become quickly obsolete
- We will need to make sure staff are fully trained and confident in the use of more modern technology to ensure it is as effective as possible.

When thinking about travel…

- Do you think it would be a good idea to employ the voluntary sector to deliver routine transportation for low risk individuals? If so, how do you think this would work best – i.e. in what circumstances?
- Should we employ an organisation such as St. John Cymru (who currently provide transport service in Cwm Taf) for urgent travel requirements, particularly outside normal working hours?
- Are there any transport issues that we have not considered?

When thinking about technology…

- What technological solutions do you think we should invest in? How do you think we can make the best use of technology to deliver more flexible services?

10.6 Measuring success

How will it work?

We plan to collect data and information to monitor and evaluate the positive and negative impacts of our new proposed co designed model for our service users and staff. To do this we will regularly collect information on how the new service is working.

We will collect quantitative information ('solid facts') such as the number of people who ask for help and also qualitative information ('how people feel or experience something'). Qualitative data is often harder to measure but can provide more detailed insights about how the new service is working through satisfaction levels and the change in how people feel.

What will it mean for service users?

We will work closely with the people who use our services, their friends and families, in order to learn from their experiences. This will mean we will ask for feedback both formally, through questionnaires and surveys, and informally by listening to verbal feedback and service user stories. Every piece of information that is shared with us will be dealt with in the strictest confidence.

We will also analyse all data and feedback that we collect about the demand for our services and the number of people who access them. This will help us get a rounded picture of the impact of our new service model over time.

Key things to think about:

- Some of the things that people identify are important to them when evaluating services are: how easy it is to access; how warm is the welcome; what range of therapies and activities are on offer; the availability of skilled staff; what support exists for carers and families.

When thinking about how to evaluate and monitor our services…

- What indicators are most important to you in terms of measuring the impact of our plans on service users, their carers and families? How can we make sure that the changes we make result in better care and support for people?
- What types of methods should we use to ask people to provide us with their feedback?

11 The benefits we all want to see

Thank you for reading through the key components of the new proposed co-designed model that we have worked to develop with our stakeholders over the last two years. We have put together a table of the things people have told us that they either want more or less of in the future. Do you agree?

MORE +	LESS –
MORE availability: 24/7 services	**LESS** waiting: seeing people sooner
MORE help and advice from a range of people and mental health services	**LESS** need for people to attend A&E to see a mental health professional
MORE communication and joined up working between mental health services and organisations	**LESS** confusion when trying to get help during a mental health crisis
MORE services based around service users and not buildings or paperwork	**LESS** inconsistency and duplication in referral and admission processes
MORE support from people with a lived experience of mental health	**LESS** of a medical approach to helping people recover
MORE drop in facilities and friendlier environments for people in distress	**LESS** overall stigma and assumptions around mental health service users
MORE care as close to home and within the community as possible	**LESS** need for people to visit A&E as a last refuge for support and treatment
MORE expert staff available for longer hours in our hospitals	**LESS** need for police involvement unless absolutely necessary
MORE care focussed on supporting recovery and helping people to be more resilient in the future	**LESS** care focussed purely on treating or managing the symptoms of mental illness
MORE opportunities for social inclusion including employment, education and housing support	**LESS** leaving people to navigate their social needs alone as they do not come under the 'health' remit
MORE opportunities for people to talk about their feelings over a cup of tea rather than a formal assessment	**LESS** reliance on people to access peer and specialist support alone
MORE engagement with service users and carers overall	**LESS** doing things the 'old way': we want modern mental health services

12 Some examples of how the new proposed co-designed model may work

MEGAN'S STORY

NOW		HOW THINGS COULD BE DIFFERENT
Megan calls the police as she is suicidal. She won't reveal her location but police find her on a bridge near her home. She is taken to A&E and waits for two hours under police escort to see the psychiatrist who agrees she needs to be admitted.		If the Single Point of Contact (SPC) existed Megan could ask for support directly without having to rely on the police and avoiding the wait in A&E. The SPC would give Megan an assessment and a bed at the Central Assessment Unit for the night.
The hospital has no beds so Megan has to stay in A&E where she becomes agitated, putting herself and others at risk. The police take Megan to their car for safety whilst they wait for a bed to become free.	A&E	Megan would be found a recovery and crisis bed and avoid the need for detention. She would have a place of safety during her crisis and have a further assessment from an AMHP (approved mental health practitioner) once admitted.
It's midnight and there is no still no bed, the police ask the ward directly if there is somewhere for Megan to go. There is possibly a bed that might become available at another hospital but the ward is not able to arrange transportation to that location.		Megan would be asleep having spoken about her feelings to the AMHP. She could not pay her rent for the third month in a row and this led to her suicidal thoughts. The team would start to develop a plan to help Megan manage this situation with the help she needs.
At 1am Megan is transported by the police to a neighbouring hospital. She is accepted for admission but falls asleep in the lounge area whilst waiting for the paperwork to be completed. She is exhausted.	1 AM	At 1am the team would contact Megan's parents to let them know she is safe. A staff member from the voluntary sector would come to the unit the following day to talk to Megan about her housing options once she is awake.
The next day Megan is moved to a bed and is told the psychiatrist will see her at the end of his ward round. She ultimately stays for two further nights and is collected by her parents who are scared that she will relapse.		Megan's parents would be present for the housing meeting and be given advice on how best to support Megan once she leaves the unit later on that day. 48 hours after her initial crisis she would be at home with a plan for the future.

We also thought it would be helpful to include a couple of case studies to show how we think things could be better for people in the future. Please bear these in mind when thinking about your answers.

GARETH'S STORY

NOW		HOW THINGS COULD BE DIFFERENT
Gareth has an autistic spectrum disorder. He hears voices and has a hatred of certain groups of people believing them to be 'bad'. He is on the waiting list for psychological therapy but in the meantime has made threats to harm people in his community. He needs specialist help but has fallen between services because he is not viewed as having psychotic problems and does not meet learning disabilities criteria.		Gareth's mother knows his mental health is deteriorating. She gets in touch with the Single Point of Contact who would suggest that he visits the local Community Mental Health Centre to speak to a specialist. They tell her that if he doesn't want to do that he can call the centre over the telephone instead. They ask if she feels safe with him living in the house and give her the details of a carers support network local to her home.
Gareth goes online and threatens a local shopkeeper with violence over Twitter. The police are called and they take Gareth to the station for questioning. Gareth is there for four hours in total as in the meantime an urgent call comes into the station and his interview has to be delayed.		Gareth refuses to go to the centre in person, but agrees to speak to an AMHP (approved mental health practitioner) over the phone. They would talk to him about how he is feeling and why things have escalated. He would be encouraged to come to the centre to have an assessment but declines.
Gareth is hostile in his interview and as he is displaying signs of violence the police discuss the possibility of detaining him under Section 136. He is left in a cell for three hours whilst the police process his paperwork.	136	Gareth's behaviour has not improved and having found disturbing images on his computer his mother would call the Single Point of Access again. They would say they can find him a hospitality bed for the evening for everyone's safety.
Gareth is taken to A&E for psychiatric assessment. He is seen quickly and found a bed, but staff are worried he still presents a risk to other service users so he is moved to a side room on another ward where he can be kept under closer observation. It's 2am.		The Community Mental Health Centre would organise transport for Gareth as his mother cannot drive. He isn't tired when he arrives and spends two hours watching TV. Staff observe him and note he has become much calmer. He goes to bed at 11pm.
Gareth is discharged the next day, the psychiatrist on call has agreed to request escalation of his referral but still cannot say when he will be seen.		The next morning Gareth is subdued. The team would tell him about classes on self-management. He agrees to sign up on a trial basis and goes home.

13 Next steps

Thank you – we appreciate your feedback on this consultation. We want to do our best for everyone using adult mental health services in Carmarthenshire, Ceredigion and Pembrokeshire. We know the best way to do this is to take into account the views of as many people as possible to help us develop plans that meet the needs of our service users, their carers, families and friends.

We will not take any further steps until the public consultation has closed on 15th September 2017, after which point the responses will be analysed by a team of independent experts. The results will be presented at a future Hywel Dda University Health Board public meeting and the final decisions on any changes will be made later in 2017. The outcomes report and any associated documents will be available on our website or you can request a printed copy by getting in touch with us.

You can keep up to date with developments on our website:
www.hywelddahb.wales.nhs.uk/mentalhealth

You can also follow us on our bilingual social media channels.

English Twitter: **@HywelDdaHB**
Welsh Twitter: **@BIHywelDda**
English Facebook: **www.facebook.com/hywelddahealthboard**
Welsh Facebook: **www.facebook.com/bwrddiechydhyweldda**
If you are not online you can call **01554 899 056** to ask for an update on progress or to ask any questions.

In all of our work, we keep in mind a quote by the comedienne Ruby Wax:

"[Mental health] it's so common. It could be anyone. The trouble is nobody wants to talk about it. And that makes everything worse."

We do want to talk about it and, more importantly, we want to listen.

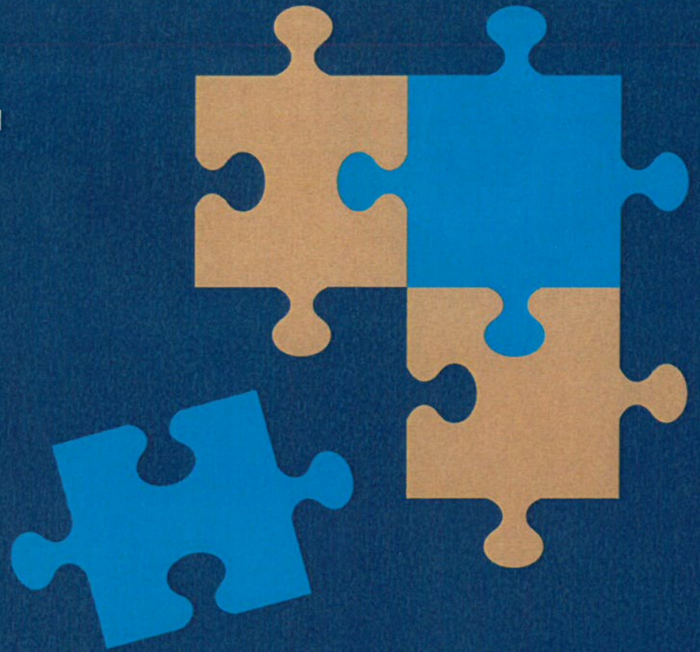
Confidentiality statement:

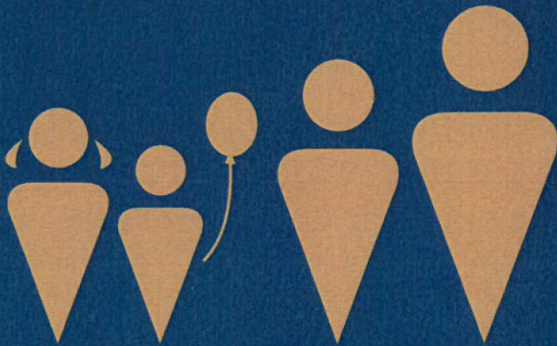
All completed questionnaires will be processed and reported by an independent, specialist social research company. Your views will be kept confidential. No one except the independent team will see your questionnaire. No one will be identified in the general report.

What will happen to other written responses (letters, emails and other documents) we receive?

- Other written responses will be summarised by the independent research company. Sections of responses or complete documents may also be published in full on our website, with the name of the person (where permitted) or organisation. Organisations will always be identified. If you are an individual respondent and do not want your name and address published, please indicate this on your response and we will blank out those details before publishing your response. If we have any requests under the Freedom of Information Act to give the information which has been withheld, we would still not publish your personal information without very good reason, and we would contact you first to seek your permission.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board





Transforming Mental Health Services

The Journey to Recovery
Executive Summary

Help us to connect adult mental health services with local people

Cyngor Sir
CEREDIGION
County Council

1. The mental health needs of our society have changed over the last decade. Treatment advances have seen many people who previously required hospital care being able to remain in their communities, supported by their families and friends and, when required, by services delivered by health, social care and third sector providers. We also now know that the earlier a person is given access to the right support and treatment for their mental health problems, the better the outcomes and the person's experience, and the less likely they are to need specialist psychiatric care or inpatient treatment (Chapter 1).

2. In our conversations with our service users, carers, staff and stakeholders we have been told we need to focus on helping people earlier within the community, to prevent them going into crisis and help them recover from mental ill health sooner. We have also been told that access to our services should be 24/7 and that the support provided to people should be more joined up (Chapter 6).

3. We know we cannot sustain services in the way that they are currently run, but we also face a number of challenges in trying to make positive changes. These include our rural geography, recruiting and retaining staff, and the rising costs of providing mental health services (Chapter 6).

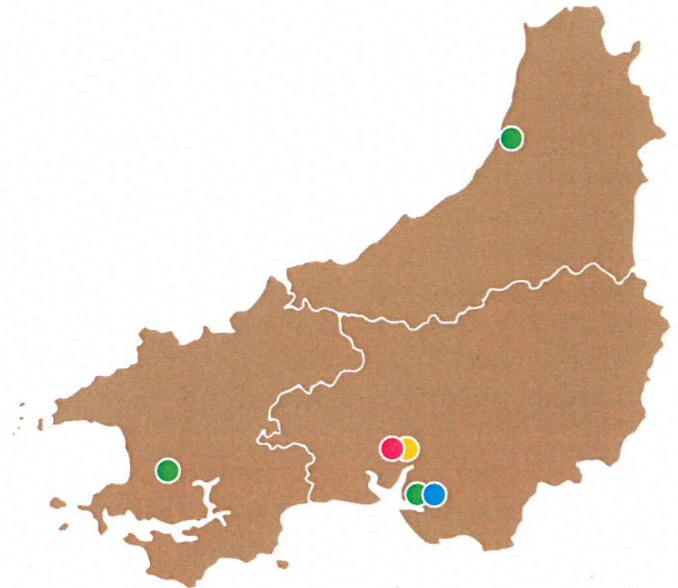
4. We have been working for over two years with local people to look at how we can change mental health services for the better, given our challenges and what people have told us they want from mental health services. Over 100 engagement events have been held across Carmarthenshire, Ceredigion and Pembrokeshire, as well numerous meetings with staff, service users and key stakeholders. We have used all of the feedback we have received to work with our service users, carers, staff and interested parties to co-design a number of options for a new way of working. We further worked together with these groups to refine these options to develop a final proposal to take forward for consultation. (Chapter 7).

5. In early 2017, an agreement was reached that we should consult on a model with three key components: a 'Single Point of Contact' for mental health support across the counties, 24/7 Community Mental Health Centres in each county and central specialist assessment and treatment units (Chapter 8).

6. The three components:

- **Community Mental Health Centres (CMHCs)** are buildings with a more homely feel than traditional mental health inpatient units. They provide a wide range of support for people and their families, including: emergency assistance in crisis situations, outpatient services, therapies, treatment and support, crisis and recovery beds, and daytime hospitality. We want to have one 24/7 CMHC in each county with four recovery beds on site, as well as an additional CMHC in Llanelli which will be open for 12 hours every day (Chapter 10).
- **Central Assessment Unit and Central Treatment Unit** will be for people needing inpatient care. The units will provide a central, skilled pool of specialist staff within our inpatient services where we see service users with the most urgent and complex care needs. The **Central Assessment Unit** will provide the clinical expertise to assess people quickly with their severe mental health problems. It will be based at Glangwili General Hospital in Carmarthen and will be open 24/7; it will have 14 assessment beds and two dedicated beds for people under Section 136 of the Mental Health Act. The **Central Treatment Unit** will be a safe, supportive place for people to receive medical and non-medical treatment. It will be based at Prince Philip Hospital in Llanelli, will be open 24/7 and will have 15 beds (Chapter 10).
- The **Single Point of Contact** is a dedicated point of contact for people if they want to seek advice or to make a referral into adult mental health services. It will be free to use, open 24/7 and people will be able to get in touch in a variety of ways. It will be run by a group of highly skilled staff who will provide sensitive and specialist mental health screening before guiding people to the right place for their individual needs. We are hoping that a Single Point of Contact will make it easier for people needing information, advice or support and reduce the time it takes for people to get connected to the service they need (Chapter 10).

- **24/7 Community Mental Health Centre** (green)
- **12/7 Community Mental Health Centre** (yellow)
- **Central Assessment Unit** (red)
- **Central Treatment Unit** (blue)

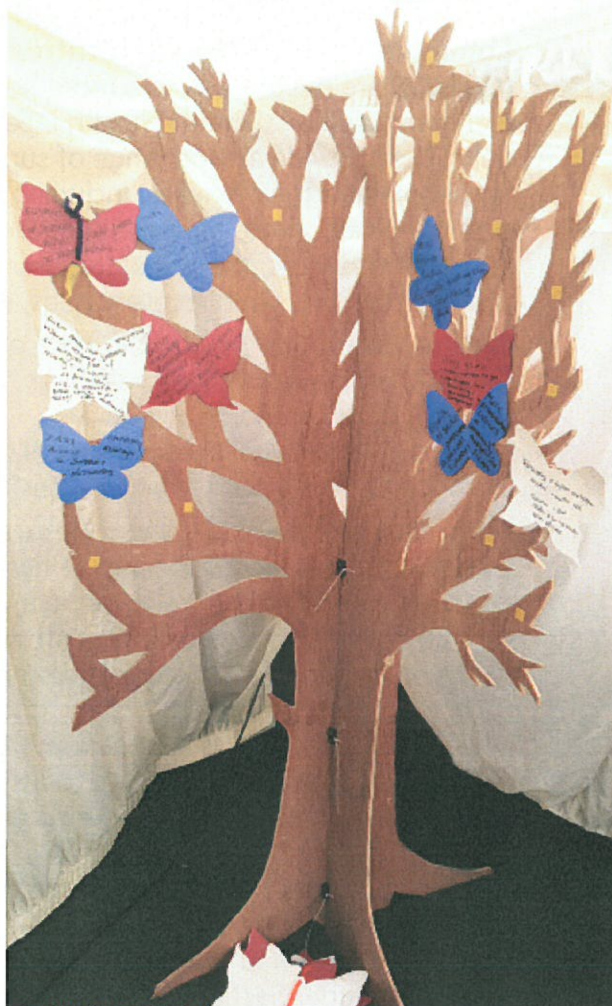


7. Our vision is for a different kind of mental health service that is able to support the way that people live their lives. To do this we need to make sure we have the right staff, performing the right roles and using the right tools. We believe some of the activities we currently deliver could be better provided by the voluntary sector; this would enable us to make the best possible use of the highly specialised skills of our own staff. Also, investing in the voluntary sector to provide some of our services could support a more sustainable and adaptable workforce model given our recruitment challenges. We want your opinions and ideas around investing in the voluntary sector and how best to use our workforce (Chapter 10).

8. We realise that basing the Central Assessment Unit in Carmarthen will mean longer journeys for people living in Pembrokeshire and Ceredigion who need formal inpatient assessments. However, our Community Mental Health Centres will provide better access to services and as a result we anticipate that people will be less likely to need to travel to use the central units under this new model. We will also look for ways to manage extra travel for families and service users by working with the voluntary sector, as well as investigating the best use of technology to support our proposed model. We want to know how you think we could best manage transport needs within our proposed model (Chapter 10).

09. Any changes we make to our services will need to be carefully monitored and evaluated to ensure that they are working well for our service users and staff. We are asking for people's opinions not only on what services they would like us to provide in the future, but also what things are important to them when evaluating these services to help us make sure we get the evaluation process right (Chapter 10).

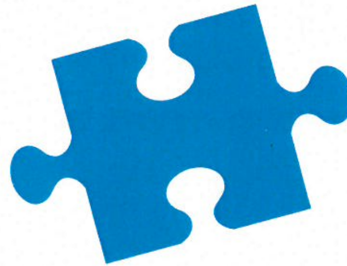
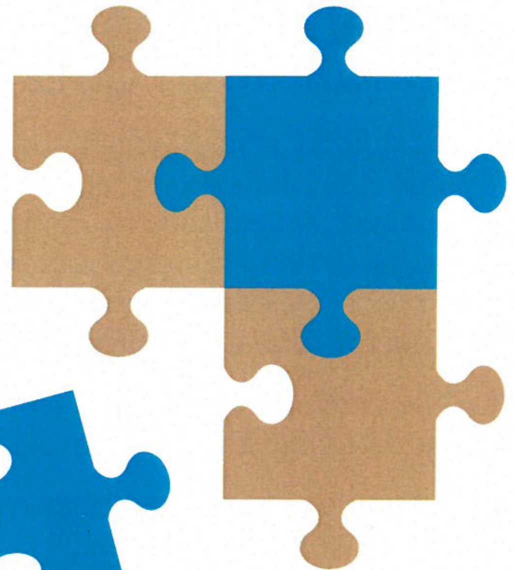
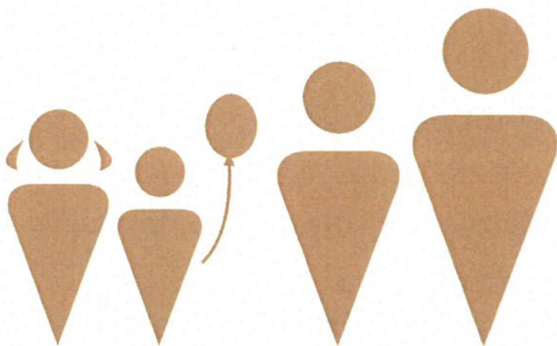
10. We want to take into account the views of as many people as possible to help us develop plans that meet the needs of our service users, their carers, families and friends. To support this we are running an open public consultation for 12 weeks, from the 22nd of June 2017 to the 15th of September 2017. Information on how to take part will be available across a range of sites including hospitals, community premises, local authority buildings and voluntary sector organisations:
www.hywelddahb.wales.nhs.uk/mentalhealth
You can also access the consultation document and all the supporting documents that tell the story of how we've gotten to where we are in our publications library on the website.



People can tell us what they think in a number of ways:

- **By completing the FREEPOST questionnaire**
- **Online at: www.hywelddahb.wales.nhs.uk/mentalhealth**
- **By emailing us: hyweldda.engagement@wales.nhs.uk**
- **Over the phone by calling 01554 899 056**

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Transforming Mental Health Services

The Journey to Recovery

Consultation Questions

Help us to connect adult mental health services with local people

Transforming Mental Health Services
Consultation Questions

This questionnaire gives you the opportunity to provide your views as part of our formal public consultation on proposals for changing the way adult mental health services are arranged and provided in Carmarthenshire, Ceredigion and Pembrokeshire. You can read the full detail of our proposals in our main consultation document 'The journey to recovery'. We have made both our consultation document and our questionnaire available in printed format as well as online.

To request a printed copy of either document or to ask for the information to be translated into another language or more accessible format, you can:

- write to us at **FREEPOST HYWEL DDA HEALTH BOARD** – that is all that you need to write on the envelope and you do not need a stamp
- call us on **01554 899 056** and leave your request on our answerphone – if you'd like us to call you back we'd be happy to do so
- email your enquiry to **hyweldda.engagement@wales.nhs.uk**

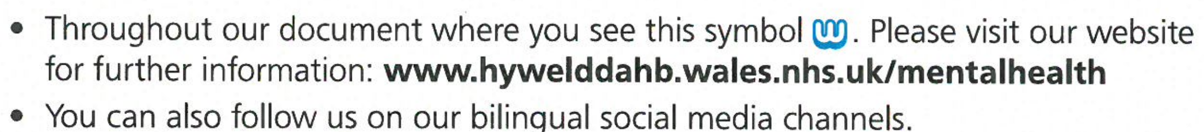
To read more of our background information, including our supporting and technical documents you can visit our website **www.hywelddahb.wales.nhs.uk/mentalhealth**

You can also complete an electronic version of this questionnaire on our website, or alternatively you can call us or email us with your responses or with any questions.

Our consultation will close on 15 September 2017, so please ensure you share your views with us by then.

We will accept responses from individual residents over the age of 16, as well as from organisations, so it would be helpful if you could confirm if you are answering on behalf of yourself as a member of the local community or as a representative from an organisation so that in our analysis we can take this into account.

All completed questionnaires will be processed by Hwylus Cyf, an independent, specialist social research company. They will undertake the analysis of the feedback that we receive and no one but that team will see the information in your questionnaire. Our social marketing outreach activities will be supported by Mela, a Cardiff-based agency, who will monitor queries and responses that we receive via our social media channels. All feedback received via other means including letters, emails, telephone calls and in person will also be dealt with confidentiality. If we receive a request under the Freedom of Information Act which relates to consultation responses we will not publish your personal information.



- Throughout our document where you see this symbol . Please visit our website for further information: **www.hywelddahb.wales.nhs.uk/mentalhealth**
- You can also follow us on our bilingual social media channels.

English Twitter: **@HywelDdaHB**
Welsh Twitter: **@BIHywelDda**

Question 1:

Having read the detail on the proposed co-designed model that we are proposing for Mental Health services (refer to consultation document for a summary); please tell us the extent to which you agree with this model.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

Please tell us why you agree or disagree?	
Agree	Disagree

Question 2:

We are proposing that we develop Community Mental Health Centres. These are buildings with a more homely feel than traditional mental health inpatient units. They provide a wide range of support for people in difficulty and their families, including: emergency assistance in crisis situations, outpatient services, therapies, treatment and daytime hospitality see Chapter 10 – section 1 of the consultation document.

What do you suggest that we do to support families of loved ones in our new Community Mental Health Centres?

Question 3:

A social enterprise is a business which exists to benefit the local community by tackling social problems, enhancing people's life chances and improving the environment see social enterprise document in our publication library.

Whilst they make money from selling goods or services, they reinvest their profits back into their business – when they profit, society profits. For example, a social enterprise could run a café staffed by service users within our CMHCs. Many existing social enterprises provide opportunities for mental health service users to earn a living wage and gain training and development.

To what extent do you agree with the concept of social enterprises being involved in our Community Mental Health Centres?

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

Please tell us why you agree or disagree?	
Agree	Disagree

There are a number of types of activities that might be appropriate for a Social Enterprise in this setting such as a Café or Shop .

Do you have any views on the type of social enterprise that we might encourage?

Question 4:

A **Single Point of Contact** is a designated point of contact for people if they want to seek advice or want to make a referral into adult mental health services. It will be free, open 24/7 and people will be able to get in touch in a variety of ways. It will be run by a group of highly skilled staff who will provide sensitive and specialist mental health screening before guiding people to the right place for their individual needs. We are hoping that having a Single Point of Contact will make it easier for people needing information, advice or support and reduce the time it takes for people to get connected to the service they need (please see Chapter 10 – section 3 of the consultation document).

With regard to a Single Point of Contact would you prefer? Please tick box.

- ☐ One single, centralised point of contact
- ☐ One single point of contact per county
- ☐ No preference

Please tell us why you say that?

Question 5:

How would you prefer to access a Single Point of Contact? Please tick all boxes that apply.

- ☐ On the telephone?
- ☐ Online (via a website)?
- ☐ Online (via Skype)?
- ☐ By email?
- ☐ By free text (SMS)?
- ☐ All of the above?
- ☐ No preference

Why do you say that?

Question 6:

Look at the roles described below and refer to our technical documents ⓦ. In the future we think that some of these roles could be delivered by non-NHS staff ⓦ see workforce section in our publications library.

To what extent do you agree with the concept of non-NHS staff (social care, the voluntary sector or local authorities) performing the roles below? Please state why that is the case.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Outreach workers – keeping people connected that might miss appointments or discontinue treatment					
Peer mentors – people who have suffered mental health issues who help others with the recovery process					
Involvement workers – helping to involve service users in service development and improvement					
Volunteers – on hand to help support in a non-clinical way – perhaps through talking					

Why do you think that? Please note which role(s) you are referring to in your answer.

Question 7:

We believe that some of the following services may be delivered jointly with the local authority, voluntary sector or other organisation.

a) Community support

b) Community crisis and recovery beds

c) Single Point of Contact

d) Hospital/In-patient care

We've looked at a number of examples of this which we have set out in the consultation document (see Chapter 10 of the consultation document). When and if we commission such services, we will apply robust processes to ensure the standards and quality of the work that is delivered see Chapter 10, Section 4 of the consultation document and the commissioning document within our publications library.

To what extent do you agree with the concept of working in partnership to provide mental health services?

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

Please tell us why you agree or disagree?	
Agree	Disagree

Question 8:

There may be other services that you feel we should provide to help people in their time of need. Please tick the ones you feel are essential.

- ☐ Housing support
- ☐ Employment support
- ☐ Social support (e.g. gardening activities or friendship networks)
- ☐ Physical wellbeing (e.g. gym membership or sports clubs)
- ☐ Body image (e.g. healthy eating and personal care)
- ☐ Other

Please tell us why that is?

Question 9:

Currently, individuals may travel to inpatient wards through a variety of different means. They may come to the hospital with family, carers or friends; be transported by their care coordinator or other mental health worker; or by ambulance or other emergency services.

Within the new model we will provide transport for service users and their families to/from the Central Assessment and Treatment Units. In doing this we are proposing the following:

- To work with the voluntary sector to deliver routine transport services for individuals who present with a lower risk.
- To commission a service such as St. John Cymru (who currently provide a transport service for Cwm Taf University Health Board Mental Health services) for urgent transport requirements, particularly outside normal working hours.
- In some instances, where the risk is high this will continue to be provided by an ambulance.

see Chapter 10 – section 5 of the consultation document.
Do you agree with this proposal for providing transport? Yes/No.

☐ **Yes** ☐ **No**

Please tell us why you agree or disagree?	
Agree	Disagree

Is there anything else we should be considering in relation to transport?

Question 10:

The use of technology and digital health support to improve mental health and minimise the impact of travel is something that we are very keen to introduce. This will include the use of online resources, social media and smartphone applications. Digital health has been associated with benefits such as improving access to services, motivating people to self-help and reducing stigma. Evidence suggests that digital health provides the potential to reach service users in inaccessible areas and in meaningful ways.

Also, not everyone will feel they need or are ready to speak to someone for professional help, by using digital solutions we can help people to engage with us at a level that suits their needs. This could involve providing online information about mental health, offering digital self-management guides or using message boards or web-based programmes for direct support.

We want to make best use of technology to help people access care and support our staff to work flexibly. (see chapter 10 – section 5 of the consultation document)

To what extent do you agree that we should invest in digital technology to support and improve mental health?

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

Please tell us why you agree or disagree?	
Agree	Disagree

We are also aware that technology is not for everybody and want to understand how you feel technology and digital health could impact positively or negatively on mental health services?

Question 11:

We need to make sure that any changes we make result in better care and support for people. What indicators are important to you in measuring the impact of our plans on service users, their carers and families? Please tick the three most important measures.

- ☐ Single Point of Contact response times for all enquiries
- ☐ Length of stays at Community Mental Health Centres
- ☐ Length of stays at Central Treatment and Assessment Units
- ☐ A&E out of hours data
- ☐ Service user and carer feedback
- ☐ Good news stories
- ☐ Something else: **please explain in box below**

Something else?

Question 12:

Is there anything that we have missed or do you have anything additional to add in terms of feedback on this consultation?

I want you to consider the following...

Question 13:

The Equality Act defines the following groups as having protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Are there any groups protected under the Equality Act 2010 who you believe will be positively or negatively affected by our proposed changes? If so, what could we do to enhance positive or reduce negative impacts? **Please describe...**

Personal Information

At Hywel Dda University Health Board we are committed to ensuring that all people are treated fairly and equitably, without unfair discrimination because of age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief (including no belief) or sexual orientation.

You do not have to answer any of the following questions, but the more information you give us, the more effective our monitoring of a representative response will be. ***We will take all consultation responses fully into account when making decisions, regardless of whether you provide your personal details.***

Are you…

Providing your own personal response? Please answer the questions below tick only one box for each question

What was your age on your last birthday?

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65–74
- ☐ 75 or over
- ☐ Prefer not to say

At birth, were you described as?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Prefer not to say

Which of the following describes how you think of yourself?

- ☐ Male
- ☐ Female
- ☐ In another way: ____________
- ☐ Prefer not to say

Or…

Submitting a response on behalf of an organisation? Please answer the questions below

What is the name of the organisation on whose behalf you are responding? *Please be as detailed as you can. So, for instance, if you are responding on behalf of a group or department, please say the name of the group.* Please answer in the box below

Please tell us who the organisation represents and, where applicable, how you gathered and summarised the views of members. Please answer in the box below

Are you… (continued)

What is your sexual orientation?

- ☐ Hetrosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Other

What is your legal marital or same-sex civil partnership status?

- ☐ Single, that is never married and never registered in a same sex civil partnership
- ☐ Married and living with husband / wife
- ☐ In a registered same-sex civil partnership and living with your partner
- ☐ Separated but still legally married
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to say
- ☐ Other (please specify)

____

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No
- ☐ Prefer not to say

If you answered 'Yes' to the above please tell us the type of impairment you have. You may have more than one type of impairment, so please tick all that apply. If none of these applies to you, please select 'Other', and give brief details of the impairment you have.

- ☐ Physical impairment
- ☐ Sensory impairment (hearing, sight or both)
- ☐ Longstanding illness or health condition, or epilepsy
- ☐ Mental health condition
- ☐ Learning disability
- ☐ I prefer not to say
- ☐ Other (please write in)

____

Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Have you taken maternity leave within the past year?

- ☐ Yes
- ☐ No

What is your religion / belief?

- ☐ No religion / belief
- ☐ Christian (all denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion, please describe
- ☐ Prefer not to say

How would you describe your national identity?

Please choose all that apply.

- ☐ Welsh
- ☐ English
- ☐ Scottish
- ☐ Northern Irish
- ☐ British
- ☐ Other (please describe)

____

Are you... (continued)

What is your ethnic group?

Choose one option that best describes your ethnic group or background.

White

- ☐ Welsh / English / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (please describe)

____

Mixed / Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / Multiple ethnic background (please describe)

____

Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background (please describe)

____

Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background (please describe)

____

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group (please describe)

____

Are you employed by the NHS?

☐ Yes ☐ No

What is your full home postcode?
Please note that this information will only be used to understand if views differ depending on location

Thank you for taking the time to complete this questionnaire.