

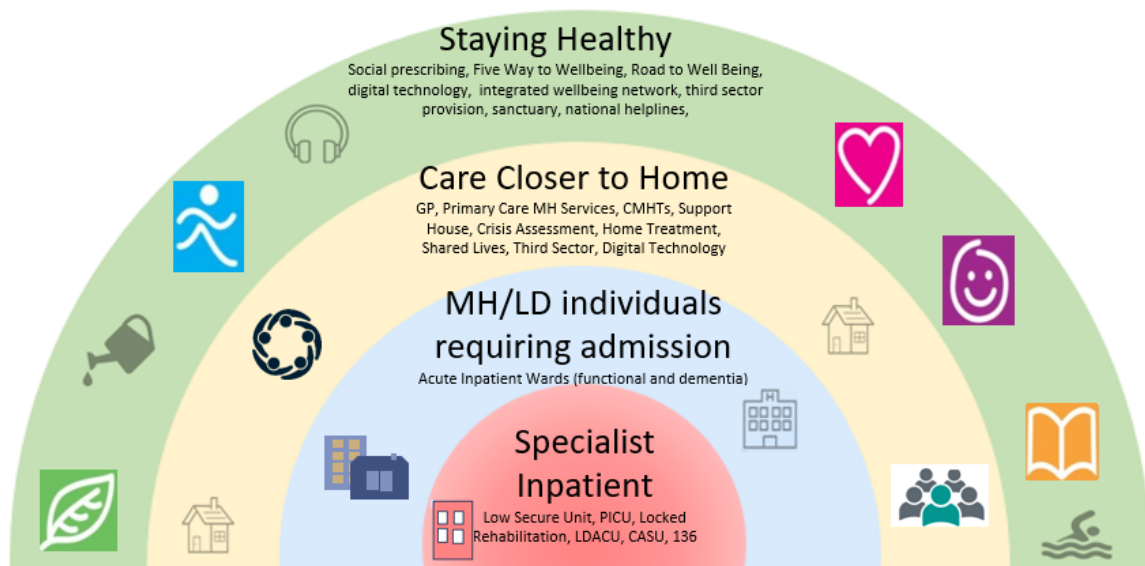


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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

January 2021

TRANSFORMING ADULT MENTAL HEALTH SERVICES IN GWENT A DISCUSSION DOCUMENT



'High quality, compassionate, person centred mental health and learning disability services, striving for excellent outcomes for the people of Gwent'

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Let us know what you think - How can you contact us?

You can contact us for any further information by:



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1. PURPOSE



This document aims to start a conversation about how we transform adult mental health services in Gwent. It covers the whole of our Adult Mental Health Services, and seeks your views on a number of ideas that we are considering at this time. The document will provide lots of information, however a summary of the key changes proposed within it are:

What Happens Now?	What Would The Change Mean?
<p>There are differences in mental health and wellbeing services (Foundation Tier) across Gwent with services being provided by NHS, Local Authority and third sector providers.</p> <p>There is inequitable access to provision, meaning that groups who are at greatest need can find it particularly hard to access support.</p> <p>Non mental health frontline staff are not always confident to raise the issue of mental health and lack the knowledge where to direct people for help.</p>	<p>People across Gwent have access to a good range of self-help resources and support, regardless of where they live. The services are delivered in partnership with the NHS, local authorities, third sector and communities themselves.</p> <p>Groups who are at greatest risk of poor mental health and wellbeing have increased and easy access to a range of self-help resources.</p> <p>Non mental health frontline staff will have access to free mental health and wellbeing training and will feel more confident to talk about mental health and wellbeing and know where to direct people for support.</p> <p>A branded website will be available which is easy to navigate and contains trusted and tested self-help resources.</p>

	<p>A marketing campaign will be established to ensure that people know where to go to ask for help and support</p>
<p>Primary Care Mental Health Support Services are attached to every GP practice in Gwent. There are currently differences in the range of services available and how they can be accessed.</p>	<p>Psychological Wellbeing Practitioner roles will be introduced across Gwent to provide support and advice to people who go to their GP with lower level mental health issues.</p> <p>Our proposal is that Primary Care Mental Health Support Services will be enhanced and move to a 'Hub' model of delivery, supporting a group of GP practices within a locality.</p> <p>A full range of individual and group therapies will be available through the Hub based teams. Access for assessments and treatments will be the same for all people regardless of where they live in Gwent.</p>
<p>There are a number of ways people enter our crisis services:</p> <p>Assessments for people who are experiencing mental health crisis are undertaken in a locality setting (your local hospital) during working hours.</p> <p>Out of hours, people experiencing crisis who need assessment and support are seen at St Cadoc's Hospital.</p> <p>Individuals experiencing a mental health crisis who have a first response from the police or ambulance service can present to a variety of places across Gwent (eg</p>	<p>Crisis assessments will still be done in the locality with additional daytime slots being available at a Crisis Assessment Support Unit (CASU) at St Cadocs Hospital, Caerleon.</p> <p>For patients receiving their first response from the police or ambulance service or Out of Hours, our proposal is for a single point of access, 24 hours a day at St Cadocs Hospital, Caerleon.</p>

<p>A&E, section 136 Suite - there is no single point of access to services.</p>	
<p>When a patient has been assessed by the crisis team, they may be discharged to home; introduced to the Home Treatment Team or Community Mental Health Team for further appointments; or admitted to hospital on a mental health ward for a period of time.</p> <p>Patients needing a hospital stay are admitted for both assessment and support/recovery to a hospital as far as is possible in their own locality</p>	<p>Patients assessed following referral to the Crisis Team may be offered additional choices, such as support in a planned support house (e.g. Ty Lles in Bettws, Newport) or through the Shared Lives Service</p> <p>Our proposal is that patients requiring admission will be admitted to a single designated assessment ward serving the Gwent population. The ward will be supported by a number of recovery wards which are locality based. Patients may go to one of these wards as they move into their recovery phase, or go home.</p>
<p>People needing more specialist support for mental health may have their needs met through a stay on our Psychiatric Intensive Care Unit (PICU) in St Cadocs Hospital, Caerleon, Newport.</p>	<p>People needing more specialist support for mental health will continue to have their needs met through a stay on the Psychiatric Intensive Care Unit (PICU). In the future, we are proposing that the PICU is housed within a purpose built Specialist Inpatient Services Unit.</p>
<p>People with a learning disability needing Inpatient support currently have their needs met at Ty Lafant on the Llanfrechfa Grange Hospital Site in Llanfrechfa, Torfaen.</p>	<p>Our proposal is that people with a learning disability needing Inpatient support will have their needs met through a new adult learning disabilities acute care unit in a purpose built Specialist Inpatient Services Unit.</p>
<p>There is currently no NHS provision for people who need the most complex support in a low secure setting in Gwent. Patients often</p>	<p>Our proposal is, that People needing support in a low secure setting will have their needs met in Gwent in a purpose built Low</p>

have their support provided through placements outside of Gwent, and often outside of Wales.	Secure Unit as part of a new Specialist Inpatient Services Unit.
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You will notice questions highlighted as you read through this document.

These questions are also available in the attached questionnaire in [Appendix 1](#).

Please let us have your thoughts by returning the completed questionnaire.

An online version is available you can email us at ABB.MHLDEngagement@wales.nhs.uk or return the questionnaire using our **Freepost** address by 22/02/2021.

The questions in the questionnaire are also in the 'ideas we would like to share' section.

This is only the beginning of the conversation and we hope to keep talking to you over coming years as we build on your thoughts, experiences and feedback to continually improve adult mental health services for people in Gwent.

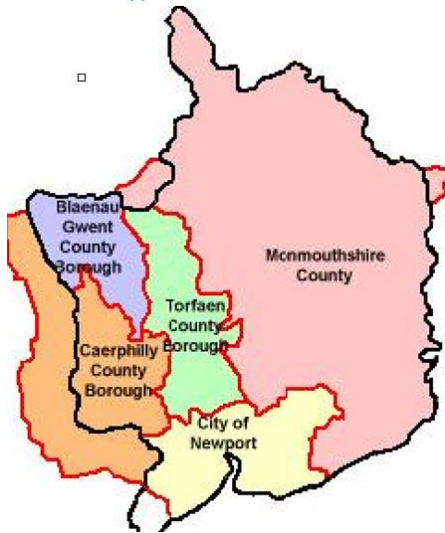
There is a '**jargon buster**' attached in [Appendix 2](#) that offers a less complex explanation of some of the terms that are referred to through the document.

We have circulated this information widely ([Appendix 3](#)) but please feel free to share this with those who have an interest in Adult Mental Health Services in Gwent.

We would also like to use this opportunity to test what we have learned through our Equality Impact Assessment to date ([Appendix 4](#)) and hear more about how people with protected characteristics may be impacted as a result of the proposals.

2. ABOUT ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Aneurin Bevan University Health Board serves a population of approximately 639,000 which is approximately 21% of the total population of Wales.



The areas that Aneurin Bevan University Health Board has a responsibility to assess need, commission and provide services for are the County Boroughs of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. As a Health Board, we have been working towards a new approach for delivering services for the people in Gwent through what is known as the Gwent Clinical Futures Strategy which aims to:

- Deliver more care closer to home
- Create a network of local services providing routine care and treatment
- Centralising more specialist Inpatient services

Mental Health and Learning Disability Services have had a long history of developing strong community focused services, with a well-developed network of community based generic and specialist services supported by more specialist local Inpatient services which are delivered through multi-disciplinary teams.

Over the last three years a number of changes and service improvements have been made in our services which include the redesign of our Older Adult Mental Health Services and our Learning Disabilities Residential Services. We are now focussing on the Transformation of Adult Mental Health Services. The proposals contained in this document aim to strengthen what we have already done and take forward further improvements in our services, which together aim to:

- Increase and improve the services that are provided in our communities to support mental well-being.
- Improve the mental health support available in Primary Care.
- Transform Crisis services
- Improve the range of service and support provided locally to better support people with complex needs

3. OUR VISION FOR ADULT MENTAL HEALTH SERVICES IN GWENT

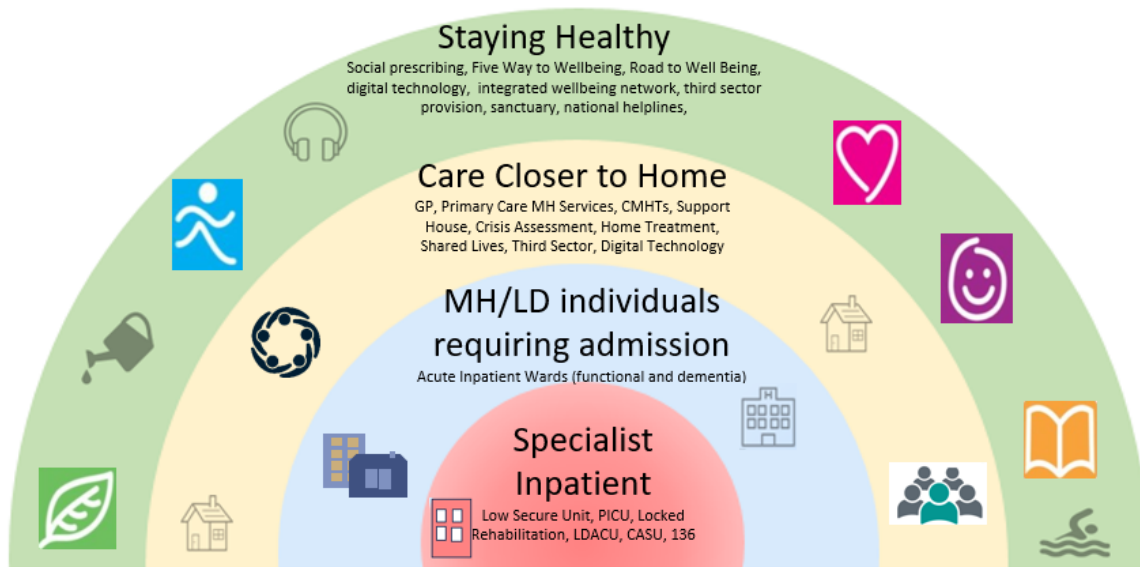
Our vision is that our services are designed and delivered to ensure:

'High quality, compassionate, person centred mental health and learning disability services, striving for excellent outcomes for the people of Gwent'

This means that we want:

- To improve access to mental health support and resources by making them available when people need them. This ranges from providing the right resources within the community to support people's ongoing mental health and wellbeing to providing 24 hour, seven day a week responsive crisis care.
- To make sure that individuals are admitted to hospital only when it is the best option for them. We want to offer a range of support and services as an alternative to admission within the community and when admission is needed, to ensure smooth transition to the most appropriate Inpatient environment.
- Our services to be focused on delivering the best outcomes for each individual.
- Where possible, to develop more local services and reduce the need for individuals with more complex mental health needs to have to travel outside of the Health Board for treatment.

This diagram and the words that follow help explain how we would wish our services to look. We call it our Clinical Futures Model for Mental Health, and it has 4 'Tiers' or 'layers'.

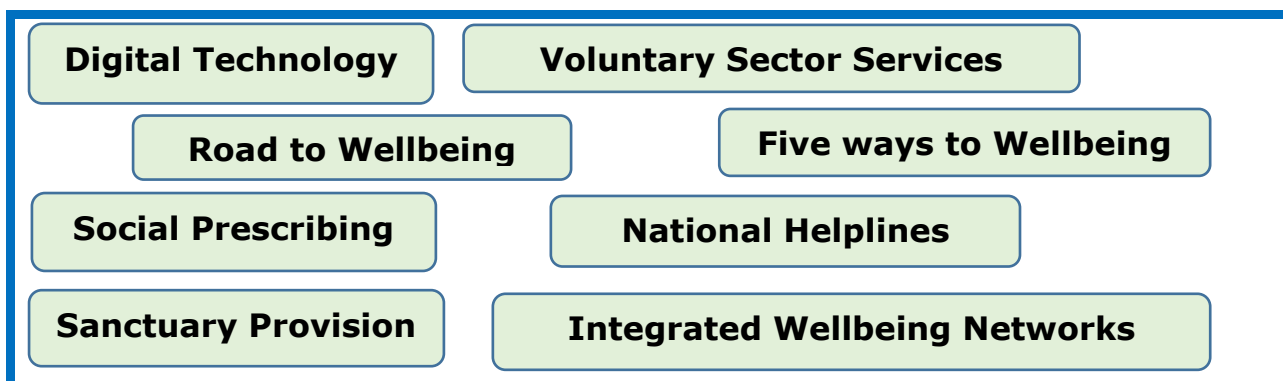


Staying Healthy (Foundation Tier)

Improving the mental wellbeing of the population helps individuals realise their full potential, cope with life challenges, work productively and contribute to family life and communities. Good mental wellbeing impacts on physical as well as mental health.

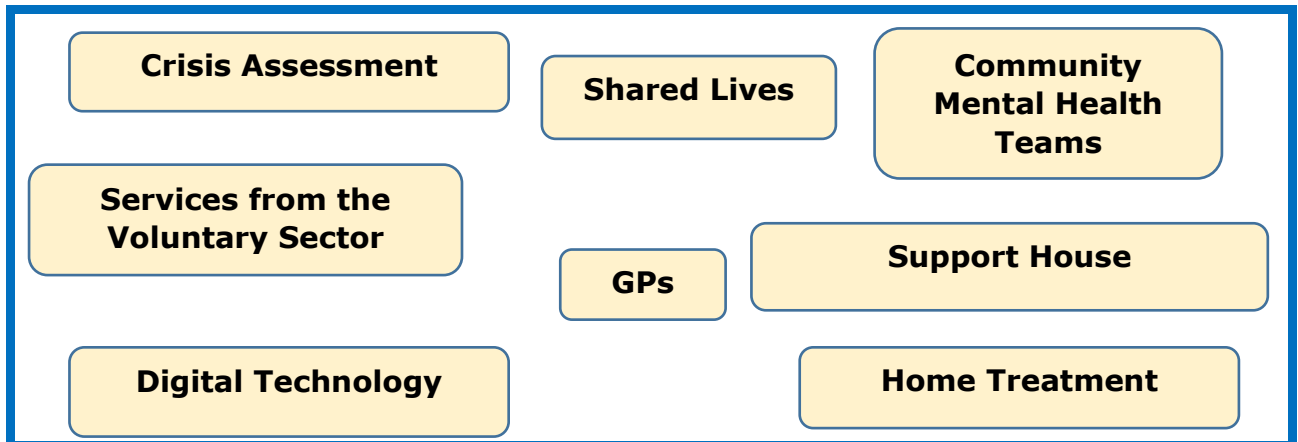
We would like all people in Gwent to have access to a wide range of modern, accessible community based facilities and resources to be able to support their own well-being, and will work with our partners to achieve this.

Examples of what services and support are in this Tier are:



Care Closer to Home (Tier 1) – We would like people across Gwent to have access to modern, high quality care, based as close to home as possible. To achieve this we need to work with our partners to deliver services through multi-disciplinary teams and joined up working.

Examples of this will include:



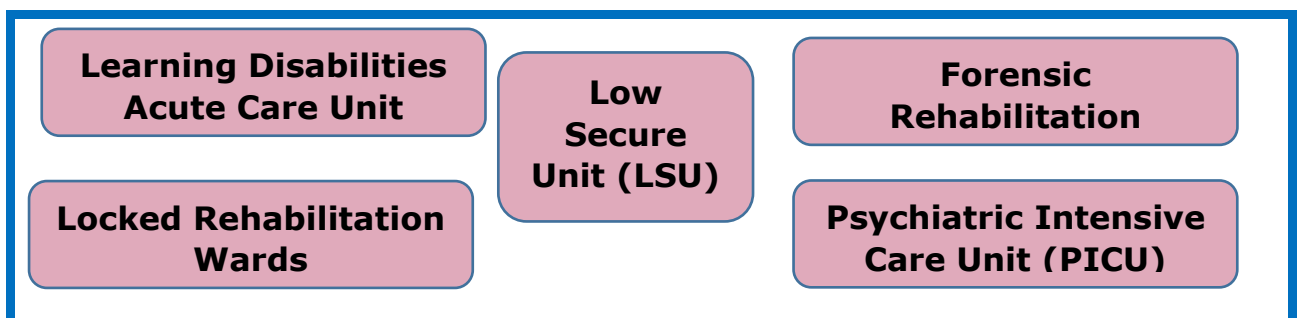
Individuals with mental health need that require admission to hospital (Tier 2) – We want all people that require an admission to hospital to be able to do this in high quality, modern, and accessible environments that support safe, dignified care and recovery.

This will apply to:



Specialist Inpatient Services (Tier 3) – We want all people who require care and support from our range of Specialist Inpatient Services to be able to access high quality care in modern environments.

These services will include:



While our Clinical Futures Model describes a range of services, we would like to focus on our adult mental health services in this document, although there will be some ideas that will cut across all our services. The transformation of our adult mental health services is a large programme of work and we would like to start a conversation with all interested parties about some of these ideas.

4. HOW ARE SERVICES PROVIDED NOW?

We have already introduced you to our Tiers of Care for Mental Health (on page 10). We explained that there are 4 Tiers, and described a little of what is included in each. Now we want to share with you how the services in each of those Tiers is currently provided:

Tier 1 –Staying Healthy



“There is no health without good mental health”

How you are feeling, and how you can cope with everyday life is known as mental wellbeing. It is about feeling good and being able to function as you would like to, and is vital to be able to cope with the everyday

stresses of life. Everyone is different and what affects one person’s wellbeing will not necessarily affect another person’s mental wellbeing in the same way.

There is a strong link between mental and physical health, therefore, it is beneficial for everyone to do all they can to look after their mental wellbeing. There are many evidence based actions and self-help tools that can support people to do this.

The Health Board currently provides access to resources through the ‘Road to Well-being’ programme, which is promoted through a web-page on the ABUHB website and often by word of mouth from those who have used it or our Voluntary Sector colleagues.

The Road to Wellbeing webpage provides access to:

- Downloadable self-help booklets (available in easy read)
- Mobile Apps
- Information on free listening services (Helplines and text support services)
- Signposting to additional support

There are also two self-help courses, which are usually delivered face-to-face, by trained members of the Primary Care Mental Health Support Services. The two courses are:

- **ACTivate Your Life** – this course teaches people how to accept the things in life that we cannot control and commit ourselves to the things that we really care about
- **Stress Control** - A course that has been freely available however due to Covid-19, has recently been withdrawn.

The Aneurin Bevan Gwent Public Health Team also provide access to free **Gwent Five Ways to Wellbeing Resources**, which provide details about the 5 steps everyone can take to improve their mental wellbeing.

A range of Third Sector and Community Partners also provide self-help information and facilitated self-help courses, and libraries provide access to free books as part of the '**Reading Well for Mental Health Programme**'.

Tier 2 (a) Primary Care Mental Health Support Services



The Primary Care Mental Health Support Service was set up to improve the mental health care for people in Gwent with mild to moderate, and severe but stable mental health and behavioral problems.

The service aims to offer:

- **Assessment** - Comprehensive mental health assessments for people who have first been seen by a GP
- **Therapeutic Intervention** - providing a range of treatments through short term psychological interventions such as counselling, either individually or as part of a group
- **Information and guidance** -providing information on a range of resources, materials and services available to support individual needs
- **Consultation and advice to GPs** - provision of support and advice to GPs and other Primary Care staff, to enable them to safely manage and care for people with mental health problems
- **Supporting onward referral** - where indicated, referral onward to secondary / specialist mental health services

The service is currently managed by having a clinician attached to each GP practice across Gwent with the majority of work taking place in surgery

premises. More recently, due to changes that we have made to respond to Covid-19, the service has been delivered by phone or using on-line video.

Tier 2 (b) People in Crisis



When a person is experiencing mental health crisis it can be a distressing time, and they will often need specialist input from specialist mental health services.

Currently, when patients experience a crisis their pathway of care depends on the time of day that they present in crisis and how they access services.

This is described in the table below:

<p>9am-5pm</p> <p>Assessments carried out in local areas</p>	<p>When a person is in crisis, they may go to their GP or to an A&E department, they may also be met with a police or ambulance response. Any of these professionals can contact the local mental health duty desk and request an assessment.</p> <p>The individual will then be spoken with (triaged) and if needed seen by the Crisis Home Treatment Team for assessment.</p>
<p>5pm -9pm (Out of Hours)</p> <p>Assessments carried out in local areas</p>	<p>Out of hours (5pm – 9pm), all referrals for people experiencing crisis are made directly to the local Crisis Resolution Home Treatment Team.</p> <p>A crisis worker will carry out a triage assessment and if required, the person will be invited to the Crisis Resolution Home Treatment Team for assessment.</p> <p>If the triage assessment finds that the person does not require a crisis assessment, the person will be advised who to contact, i.e. GP, Third Sector services.</p>
<p>9pm – 9am (Out of Hours)</p> <p>Assessments carried out in St Cadoc’s Hospital</p>	<p>Out of hours (9pm-9am) All patients that need to be seen are seen at a single out of hours service provided at St Cadoc’s Hospital</p>

There are a number of other ways that an individual may enter our Crisis Services:

Crisis Liaison Team - The Health Board has a team of crisis workers who provide a liaison service within the Royal Gwent, Nevill Hall and Grange University Hospitals. This allows for anyone who presents at an A&E or Minor Injuries department experiencing a mental health crisis to see a crisis worker for an assessment and onward support.

Police - Section 136 - If the police are called to assist a person experiencing a crisis, and it is deemed necessary to detain the person under Section 136 of the Mental Health Act (meaning that the police believe they need to be taken to, or kept, in a designated place of safety) the police will transport the person to the '136 Suite' which is located within St Cadoc's Hospital, Caerleon, Newport.

Police – general - If the police are called to assist a person in crisis but they do not believe it is necessary to detain the person, they will usually transport the person to Accident & Emergency (A&E), their local Crisis Resolution Home Treatment Team or contact the local mental health ward.

Welsh Ambulance Service Trust - If the ambulance service is contacted about a person in crisis, they may attend to the person and transport them to A&E, the local Crisis Resolution Home Treatment Team or a local mental health ward.

There are also a number of other resources available to support people in crisis:

Shared Lives - Shared Lives offers people who use our services the opportunity to stay with a host family who can support them within a home environment. This allows a person to have ongoing support without the need to have an Inpatient stay. The service also provides a step down provision for people who are ready to leave an Inpatient ward but need support before they are able to live independently. So far, the Shared Lives initiative has been implemented in Newport however not the other 4 Boroughs.

Support House – The Health Board is working with partners to develop a Support House, with a new facility due to be opening in 2021 in Newport. This will provide supervised overnight support for some individuals experiencing a mental health crisis.

Tier 3 Individuals requiring a hospital stay.



Should an individual require a hospital stay, the current adult acute mental health Inpatient service is provided from four wards as follows:

Newport

Adferiad Ward in St Cadocs Hospital, Caerleon, Newport. (22 beds). There is also provision of a section 136 suite on site

Torfaen

Talygarn Ward in County Hospital, Pontypool, Torfaen (21 beds). The ward takes all crisis admissions Out of Hours between 9pm-9am

Caerphilly

Ty Cyffanol in Ysbyty Ystrad Fawr, Ystrad Mynach, Caerphilly (23 beds)

There is also an emergency Children and Adolescent Mental Health Service (CAMHS) bed here for a young person for admission of up to 72 hours.

Blaenau Gwent

Carn Y Cefn ward in Ysbyty Aneurin Bevan, Ebbw Vale, Blaenau Gwent (10 beds)

Monmouthshire

Adult Mental Health beds have long been provided on Adferiad Ward, in St Cadocs Hospital, Caerleon, Newport for South Monmouthshire residents and Talygarn Ward in County Hospital, Pontypool, Torfaen for North Monmouthshire residents.

There are many ways in which an individual may find themselves having hospital based care and these are different during working hours and outside of working hours.

In Hours	Out of Hours
<ul style="list-style-type: none"> • Crisis Resolution Home Treatment assessments • Crisis liaison team • Community Mental Health and Specialist Team • Mental Health Act Assessments via Local Authority • Section 135 Mental Health Act (detentions/assessment) • Children & Adolescent Mental Health Service (CAMHS) 	<ul style="list-style-type: none"> • Crisis Resolution Home Treatment Team • Out of Hours SHO/Crisis Team assessment service • Emergency Duty Team within the Local Authority - Mental Health Act assessments • Section 136 Mental Health Act detentions/assessments

Each of the wards currently provides assessment, treatment and recovery. This means that all patients, at varying stages of their crisis and pathway to recovery, are supported within the same ward environment, regardless of their stage of crisis or recovery.

Tier 4 Individuals requiring more specialist care



Some people who require admission to hospital cannot have their mental health needs fully met in an acute adult ward. For these people with more complex mental health needs the following specialist Inpatient facilities are currently provided:

Psychiatric Intensive Care Unit (PICU) - PICU is based in St Cadocs Hospital, Caerleon, Newport and is a 9 bedded unit. This unit has recently been refurbished.

Learning Disabilities Acute Care Unit (LDACU) - Ty Lafant is a 7 bedded unit on the Llanfrechfa Grange Hospital site in Llanfrechfa, Torfaen, and has recently been redesigned and refurbished. The unit is a stand alone building and quite separated from other Mental Health & Learning Disability services.

Locked Rehabilitation Wards - Pillmawr Ward is a 14 bedded male locked rehabilitation ward. Belle Vue Ward is a 6 bedded locked rehabilitation female ward. Both wards are in St Cadocs Hospital, Caerleon, Newport

Forensic Rehabilitation Unit - Ty Skirrid is a 13 bedded unit providing 'step down' facilities on the Maindiff Court Hospital site in Abergavenny, Monmouthshire.

Low Secure Unit (LSU) - The Health Board **does not** currently provide in-house low secure service within Gwent. Low secure provision for individuals with complex mental health needs is commissioned from both NHS and independent providers, the majority of which are sited outside of the Gwent area. Some are sited outside Wales.

There are a broad range of services available across the whole of Gwent for adults with mental health needs. Whilst we generally receive good feedback about our services, there are a number of challenges that we face and which we would wish to address to ensure that people across Gwent have access to a wide range of services that respond to their needs in a safe and high quality manner. These are outlined in the next section.

5. WHAT ARE THE CHALLENGES OUR SERVICES FACE?



General challenges facing our services:

- Demand for mental health services is increasing and we would like to find ways of supporting people earlier within the community to prevent a crisis and better support their recovery
- Our services are sometimes confusing to access, with differences in how those services are delivered. We would like to find ways of making it easier for individuals and our partner agencies to access our services when they need to.
- There are challenges in getting the right staff. We would like to develop our services and buildings so that more staff want to come and work for us and when they do, that they want to stay.
- Some of our buildings are old and we would like to re-provide some services in modern and more purpose built environments.
- We need to build on some of the ways we have been working through our response to Covid-19, and continue to use technology to help support people to stay in touch

Challenges in foundation services (Foundation Tier)

There is:

- Limited knowledge of the range of support and resources that are available for people
- A lack of confidence amongst some frontline staff, to raise the issue of mental health and limited knowledge of where to signpost, with no consistent training in place;
- There are differences in what is provided across different communities in Gwent
- Difference in access which means that some people that may need support the most can find it difficult to access it
- Limited co-ordination between local services providing or promoting self-help resources;
- Difference in what self-help resources are available (e.g. leaflets, on line training)

Challenges in Primary Care Mental Health Services



- GPs and Primary Care Teams are seeing more patients experiencing mental health difficulties
 - There is difficulty in getting all of the right staff in the right place due to the way services are currently organised
 - There are less rooms available in GP surgeries for us to deliver our services there
 - There is sometimes difficulty in matching the staff member with the right skills to meet the needs of the patient.
- There are differences in how many people need to be seen, and how waiting lists are managed across boroughs and practices

Challenges in crisis

Accessing Crisis Services

- Access to the service is different depending on the time and the day of the week that the person needs the service.
- When a person experiences a crisis, it is not always clear who they should contact for help.
- When a person in crisis is attended to by the police or the ambulance service, there is currently no single entry point into mental health services and so people experience different pathways and different service.



- Whilst most people are seen within a reasonable time, some patients wait longer than we would wish.
- Undertaking a crisis assessment takes staff away from visiting patients at home which can impact those requiring on-going support.

Inpatient wards

- All acute adult wards currently provide both assessment and treatment, which means that the environment is not always the best it could be to supporting individuals in crisis or promoting recovery.
- Current admission arrangements mean that there is a broad mix of patients on each ward in different stages of crisis, treatment and recovery.
- Access to the broad range of staff that support people with mental health need (multi-disciplinary teams) is sometimes different across our wards.
- There is often difficulty in recruiting and keeping staff to work on the wards.
- There are limited and different opportunities for activities on some of our acute wards.
- The availability of beds can be a challenge which sometimes results in people needing to be moved between hospitals.
- There is a lack of alternatives to admission and difference in how they are provided across localities.
- There are differences in the quality of our buildings and wards with a lack of space in some impacting on the ability to provide the right services and environments.
- A lot of people are re-admitted to the wards within a short time of being discharged

Challenges in Specialist Inpatient Services Provision



- Currently all of our specialist Inpatient facilities are inadequate and not fit for purpose despite investment in upgrading a number of areas over the last three years.
- The location of some of our units is largely historical and has led to a number of units being separated from other wards or services. This can be a safety risk for patients and staff, particularly at night and on weekends.
- Some of the units such as Ty Skirrid and Belle Vue are located in old asylum buildings and future service and estate plans will need to consider future provision.
- The location of some of our units, splits the pathway of care for patients in crisis and we sometimes have to transport individuals experiencing crisis between different hospitals.
- The lack of all specialist facilities being on a single site makes staff recruitment and retention more challenging
- Currently there is no provision of Low Secure Services in Gwent, often resulting in long delays in arranging assessment and finding a bed for individuals requiring this level of provision, which is normally outside of Gwent and often outside of Wales. This can result in patients finding it difficult to remain linked to their families and friends
- The distance also makes it difficult for local mental health services to have regular contact with people placed in Low Secure Units outside Gwent, making it more difficult to arrange their return home and to local services. People sometimes stay out of the area for longer than may be necessary
- The lack of low secure facilities makes it more difficult to respond quickly to urgent patient safety issues. It also means that there are higher costs to the provision of care which may be better provided locally.

It can be seen from the issues listed above that we need to change many aspects of our service to meet these challenges. We have been talking with our staff, our partners and our patients to develop ideas about how what we need to do to address some of these issues.

The next section outlines what we have learned to date.

6. WHAT HAVE WE BEEN TALKING TO STAFF AND PEOPLE WHO USE OUR SERVICES ABOUT?

Whilst this is the first opportunity to have a discussion about all of our adult mental health services across Gwent, we have had many discussions about individual services. A summary of some of these is outlined here:

Primary Care Mental Health Services

Over the last two years we have been working with Primary Care to better understand how many people are needing support with a mental health issue. A number of workshops have been held to help us understand this. The work has helped us to understand the type of conditions that people commonly go to their doctors with. We have also undertaken some surveys with patients who are using our services, to find out what is important to them. Typically speed of access, seeing the right person and the location were highlighted as being important factors for people.

Crisis and Inpatient Services

Over the last four years the development of our Crisis Transformation Programme has been guided by an Action Learning Set and multi agency/ service user Community of Practice events who have been looking at developing new services such as 'Shared Lives', a 'Support House' and 'Single Point of Access' for people experiencing crisis. These events have helped us know what is important and shaped a number of our key priorities and proposed developments which are outlined in this document around our crisis assessment and Inpatient services.

Further informal engagement has also been taking place. During the last year, two Inpatient Service User Events have been held. Patient feedback suggests that individuals using our services have not always had the best experience when admitted to an Inpatient ward. Admissions to wards, particularly during out of hours, have led to increased ward transfers, and some patients have told us that they felt unsettled and anxious; that ward environments were busy and that an opportunity to take part in more activities would have been welcomed.

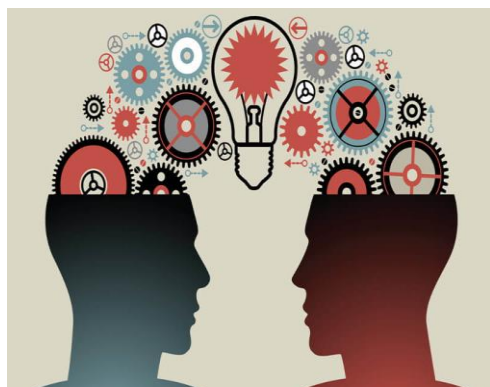
Feedback also suggests that individuals contacting Crisis Resolution Home Treatment Teams when experiencing mental health crisis was not always felt to be beneficial and service users accessing Home Treatment Team support would often have appointments cancelled as staff were required to prioritise a response to a crisis.

Some of the themes that came out of the engagement events were that:

- Patients wanted better access to information and to care when they needed it
- Environmentally, people wanted private facilities and access to outdoor space and therapeutic activities
- Patients wanted staff to spend more time with them
- Patients wanted their families involved in their care
- Some patients preferred having more structured support on the ward

This feedback has helped to shape the proposals we are making through this engagement.

7. SOME IDEAS WE WOULD LIKE TO SHARE



We have done a lot of work to understand what is important to people that use or work in our services. We have identified a number of gaps or improvements. We have some ideas that we would like to share with you and hear your views on.

Foundation Tier Services

We want to provide services to the whole population of Gwent that support mental well-being, but are also able to target certain groups that may need more support. Our ideas for these services are below, and we really want to hear what you think:


Self-help resources: We are planning to provide self-help support that anyone can access without needing a healthcare professional, local authority or third sector person to go through it individually in person. Some examples would include:

- Information booklets – printed, downloadable, audio format and in different languages
- Mobile apps
- Online websites
- Books - printed, downloadable, audio format and in different languages
- Self-help face-to-face and on-line courses
- Local websites and social media platforms

A Single Point of Contact – we are developing a website which has up-to-date information and resources and can signpost you to local support. There would be an opportunity for you to input how you are feeling and the website would be able to suggest the resources best for you. This will be a branded website so that you know the information can be trusted.

Raising Awareness – We will be running a campaign to raise awareness of the support available in Gwent. There would also be a focus on targeting groups/people at the greatest risk of having poor mental health and well-being.

Training– we want to ensure that all frontline workers who do not work directly in mental health service feel confident and competent to talk about mental health and wellbeing and are able to support and signpost people to the information and services that they need.

	<ul style="list-style-type: none">• Do you have any comments you would like to make on our plans to develop the Foundation Tier services?
	<ul style="list-style-type: none">• Is there anything you would like to tell us that you think would help to support mental wellbeing for yourself or your community?


Note: These questions are in the questionnaire

Tier 1 (a) Services in Primary Care

Our plan is to introduce new roles to help support General Practitioners to meet the needs of individuals with low level mental health problems such as anxiety and depression. These roles, which we call Psychological Wellbeing Practitioners, will each work across a number of GP practices and offer assessments, advice and signposting to other services within the community or enable people to access more specialised mental health services.

These practitioners will help to support individuals whose conditions are not severe enough to need specialised Primary Care Mental Health Support Services or Community Mental Health Teams, but for those whose needs cannot currently be fully met by the GP. Similar roles are already well established within NHS England. We are proposing 36 new Psychological Wellbeing Practitioners to deliver this new service across Gwent. We have already started to recruit into some of these new roles. Professional clinical supervision will be provided from psychologists employed by the Mental Health and Learning Disabilities Division of Aneurin Bevan Health University Board.

The introduction of these new roles should improve access to advice and support for individuals with low severity mental health issues who would normally go to see a GP. This will mean that people needing advice and information on the support available in the community or on-line, or who need some on-going low level support can do so. It will also mean that GP time is available for people who need their medical skills.

	<ul style="list-style-type: none">• We would like your views on the plan to introduce psychological wellbeing practitioner roles to support individuals within GP practices. <p>Please let us know your thoughts.</p>
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Note: These questions are in the questionnaire

Tier 1 (b) Primary Care Mental Health Support Services


Following two workshops held at the end of 2018 with stakeholders, our proposals are to test a new way of running Primary Care Mental Health Support Services based around Neighbourhood Care Networks (NCN). To do this, we would like to introduce a hub based model for delivering the service. Under this proposal, there would be a central point for all referrals which would mean that there is a single way of managing waiting lists across Gwent. Patients would be contacted and those individuals who require a face to face appointment would be offered an appointment in community based 'Hubs' rather than at their GP practice. All activity would be undertaken within the Hubs including mental health assessment, and individual and group based therapeutic interventions. We need to do further work on where the Hubs may be and would like to keep talking to you about this.

A GP dedicated email address would also be set up to provide immediate advice to directly support GPs.

As part of the extension of choice to service users, it is proposed to continue to offer some phone/computer based assessments and some interventions in addition to the option of having face to face consultations. This offer would be made at the time of booking an appointment.

The NCN (Hub) model, should result in better use of resources, shorter waiting times overall for patients and more equitable access to a range of treatments that can be offered in each NCN area. We believe it will also result in a more sustainable clinical workforce.

It is acknowledged that there are likely to be individuals that will have to travel a little further for an appointment as a result of these changes but equally a number of service users are likely to need to travel less.

	<ul style="list-style-type: none"> • Do you support/not support the proposal to provide Primary Care Mental Health Support Services in community based hubs?
	<ul style="list-style-type: none"> • Would you like/not like to have a choice in the way that you can be seen by a Primary Care Mental Health Support Services practitioner?
	<ul style="list-style-type: none"> • If you had a choice, which way would you be happy to be seen/contacted?
	<ul style="list-style-type: none"> • Would you be happy to travel a little further to see someone if you could be seen quicker?
	<ul style="list-style-type: none"> • Would you be happy to travel a little further if you could see someone who is 'best matched' to meet your needs?

Note: These questions are in the questionnaire


Tier 3 (a) Crisis Assessment Support Unit (CASU)

We would like to develop a Crisis Assessment Support Unit that would operate 24 hours a day, 7 days a week. A Crisis Assessment Support Unit is a service where a person experiencing a mental health crisis can attend for a multidisciplinary assessment of their needs. This service would bring together the crisis assessment multi-disciplinary team, the 136 Suite (currently at St Cadocs hospital Newport) and the Out of Hours services (currently at County Hospital Pontypool) for individuals experiencing a mental health crisis.

All crisis referrals would be processed through a central booking office at St Cadocs. Between 9am and 9pm appointments will still be offered to patients at their local Crisis Resolution Home Treatment Team. This would mean that between these times the majority of patients would not see any difference in the way they are assessed. However if there are no appointments available locally, an appointment would be offered at the Crisis Assessment Support Unit in St Cadocs hospital, Newport.


Between 9pm and 9am all people requiring a crisis assessment are proposed to continue being seen at St Cadocs Hospital, Caerleon, Newport. This unit will also provide a single point of contact for the ambulance and police services, including individuals attending the 136 suite. We are suggesting that

the most appropriate location for the Crisis Assessment Support Unit is at St Cadocs as this is currently where the 136 suite and the Psychiatric Intensive Care Unit are based, and it would mean that these services could work more closely together. The location would also be on the same site as Adferiad acute adult ward, which would enable patients to be easily transferred between any of these facilities if needed. Ultimately, we would like to develop a new building to relocate our crisis services into, and we have been in discussions with Welsh Government about this. We would like to share some of the proposal for this in the next section.

	<ul style="list-style-type: none"> • Do you support/not support the idea of developing a Crisis Assessment Support Unit?
	<ul style="list-style-type: none"> • What factors do you think are the most important for a crisis assessment service?

Note: These questions are in the questionnaire

We would also like to provide a single point of contact across all agencies (Health, Police, Ambulance Service, Social Services, Primary Care etc.) to enable individuals to get the help and advice whenever they need it when in crisis. A national discussion has also started on developing an approach to creating a Single Point of Contact for people in crisis. We would welcome your views on whether you feel one single point of contact for individuals experiencing a mental health crisis would be a good idea or not.

	<ul style="list-style-type: none"> • Do you agree/disagree that having one single point of contact for all agencies to contact to support anyone in crisis is a good idea?
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Note: These questions are in the questionnaire

As part of the planned developments to better support individuals in crisis the Health Board has been working closely with our partners to develop proposals for a crisis support house. This type of facility is common in many areas and provides community based overnight and day time support for individuals in crisis. Recently the Health Board was successful in securing resources to enable the establishment of a local facility that will provide a real alternative to admission in a homely setting. It is planned that this development will become operational during 2021.

Tier 3 (b) In-patients

Our proposal is to provide separate admission assessment and recovery wards. If supported, this would mean that there would be one assessment ward that would take all new admissions across Gwent. Patients would stay there for a short period of assessment and treatment before being transferred to a recovery ward. There would be a number of recovery wards supporting this arrangement and we have yet to determine where these would be located. We would like your views on this proposed new way of working.

We are aware that there are advantages and disadvantages to this. These are briefly described below.


All wards perform assessment and recovery functions – (current service)		Single assessment ward and recovery wards	
Advantages	Disadvantages	Advantages	Disadvantages
Locality based-closer alignment with CMHTs(Community Mental Health Teams) and locality	Lack of specialist function and expertise	Expertise developed in both assessment and recovery functions	Some patients will need to travel further for admission
Flexibility with flow, as all areas take all patients	Disruptive ward environment due to crisis admissions across all areas.	Provides safer ward environments with patients in similar stage of recovery grouped together	Additional transfer to recovery ward necessary
Closer to home for patients-units geographically aligned	Lack of critical mass of staff to provide support in the event of acute crisis issues in some areas	Critical mass of staff for acute assessment and admissions functions	Challenges in maintaining local links for some patients
No bed changes or disruption	Variation in practice across all wards	All admissions would be to one ward, aligned to Crisis Assessment Support Unit, 136 suite and PICU	
	Challenges in transporting patients to PICU	Improve staff retention and recruitment	
	Recruitment/retention challenges	Improved therapeutic environment on recovery wards	

If this proposal was supported, there would be one single assessment ward serving the population of Gwent. This would be the point of admission for all patients in crisis. It is suggested that this ward should be co-located with PICU and the Crisis Assessment Support Unit, including the place of safety (136 Suite). The proposal would then provide a single point of access for all agencies and for individuals presenting in crisis.

Learning from elsewhere, we would expect the creation of a single, centralised assessment ward to enable a team of dedicated specialist multi-disciplinary clinical staff to undertake a comprehensive assessment of all aspects of the individual's needs. The length of stay on the assessment ward is anticipated to be relatively short and is typically 7 days or less in other similar units.

If the proposal to develop a single assessment ward is supported, a number of recovery wards to support patients to step down when ready would be required. It is likely that this would change the role of some of the existing wards in our localities. Whilst we are proposing that there is a single crisis assessment ward, and that this is proposed to be located in the Specialist Inpatient support unit if built, the work to determine the location of the recovery wards has not yet been undertaken, and we would be interested in your views to help inform this discussion.

The proposal to develop a single assessment ward with a step down to local recovery wards should provide a clear pathway for supporting individuals on their road to recovery. We believe it could provide a safer environment and enable individuals to receive more specialist care in more appropriate environments that are better matched to their needs.

	<ul style="list-style-type: none"> • Do you agree/disagree that having one assessment ward in Gwent to take all crisis admissions is a good idea?
	<ul style="list-style-type: none"> • Do you support/not support the idea of having specialist recovery wards? (Page 28)

Note: These questions are in the questionnaire

Tier 4 Specialist Inpatient Services provision

We would like to develop a Specialist Inpatient Service Unit in Gwent, which could provide support and services for those people who need psychiatric intensive care, low secure provision and specialist learning disability acute

care if agreed. We have been in discussions with Welsh Government regarding this and have initial support in principle for a new purpose built facility that would support this.

We currently do not provide any low secure services in the Health Board and therefore, if supported, this would be a new NHS service in the area. We think that developing this service could enable individuals who need this service to receive their care much closer to home. This could enable them to maintain links with their families and friends more easily. We also believe this could enable closer links with the local community mental health teams, which will help in maintaining those links when planning people's discharge or next steps.

As previously outlined, we would also like to provide a new **Psychiatric Intensive Care Unit (PICU)** and **Learning Disabilities Acute Care Unit (LACU)** within this development. Both units are currently provided in older accommodation within the Health Board. The re-provision of the units into one new building could enable a critical mass of staff to be on one site, which could provide a more sustainable workforce. It could also provide a modern, purpose built and safer environment for our patients and staff, if agreed.

We are also proposing that this may be an appropriate location for a purpose built **Crisis Assessment Support Unit** and **Crisis Assessment Ward**, by bringing together the core components of an acute crisis assessment and admissions pathway on one site, enabling potential access to more secure Inpatient services if they are needed. We feel that potentially arranging our services in this way could have real benefits in supporting individuals to progress along the crisis pathway and receive the right care, in the right environment to meet their needs.


We are pleased to have received initial support from Welsh Government to consider a new Inpatient development and we are currently in the process of developing an outline business case to support this idea. In summary we are proposing that the following services could be located in it:

- Psychiatric Intensive Care Unit (Currently in St Cadocs Hospital, Caerleon,)
- Learning Disabilities Acute Care Unit (Currently in Ty Lafant, Llanfrechfa Grange)
- A Crisis Assessment Support Unit. (subject to the outcome of this engagement and consultation)
- An acute adult crisis assessment ward – (subject to the outcome of this engagement and consultation)
- A new Low Secure Unit to enable us to bring back patients who are in placements outside of Gwent, to be supported locally.

We have appointed a Health Care Planner who can help us undertake an option appraisal on the best site for this possible development. Currently two possible site options are being considered, however the Healthcare Planners will help us determine if there are more that should be considered. The two possible sites are:

- St Cadocs Hospital, Caerleon, Newport
- Llanfrechfa Grange Hospital site, Torfaen

We would value your input as part of these discussions. Please let us know your views.

	<ul style="list-style-type: none"> • Do you support/not support the idea to develop a new Specialist Inpatient Services Unit in Gwent?
	<ul style="list-style-type: none"> • If a new adult specialist inpatient services unit was built in Gwent, what services would you like to see provided there?
	<ul style="list-style-type: none"> • If a Specialist Inpatient service is built, do you have a preference on what location may be best?
	<ul style="list-style-type: none"> • Would you want your views to feed into the option appraisal process that determines where the best location for the Specialist Inpatient Services Unit?

Note: These questions are in the questionnaire

8. OUR PREFERRED OPTION FOR DELIVERING ADULT MENTAL HEALTH SERVICES IN GWENT

In summary, our preferred option for delivering an adult mental health service for Gwent is outlined below. We are genuinely interested in hearing your thoughts about these suggestions, and to consider these as we move towards developing a final proposal that we will consult widely upon.

<p>A Gwent wide enhanced foundation service</p>	<ul style="list-style-type: none"> • Five ways to well-being • Road to well-being • Digital technology • Integrated wellbeing networks • Voluntary sector services • National Helplines
<p>Mental health support for Primary Care</p>	<ul style="list-style-type: none"> • Psychological Wellbeing Practitioners working in practices to support Primary Care in meeting the needs of individuals with low level mental health issues.
<p>A locality based Hub model for Primary Care mental health support services</p>	<ul style="list-style-type: none"> • Standardisation of GP referrals via introduction of E-Referrals (in progress) • Rather than being seen in individual surgeries, patients will attend appointments in community based 'Hubs' servicing a small number of GP practices • All face to face activity will be undertaken within the 'Hubs' including mental health assessment, individual and group based therapeutic intervention. Specialisms will be provided within each Hub and therapy provided consistent with need • In order to provide timely support, consultation and advice to GPs, a dedicated email advice service will be introduced • A named practitioner will be allocated to each surgery to attend practice meetings when needed • Patients will have the choice to attend appointments in person or 'virtually' using video technology or telephone
<p>A Centralised Crisis Assessment Support Unit with enhanced local home treatment teams</p>	<ul style="list-style-type: none"> • Single point of contact for patients in crisis 24 hours a day, 7 days a week. Local appointments offered to patients between the hours of 9am and 9pm unless no free appointments available locally to see them, in which case they would be offered an appointment in the Centralised Assessment Support Unit.
<p>A single Assessment Ward supported by a number of Recovery Wards</p>	<ul style="list-style-type: none"> • Single assessment ward co-located with the Crisis Assessment Support Unit • A number of locality based recovery wards (locations to be determined)

<p>A Specialist In-patient Services Unit</p>	<ul style="list-style-type: none"> • Low Secure Unit (new development) • PICU (from St Cadocs) • Learning Disabilities Acute Unit (From Llanfrechfa Grange) • Crisis Assessment Support Unit that incorporates the 136 suite and Out of Hours provision • Crisis assessment ward
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This will mean that, should these proposals be supported, the following changes will take place:

What Happens Now?	What Would The Change Mean?
<p>There are differences in mental health and wellbeing services (Foundation Tier) across Gwent with services being provided by NHS, Local Authority and third sector providers.</p> <p>There is inequitable access to provision, meaning that groups who are at greatest need can find it particularly hard to access support.</p> <p>Non mental health frontline staff are not always confident to raise the issue of mental health and lack the knowledge where to direct people for help.</p>	<p>People across Gwent have access to a good range of self-help resources and support, regardless of where they live. The services are delivered in partnership with the NHS, local authorities, third sector and communities themselves.</p> <p>Groups who are at greatest risk of poor mental health and wellbeing have increased and easy access to a range of self-help resources.</p> <p>Non mental health frontline staff will have access to free mental health and wellbeing training and will feel more confident to talk about mental health and wellbeing and know where to direct people for support.</p> <p>A branded website will be available which is easy to navigate and contains trusted and tested self-help resources.</p> <p>A marketing campaign will be established to ensure that people know where to go to ask for help and support</p>
<p>Primary Care Mental Health Support Services are attached to every GP</p>	<p>New roles of Psychological Wellbeing Practitioners will be introduced to</p>



<p>practice in Gwent. There are currently differences in the range of services available and how they can be accessed.</p>	<p>provide support and advice to some patients in Primary Care.</p> <p>Primary Care Mental Health Support Services will be enhanced and move to a 'Hub' model of delivery, supporting a group of GP practices within a locality.</p> <p>A full range of individual and group therapies will be available through the Hub based teams. Access for assessments and treatments will be the same for all people regardless of where they live in Gwent.</p>
<p>There are a number of ways people enter our crisis services:</p> <p>Assessments for people who are experiencing mental health crisis are undertaken in a locality setting (your local hospital) during working hours.</p> <p>Out of hours people experiencing crisis who need assessment and support are seen at St Cadoc's Hospital.</p> <p>Individuals experiencing a mental health crisis who have a first response from the police or ambulance service can present to a variety of places across Gwent (eg A&E, a section 136 suite) - there is no single point of access to services.</p>	<p>Crisis assessments will still be done in the locality with additional daytime slots being available at a Crisis Assessment Support Unit (CASU) at St Cadocs Hospital, Caerleon.</p> <p>For patients receiving their first response from the police or ambulance service, our proposal is for a single point of access, 24 hours a day at St Cadocs Hospital, Caerleon.</p>
<p>When a patient has been assessed by the crisis team, they may be discharged to home; introduced to the Home Treatment Team or Community Mental Health Team for further appointments; or admitted to hospital on a mental health ward for a period of time.</p> <p>Patients needing a hospital stay are admitted for both assessment and</p>	<p>Patients assessed following referral to the Crisis Team may be offered additional choices, such as support in a planned support house (eg Ty Lles in Bettws, Newport) or through the Shared Lives Service.</p> <p>Our proposal is that patients requiring admission will be admitted to a single designated assessment ward serving the Gwent population. The ward will be</p>

<p>support/recovery to a hospital as far as is possible in their own locality</p>	<p>supported by a number of recovery wards which are locality based. Patients may go to one of these wards as they move into their recovery phase, or go home.</p>
<p>People needing more specialist support for mental health may have their needs met through a stay on our Psychiatric Intensive Care Unit (PICU) in St Cadocs Hospital, Caerleon, Newport.</p>	<p>People needing more specialist support for mental health will continue to have their needs met through a stay on the Psychiatric Intensive Care Unit (PICU). In the future, we are proposing that PICU is housed within a purpose built Specialist Inpatient Services Unit.</p>
<p>People with a learning disability needing Inpatient support currently have their needs met at Ty Lafant on the Llanfrechfa Grange Hospital Site in Llanfrechfa, Torfaen.</p>	<p>Our proposal is that people with a learning disability needing Inpatient support will have their needs met through a new adult learning disabilities acute care unit in a purpose built Specialist Inpatient Services Unit.</p>
<p>There is currently no NHS provision for people who need the most complex support in a low secure setting in Gwent. Patients often have their support provided through placements outside of Gwent, and often outside of Wales.</p>	<p>Our proposal is, that People needing support in a low secure setting will have their needs met in Gwent in a purpose built Low Secure Unit as part of a new Specialist Inpatient Services Unit.</p>

9. TELL US WHAT YOU THINK

We have shared a lot of information in this document and are keen to hear your views about our thoughts on transforming adult mental health services in Gwent.

We have attached a questionnaire which you can also access via electronic questionnaire link on the Health Board's Website; But please do not let this restrict you if you want to tell us more, you can also write to us with your thoughts through the following contacts:

	<u>ABB.MHLDEngagement@wales.nhs.uk</u>
	Freepost; Gwent MHLD Division Lodge Rd, Caerleon, Newport NP18 3XQ

We would welcome your response by **22/02/2021** to enable us to share your thinking with our Health Board.

10. WHAT NEXT

You have our commitment that this conversation is only the start of discussions, which we hope you will continue to have with us over many years. We will consider all of the comments received and share what we have heard and learned from you with The Aneurin Bevan Community Health Council and the Aneurin Bevan University Health Board. We will also continue to update our equalities impact assessment and publish this as part of our outcome report. We may wish to formally consult on the proposals after this first conversation and if so would anticipate this starting approximately April 2021

APPENDIX 1: QUESTIONNAIRE

GENERAL QUESTIONS

As part of our engagement we are interested in knowing what things are most important to you in helping us to improve our adult mental health services. We would be grateful if you could take a few minutes to fill out some brief questions about what matters to you.

If you were seeking support for your mental health and wellbeing what things are important to you?

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Being seen by specialist staff					
Quality of the environment					
Standard of care you received					
Knowing where to go to get support					
Being seen quickly					
Being seen close to home					
Being involved in your care					

Are there other things that are important to you that you would like to tell us about? If so please give some details below.

The following questions are specifically about the ideas we have discussed in this document. The relevant page numbers are provided if you want to refer back to the document to help you respond to any particular question.

1. Do you agree/disagree with the general direction of travel for adult mental health services in Gwent? (Page 9)

I agree	
I do not agree	
I neither agree nor disagree	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

2. Are there any gaps in our services that you feel need to be considered in the future. If so please give some details:

Yes, I feel there are gaps	
No, I don't feel there are gaps	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments)

FOUNDATION TIER (Page 23)

3. Do you have any comments you would like to make on our plans to develop the Foundation Tier services?

Yes	
No	
I do not have enough information to comment	

(Further comments):

4. Is there anything you would like to tell us that you think would help to support mental wellbeing for yourself or your community?

(Further comments):

PRIMARY CARE TIER (Page 24)

5. We would like your views on the plan to introduce Psychological Wellbeing Practitioner roles to support individuals within GP practices? Please let us know your thoughts. (Page 25)

(Further comments):

6. Do you support/not support the proposal to provide Primary Care Mental Health Support Services in community based hubs? (page 25)

I support the proposal	
I do not support the proposal	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

7. Would you like/not like to have a choice in the way that you can be seen by a Primary Care Mental Health Support Services practitioner?

Yes I would like a choice	
No I would not like to have a choice	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

8. If you had a choice, which way would you be happy to be seen/contacted? (Please tick any you are happy to use)

In person	
By telephone	
By computer (video appointment)	
Other (please specify below)	

(Please specify):

9. Would you be happy to travel a little further to see someone if you could be seen quicker?

Yes	
No	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

10. Would you be happy to travel a little further if you could see someone who is 'best matched' to meet your needs?

Yes	
No	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

CRISIS AND INPATIENT SERVICES (Pages 26-31)

11. Do you support/not support the idea of developing a Crisis Assessment Support Unit? (page 26)

I support the idea	
I do not support the idea	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

12. What factors do you think are the most important for a crisis assessment service?

	Slightly Important	Moderately Important	Very Important
To be available 24 hrs			
Being close to other services you might need			
Being seen by the right staff			
Being seen quickly			
Being seen close to home			
Knowing who to contact			

13. Do you agree/disagree that having one single point of contact for all agencies to contact to support anyone in crisis is a good idea? (Page 27)

I agree	
I do not agree	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

14. Do you agree/disagree that having one assessment ward to take all crisis admissions is a good idea? (Page 30)

I agree	
I do not agree	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

15. Do you support/not support the idea of having specialist recovery wards? (Page 27)

Yes, I support the idea	
No, I do not support the idea	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

SPECIALIST INPATIENT SERVICES PROVISION (Page 29)

16. Do you support/not support the idea to develop a new Specialist Inpatient Services Unit in Gwent (Page 29)

Yes, I support the idea	
No, I do not support the idea	
I do not have enough information to decide	
Other (Please add any comments below)	

(Further comments):

17. If a new adult specialist inpatient services unit was built in Gwent, what services would you like to see provided there? (Page 30)

	Should be included	Should not be included
Low Secure Unit		
Psychiatric Intensive Care Unit		
Learning Disabilities Acute Care Unit		
Acute Adult Assessment Ward		
Crisis Assessment Support Unit		
Other (Please give details below)		

(Please give details):

18. If a Specialist Inpatient service is built, do you have a preference on what location may be best?

St Cadocs Hospital site, Caerleon	
Llanfrechfa Grange Hospital site	
I do not have a preference	
Other	

Please give details

Would you want your views to feed into the option appraisal process that determines where the best location for the Specialist Inpatient Services Unit if built?

Yes (Please fill in contact details in next section)	
No	

OTHER

19. Do you feel you have had all of the information you need to consider these questions?

Yes	
No	

If not, what else would be useful for you?

(Please give details):

20. Would you like to keep talking to us about our ideas to transform adult mental health services in the future?

Yes	
No	

If so, please provide contact details below (all details will be kept confidential and will only be used for the purposes of this questionnaire and will not be given to anyone else) :

Name:	
Email Address (if you wish to be contacted by email):	
Address (if you wish to be contacted by letter/ mail):	
Telephone number (if you wish to be contacted by phone):	

21. Are you a resident in Gwent?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

22. Are you an individual who has accessed adult mental health services?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

23. Are you a carer/friend/relation of an individual who has accessed adult mental health services?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

24. Do you work in MHL D services (NHS/3rdSector/LA/other)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

25. Do you currently work for ABUHB?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

26. What best describes your age group?

17 or younger	<input type="checkbox"/>
18 - 20	<input type="checkbox"/>
21 - 29	<input type="checkbox"/>
30 - 39	<input type="checkbox"/>
40 - 49	<input type="checkbox"/>
50 - 59	<input type="checkbox"/>
60 or over	<input type="checkbox"/>

27. What is your gender?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Non-binary - I do not identify as male or female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

28. What best describes you Ethnicity?

White	British	
	Irish	
	Other	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background	
Mixed	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other mixed background	
Black or Black British	Caribbean	
	African	
	Any other Black background	
Other Ethnic Group	Chinese	
	Any other Ethnic Group	
I do not want to disclose my ethnic origin		

29. Is there anything you would specifically draw our attention to in respect of the Equality Impact Assessment?

Yes	
No	

(Please give details):

Thank you for completing this questionnaire.

APPENDIX 2 JARGON BUSTER

Assessment	When someone is unwell, health care professionals meet with the person to talk to them and find out more about their symptoms so they can make a diagnosis and plan treatments. This is called an assessment. Family members should be involved in assessments, unless the person who is unwell says he or she does not want that.
Carer	A friend or relative who voluntarily looks after someone who is ill, disabled, vulnerable, or frail. Carers can provide care part-time or full-time.
Crisis	A mental health crisis is a sudden and intense period of severe mental distress.
Crisis Assessment Support Unit	This is a proposed new service that will incorporate crisis assessment services, out of hour's mental health services and the Section 136 service to provide a 24hr/ 7 day week service. The Unit consists of a range of staff including nursing, medical, occupational therapy and psychology.
Crisis Liaison Team	Crisis workers who provide a liaison service with the Royal Gwent Hospital and Nevill Hall Hospital (Local General Hospital) and the Grange University Hospital (Specialist Critical Care Centre) and provides assessment for any individual who presents experiencing a mental health crisis.
Duty Desk	A referrer would contact the Duty Desk for a person to be triaged. If they require an assessment they will then be referred to the local Crisis Resolution Home Treatment Team.
Early intervention service	A service for people experiencing their first episode of psychosis. Research suggests that early detection and treatment will significantly increase recovery.
Forensic services	Services that provide support to offenders with mental health problems.
Foundation Tier	Self-help resources, mental health promotion and education freely available to the wider community.
General Practitioner (GP)	GPs are family doctors who provide general health services to a local community. They are usually based in a GP surgery or practice and are often the first place people go with a health concern.
Inpatient services	Services where the service user is accommodated on a ward and receives treatment there from specialist health professionals.

Learning Disabilities Acute Care Unit	A unit providing acute care for some individuals with a learning disability requiring Inpatient support.
Local Authority	A county council or a county borough council
Low Secure Unit	A locked, secure Inpatient service for individuals who have mental health problems and assessed as at risk of harming themselves or others.
Older Adults	Adults aged over 65.
Primary care	Health services that are the first point of contact for people with health concerns. Examples include GP surgeries, pharmacies, the local dentists, and opticians
Primary Care Mental Health Support Services	Mental health practitioners providing assessment and psychological interventions for individuals referred through Primary Care as having non urgent mild to moderate mental health conditions.
Psychiatric Intensive Care Unit (PICU)	A locked ward in a hospital where some people detained under the Mental Health Act may stay. They stay in the unit because they have been assessed as being at risk to themselves or others on an open acute Inpatient care ward.
Rehabilitation	A programme of therapy that aims to restore someone's independence and confidence and reduce disability.
Sanctuary Provision	<p>The service will aim to provide practical, therapeutic and holistic person-centered support to people at risk of mental health crisis through the provision of a range of interventions.</p> <p>It will offer an alternative, non-clinical venue where people can receive early access to help.</p>
Secondary Care Mental Health Services	Specialist mental health services usually provided by a Mental Health Board or Trust. Services include support and treatment in the community as well as in hospitals.
Section	When someone is sectioned it means they are compulsorily detained to a hospital under provisions of the Mental Health Act.
Section 136 suite	A place of safety provided by the Health Board where the police can bring someone detained under Section 136 of the Mental Health Act to be assessed.

Service user	This is someone who uses health services. Some people use the terms patient or client instead.
Shared Lives	Offers service users the opportunity to stay with a host family who can support them in the host families home. This can be as a direct alternative to an Inpatient admission or provide a step down provision for people ready to leave an Inpatient ward but requires ongoing support.
Social Prescribing	<p>Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other Primary Care professionals to refer people to a range of local, non-clinical services.</p> <p>Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focussed on improving mental health and physical well-being. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care.</p>
Specialist Inpatient Services Unit (SISU)	Proposed development of a centralised Inpatient unit, consisting of a number of specialist wards for patients with some of the most complex needs who require admission to hospital in a safe and secure environment.
Support House	a 'crisis house', this is a facility based in the community and often run by the third sector to provide a safe place where individuals in crisis can stay for short periods of time. These facilities work closely with local to crisis assessment and home treatment teams.
Therapeutic Interventions	These are treatments that can be provided to help with certain conditions. Within mental health these are normally interventions such as counselling or psychology.
Third Sector Providers	The third sector plays a pivotal role in providing a broad range of care, support and advice for individuals, both in the community and other settings.

Abbreviations Explained

CASU	Crisis Assessment and Support Unit
CMHT	Community Mental Health Team
CRHT	Crisis Resolution and Home Treatment
EIS	Early Intervention Service
GP	General Practitioner
LA	Local Authority
LACU	Learning Disabilities Acute Care Unit
LD	Learning Disabilities
LSU	Low Secure Unit
MHA	Mental Health Act
PCMHSS	Primary Care Mental health Support Service
PICU	Psychiatric Intensive Care Unit
WAST	Welsh Ambulance Services Trust

Stakeholder List

- Public
- Patients, Families and Carers
- Aneurin Bevan Community Health Council

ABUHB(Aneurin Bevan University Health Board)

- MHLD(Mental Health and Learning Disabilities) Adult & Specialist, Older Adult MH, LD and PCMHSS/IAS staff
- MHLD Professional Leads and Forums
- MHLD Complex Care Team
- ABUHB Gwent GP Surgeries
- ABUHB Gwent NCN Networks
- ABUHB Corporate Departments
- ABUHB All Divisions
- CAMHS(Child and Adolescent Mental Health Services)
- Trade Unions/ Partnership Forums
- ABUHB Stakeholder Specialist Services (SaLT/CHAMS/other MH services)
- ABUHB Welsh Language Standards
- ABUHB Stakeholder reference groups
- ABUHB Clinical Leadership Forum
- ABUHB Gwent Arts Therapy
- Child and Young Person transition services
- Gwent LNC
- NCN Leads/Networks

Wider Health Stakeholders

- Public Health Wales
- Other Health Boards
- Local Authorities
- WAST (Welsh Ambulance Services Trust)
- HIW(Health Inspectorate Wales)
- Royal Colleges
- Welsh Government
- Local MPs/ AMs/Councillors
- Professional Bodies
- Gwent Mental Health Alliance and Associated Organisations
- Gwent Association of Voluntary Organisations
- Gwent Drug and Alcohol Services
- Third Sector Providers

- TVA (Torfaen Voluntary Alliance)
- Gwent Police
- Prison Services
- Probation Service
- Integrated Health and Well Being Coordinators (for links to associated groups/organisations)
- Registered Social Landlords
- Other associated MH Charities/organisations
- Other Independent Sector Gwent Adult MH Provider forums
- Advocacy service providers
- Other local providers/forums/community groups identified in conjunction with corporate Communications and Engagement Teams

EQUALITY IMPACT ASSESSMENT

Adult Mental Health Transformation



NOVEMBER, 2020

ANEURIN BEVAN UNIVERSITY HEALTH BOARD - St Cadocs Hospital

1.	What are you equality impact assessing?	Transforming Adult Mental Health Services in Gwent
2.	Brief Aims and Description	Engagement on the broad adult mental health service model and specific areas of proposed improvement in the Foundation Tier, Primary care Mental Health Services, crisis services and specialist inpatient services.
3.	Who is responsible for the work?	Aneurin Bevan University Health Board
4.	Who is involved in undertaking this EqIA?	Mental Health and Learning Disabilities Division
5.	Is the Programme related to other policies/areas of work?	The broad service model links to the Gwent Clinical Futures Strategy. The specific service improvements link to the implementation of Divisional priorities outlined in the Integrated Medium Term Plan (IMTP).

6.	Stakeholders – who is involved with or affected by this Programme	Stakeholder analysis completed
7.	What might help/hinder the success of the Programme?	<p>Ensuring the programme as a whole understand the views, perspective and experience of those affected by the service provision of MHL Division in ABUHB, and is supported by experiences, perspectives and professional leadership and guidance both operationally and clinically.</p> <p>Support from stakeholders and the public is required in order to effectively develop our ideas and plans. This work is part of an engagement strategy to seek the views of the service users, the public, staff and stakeholders to ensure that their views are reflected in making any proposed service improvements following the period of engagement.</p>

Form 2: Information Gathering

	Age	Disability****	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Programme you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ for a Cross ✗ as appropriate</p>										
<p>In other words, does the Programme:</p> <ul style="list-style-type: none"> eliminate discrimination and eliminate harassment in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> promote equality of opportunity in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> promote good relationships and positive attitudes in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		

- encourage participation in public life in relation to...(Yes, by ensuring provision is made to ensure everyone is able to participate in engagement and consultation with a variety of methodologies to provide physical access to events and information as well as virtually, through documentation, newsletter, information boards, Easy Read, BSL etc)

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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***** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs**

Form 2: Information Gathering (Human Rights)

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Programme you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Programme relevant to:	Yes	No
<p>Article 2 : The right to life</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control</p>	✓	
<p>Article 3 : The right not be tortured or treated in an inhuman or degrading way</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	✓	

<p>Article 5 : The right to liberty</p> <p>Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	✓	
<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	✓	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	✓	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	✓	

SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics
Age	Relevant to Number of admissions and service users accessing MHLD for adult services	<p>Information gathered would all be used in relation to understanding the service user profile to inform service provision development and improvement only and ensure positive impact on service availability and delivery.</p> <p>For communication purposes only</p>
Disability	Relevant to Number of admissions and service users accessing MHLD services	
Gender	Relevant to Number of admissions and service users accessing MHLD services	
Gender Reassignment	To ensure provision is met so the service is meeting its obligations	
Human Rights	Not required	
Pregnancy and Maternity	To ensure provision is met so the service is meeting its obligations	
Race/Ethnicity or Nationality	Not required	
Religion or Belief	To ensure provision is met so the service is meeting its obligations	
Sexual Orientation	Not required	
Welsh Language	Whether Welsh translation services are required-in line with Welsh standards directives	

SCREENING

Stage 2

The equality screening process will be discussed and reviewed by the Transformation Board using the NHS Centre for Equality and Human Rights Toolkit as a framework.

Assumptions:

Mental health issues can affect anyone among the population at any stage of life. However, national statistics show that there are higher incidences of mental health issues among certain protected groups and that it will be important to ensure that the needs of service users are fully explored during the consultation process.

Drawing on national research, Mind (in their report “Our Communities, Our Mental Health” highlight the following:- Individuals or groups of people with ‘protected characteristics’ as identified under the Equality Act are often at ‘high risk’ of developing mental health problems:-

Age

20 per cent of children have a mental health problem in any given year, and about 10 per cent at any one time. A quarter of older people in the community have symptoms of depression that require an intervention, and this increases to 40 per cent of care home residents.

Disability

Physical illness more than doubles the risk of depression, and between 30 per cent and 50 per cent of adults with learning disability in the UK have mental health problems.

Gender reassignment

Trans people are at increased risk of depression and self-harm, and a third of trans people have attempted to take their own life.

Religion or belief

Spiritual awareness, practices and beliefs (of any religion or for those engaging in spiritual practices without a particular faith) is associated with psychological benefits, including subjective wellbeing.

Gender (sex)

SCREENING

There are clear differences in the way women and men experience mental health problems. Women are more likely to report common mental health problems. Girls are also more likely than boys to self-harm, and eating disorders are more common in young women compared to young men. Men are more likely to have undiagnosed depression, be detained under the Mental Health Act and take their own life compared to women.

Sexual orientation

Lesbian, gay and bisexual people are at increased risk of mental health problems, including self-harm and attempted suicide. Lesbian, gay and bisexual people have a 1.5 fold increased risk of depression and anxiety.

Pregnancy and maternity

Mental health problems affect between 10 and 20 per cent of women at some point during the perinatal period (pregnancy and one year after birth). Poor maternal health can also increase the risk of mental health in children. Within the Mind report the following issues are also identified as contributory risk factors:- Trauma and stressful events, poverty, unemployment and housing insecurity, social isolation and loneliness, discrimination and inequality.

Marriage and civil partnership

Separation, divorce and being widowed is associated with increased risk of mental health problems

Race

Black African and Caribbean people living in the UK have lower reported rates of common mental health problems compared to other ethnic groups, however they are more likely to be diagnosed with severe mental health problems. Black African and Caribbean people are also much more likely to be detained under the Mental Health Act compared to other ethnic groups. Young women from ethnic minorities are much more likely to take their own life than White British women.

Form 3: Assessment of Relevance and Priority

SCREENING

Statistics collected on referrals and admissions within mental health services will reflect the population from across Gwent. However, we are mindful that the needs of minority groups accessing our services will need to be taken into account working towards a new service delivery.

Looking at evidence outlined above, we believe that Transforming Mental Health Services has a high relevance to the Health Board's obligation to meet its duties under equality legislation to eliminate discrimination, advance equality and foster good relations between people who share protected characteristics and those who do not. The way in which we deliver mental health services must take into account the particular needs of those who access our services. Through consultation, we intend to undertake further targeted engagement with groups identified above as being at higher risk of experiencing mental health issues.

Stage 3

The transformation of Adult Mental Health programme is currently at stage one of the EqIA process. We have started to identify potential impacts and any possible actions for reducing or eliminating disadvantage. Further evidence to inform the EqIA process will be gathered during formal consultation.

We have undertaken an exercise (Stakeholder Mapping and Analysis) to help us identify who we would need to engage with to find out more information on how people accessing our mental health services may be affected by our proposals. We want to know how our decisions may impact on our service users (particularly from protected groups), their families and carers, our staff and partner organisations. Engagement activities will be undertaken to capture the perspectives of the public, staff and stakeholders about issues, concerns and questions related to existing mental health services and our proposed new model of mental health services.

Methods of engagement will include

- Group facilitated workshops and meetings
- One to one; 'virtual' meetings
- Digital communication: email and electronic survey
- Handwritten free text responses

SCREENING

The engagement will be inclusive, extensive and rigorous. The following ten core areas will be considered and

The following ten core areas of finding will be explored through engagement:-

- **Responses to Change**
- **Accessibility to Mental Health Services**
- **Understanding and Managing Crisis**
- **Workforce issues**
- **Rurality and Mental Health Services**
- **Systems and Management**
- **Collaboration**
- **Values and Attitudes**
- **Engagement, Research and Knowledge-Sharing**
- **Desired Outcomes**

Form 4: Examine the Information Gathered So Far

<p>1.</p>	<p>Do you have adequate information? (Refer to Form 2 : Information Gathering for assistance if necessary)</p>	<p>No</p> <p>This engagement will be used to gather further feedback on gaps in our information that will help to inform service improvements.</p>
<p>2.</p>	<p>Can you proceed with the Programme whilst the EqIA is ongoing?</p>	<p>Yes, through the engagement and consultation process with a view to gathering further information that will further enhance this impact assessment.</p>
<p>3.</p>	<p>Does the information collected relate to all protected characteristics?</p>	<p>No</p> <p>Information will be gathered to understand further areas where information is needed through the engagement process.</p>
<p>4.</p>	<p>What additional information (if any) is required?</p>	<p>This will be reviewed throughout the engagement period. Some sources of information will be available through relevant clinical / patient administration systems.</p>
<p>5.</p>	<p>How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this</p>	<p>This will be updated and confirmed on an ongoing basis throughout this period of engagement.</p>

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Form 5: Judge/Assess the Potential Impact of the programme across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age	Yes	Appropriate service provision	x		
Disability	Yes	Improve service provision	x		
Gender	Yes	Improve service provision	x		
Gender Reassignment	N/A				
Human Rights	N/A				
Pregnancy and Maternity	Yes	Ensuring health of mother and Baby	x		
Race	N/A				
Religion/Belief	Yes	Facilities and provisions available	x		
Sexual Orientation	N/A	N/A			
Welsh Language	Yes	Welsh language provision		x	

Form 6: Consider Any Alternatives which will reduce or eliminate any Negative Impact

<p>1.</p>	<p>Describe any mitigating actions taken to reduce negative impact</p>	<p>Full stakeholder analysis undertaken with consideration giving to all protected characteristics, including appropriate access to documents, access to buildings (if applicable), various methods to communicate/ feedback/ ask questions/ raise concerns. Translation offered on request.</p>
<p>2.</p>	<p>Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?</p>	<p>Advice and support will be requested from specialist services if required to ensure mitigation of any negative impact on individuals</p>
<p>3.</p>	<p>Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review</p>	<p>Full stake holder analysis undertaken including governance, seeking advice and guidance from appropriate services such as Local Authority</p> <ul style="list-style-type: none"> Community Health Council Providers 3rd Sector Charities Specialist Services

4.

What changes have been made as a result of conducting this EqIA?

Elimination/mitigation of negative impacts and enhancement of positive impacts for protected groups

The project will work towards eliminating or mitigating negative impacts identified from the engagement process and on an ongoing basis throughout each stage of the project. The development of a new service model offers opportunities for positive impacts and improving staff and patient experiences and work will be centred on the enhancement of these.

It is important to note that as the consultation process progresses, further information on possible equality impacts may come to light, which will need to be captured and considered as part of a consultation plan on an ongoing basis.

Work around improving accessibility for people with sensory loss will be a key point for discussion during service development. The introduction of applications and using technology to support communications is an area that will be considered and the project group will seek to actively engage with sensory loss groups in Gwent on this matter.

Further, a positive impact is expected with the introduction of the proposed Crisis Assessment and Services Unit (CASU) which will provide a localised central building, for 24hr Crisis Assessments, additionally, a Support House provision is in development to provide an alternative to admission.

Form 7: Outcome Report

Organisation:	
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Proposal Sponsored by:	Name:	
	Title:	
	Department:	

Policy Title:	
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Brief Aims and Objectives of Policy:	
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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Was the decision reached to proceed to full Equality Impact Assessment?:	Record Reasons for Decision:	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, are there any issues to be addressed?	Record Details:	

Is the Policy Lawful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Will the Policy be adopted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refer to Action Plan (Form 8)		

Who is the Lead Officer?	Name:	
	Title:	
	Department:	
Review Date of Policy:		

Signature of all parties:	Name	Title	Signature

Please Note: An Action Plan should be attached to this Outcome Report prior to signature

How this project will benefit patients, communities and employees with all the nine characteristics protected by the Equality Act 2010

Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities or failure to positively promote equality and diversity. Depending on which options are progressed as part of the next phase of the work, different protected groups may see different improvements and these would be identified through subsequent EqlAs as part of plans to implement service change.

We will explore ways of eliminating current weaknesses in the system such as duplication of care and accessibility and we remain committed to ensuring that, as far as practicably possible, opportunities for promoting equality and human rights are maximised and any potential or actual negative impact is eliminated or minimised as this development continues.

Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

This Action Plan should be completed in combination with the Outcome Report.

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes / No				
2. If No please give reasons and any alternative action(s) agreed: (If the Policy is not to be adopted please proceed to Step 9).					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					
5. How will this data be collected?					
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts					
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
12. Describe the arrangements for publishing the EqIA Outcome Report					
13. When will the EqIA be subject to further Review?					

Monitoring, Evaluation and Review

As part of the project to measure the impacts of the service change for a wide range of stakeholders, inclusive of service users, carers and staff, the Community of Practice for Engagement that provides assurance to the Transformation Board will evaluate the impacts of the change inclusive of protected groups and will be included as a standard agenda item on bi-monthly meetings (Terms of Reference for the Community of Practice for Engagement available on request)

This document is not intended to be a definitive statement on the potential impact on the Transformation of Adult Mental Health programme or on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EqlA process of the likely impact. By following the EqlA process we will identify and address any gaps in our knowledge by continuously engaging and consulting with the public and stakeholders.

Next Steps

In the next stages through consultation we will further explore what people may tell us about how they will be affected by the proposals in relation to their protected characteristics so that we may seek to eliminate or mitigate any potential disadvantage.

We will continue to update the assessment of impact during this consultation, taking into account feedback given to us during the consultation. To help, we are asking for feedback on any impact you think we should know about – whether negative or positive.

We will particularly involve people from protected groups who are disproportionately represented among mental health service users.

We have set up a group which includes independent people who have an interest in equality to help advise and challenge the work, to make sure it is as thorough as possible. The Health Board will be fully informed of the outcome of the assessment before any decisions are made.

