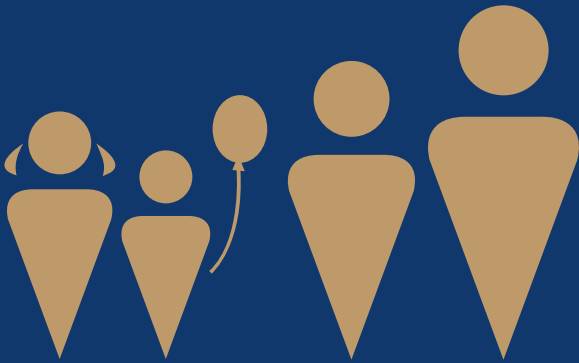
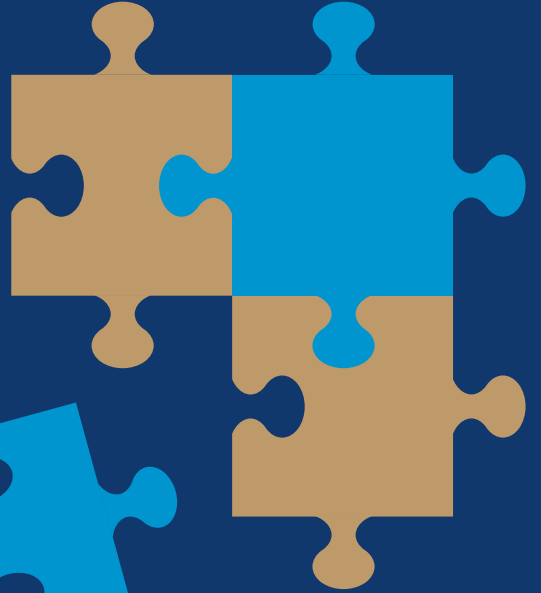
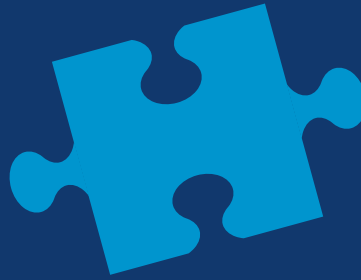




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University Health Board



Transforming Mental Health Services

The Journey to Recovery

Help us to connect adult mental health services with local people



Cyngor Sir
CEREDIGION
County Council



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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. [W](#).

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. [W](#). 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



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

NHS staff member

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

Service user

how we have arrived at our proposals.

- Throughout our document where you see this symbol [W](#). Please visit our website for further information:
www.hywelldahb.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. [W](#).

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. [W](#).

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’

- **Community** – 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
- **Open 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
- **Needs 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
- **Nothing 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
- **Engagement** – 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
- **Collaboration** – we don’t want to do things alone but want to work with our service users, carers, voluntary sectors, local authorities and other agencies
- **Timely 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: [w](#).



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

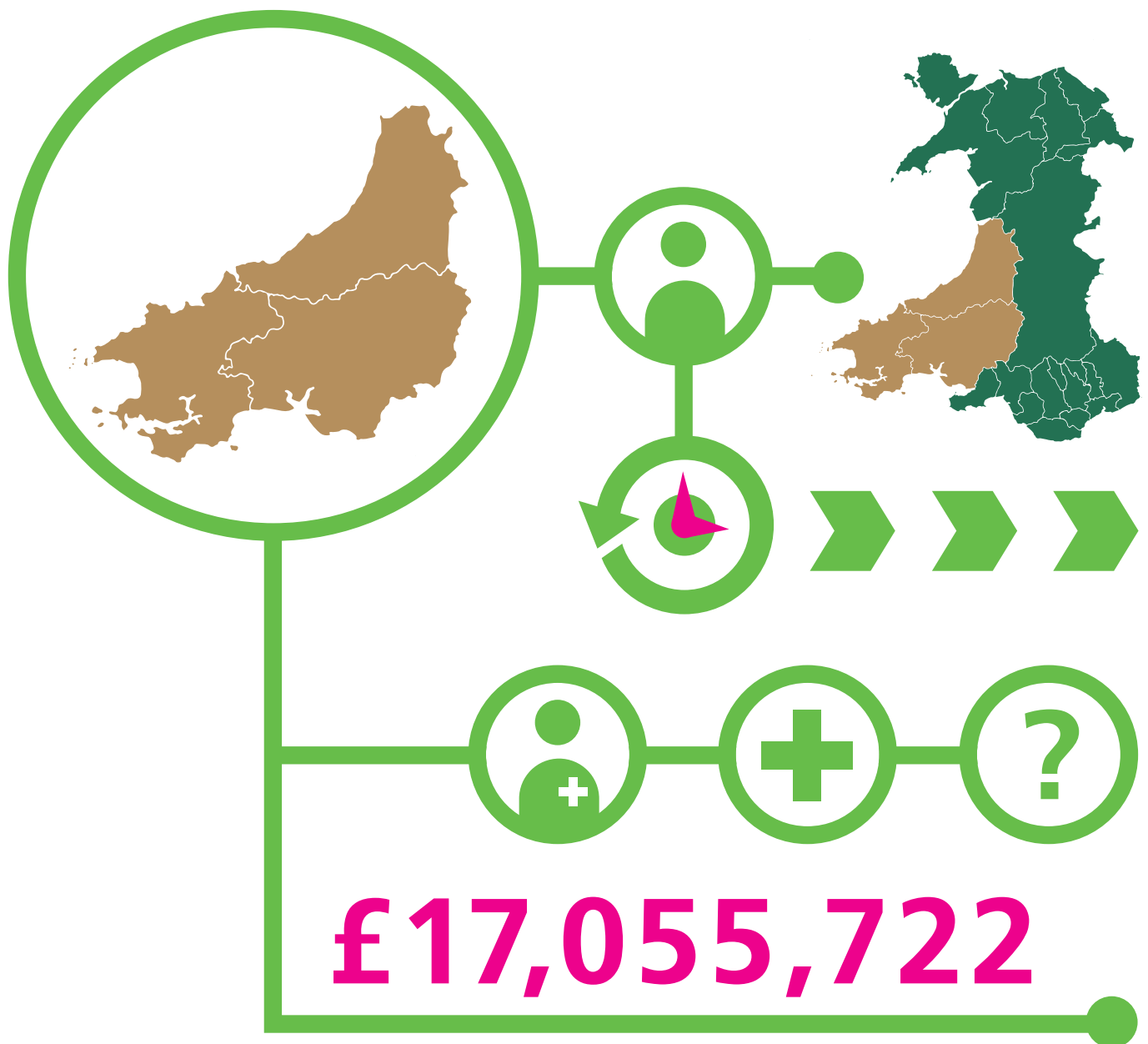
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Fact

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 [W](#).
- **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: [W](#).



07 What happens if we don't change?

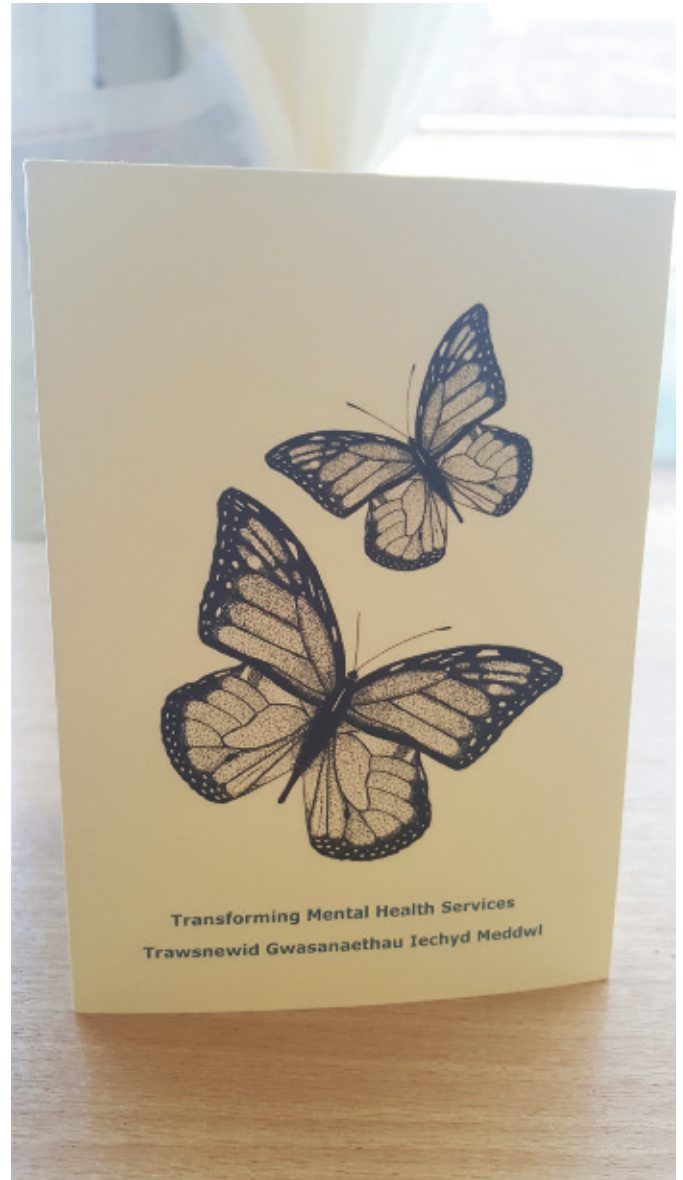
Doing nothing is not an option. If we don't change:

- 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: [W](#).



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: [W](#).



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.

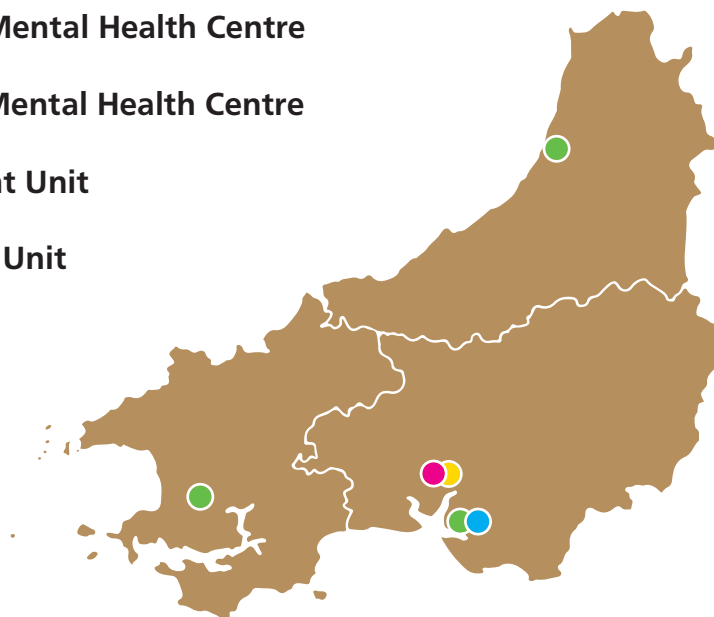
Based on our discussions with our stakeholders, we have already agreed with the Mental Health Programme Group we will have a:

- 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 Aberystwyth, 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. [W](#).




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. [W](#).

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

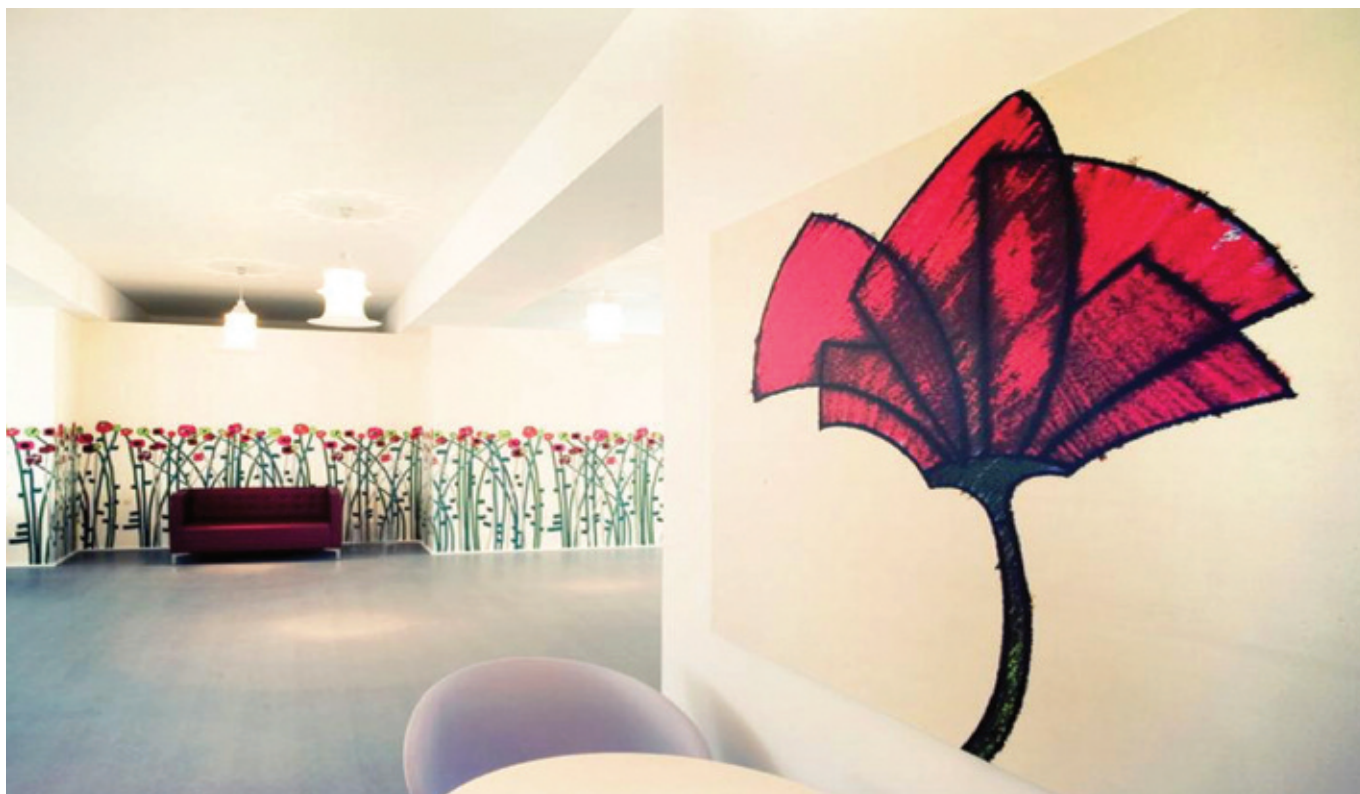
mentors and family support workers, as well as social care professionals, and there will be facilities for families to visit.

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: [📖](#).
- 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. [W](#).

- **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. [W](#).

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. [W](#).

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: [W](#).
- 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: [W](#).

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. [W](#). 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. [W](#).

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

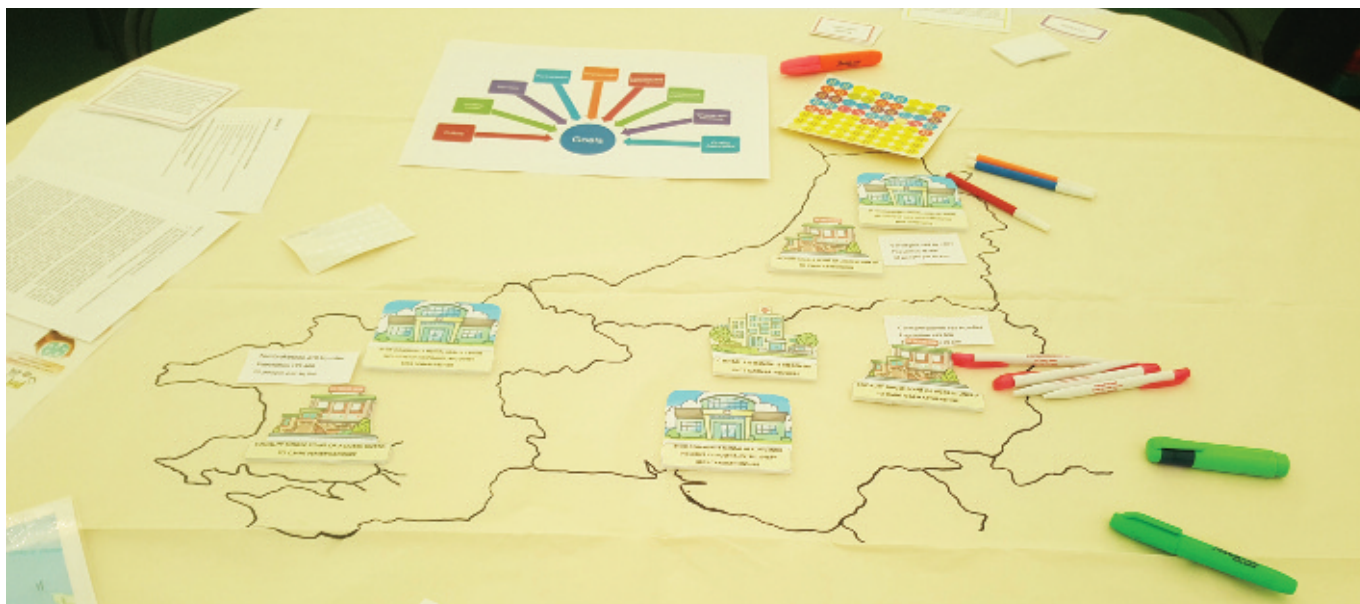
- We think that some of our proposed services in the new model (such as the running of recovery beds) could be provided by non-NHS staff, or in partnership with non-NHS staff. How would you feel about this?
- Do you have any other ideas on the different types of help and support you would like to see 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. [W](#).
- 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. [W](#).
- 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
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>It's midnight and there is 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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>

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

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 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 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.

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.

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.



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HOW THINGS COULD BE DIFFERENT

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 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'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.

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.

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.