Together for Mental Health

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The chapters and bullets reflect Welsh Governments reporting framework for 2013-2014
Introduction

Public Health Wales welcomes the opportunity to provide a second annual report on our contribution to meeting the requirements of the Together for Mental Health Strategy and Delivery Plan. This report covers the work of Public Health Wales’ national teams and the 1000 Lives Improvement service. The activities of colleagues in local public health teams, employed by Public Health Wales but located in Health Boards, will be captured in local reports and are therefore not included here.

Public Health Wales recognises that there is no health without mental health and that promoting public mental health serves to improve overall population health.

Mental wellbeing is a fundamental component of good health. Mental illness is hugely costly to the individual and to society, and lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities in health.

There can be no separation of mental and physical health if we are to improve the health of the people of Wales. Promoting public mental health protects against mental and physical health problems by:

- Increasing resilience to common emotional, social and financial stressors,
- Improving motivation to embrace a healthy lifestyle
- Increasing protective factors such as academic achievement and participation in community life,
- Reducing risk factors including sickness absence and poor productivity, and risk taking behaviours.¹

Public Health Wales has declared its commitment to a happier, healthier and fairer Wales and we continue to advocate for policies and practices that seek to address inequities and inequalities in health. The link between deprivation and prevalence of mental illness is clear. There is a strong body of evidence that living in poverty brings with it poorer mental health and that the stresses of living in poverty increase the risk of developing mental health problems². Furthermore those people with long term mental health problems are less likely to be employed and are more likely to experience financial and health inequalities.


There is evidence that people with severe and enduring mental health problems die up to two decades earlier than the general population, and the number of years living with a disability is also increased \(^3\). People with mental illness are more likely to have a poor diet, take less exercise, and have higher rates of smoking \(^2\) and drug and alcohol misuse. Targeting people with more severe and enduring mental illness with health improvement approaches must become a greater priority in the future. Psychological approaches to support people to adopt health improving activities such as increased physical activity, improved nutrition reduced alcohol consumption also play a part in improving physical and mental health and wellbeing. For these reasons Public Health Wales is clear that mental health and physical wellbeing cannot be tackled as separate issues, in isolation from one another. Public Health Wales will renew its efforts to ensure that programmes and activities that have traditionally been seen as distinctly addressing “physical health” or “mental health” are considered anew and the opportunities to improve overall health are maximised.

\(^3\) Department of Health (2011). *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages*. London: Department of Health
CHAPTER 1:
- Promoting mental wellbeing in the broader population
- Improving the physical health of people with mental illness

What has Public Health Wales achieved in the last 12 months?

1.1 Strategy

The Transforming Health Improvement in Programme Wales
A major development this year has been the initiation of Transforming Health Improvement Programme in Wales. This programme has been established to implement the recommendations of the report Transforming Health Improvement in Wales, Working Together to Build a Healthier, Happier Future. A key component of the first phase of the programme was the establishment of five, time limited Expert Advisory Groups (EAGs) on the topic areas of mental health, tobacco control, nutrition and obesity, alcohol and substance misuse, and physical activity. The purpose of the EAGs was to review public health interventions from across the UK and other parts of the world that have a proven track record of effectiveness, and make recommendations about those interventions that could have the greatest impact in Wales.

The Expert Advisory Groups were composed of core members and external reference members. The Mental Health EAG was drawn from those working in the topic area across Wales, England and Scotland. Core members undertook an exercise to determine the outcomes that they considered should be the objective of the transforming health improvement programme in relation to mental health:
- Outcome 1: Increase in reported mental health (wellbeing) of adults and older people
- Outcome 2: Increase in reported mental health (wellbeing) of Children and young people

The group met on three occasions to consider the available scientific evidence to identify those interventions which have the potential to be delivered as a national programme of work by Public Health Wales working with others, consistent with the Terms of Reference for the project. The evidence was drawn from the systematic reviews conducted by Public Health Wales as part of a consistent methodology across all topic areas to support each Expert Advisory Group’s deliberations. A prioritisation exercise was undertaken, taking account of the Welsh Government’s Together for Mental Health Strategy and Delivery Plan.

The recommendations of the Expert Advisory Groups have been presented to the Transforming Health Improvement Programme Board and will be the basis for the next phase of the implementation
programme. The work will continue in 2014/15, initially engaging with three life-course Collaboratives to review the EAG recommendations in relation to children and young people, working age adults and older people. This work will be cognisant of the development of routine outcome measures under the Welsh Government’s Mental Health Core Data Set, which is being led by 1000 Lives Improvement team within Public Health Wales.

The *Transforming Health Improvement in Wales* report, and subsequent Transforming Health Improvement Programme and evidence review of the mental health literature has informed Public Health Wales in describing an upstream preventative model and working on the underlying causes of poorer mental health.

This has had implications for the Mental Health First Aid (MHFA) Programme which is an element within the current Together for Mental Health Delivery Plan until 2016. The current external MHFA contract is due to end in November 2014, but Public Health Wales will honour its commitment to the Delivery Plan by providing support from within Public Health Wales to enable the existing pool of MHFA instructors to continue to deliver the programme until 2016. Alternatively, with agreement from Welsh Government the programme may end prior to that time.

1.2. Early years

Public Health Wales has published a new health information resource for expectant and new parents: *Bump, Baby and Beyond*. This resource is also available as an e-book (www.bumpbabyandbeyond.nhs.uk) and is given to pregnant women at their first appointment with the midwife and accompanies them on their journey through pregnancy, the early days of parenthood and into the toddler years. Preliminary work with parents identified a demand for more information about feelings, relationships, parenting, and that fathers were included more. Work with local health professionals, Dads groups across Wales and experts in health literacy, wellbeing, mental health and child psychotherapy helped ensure that the resource is responsive to these needs. Two themes throughout the book which particularly support mental health are:

- The Five Ways to Wellbeing, including many practical examples, information, encouragement and practical tips.

- Close and responsive relationships between parents and their baby, starting in pregnancy and unfolding through the early weeks and months.
In addition a Health Professional guide to “Bump, Baby and Beyond” accompanied the launch and included information for professionals on a number of topics including

- Supporting wellbeing during the transition to motherhood
- Emotional wellbeing in pregnancy and early parenthood
- Attachment

For more information see bumpbabyandbeyond@wales.nhs.uk

1.3 School aged children

1.3.1 Healthy and Sustainable Pre-school Scheme

Over the last year Public Health Wales worked with settings involved in the Healthy and Sustainable Pre-School Scheme to achieve the national award criteria for mental and emotional health, wellbeing and relationships. We are pleased to report that 628 preschool settings are now actively engaged in the Healthy and Sustainable Pre-School Scheme. Within this number, 87 settings have achieved the Mental and Emotional Health, Wellbeing and Relationships National Award criteria, which represents 14% of settings.

1.3.2 Welsh Network of Healthy School Schemes (WNHSS)

In Wales, 1677 schools (99.9% of all primary and secondary schools in Wales) are actively involved in the Welsh Network of Healthy School Schemes. Public Health Wales is currently supporting the local healthy school schemes in implementing the mental and emotional health and wellbeing indicators as part of the Welsh Network of Healthy School Schemes National Quality Award (NQA) by December 2015. The Mental and Emotional Health and Well Being National Award criteria have been achieved by 971 schools, which represent 58% of schools.

1.4 Adults

1.4.1 Healthy Working Wales Programme

The Healthy Working Wales programme comprises a number of different schemes to support employers, employees and health professionals to improve health at work, prevent ill health and to support return to work following ill health. These are the Small Workplace Health Award, the Corporate Health Standard Award and Workboost Wales. In addition, Public Health Wales is engaged with health professionals to raise awareness of the health benefits of work and promote the appropriate use of the fit note in primary care.

The Corporate Health Standard and the Small Workplace Health Award are the quality marks for workplace health promotion awarded by the
Welsh Government. Awards are presented in bronze, silver and gold, with an additional level of platinum for the Corporate Health Standard.

1.4.1.1 Small Workplace Health Award

Issues that may affect mental health are introduced at silver award level. Employers are required to consider issues such as engaging employees in consultation, measuring staff satisfaction, and ensuring that staff health and wellbeing is a regular item for discussion with senior managers. They also need to demonstrate how pressure and stress in the workplace is managed, including consideration of the Health and Safety Executive’s (HSE) Stress Management Standards, provision of information to employees on prevention of stress and promotion of well-being and creating a culture that does not tolerate inappropriate behaviour between employees.

In the past year, with the support of Public Health Wales 83 organisations have committed to work towards at least the bronze level of the Small Workplace Health Award. Of these, 61 have achieved an award, 32 bronze, 22 silver and 1 gold. The types of organisations involved range from children’s nurseries to charities and small housing associations.

1.4.1.2 Corporate Health Standard

Employers of over 50 members of staff are able to work towards the Corporate Health Standard (CHS), which introduces mental health promotion into the criteria at bronze level and builds on the requirements at silver level.

- **At bronze level** organisations are expected to have a mental health promotion policy in place and risk assess for stress. An improvement plan using the HSE’s Stress Management Standards should be developed showing control measures to prevent work-related stress disorders. They will also need to demonstrate what policies and procedures they have in place to allow flexible and family friendly working practices.

- **At silver level**, organisations need to evidence their commitment to the principles of the HSE’s Management Standards, to have trained managers and staff to identify the signs and symptoms of stress and how to manage them and to make support and counselling available for all staff. The organisation is expected to recognise that mental illness is not necessarily a barrier to effective working and that providing employment and maintaining people in work is a positive way of supporting individuals who are recovering from mental health...
problems.

In the past year, with the support of Public Health Wales 34 organisations have committed to working towards the Corporate Health Standard at bronze level or above. In total, 28 awards have been achieved; 10 bronze, 8 silver, 9 gold, and 1 platinum. Organisations range from large employers such as the seven health boards in Wales, to smaller third sector and private organisations employing 200 + staff.

1.4.1.3 Workboost Wales

Public Health Wales Workboost practitioners provide small businesses with one to one support to develop the systems and processes they need to manage the health, safety and wellbeing of their workforce. Managing pressure and building resilience is one of the four core topics discussed during a Workboost intervention. Workboost practitioners have given information and guidance to 286 organisations employing 3298 employees over 2013-14, about a range of topics including managing pressure and building resilience.

The Healthy Working Wales Team has collated information on the support and resources available to employers on workplace mental health. Three workshops and one presentation on Managing Stress for managers were held this year, attracting 40 people for training. Feedback suggests that everyone found the events useful with 63% reporting that it was very useful. Importantly, 87% said they were more confident in managing stress in the workplace as a result of the workshop.

1.4.2 Alcohol

Public Health Wales has been delivering the evidence-based ‘Have a Word’ alcohol brief intervention training programme since 31 March 2012, and in that time has trained approximately over 6,300 people from a range of different disciplines and professions within the public and third sectors. An alcohol brief intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption with a person to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption. Alcohol brief interventions have been shown to be effective and there is an evidence base to support this approach.

Although the amount most people drink poses a relatively low risk to their health, an estimated 24% of adults drink a hazardous or harmful amount. Alcohol is linked to social problems, crime, domestic violence, absenteeism and loss of employment. The impact on other family members can be profound, leading to feelings of anxiety, worry,
depression, helplessness, anger and guilt. Co-morbid mental health disorders commonly include depression, anxiety disorders and drug misuse, some of which may be mitigated with abstinence from alcohol but others may persist and need specific treatment. The number of people trained in ABI by Health Board and professional body is shown below.
Figure 1: Number of people trained in Alcohol Brief Interventions by Health Board and professional body

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Number of sessions delivered</th>
<th>Total Trained to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwy University Health Board</td>
<td>17</td>
<td>292</td>
</tr>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>14</td>
<td>241</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>4</td>
<td>44</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>27</td>
<td>290</td>
</tr>
<tr>
<td>Cwm Taf University Health Board</td>
<td>13</td>
<td>143</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>11</td>
<td>152</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>6</td>
<td>56</td>
</tr>
<tr>
<td>South Wales Police</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Dyfed Powys Police</td>
<td>45</td>
<td>728</td>
</tr>
<tr>
<td>Workplace Health</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pharmacy 2014</td>
<td>7</td>
<td>133</td>
</tr>
<tr>
<td>South Wales Fire Brigade</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>Communities First</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>British Legion</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
<td>2147</td>
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<table>
<thead>
<tr>
<th>Health Board</th>
<th>Total Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwy University Health Board</td>
<td>339</td>
</tr>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>629</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>740</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>1069</td>
</tr>
<tr>
<td>Cwm Taf University Health Board</td>
<td>481</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>511</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>290</td>
</tr>
<tr>
<td>South Wales Police</td>
<td>86</td>
</tr>
<tr>
<td>Dyfed Powys Police</td>
<td>728</td>
</tr>
<tr>
<td>Workplace Health</td>
<td>24</td>
</tr>
<tr>
<td>Pharmacy 2014</td>
<td>133</td>
</tr>
<tr>
<td>South Wales Fire Brigade</td>
<td>31</td>
</tr>
<tr>
<td>Communities First</td>
<td>24</td>
</tr>
<tr>
<td>British Legion</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>4192</td>
</tr>
</tbody>
</table>

**GRAND TOTAL** 6339
1.4.3 All Wales Mental Health Promotion Network

The All Wales Mental Health Promotion Network has continued to provide support to over 600 members whilst at the same time being integrated into a new Public Health Network that aims to address a range of health improvement topic areas. This development is part of an ongoing transition project that will lead to improved communication structures and enhanced two way engagement of practitioners across all sectors in Wales. It will also help to establish the key principles of mental health and wellbeing across all areas of health improvement policy and practice, furthering Public Health Wales’ commitment to aligning action on mental and physical health.

The seventh annual conference of the All Wales Mental Health Promotion Network took place on 6th November 2013 at Cardiff City Stadium. Entitled ‘Co-produing Mental Wellbeing?’ the conference focussed on the theme of co-production and mental wellbeing incorporating links to the Five Ways to Wellbeing and their applications across the life course. Mark Drakeford AM, Minister for Health and Social Services, delivered the keynote address to 120 delegates on promoting mental health through co-production. The afternoon keynote address was delivered by Dr Ruth Hussey, Chief Medical Officer for Wales and discussed ‘Mental Health as a Public Health Priority’.

A report of the conference can be found at: http://www.publicmentalhealth.org/documents/749/Post%20Conference%20Report%2020132.pdf

1.4.4 National Suicide and Prevention of Self harm Advisory Group

Public Health Wales continues to lead the National Suicide and Prevention of Self Harm Advisory Group (NSSPAG). A draft suicide and self-harm prevention action plan has been considered by the Minister for Health and Social Services and will be for the subject of a formal consultation exercise between November and December 2014.

During 2013-14 the 1000 lives improvement service has worked with Health Boards across Wales to support the establishment of regional suicide and self-harm prevention groups. These have now been established to cover all Health Boards in Wales.

Work has commenced to develop training materials on suicide prevention and the management of self-harm for use in primary care. These are due for completion in 2015.
Work has been undertaken in 2014 between Public Health Wales, 1000 lives improvement service, Samaritans and Welsh Government to prevent access to the means of suicide. This work will continue in 2014-15.

1.4.5 Mental Health First Aid

Public Health Wales is responsible for the contract for Mental Health First Aid (MHFA) adult and youth training programmes, being delivered by Mind Cymru until the end of November 2014 (see page 5). MHFA trains participants to recognise the signs and symptoms of mental health problems; to respond to various mental health crises, and to engage with, support and signpost people to appropriate help. The programme is on target to achieve the prescribed numbers of people trained this year, and has trained over 2200 people in youth and adult MHFA between October 2013 and September 2014.

Tables 1 and 2 below show the numbers trained in the last year of youth and adult MHFA, between October 2013 and September 2014.

**Table 1: Youth MHFA participants per Health Board October 2013-September 2014**

<table>
<thead>
<tr>
<th>Health Board Areas</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>36</td>
</tr>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>42</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>44</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>98</td>
</tr>
<tr>
<td>Cwm Taf University Health Board</td>
<td>26</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>43</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>343</strong></td>
</tr>
</tbody>
</table>

**Table 2: MHFA participants per Health Board October 2013-September 2014**

<table>
<thead>
<tr>
<th>Health Board Areas</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>148</td>
</tr>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>293</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>328</td>
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<tr>
<td>Cardiff and Vale University Health Board</td>
<td>735</td>
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<tr>
<td>Cwm Taf University Health Board</td>
<td>58</td>
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<tr>
<td>Hywel Dda Health Board</td>
<td>278</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>49</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1889</strong></td>
</tr>
</tbody>
</table>
1.4.6 National Exercise Referral Scheme

The National Exercise Referral Scheme (NERS) provides evidence based exercise programmes for people with conditions that can be improved through physical activity, including people with mental health problems. There are currently 133 NERS Exercise Professionals (this equates to 96.6 Full time posts) employed across the 22 local authorities. Of these, 47 instructors have the specialist Level 4 physical activity & mental health qualification covering 20 of the 22 local authority areas. In late 2013 there were appropriately qualified staff in every area but due to job security issues NERS has lost staff in two areas.

The NERS database has been updated to so that referral for mental health conditions can be identified. From, 1 October 2013 to 30 September 2014, approximately, 708 people were referred with a primary diagnosis of a mental health condition, representing around a third of all referrals. In addition, the majority of referrals into NERS have multiple morbidities and it is estimated that somewhere between 30-45% have mild to moderate anxiety or depression in addition to their primary physical illness diagnosis.

**Figure 2: Graph of the NERS mental health and generic referral numbers from October 1 2013-September 30 2014**

![Graph](image)

1.5 Older people

1.5.1 Add to Your Life, the Health and Wellbeing check for over 50s

Public Health Wales has developed an online health check for people aged 50+ in Wales, which was a *Programme for Government* commitment. Health checks are part of a greater shift in emphasis towards improving
and protecting health, rather than simply treating illness whilst simultaneously supporting and empowering people over 50 to have greater control over their own health and wellbeing. “Add to Your Life”, the health and wellbeing self-assessment for people over 50 was launched in April 2014. The online tool prompts participants to answer questions about their health and lifestyle, providing some brief “handy hints” about each topic alongside the questions. Based on their responses, the software generates information and links to further support. The questions are wide ranging and there is a specific section focusing on emotional health and wellbeing. To assist those older people who cannot use an online system or have no access to a computer, Communities First staff, local libraries and third sector volunteers are being equipped to provide face-to-face support. Telephone support is available through NHS Direct Wales. Between the April launch and the end of September, a total of 6,767 self-assessments were undertaken, with approximately half of these being classified as completed i.e. the person requested their feedback having answered at least some of the questions. The self-assessment has been deliberately designed to be developmental and flexible, with a Content Assurance Group having been established to quality assure and oversee changes to the content of Add to Your Life. A formative evaluation has been undertaken, the report of which is expected to be published during December and will be integral to decisions about the future development of “Add to Your Life”.

1.5.2 Ageing Well in Wales

Public Health Wales is working with the Ageing Well in Wales programme, which is hosted by the Older People’s Commissioner for Wales and was officially launched by the Health Minister Mark Drakeford AM on 22 October 2014. Public Health Wales Chief Executive Officer is Vice-Chair of the programme, and Public Health Wales hosts one of the programme grants on behalf of the Commissioner.

This 5-year collaborative programme aims to promote positive attitudes and improve the wellbeing of people aged 50+ living in Wales by harnessing, supporting, and scaling up local action through the development of thematic networks. The original four networks were: Age-Friendly Communities, Dementia Supportive Communities, Falls Prevention, and Opportunities for Learning and Employment, each of which has clear links with the promotion of mental wellbeing. An additional network is now being developed which will focus on reducing loneliness and isolation, thus directly addressing one of the main causes of depression in older people. Each network is being developed by an Expert Advisory Group (EAG) led by a national organisation. Public Health Wales is leading on Falls Prevention but is also is providing public health input to all of the networks through regular meetings of the EAG Chairs.
1.6 Improving the physical health of people with mental illness

Screening services

The Screening Division of Public Health Wales manages the six population based national screening programmes in Wales (Breast Test Wales, Bowel Screening Wales, Cervical Screening Wales, Wales Abdominal Aortic Aneurysm Screening Programme, Newborn Hearing Screening Wales and Newborn Bloodspot Wales) and hosts the antenatal screening network for Wales.

Screening division is committed to reducing inequities in uptake of the national screening programmes. Work is ongoing to raise awareness of the national screening programmes and promote informed choice across the whole population, including targeted work with groups where uptake is known to be low. A set of key messages has been developed for each of the adult screening programmes. These were developed with the Screening Engagement Team and had user input into their content and design.

Research work carried out with Cardiff University has looked at characteristics of those people less likely to attend for screening and it has been identified that people who report having mental health issues are less likely to take up their invitation for screening. Screening Engagement team has links with MIND and Hafal in areas across Wales, who send out information on screening when the breast screening is being undertaken in a particular area. They have also carried out training for staff and presented information at events for service users.
CHAPTER 2:
- Review of the All Wales Veterans Health and Wellbeing Service
- Tackling stigma and discrimination
- Service user engagement and co-production
- Welsh language provision
- Addressing issues of equality and diversity

What has Public Health Wales achieved in the last 12 months?

2.1 Review of the All Wales Veterans Health and Wellbeing Service

The Veterans Health and Wellbeing Service was established in 2011. Its aim was to improve the mental health and wellbeing of veterans in Wales, through developing sustainable, accessible and effective services.

In spring 2014, the Minister for Health and Social Services asked Public Health Wales to conduct a review of the service, rebranded in 2014 as Veterans NHS Wales. The review focused upon the capacity of the service to meet current and future demands. The review was completed in July and made fifteen recommendations to Welsh Government Ministers on potential improvements to the service which could be implemented within existing resources. The 1000 lives improvement service shall work with the service to support implementation of these recommendations.

2.2 Tackling Stigma and Discrimination

Public Health Wales has allocated a dedicated Health and Wellbeing Advisor within Human Resources whose role includes setting up a Task and Finish group on Wellbeing. Part of this work will be looking at the various interventions that may help to reduce stigma and discrimination for example adopting the ‘Time to Change Wales’ programme.

2.3 Service user engagement and co-production

In 2014 Public Health Wales established a Service User Learning & Experience Panel. This includes representatives from different areas within the organisation (mainly screening) and also service users. Meetings are held quarterly; the group reports to the Quality and Safety Committee and feeds into the National Service User Group.

Whilst Public Health Wales does not specifically target services at people with mental illness, this client group will naturally be included in all screening provision and other service provision such as health protection, Stop Smoking Wales, and laboratory work. Within screening services there is an engagement team who are actively involved with service users in planning and improving services. They have worked with a number of
mental health charities such as MIND, the Kin project, Harm Reduction Teams and Kaleidoscope in relation to training and health education. The Screening Engagement Team have also been working with specific groups of service users for example the transgender community to develop services and resources to meet their specific requirements. Regular engagement events are held with services users across the programme which also links into the Equality Stakeholder Reference Group (run by the NHS Wales Equality Unit) which liaises and works with service users about the NHS.

2.4 Welsh Language

Public Health Wales is committed to considering the Welsh language in all aspects of our work. Communication and language are core components of health services and it follows that an appropriate and efficient service is one that meets the language and communication needs of the service user.

Steps are being taken to implement the principle of an ‘active offer’ of a Welsh language service in our Screening Programmes and Stop Smoking Wales. This will ensure that service users are not burdened with the responsibility or anxiety of having to make a specific request for a service in Welsh. Public Health Wales is mapping its current provision and capacity to deliver an ‘active offer’ service, which will include identifying and recording the language need or preference of the service user, their family or carers at the first point of contact; and developing capacity within staff teams to provide services in the appropriate language thereafter.

The 1000 Lives Improvement team have supported Bangor University in their Welsh translation of the Alzheimer’s Society Cognitive Assessment Toolkit, particularly to support the identification and diagnosis of dementia. The translated versions are now available to the service and work is ongoing to develop a research programme to validate the psychometric properties of the 6 tools.

2.5 Reducing inequalities for vulnerable groups

2.5.1 Homeless People

During the last year Public Health Wales has:

- Contributed to analysis of a Welsh Government report on how integrated public services may better support vulnerable people with mental health problems to find and keep a home. (See http://wales.gov.uk/topics/improvingservices/pslg/nwp/effectservices/
Supported the implementation of the Health Board **Homeless and Vulnerable Groups Health Action Plan** (HaVGHAP) groups by promoting, via partnership arrangements, the Standards for Improving the Health and Wellbeing of Homeless and Specific Vulnerable Groups to all health boards and local authorities. Mental health sits at the core of the guidance. (See [http://wales.gov.uk/topics/health/nhswn/channels/homelessness/publications/standards/?lang=en](http://wales.gov.uk/topics/health/nhswn/channels/homelessness/publications/standards/?lang=en))

Completed and presented work on a **dual diagnosis e-learning package** for professionals within social care, healthcare and criminal justice at a dual diagnosis workshop Cymorth Cymru’s 2 day conference *Linking different worlds: Looking up, looking out and learning* in March. (The definition of dual diagnosis also called co-occurring is the condition of suffering from a mental illness and a comorbid substance abuse problem).

- Continued to host and chair meetings of the **All Wales Health and Homelessness Advisory Group**.

### 2.5.2 Offender Health

- **Prison Mental Health Needs Assessment**

  In 2013 Public Health Wales carried out a comprehensive Mental Health Needs Assessment of prisoners in Wales, which has informed Welsh Government’s Policy Implementation Guidance for Mental Health Services for Prisoners in Wales. Public Health Wales chairs a group made up of representatives from prison mental health covering all prison estate in Wales. The group has overseen the successful implementation of the needs assessment’s prioritised recommendations. The group will be reconstituted by the end of 2014 to act as the implementation forum for the Welsh Government Prison Mental Health Policy Guidance.

  In November 2014 it will deliver a workshop focusing on suicide and self-harm prevention in prisons.

- **Mental Health and Well-being Needs Assessment for the Youth Offending Institute at HMP Parc and Hillside Secure Children’s Home.**

  Public Health Wales is on the steering group for this work, which was commissioned by the Youth Justice Board from Community Innovations Enterprise LLP. Public Health Wales has provided quality assurance
throughout the process as well quality assurance of the final draft.

- **Veteran Informed Prisons**

  Public Health Wales participated in the Task and Finish group which developed the Welsh Government guidance *Veteran Informed Prisons – A guide to improving the health and wellbeing of prisoners in Wales who are veterans* which was launched in November 2013. The document provides guidance to stakeholders on addressing problems experienced by veterans including information on primary and secondary mental health services, as well as Post Traumatic Stress Disorder (PTSD) and co-occurring mental health and substance misuse problems.
CHAPTER 3: A Well-designed, Fully Integrated Network of Care

- Implementation of the Measure- co-production of Care and Treatment Plans (CTPs) and support for quality improvement
- Management of co-morbid mental health and substance misuse pathway
- Psychological Therapies
- Dementia, support for staff on dementia training in response to the Andrews report
- Personality disorder, eating disorders
- Monitoring untoward incidents
- Service innovations to improve quality and safety

What has Public Health Wales achieved in the last 12 months?

3.1 To ensure that public services work together to provide an integrated approach. Implementation of the Measure- including co-production of CTPs and quality issues

During 2014 the 1000 lives improvement service continued to chair the Mental Health (Wales) Measure 2010 Implementation Group. The co-chairs also assisted Welsh Government to undertake its duty to review the Measure through a series of 4 task and finish groups. Using these groups and Welsh Government consultation exercise, evidence was gathered analysed and subsequently compiled within a report to Ministers on all four parts of the Measure Under Part 2 of the Measure this included the application of Care and Treatment Plans (CTPs). Welsh Government has commenced work to review the Wales specific Code of Practice to the 1983 Mental Health Act. The 1000 lives improvement service are represented on the project board overseeing this work and will, in partnership with Health Boards, undertake pre consultation events in hospital settings and in partnership with the third sector community settings establishing issues which service users wish to see amended within the review of the Code of Practice.

3.2 Management of people with substance misuse problems that co-occur with mental health problems

To ensure that the treatment of people with substance misuse and mental health problems is managed effectively, local Mental Health Partnership Boards (LMHPB) and Substance Misuse Area Planning Boards (SMAPB) are required to ensure that all relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems. At the time of writing an update of the Welsh Government Guidance on supporting people with co-occurring mental health and
substance misuse problems is anticipated. The 1000 Lives Improvement Service has worked with the Welsh Government’s mental health policy branch and its substance misuse branch to undertake this work.

The 1000 Lives Improvement Service and Public Health Wales vulnerable adult’s team are reviewing e-learning materials for their applicability within Wales as a resource to enable SMAPB/LMHPBs to ensure relevant staff are trained in co-morbid mental health conditions.

3.3 Improved access to psychological therapies.

The nationally convened Psychological Therapies Management Committee has become more formally established holding regular quarterly meetings. The 1000 lives improvement service continues to provide the facilitation and secretariat to the NPTMC. This year the NPTMC has secured funds from Welsh Government of 45k in full £47,000 to undertake work on assisting the strategic planning of the psychological therapies workforce and improving the standardised measurement of outcomes from psychological therapies. The resource has been allocated to Abertawe Bro Morgannwg University Health Board to undertake the programme of work. The 1000 lives improvement service shall convene a project steering group from within the NPTMC to oversee the delivery of the work.

Public Health Wales has in partnership with Cardiff and Vale University Health Board made a bid to the Health Foundation for a £5000 grant to upscale a mindfulness and acceptance and Commitment Therapy (ACT) programme. The bid progressed in August to the second stage of the process. A final decision on the successful bids will be made by the Health Foundation in November 2014. If successful the programme will see mindfulness and ACT further rolled out in Cardiff and the Vale of Glamorgan and within the Health Board areas of Cwm Taf University Health Board, Aneurin Bevan University Health Board and Abertawe Bro Morgannwg University Health Board over the next three years. Specific reference was made in the bid to the potential for delivery of this programme in Welsh prisons. If unsuccessful consideration shall be given to other means of enabling the delivery of these low cost psychologically based approaches that can be provided at a population level.

3.4 To improve physical and mental health care for those with chronic conditions including mental health problems.

3.4.1 Dementia

Dementia care improvement is now a first order priority for general health care across NHS Wales and the 1000 Lives Improvement Service continues to provide national and bespoke local support to Health Boards for delivery of their local priorities. Health Board strategies are
increasingly focused outwith the NHS, towards partnership working for the development of dementia supportive communities.

Public Health Wales and the 1000 Lives Improvement have provided training materials and other resources for Health Boards and their partners. These resources aim to enable staff coming into contact with older people, to ensure that they recognise and respond to signs and symptoms of mental illness such as depression, dementia, co-morbid conditions and other functional illness in older people.

The 1000 Lives Improvement service dementia care improvement ‘intelligent targets’ have progressed through pilot sites to wider roll out across Health Boards. These serve to improve dementia care through integration within Health Board ‘Dementia Action Plans’ that are reported annually to Welsh Government. The greatest take up and reliable spread of the improvement measures has been achieved in respect of dementia care target 1 for Memory Assessment services, target 2 for General Hospital settings and Target 5 for Psychiatric inpatient Units across all Health Boards. The implementation of Target 2 is driven through Health Board Action Plans for the Royal College of Psychiatry National Clinical Audit of dementia care. This includes reviews of target 3, to improve appropriate use of anti-psychotic medications in hospital and community settings. The central importance of these improvement measures for people with dementia and other cognitive impairment (particularly delirium) has been highlighted in the 2014 ‘Andrews’ Review – ‘Trusted to Care’. The challenge now is to spread the improvement measures throughout all hospital settings and to all relevant providers of residential nursing and home care.

To support improved identification and diagnosis of dementia (and other cognitive impairment), Public Health Wales and Cardiff University undertook the first national audit of Memory Clinics/Memory Assessment Services in Wales – published by Public Health Wales in August 2014. This deployed the same methodology as the Royal College of Psychiatry national audit in England with some adaptations to priorities for Welsh Language provision and improved services for Young Onset Dementia. The 1000 Lives Improvement Service has undertaken work with the Wales Mental Health in Primary Care Network (a part of the RCGP Wales) to produce training materials for primary care teams on dementia including dementia risk reduction. The video element of this Training Package is hosted on our WaMH in PC YouTube Channel. See http://www.wamhinpc.org.uk/managing-dementia-primary-care-training-package

These resources achieved first place in the national Peer awards in 2014 and steps are being taken to further develop them in order that they may be directed to an audience wider than primary care.
Building on this work the 1000 lives improvement service worked with colleagues in the UK Health Forum and Public Health England at an event in Blackfriars London. The outcome of this event was the development of the “Blackfriars Consensus” on dementia risk reduction. The consensus provides an agreed position signed up to by all of the UK home nations on messages concerning the advice to be given to the public and health and social care professionals on steps that can be taken to reduce the risk of developing or delay the onset of dementia. Work to promulgate these messages within Wales shall continue throughout 2014 through collaboration between the 1000 lives improvement service and Health Improvement Division in the Welsh Government.

3.4.2 To improve older people’s mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively.

Public Health Wales 1000 Lives Improvement coordinates the All Wales Improvement Network for Older People’s Mental Health to support the implementation of evidenced based learning and good practice. This work complements the national learning collaborative for the 1000 Lives Dementia Care Improvement collaborative

3.4.3 Public Health Wales to support Book Prescription Wales, to ensure that books on dementia are available in every public library throughout Wales.

Public Health Wales supports Book Prescription Wales programme by liaising with libraries across Wales. The programme has expanded to include books on dementia in all public libraries.

3.5 Personality Disorder pathway
The 1000 lives improvement service continues to chair the personality disorder pathway project board on behalf of the National Offender Management Service and Wales’ Probation Trust. The Board has overseen the development of the programme in 2014 and has now received confirmation of funding extending the programme into 2014-15. The programme identifies people with a personality disorder who are likely to pose a risk of sexual or violent crime, working with colleagues in Probation Service to reduce these risks as people enter and leave prison. The programme also includes a training component.

3.6 Eating Disorder Services for all ages
The 1000 Lives Programme improvement collaboratives for First Episode Psychosis and Eating Disorders aim to support delivery of evidence based treatments for early intervention and increased access for young people. The collaboratives continues to support local health board improvement priorities and these programmes have been refocused to specifically monitor and evaluate treatment outcomes.
• **First Episode Psychosis target interventions:**
The 1000 Lives Programme improvement service has developed and delivered full implementation in two Health Boards with bespoke early intervention services (Aneurin Bevin and Hywel Dda Health Boards). Other health boards are now developing their capacity for early intervention, with innovation development in the young people's mental health services in some localities, including partnerships with the voluntary sector. A national audit of the prescribing and monitoring of anti-psychotic medications for people with a First Episode Psychosis is being undertaken, including the monitoring and management of physical health.

• **Eating Disorders:**
The 1000 Lives Programme improvement service has developed and supported the implementation of the Welsh Government Framework for Eating Disorders and this is advanced in most localities. The priority for 2014 is on an evaluation of treatment outcomes for people with Eating Disorders in receipt of secondary care Eating Disorder services. Welsh Government is shortly to undertake a national review of the Service and Framework.

3.7 To ensure that services are based on a recovery and re-enablement approach supporting people to gain more control over their lives.

The 1000 lives improvement service is a member of the recovery learning set project group which oversees the work of two recovery learning sets in Hywel Dda University Health Board and Abertawe Bro Morgannwg University Health Board. It helps to promulgate the knowledge gained from the learning sets through the mental health networks.

3.8 **Health Inspectorate Wales (HIW) and Public Health Wales national task and finish group to develop improved systems for monitoring of untoward incidents by April 2013**
The 1000 Lives Improvement Service in partnership with Health Inspectorate Wales (HIW) has worked with health boards and local authorities through the Mental Health Leaders’ Collaborative to develop an integrated approach to managing serious untoward incidents and improve patient safety, including suicide and self harm. The first phase of this improvement programme was completed in April 2013 with the establishment of a national task and finish group to develop improved systems for monitoring of serious untoward incidents and to develop a culture within the service for positive risk management. This group has a multidisciplinary membership including academia, Welsh Government, Health Boards, the delivery unit and Care and Social Service Inspectorate Wales (CSSIW). Although initially established as a task and finish group it
was recently agreed with its membership that it shall become a standing forum.

Three national collaboratives have now been run to share learning from untoward Incident reviews and a local time limited pilot improvement project is underway in Cardiff & Vale with the Health Board, Local Authority and Justice Agencies to drive implementation of learning and help assure the delivery of Review Action Plans. A further local pilot improvement project is being planned with BCUHB. The work of the national steering group and the collaborative were highlighted as a positive approach to sharing learning from untoward incidents and improving patient safety as evidence to the recent Equality and Human Rights Commission inquiry into the non-natural deaths of adults with mental health conditions who die while being detained by the state.

Work was undertaken between Public Health Wales and a Welsh Health Board to explore a number of patient deaths to establish learning from these deaths in order to improve surveillance and improve patient safety. This work has been presented to the SUI collaborative and it is planned to produce a resource based upon the methodology used for Health Boards and other agencies in Wales.
CHAPTER 4:

- Homelessness Standards
- Public Health Wales, with partners to lead the exploration of barriers to meeting people with co-occurring mental health and substance misuse
- Welsh Government and Public Health Wales to review the Mental Health Direct Enhanced Service (DES) under the General Medical Service contract.
- Promotion of Book Prescription Wales
- The physical health needs of people with mental illness
- Welsh Government and Public Health Wales to work with third sector organisations to provide training and guidance for providers to help overcome barriers for people with mental health problems accessing Business Start Up Service
- To promote employment opportunities for people with mental health problems
- Public Health Wales to act as exemplar employers in developing workplaces that support mental wellbeing and both recruit and retain people with lived experience of mental illness.

What has Public Health Wales achieved in the last 12 months?

4.1 Welsh Government and Public Health Wales to review and re-issue the Health and Homelessness Standards by September 2013.

The Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups have been reviewed and re-issued. The standards are primarily concerned with health and improving health care service delivery. This improvement will be sequenced through the implementation of five standards; which cover, Leadership, Joint Working, Health Intelligence, Access to Healthcare and Homeless and Vulnerable Groups’ Health Action Plan (HaVGHAP).


The 1000 lives improvement service has engaged with the Effective Services for Vulnerable Groups work chaired by the CEO of Cynon Housing. The group explored with housing providers models of effective housing support for people with mental health problems. The group reported in Spring 2014.

4.2 Cymorth, with assistance from Welsh Government, Welsh Local Government Association (WLGA) and Public Health Wales, to lead exploration of barriers to meeting people with co-occurring
mental health and substance misuse problems and to support promotion of good practice and share findings by December 2013.

The 1000 lives improvement services worked with Cymorth Cymru linking the work being undertaken under 11.3 with the work Cymorth and WLGA have commissioned in the 4 pilot sites in Wales. This report was published in October 2014.

4.3 Welsh Government to review the Mental Health Direct Enhanced Service (DES) under the GMS contract.

Following Welsh Government revision of the DES, the 1000 lives improvement worked with Wales Mental Health Primary Care Network to produce dementia training materials for primary care in support of the Directed Enhanced Service These materials were produced and have been well received by primary care practices across Wales. Work has recently commenced to develop primary care training materials during 2014-15 on self-harm and suicide prevention.

4.4 To promote the health and well-being of the people of Wales by enabling people to access information from libraries to promote, manage and improve their health status throughout their lifetime.

4.4.1 Book Prescription Wales
The Health Promotion Library is working with Welsh Government to support the Society of Chief Librarians Wales SCL(W) to develop a ‘Health and Wellbeing Offer’ and key to this is the local delivery of the Book Prescription Wales scheme.

The Health Promotion Library is working with to support the implementation of the children and young people’s scheme and will be facilitating the distribution of three sets of the books being considered by CAMHS colleagues across health boards in Wales as part of the process of finalising the list of items to be recommended. The launch of the children and young people’s scheme is planned for March or April 2015.

4.5 To ensure that the physical health needs of people with mental illness are recognised and better met.
The National Exercise Referral Scheme (NERS) - see also 1.4.6

Exercise improves mental health and well-being, reduces depression and anxiety and enhances cognitive functioning. Although exercise can improve the quality of life of those living with mental health problems, its value is seldom recognized by mainstream mental health services. The evidence suggests that exercise may be a neglected intervention in mental health care.
NERS provides a service to people suffering from a range of defined health conditions whose health would be improved by increasing their physical activity levels through an evidence-based, structured and supervised exercise programme. Referrals are received from a range of health professionals including community mental health teams, and there is a specific NERS pathway for referral of clients with a mental health diagnosis.

4.6 To promote employment opportunities for people with mental health problems.

The 1000 lives improvement service has been a part of a working group established by Welsh Government to develop a bid to the Welsh European Funding Office (WEFO) for European Structural Funds for a peer support programme to improve employment opportunities for people with Mental Health problems who are unemployed. This work is ongoing.

4.7 NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing, and both recruit and retain people with lived experience of mental illness.

Public Health Wales has made a commitment towards the Mindful Employer this is being taken on by a Task and Finish group this will be in our action plan for 2014-15. The Public Health Wales’ Professional Organisational Development team arranged events for National Stress Awareness day in November 2013. A consultation process will consider a proposed domestic violence policy which clearly links to with mental health.

Public Health Wales provides an independent counselling service (Network of Staff Supporters, or NOSS), to which all employees can self refer. The aim of NOSS is “to help people stay healthy at work particularly in stress related circumstances”. Employees are offered six face-to-face counselling sessions with the possibility of additional sessions if all parties believe this would be helpful. Public Health Wales has an occupational health service to which all employees can self refer.

Furthermore, the Executive Director of Workforce and OD has appointed a Senior Human Resource Advisor for 12 months basis to look at the health and wellbeing agenda, including equalities and employee benefits, for staff within Public Health Wales. Public Health Wales sickness absence figures are the lowest in NHS Wales.

4.8 Welsh Government to work with third sector organisations to provide training and guidance for providers to help overcome barriers for people with mental health problems accessing Business Start Up Service
The 1000 Lives Improvement Service manager has worked as part of a UK expert reference group on mental health and employment task and finish group with the Department for Work and Pensions, statutory and third sector agencies focusing upon approaches to help people with mental health problems to retain or gain employment. This work was chaired by the Centre for Mental Health and has fed a RAND research project. The project published its report in January 2014 it can be accessed at:

CHAPTER 5: Delivering for Mental Health

What has Public Health Wales achieved in the last 12 months?

- To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness
- To ensure that good practice in mental health services is adopted and shared across Wales
- To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of Together for Mental Health

5.1 To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness

To ensure a sustainable skilled workforce that helps people improve health as well as treat illness includes all clinical staff engaged in 1000 Lives and trained in its methodologies. Furthermore, the Mental Health Clinical Leaders Group has expanded to cover professionals dealing with people of all ages.

The National Psychological Therapies Management Committee (NPTMC) and a project steering group will oversee work carried out by Abertawe Bro Morgannwg University Health Board to develop a strategic approach to further developing a multi-disciplinary psychological therapies workforce.

A 1000 Lives Manager chairs the Project Board overseeing the development of a personality disorder pathway for Wales. The pathway is being taken forward in a partnership involving National Offender Management Service, Probation Service and Welsh local health boards. This will continue throughout 2014 and into 2015.

5.2 To ensure that good practice in mental health services is adopted and shared across Wales.

Welsh Government and Public Health Wales are project managing work to develop a specification for a nationally standardised mental health core dataset (MHCDS). The dataset will include all ages, and cover both primary care and secondary care mental health services. Phase 1 of this project commenced in 2014 with an implementation testing phase to become operational in all localities by January 2015, for evaluation after 6 months. Phase 2 will be developed for implementation later in 2015-16. This is a long term project development.

The 1000 Lives Improvement Service leads a number of National Networks and collaboratives including;

- The Mental Health Leader’s Collaborative for all age groups which now incorporates the Mental Health Action Wales Network of local third sector organisations across Wales and the Wales
Alliance for Mental Health representing the national mental health charities.

- The Serious and Untoward Incident National Group and National Learning Collaborative
- The Mental Health Measure Implementation Group
- The All Wales Improvement Network for Older People’s Mental Health
- Facilitation as required at the all Wales Mental Health Clinical Leaders and General Managers Groups.
- The 1000 lives improvement service has a representative on the Core Group of the Wales Mental Health in Primary Care Network. The network takes commissions to produce advice and guidance materials for circulation to all G.P. practices in Wales.

5.3 To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of Together for Mental Health.

The MHCDS is now in a phase of implementation testing which will identify the capacity and capability of local information systems to deliver the MHCDS, including its outcome measures. However responsibility for regular progress review of implementation of the Together for Mental Health Delivery plan is with Welsh Government. The Public Health Wales 1000 Lives Team has established administrative capacity to support the Together for Mental Health Strategy Lead in Welsh Government.

Where do we require further action?

- The development of the MHCDS is a long term project.
- To take forward, through the NPTMC, an improvement in the measurement using standardised or compatible outcome measures for psychological interventions. To establish corporate processes and arrangements within Public Health Wales to facilitate the effective dissemination of information regarding mental health, and the monitoring of progress towards the targets in Together for Mental Health Delivery Plan.
Bibliography


Royal College of Psychiatrists. (2010). No health without public mental health, the case for action. London: Royal College of Psychiatrists


### Annex 1

**Action plan**

Public Health Wales NHS Trust Report against *Together for Mental Health* Delivery Plan Actions

**Chapter 1: Promoting Better Mental Wellbeing and Preventing Mental Health Problems**

<table>
<thead>
<tr>
<th>Action</th>
<th>Sub Action</th>
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<tr>
<td><strong>Outcome 1: Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible</strong></td>
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</table>
| 1.1 To ensure that mental wellbeing is given equal priority with physical wellbeing in the development and delivery of policy, programmes and services. **NOTE: THIS ALSO CONTRIBUTES TO OUTCOMES 2 & 3** | a. The All Wales Mental Health Promotion Network Board (MHPN) to ensure that the Network provides strong leadership and a focus for mental health promotion in Wales.  
**Ongoing from October 2014.** | As a result of reconfiguration of the thematic Public Health Networks into a single entity, the advisory board will no longer have a role in its present format. It is anticipated that the new integrated network however will continue to provide leadership and focus for mental health promotion in Wales; develop and support a community of interest in mental health & wellbeing based on the AWMHPN; and the advisory board members will continue to contribute to supporting the mental health promotion agenda. |
| | b. The MHPN to disseminate core knowledge and evidence based information.  
**Ongoing from October 2014** | The AWMHPN will be integrated into a new All Wales Public Health Network with its own supported Community of Interest. The new network will continue to identify and disseminate core knowledge and evidence based information through its website, Community of Interest and associated events. |
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<th>Action</th>
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<td>c.</td>
<td>The AWMHPN to build skills to support policy development and practical action for promoting mental wellbeing. <strong>Ongoing from October 2014</strong></td>
<td>The new network will continue to identify and signpost to training opportunities and downloadable resources provided to practitioners working on mental health promotion and actively support good practice with dedicated resources and a shared practice database. Relevant training opportunities signposted on the new network website. PHW together with Health improvement Division in WELSH GOVERNMENT shall continue to promote work to reduce the risk of dementia</td>
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<td>e.</td>
<td>Public Health Wales (PHW) to share best practice in relation to mental wellbeing impact assessment.</td>
<td>PHW have agreed to work with the Welsh Health Impact Support Assessment Unit in taking this action forward.</td>
</tr>
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Public Health Wales (PHW) to work with partner organisations to actively promote how good mental wellbeing can be achieved, along with the benefits of good mental health and wellbeing through health promotion communications to the public.

Promoting mental health and wellbeing is a core element of the Healthy Working Wales programme.

1.2 To improve the mental wellbeing and physical health of people with mental illness.

| a. | Public Health Wales (PHW) to give guidance on the National Exercise Referral Scheme (NERS) to reinforce importance of referrals of patients with mental illness |
| b. | Public Health Wales to ensure relevant training offered to co-ordinators and exercise professionals |

MH is currently included as a formal referral route for patients with mental illness.

NERS Instructors in all 20/22 local authority areas trained to NOS Level 4 Qualification for Mental Health

**Outcome 2: People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis**

| 2.1 To improve resilience of children and young people. |
| a. | Public Health Wales to ensure settings involved in the *Healthy and Sustainable Pre-School Scheme* achieve the national award criteria for mental and emotional health, wellbeing and relationships by **September 2015**. |
| b. | Local pre-school settings to be supported in this work by local co-ordinators. **September 2015**. |

628 preschool settings are now actively engaged in the Healthy and Sustainable Pre-School Scheme. 87 settings have achieved the Mental and emotional health, wellbeing and relationships national award criteria.

As above
f. Public Health Wales to ensure local healthy school schemes support schools in implementing the mental and emotional health and well being indicators as part of the *Welsh Network of Healthy School Schemes National Quality Award (NQA)* by December 2015. Ongoing, supported by Estyn guidance on mental and emotional health and wellbeing. 1677 schools are actively engaged with the Welsh Network of Healthy School Schemes; of these 971 have achieved the *Mental and Emotional Health and Well Being* national award criteria, this represents 58% of schools.

g. Local healthy school scheme co-ordinators to support schools in this work. December 2015. Local Co-ordinators receive training within their induction and also attend annual training events.

j. Public Health Wales to work with Mind the instructors to support Youth Mental Health First Aid (YMHFA) Scheme. The contract will cease 30 November 2014. Public Health Wales is working with schools settings to expand youth MHFA. During the period from 1st October 2013 – 30th September 2014, 343 people were trained in youth MHFA.

<table>
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<tr>
<th>2.2 To improve resilience for adults and older adults.</th>
<th>2.3 To improve resilience of communities.</th>
<th>2.4 To further reduce levels of suicide and serious self harm.</th>
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</thead>
<tbody>
<tr>
<td>a. Public Health Wales to work with instructors to support Mental Health First Aid (MHFA) Scheme. The <em>contract will cease 30 November 2014.</em></td>
<td>a. All agencies to identify contribution of third sector on mental wellbeing and resilience and to consider how joint working can further complement statutory provision. <em>Ongoing.</em></td>
<td>a. Public Health Wales to continue to lead the National Suicide and Self Harm Prevention Advisory Group (NSSPAG) action next steps as agreed with WELSH GOVERNMENT following midway reviews. <em>Ongoing.</em></td>
</tr>
</tbody>
</table>
| During the period from 1st October 2013 – 30th September 2014, 1889 people were trained in adult MHFA. | Mapping exercise of Third Sector contribution to mental health resilience to take place via Wales Alliance of Mental Health (WAMH) AND Welsh Council for Voluntary Action (WCVA). Examples of good practice to subsequently be showcased nationally. | The Minister for Health and Social Services has requested that the National Advisory Group develop a follow on strategic document following the expiry of *‘Talk To Me.’*

_U Can Cope_ leaflets and DVDs designed in Wales and endorsed by the Royal College of Psychiatry have been printed for distribution and use in Wales.
**Help is at Hand** was launched by the Minister in June 2013. Document disseminated widely in hard copy with an electronic version on the Public Health Wales website with links from other relevant sites.

d. LAs, LHBs, Welsh Ambulance Service, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self harm in Wales. **Ongoing.**

The Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (MHFA) Courses continue to be delivered. Consideration may be required concerning the additional targeting of ASIST and MHFA toward services working with high risk populations.

Presentations given to the cohorts of MHFA trainers in South and North Wales stressing the importance of reach for those working with high risk groups.
| 3.2 Welsh Government and Public Health Wales to encourage Corporate Health Standard and Small Workplace Health Award employers to share and promote best practice. | a. Welsh Government and Public Health Wales to encourage Corporate Health Standard and Small Workplace Health Award employers to share and promote best practice. **Ongoing.** | The promotion and sharing of best practice in the workplace health and well being is a key objective of the Healthy Working Wales network. This is achieved through support from the Public Health Wales Workplace Health Team, articles in the e-bulletin, information on the website, case studies, and presentations at the employer engagement events. **Corporate Health Standard**
- In the past year, with the support of Public Health Wales 34 organisations have committed to working towards the Corporate Health Standard at bronze level or above. 28 awards have been achieved; 10 bronze, 8 silver, 9 gold and 1 platinum. Organisations range from large employers such as the seven health boards in Wales, to smaller third sector and private organisations employing 200 + staff. **Small Workplace Health Award**
- In the past year, with the support of Public Health Wales 83 organisations have committed to work towards at least the bronze level of the Small |

**Outcome 3:** Child Welfare and development, education attainment and workplace productivity are improved as we address poverty.

**NOTE; SEE ALSO ACTIONS ON CHILD WELFARE UNDER OUTCOME 2 WHICH CONTRIBUTES TO THIS OUTCOME**

<p>| g. Public Health Wales in partnership with HIW to work with LHBs and LAs through the Mental Health Leaders’ Collaborative to develop integrated approach to managing serious untoward incidents including suicide and self harm by <strong>April 2013.</strong> | action completed: The National Steering Group meets quarterly and coordinates the delivery of the National learning Collaborrtive (3 held during 2013-14) and the local pilot improvement project in Cardiff &amp; Vale. A further pilot improvement projects is being planned with BCUHB. |</p>
<table>
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<tr>
<th>Workplace Health Award. 61 have achieved an award, 32 bronze, 22 silver and 1 gold. Types of organisation range from children’s nurseries to charities and small housing associations.</th>
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<tr>
<td><strong>b.</strong> Welsh Government and Public Health Wales to work with employers and partner organisations to actively promote the benefits of good mental health and wellbeing policies and practices, including through <em>Healthy Working Wales</em> employer engagement events.</td>
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<tr>
<td><strong>Mental health and wellbeing in the workplace is actively promoted through the Healthy Working Wales e bulletin to employers. A total of three workshops and one presentation on Managing Stress for managers were held. A total of 40 people attended the training. Feedback suggests that everyone found the events useful with 63% reporting that it was very useful. 87% said they were more confident in managing stress in the workplace as a result of the workshop.</strong></td>
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<td><strong>3.3</strong> To ensure that employers (businesses) have access to information on health and wellbeing.</td>
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<td><strong>a.</strong> Welsh Government WELSH GOVERNMENT and Public Health Wales to review <em>Healthy Working Wales</em> web content to ensure it includes awareness and the importance of actions needed to support improved mental wellbeing in the workplace, including signposting to existing resources.</td>
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<td><strong>The Healthy Working Wales Website has been updated to pull together information for employers, individuals and health professionals. The website, which will be launched in November, includes information on mental wellbeing in the workplace and links to further information and resources.</strong></td>
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## Chapter 2: A New Partnership with the Public

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<td><strong>Outcome 4</strong>: People with protected characteristics and vulnerable groups, experience equitable access and services are more responsible to the needs of a diverse Welsh population.</td>
<td>4.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services e. Public Health Wales to provide guidance and signposting information for LHBs and LAs on dealing with service users with protected characteristics by <strong>December 2013</strong>.</td>
<td>The Welsh Government has a secondee who will be taking this scoping work on the mental health needs of those with protected characteristics.</td>
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<td><strong>Outcome 5</strong>: Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</td>
<td>5.1 To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce. a. NHS and Social Services to ensure that principles of the Welsh Language Strategic Framework including the ‘active offer’ are mainstreamed into service delivery.</td>
<td>Public Health Wales is committed to considering the Welsh language in all aspects of our work. We acknowledge that there is work to be done in terms of embedding Welsh language considerations in our mental health work streams. This will receive attention in 2014-15.</td>
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<td><strong>Outcome 6</strong>: People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health.</td>
<td>6.1 To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available. b. Public Health Wales to expand the range of information on mental health and self management available to the public and practitioners on the All Wales Mental Health Promotion Network Website. <strong>Ongoing</strong>.</td>
<td>Website database of relevant research and evidence maintained and updated at least weekly. Downloadable resources available on network website. In addition, a review of the network website is planned, to include new sections on the ‘Five Ways to Wellbeing’ and revised content for each of the ‘Areas of Interest’ elements.</td>
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<td>During the period 1 October 2013 – 30 September 2014 2232 people have been trained in Mental Health First Aid: 343 on youth MHFA, and 1889 on adult MHFA. Mind has 63 youth and MHFA Instructors.</td>
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</table>
### Outcome 7: People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.

| 7.1 To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems | b. NHS and LAS to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. | Public Health Wales has employment policies to address health at work and stress. In addition, when new policies are being developed their impact on mental wellbeing are considered. An independent counselling service is provided for staff. |

### Outcome 9: Families and carers of all ages are involved in assessments for support for their caring roles.

| 9.1 To ensure support for families and carers through implementation of the Carers (Wales) Measure 2011 | a. LHBs and Trusts in conjunction with partner LA’s to draw up local Carers Information and Consultation Strategies **ongoing**. | Public Health Wales co-chairs the Mental Health Measure Implementation Group which addresses all 4 parts of the Measure. |

### Outcome 10: People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services.

| 10.1 To ensure that service users of all ages and their families and carers are fully involved in service development. | d. Public Health Wales (MHAW) to provide support for service users and carers involved in National and Local Partnership Boards. **Ongoing**. | This work is no longer being supported. |
| NOTE: ALSO CONTRIBUTES TO OUTCOME 17 | e. Public Health Wales to organise and MHAW to facilitate an annual standing conference on service user and carer participation. **Ongoing from October 2013**. | Annual MHAW conferences were run in 2013 as 3 regional events to facilitate ‘representative’ service user and care involvement in Local MH Partnership Boards and on the WELSH GOVERNMENT National MH Partnership Board, via the establishment of a ‘National Forum’ in partnership with the Wales Alliance for Mental health (WAMH). Please note this work is no longer being supported by Welsh Government. |
Chapter 3: A Well Designed, Fully Integrated Network of Care

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<td><strong>Outcome 11: Service users experience a more integrated approach from those delivering services.</strong></td>
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<td><strong>11.1 To ensure that public services work together to provide an integrated approach.</strong></td>
<td>f. LAs to work together with the NHS to enact new duties from implementation of the Social Services Act. <em>Timescale to be confirmed under regulation.</em></td>
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<td><strong>11.2 To ensure effective transition between adult and CAMHS Services.</strong></td>
<td>b. 1000+ lives programme collaborative for First Episode Psychosis and Eating Disorders to support delivery of evidence based treatments for early intervention and increased access for young people (PHW) in 2013.</td>
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**Outcome 12: People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.**

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<td><strong>12.1 To ensure the expansion of primary care mental health services.</strong></td>
<td>b. Public Health Wales to develop a curriculum for Primary Care Mental Health Workers PCMHWs by year end 2012-13.</td>
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**NOTE: ALSO CONTRIBUTES TO OUTCOME 13.**

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<td><strong>12.6 To ensure appropriate and timely interventions for people in custody.</strong></td>
<td>a. Public Health Wales to commission an all-Wales prison mental health needs assessment (including young people’s estate) by April 2013.</td>
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**ACTION COMPLETED:**
Curriculum has been completed and agreed by AGORED and was launched by the Minister for Health and Social Services in June 2013. Development group meeting to consider assessment process.

Needs Assessment completed and Action Plan developed, but did not include the youth estate at this stage due to several methodological issues. The Youth Justice Board commissioned Community Innovations Enterprise LLP to carry out a Health and Well-being Needs Assessment for the Youth Offending Institute (YOI) at HMP Parc and YOI. Public Health Wales sat on the steering group for this work and provided quality assurance throughout the
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<td>process as well of sign off of the final draft. A similar process is currently being undertaken for Hillside secure children’s home, for which PHW will again provide the quality assurance.</td>
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### Outcome 13: Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.

| 13.4 | To improve older people’s mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively. | c. NHS, LA and Third Sector staff, including Primary Care Mental Health workers who come in contact with older people, to receive training to ensure they recognise and respond to signs and symptoms of mental illness such as depression and other functional illness, dementia and co-morbid conditions in older people by **April 2013**. | 1000 Lives dementia targets for the general hospital setting. Now integrated in HB Dementia Action Plans. |

| 13.5 | To improve dementia care, including for younger individuals, in all settings across Wales. | a. LHBs and partners to implement the Welsh Government National Dementia Vision document, including young onset dementia services **Ongoing**. | Implementation of service improvement priorities being driven through 1000+Lives Collaborative for dementia care improvement, integrated with Royal College of Psychiatry national clinical audit of dementia care (general hospitals). Local Collaborative’s are being developed in accordance with individual HB priorities for improvement and developing dementia supportive communities. |

|  | e. Public Health Wales to ensure that books on dementia are available in every public library through Book Prescription Wales. **Ongoing**. | Achieved |

### Outcome 14: Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.

| 14.2 | To develop service culture for positive risk management. | a. HIW and Public Health Wales to establish a task and finish group to develop improved systems for monitoring of untoward incidents **by April 2013 on going**. | **ACTION COMPLETED:** National Task and Finish Group established in 2013 and run quarterly, with launch of national Collaborative in March. Partnership work between Public Health Wales and HIW. Phase 1 of the work programme completed April 2013. |

|  | b. Public Health Wales to establish a national collaborative for sharing learning from untoward incidents **by April 2013**. | **ACTION COMPLETED:** Improvement collaborative launched in March 2013, to meet 3
Chapter 4: One System to Improve Mental Health

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<th>Action</th>
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<th>Outcome 15: People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</th>
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<td>15.3</td>
<td>a.</td>
<td>Supported the implementation of the Health Board Homeless and Vulnerable Groups Health Action Plan (HaVGHAP) groups by promoting, via partnership arrangements, the Standards for Improving the Health and Wellbeing of Homeless and Specific Vulnerable Groups to all health boards and local authorities. Mental health sits at the core of the guidance. (See <a href="http://wales.gov.uk/topics/health/nhswnaylor/healthservice/homeless/publications/standards/?lang=enWGWE">http://wales.gov.uk/topics/health/nhswnaylor/healthservice/homeless/publications/standards/?lang=enWGWE</a> LSH GOVERNMENT)</td>
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<td>i.</td>
<td>Cymorth, with assistance from Welsh Government, Welsh Local Government Association (WLGA) and (PHW), to lead exploration of barriers to meeting people with co-occurring mental health and substance misuse problems and to support promotion of good practice and share first event jointly organised between Cymorth and Welsh Local Government Association (WLGA) on Dual Diagnosis held in February 2014 in Cardiff. Pilots established and concluded report published October 2014.</td>
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ACTION COMPLETED: Support the implementation of the homeless standards
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<td>findings by <strong>December 2013</strong>.</td>
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<td><strong>15.8</strong></td>
<td>To ensure that the physical health needs of people with mental illness are recognised and better met.</td>
<td>b. LHBs and Public Health Wales to ensure that general health promoting initiatives are signposted for people in contact with mental health services. <strong>Ongoing from October 2014</strong>.</td>
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<td><strong>15.9</strong></td>
<td>To promote employment opportunities for people with mental health problems.</td>
<td>a. Welsh Government, LAs and the NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing, and both recruit and retain people with lived experience of mental illness, by <strong>Ongoing from October 2014</strong>.</td>
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<td>National Exercise Referral Scheme (NERS) has referral criteria developed for mental health patients. Exercise referral coordinators have been trained to deliver this to mental health patients. Public Health Wales has employment policies to address health at work and stress. In addition, when new policies are being developed their impact on mental wellbeing are considered. An independent counselling service is provided for staff.</td>
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### Chapter 5: Delivering for Mental Health

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<td><strong>Outcome 16: Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.</strong></td>
<td><strong>16.1</strong> All staff across the public sector to promote a culture that is respectful and experienced as empowering</td>
<td>The majority of Public Health Wales HR staff have been trained in mental health awareness, and dignity at work advisers have been identified. Public Health Wales funds an independent counselling service for staff.</td>
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<td><strong>b.</strong> LHBs and LAs with their partners to ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it. <strong>Ongoing.</strong></td>
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<td><strong>In addition, the following actions will provide assurance that the aims of Together for Mental Health are being delivered</strong></td>
<td><strong>19.2</strong> To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of Together for Mental Health</td>
<td>Three potential approaches identified following scoping work with colleagues in Statutory and Third Sectors. Two of these approaches are being progressed via pilots identified by LHBs. Pilots are taking place across CAMHS, Adult and older people services in community, hospital and secure service settings across Wales including with Third Sector providers. Evaluation of pilots planned for Autumn 2013.</td>
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<td><strong>a.</strong> Welsh Government to work with the Third Sector, NHS and LAs to develop a set of outcomes indicators from a service user lens by <strong>December 2013.</strong></td>
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</table>
Contributors:

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