scrutiny

DRAFT

Information, Advice and Assistance (IAA) Services for Mental Health Service Users in Cardiff

Draft as at 24th NOVEMBER 2015

CARDIFF
CAERDYDD

City of Cardiff Council

CONTENTS

CHAIR'S FOREWORD

To be completed.

Councillor Mary McGarry
Chair, Community & Adult Services Scrutiny Committee
December 2015

TERMS OF REFERENCE

- To investigate the work underway by statutory, voluntary and third sector organisations regarding:

    - Existing provision of information, advice and assistance services (IAA services) to existing and potential mental health service users in Cardiff[1]

    - Preparing for the implementation of the information, advice and assistance requirements of the Social Services and Well Being (Wales) Act 2014 (The Act).

- To gather stakeholders' views with regard to existing provision and implementing The Act.

- To commission Scrutiny Research to undertake primary qualitative research with existing and potential mental health service users in Cardiff to gain their perceptions and views on the provision of these services.

- To explore relevant best practice in external organisations and other local authorities, which is transferable to Cardiff.

- To make evidence based recommendations to improve the way information, advice and assistance services for mental health service users are provided in Cardiff

Members of the Task & Finish Group were:
- Councillor Mary McGarry (Chair)
- Councillor Chris Lomax
- Councillor Eleanor Sanders.

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[1] The IAA duties apply to all social services client groups. In order for an Inquiry on IAA to be achievable and timely, Members decided to focus on one client group. Members chose mental health service users given the increase in numbers in recent years in this client group as well as because people in other social services client groups have a higher likelihood of needing mental health services.

KEY FINDINGS

HEADLINE FINDINGS

KF1. There are existing IAA services in Cardiff, provided by Health and Third Sector partners, which are designed specifically to meet the needs of mental health service users, their carers and families. On their own these are not sufficient to meet the requirements of The Act 2014.

KF2. The review of good practice undertaken to inform this Inquiry found that the following factors are key in determining the effectiveness of IAA provision: accessibility; timeliness; content quality; usefulness; and the interface experience. In addition, it is important to improve co-ordination and signposting between information providers across professional boundaries, promote information sharing between all providers and involve service users in the design, implementation and evaluation of information advice and advocacy services.

KF3. There is an opportunity to use the expressed willingness of Health and Third Sector partners to build on existing services to develop an approach to the provision of IAA services for mental health service users, their carers and families that accords with both the requirements of The Act 2014 and good practice.

KF4. The Act 2014 builds on good practice and sets out that local authorities are required to secure provision of an IAA service that meets a national set of delivery standards, working with Health, the third sector and service users in the design, planning and development of the service and monitoring usage of the IAA service. This service will provide the primary entry point to the care and support system.

Existing Provision in Cardiff

KF5. There is a multiplicity of mental health services available in Cardiff, provided by health services, adult social services and third sector groups.

KF6. There are several existing information, advice and assistance services available in Cardiff for adults with mental health needs. However, evidence presented to the Inquiry demonstrated that the existing services are not joined up, as they have tended to develop individually and in response to particular needs, in a reactive way.

Accessibility

KF7. GPs currently play a central role with regards to co-ordinating access to mental health services. However, Members heard that it is not appropriate to rely solely on GPs to provide IAA services for the following reasons: it risks over-medicalising the provision of IAA services for mental health service users and/ or their carers; it can be difficult to obtain a GP appointment in a timely manner; some mental health service users find it problematic waiting in a GP surgery; and some clients do not relate well to their GP and would need a different route for IAA service provision.

KF8. There are currently a number of issues that cause existing IAA services in Cardiff to be inaccessible for a number of people. Members heard that there are barriers preventing access to IAA services, including the stigma associated with mental health, concerns people often have about what will happen to their loved ones if Social Services becomes involved in their lives, language barriers and a lack of childcare.

KF9. In addition, the evidence shows that, even when people want to access IAA services, they often do not know how to access the available IAA services and do not know where to go to find help in accessing these services. 52% of those responding to the Scrutiny Research survey stated that they did not know where to go or how to find out where to go to get help.

Timeliness

KF10. Good practice regarding timely access to IAA is not currently evident in Cardiff, both in terms of being able to access IAA services at the right stage of the care pathway as well as being able to have quick access to IAA services. This links to the above finding that accessibility of IAA is poor.

Quality

KF11. Overall, once IAA services are accessed, the Scrutiny Research findings showed that approximately three quarters of service users have a good experience of these services, in terms of ease of understanding, the content quality, the relevance and the usefulness of the IAA provided.

Interface Experience

KF12. The evidence to the Inquiry demonstrated that the just over half of all respondents to our research felt they were treated positively. However, there was a breadth of respondent views on interface experiences, ranging from "compassionate" and "caring" through to "indifferent", "rude" and "disrespectful".

KF13. The range of interface experiences reflects the landscape described to this Inquiry, with regard to disparate provision, changing working place culture and patchy relationship building across teams, sectors and

individuals. A practical example of this is the lack of a system in place to monitor the distribution of third sector information to mental health service users in hospital clinic settings.

KF14. Mental health care professionals recognised the picture described in the research report, and by other witnesses, and recognised the need to improve workplace culture. Members heard that work is on-going to achieve this by embedding the Recovery Model, which requires a person-centred approach, and a consequent enhancement in working practices and culture.

Effectiveness

KF15. With regard to the effectiveness of the IAA provision, nearly two fifths of research responses indicated existing provision is ineffective. The reasons given for this reflect the issues detailed above. In addition, responses highlighted that ineffective service could relate to low staff numbers, time restrictions facing IAA services and resource pressures.

The City of Cardiff Council's proposed approach to implementation of The Act

KF16. This Inquiry heard that there are four main strands to the City of Cardiff Council's proposed approach to meet the IAA requirements of the Act, which are: a directory of services; a 'first point of contact'; improving the Council's website to enable self-assessment; and using the Hubs to provide information and to signpost to advice, assistance and assessment.

KF17. The Council has decided to join the national directory of services, Dewis Cymru, and work is underway to upload local data in January 2016. The Directory will be available online, via Hubs and visiting officers will use it when assisting clients via handheld devices.

KF18. The first point of contact will be subsumed into the wider Customer Relationship Management process (CRM) as that is rolled out across the Council and will then include all customers and client groups including mental health.

KF19. The Stepiau website, jointly supported by Health and the Council, already provides self-assessment and self-referral for mental health service users in Cardiff and so the Council's website will not seek to duplicate this.

KF20. Hubs will be used to provide information, signpost clients and assist clients to access assessments.

Ensuring accessibility

KF21. This Inquiry heard that the accessibility of IAA services can be boosted or hindered depending on the language used to describe access, as terms can be confusing to service users, carers, families and professionals alike. Examples cited to the Inquiry were 'first point of contact', 'single point of entry' and 'gateway', which can be interpreted differently depending on one's previous experience.

KF22. The Inquiry heard that the Council's website and the Directory of Services will be available in English and Welsh, as would publicity materials to promote these. Members heard that the existing Stepiau website is already available in English and Welsh and will soon be available in eight of the most common other community languages in Cardiff.

KF23. Members heard that staff in Council Hubs already provide services in a range of community languages and this would continue, as would work with community groups.

Regional approach

KF24. Members heard evidence that there is work towards a regional approach, with discussions taking place as part of the 'readiness' work for implementation of the SSWB Act. The City of Cardiff Council and the Vale of Glamorgan Council are piloting differing approaches re IAA services with the aim of sharing learning.

KF25. Witnesses welcome a regional approach but take differing approaches to this to reflect the need of their service users and organisations. The final approach to regional working needs to enhance these rather than diminish this provision.

Service Design and Planning

KF26. Members heard clear evidence from all the external witnesses that the IAA requirements of The Act had not been raised or discussed with them by the Council. Indeed, several witnesses stated that the first time they were aware of the IAA requirements was when they were contacted by scrutiny officers to seek their participation in the Inquiry. For example, the Cardiff & Vale University Health Board (UHB) is focused on treatment in clinical settings and responding to changes in mental health service requirements. At the time of giving evidence to the Inquiry, they stated they had limited awareness of the requirements of The Act but expressed a readiness to work in partnership with the local authority to implement these requirements effectively.

KF27. All those currently involved in the provision of IAA services to mental health service users who gave evidence to the Inquiry demonstrated a clear willingness to work with the Council to design, plan and develop IAA services that meet the requirements of The Act. There is a clear plea not to re-invent the wheel but to use the knowledge and mechanisms that already exist.

Appropriate Training

KF28. Members heard time and again that it was critical for frontline staff to receive appropriate training, such as mental health first aid training, which is a step on from mental health awareness training. Members heard that the Cardiff and Vale University Health Board may have available funding for this training and that Cardiff Mind provides this training for a number of organisations in Cardiff, including the Cardiff and Vale University Health Board.

KF29. Diverse Cymru highlighted the need for staff to receive multicultural awareness training to ensure that the needs of minority ethnic mental health service users, their carers and families are recognised, understood and met appropriately.

KF30. Members note the willingness of the UHB's witness to use the evidence provided by the Scrutiny Research Report to redesign their staff training to ensure that the issues raised are incorporated and can be addressed.

Monitoring Requirements

KF31. The draft code of guidance sets out the monitoring requirements, which are: nature of the enquiry; which type of service the enquirer was signposted to; and core data. It also details data they recommend collecting to help with further service improvement e.g. customer feedback and the information exchange route used, such as website/ phone call/ visit.

RECOMMENDATIONS

These recommendations build on the Key Findings of this Inquiry and are designed to assist in ensuring the effective implementation of the IAA requirements of the Act. Members suggest that, on acceptance of the Cabinet Response to this Inquiry, the Act Implementation Plan is revised and updated to reflect recommendations that are accepted, to ensure work to implement these recommendations is captured and monitored. The Committee will then be able to use the Act Implementation Plan monitoring reports to track progress with implementing agreed recommendations, rather than requesting a separate progress report.

Implementation Approach

R1.   Hold a meeting, by end of January 2016, with the Cardiff & Vale University Health Board and relevant third sector organisations to:
      a. build on the awareness raising and goodwill evident from this Inquiry; and
      b. to design, plan and develop IAA services for mental health service users and carers that meet the requirements of the Act.
(KFs 1- 6 inclusive, KFs 16-20 inclusive and KFs 26-27)

R2.   Seek assurance from the Welsh Government, by end of February 2016, that Cardiff Council's proposed approach to IAA services for mental health service users and carers is compliant with the requirements of the Act, including the proposed regional approach with the Vale of Glamorgan Council.
(KF4, KF7, KF 16-20 inclusive and KFs 24- 25)

Improving Accessibility

R3.   Ensure that the provision of IAA services for mental health service users and carers in Cardiff do not rely solely on accessing IAA services via GPs.
(KF 7)

R4. As part of the IAA service provision for mental health service users and carers, use the existing Stepiau website and CAVAMH Directory of Services and signpost to these from the Council's website and Directory of Services.
(KF17, KF19, KF22 and KF27)

R5. Develop a communication strategy to promote the IAA services that addresses the barriers to accessibility identified in this report, by:
   a. Addressing the stigma attached to mental health;
   b. Addressing the myths and perceptions regarding Social Services;
   c. Using the 10 main community languages of Cardiff to promote the IAA services;
   d. Being culturally appropriate on every channel/ platform;
   e. Providing 'easy read' versions of communications materials;
   f. Using clear definitions.
(KF4, KF8, KF9, KF10, KF21, KF22 and KF23)

R6. Work with the Cardiff and Vale University Health Board, CAVAMH and other relevant third sector organisations to:
   a. improve information sharing, coordination and signposting across sectors; and
   b. put in place monitoring arrangements to capture whether information is reaching those that need it, in a timely manner.
(KF2, KF9, KF10, KF13, KF17, KF18, KF19)

Training

R7. Within six months, put in place mental health first aid training and multicultural awareness training for all Hubs frontline staff and first point of contact staff and all Cardiff Council frontline staff involved in delivering IAA services.
(KFs16-20 inclusive, KF28 & KF29)

R8.   Within six months, investigate whether funding is available from Cardiff and Vale University Health Board and other routes to finance the mental health first aid training and multicultural awareness training for Cardiff Council frontline staff.
(KF28)

R9.   Within six months, work with UHB to ensure the redesign of staff training for all integrated teams addresses the issues raised in the Scrutiny Research Report regarding working place culture are incorporated and addressed.
(KFs12- 14 inclusive KF30)

Monitoring

R10.   By the commencement of the Act, put in place monitoring arrangements that meet the requirements of the Act.
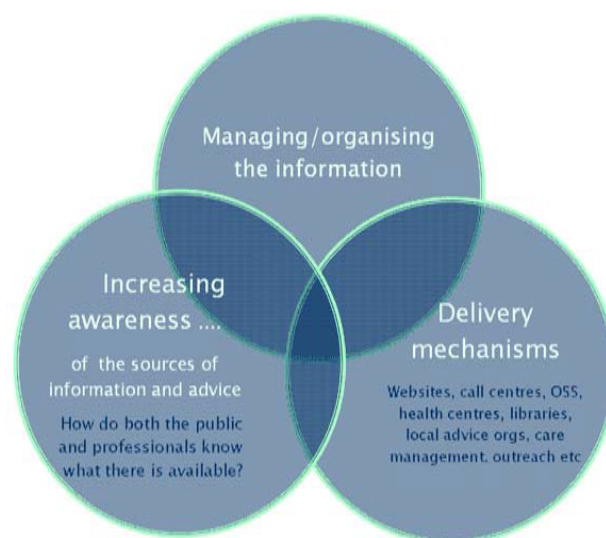*(KF31)*

GOOD PRACTICE RE IAA SERVICE PROVISION

1. To inform the approach taken during the Inquiry, Members considered a number of publications detailing good practice with regard to Information, Advice and Assistance Services, hereafter referred to as IAA services. Several of these came about as a result of the requirement in England, since 2010, for local authorities to ensure access to universal information and advice services, contained in *Putting People First*[2].

2. Since then, the Care Act 2014 has required English local authorities to give priority to information and advice and take a whole system approach by linking with the range of ongoing work to improve the provision of information and advice, ensuring people know where and how to access information, are given consistent advice and are not passed from pillar to post[3].

3. The Care Act 2014 advocates that English local authorities develop local strategies that emphasise a joined-up approach across agencies. As part of this Inquiry, Members looked at several examples of Information and Advice Strategies which other English local authorities have developed to meet the requirements contained in the Care Act 2014. Many of these focus on three main elements: increasing awareness of sources of information and advice; managing/ organising the information; and delivery mechanisms, as shown in diagrammatic form below:

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[2] Putting People First applies in England and is a concordat, published by the Department of Health in 2007, which details the transformation of adult social care services.
[3] Taken from : http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/Information-and-Advice-Strategy-Toolkit/About-the-toolkit/

Information and Advice (and Advocacy) map

4. When taken together, the following key factors are commonly cited as determining the appropriateness and quality of IAA services:

- **accessibility** of information, advice and assistance.
- **timeliness** of information, advice and assistance.
- **content quality** of information, advice and assistance.
- **usefulness** of information and advice.
- **interface experience** - between person seeking advice and information and person providing information and advice, from perspective of person seeking advice and information.

5. In terms of **accessibility**, good practice guides highlight the following:
- Ensure there is awareness raising of information and advice services amongst the public.
- Ensure information is available in a range of formats and channels and is accessible to all groups.
- Ensure that information needs for all groups are met.
- Tailor services to meet to individual needs and preferences.
- Recognise the needs of minority communities.
- Ensure information is instantly available to take away.

6. In terms of **timeliness**, good practice guides highlight the following:

- Provide information and services related to points in people's lives when support is needed e.g. decline in health; onset of illness or disability; bereavement; start of caring role; life transitions – adulthood, retirement; transition between services.
- Ensuring there is sufficient time to consider the information, advice and assistance given.

7. With regard to **content quality**, good practice guides highlight the following:

- Information should meet quality standards.
- There should be consistency of services.
- Information should be available on services and products that are available both locally and nationally.
- Information should cover the aims of a service, who it is for, what it does, when it is available, how much it costs and how to access it.
- Individuals should be able to find out about the quality of a service/ product from star ratings, accreditations, local authority reviews and customer reviews.
- Comprehensive financial information on current services should be provided to inform future options.
- Information and advice should be free to the consumer until they need more specialist advice, advocacy or support planning. This will then need to be costed out and included in contracts to be to be charged to organisations or individuals, depending on need.

8. With regard to **usefulness**, good practice guides highlight that information and advice services should:

- Help clients to understand their problem.
- Resolve queries and/ or offer a range of solutions.
- Advise on waiting list times.

9. In terms of **interface experiences**, good practice guides highlight the following:

    - Services should be able to provide explanations in a clear language that is easy to follow.
    - Services should play a role in supporting clients both emotionally and practically.

10. Good practice guides also cover the principles by which IAA services should be developed, highlighting the following:

    - The strategic significance of providing good quality information should be understood by all stakeholders.
    - Improve co-ordination and signposting between information providers across professional/governmental boundaries.
    - Promote information sharing between all providers.
    - Involve service users in the design, implementation and evaluation of information advice and advocacy services.
    - Define clear responsibility for service provision.
    - Support organisations to improve their information, advice and advocacy provision.
    - Find out what works and what does not work.
    - Recognise the potential new roles of social workers.

11. In addition, a literature review undertaken by Andrew Dunning, JRF[4] (2005), found four common overarching principles apparent within the literature on information, advice and advocacy for older people, as follows:

    - **Independence**: being independent helps to ensure that the needs and interests of the older person remain paramount. Clear conflicts of interest can arise where service providers also offer information, advice and advocacy relating to the services they themselves deliver.
    - **Empowerment:** information and advice can help to ensure that older people are aware of their circumstances and options as

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well as the services and support they may require to take, and to remain in, control. Advocacy should enable older people to find and use their own voice wherever possible, as well as being about speaking up on their behalf if needed.

- **Inclusion:** information, advice and advocacy are ways of supporting older people to become involved in decision making and to be included in the life of the community. Inclusion also means that these services should themselves be accessible and that older people should have equal opportunities to be involved in managing, developing and delivering as well as using them.

- **Citizenship:** older people may need to be informed, advised or represented in order to secure and exercise their rights and entitlements as citizens. This relates both to basic human rights and to consumer rights and entitlements to particular goods and services.

12. The IDeA guide '*Transforming Adult Social Care: Access to Information, Advice and Advocacy' (2009)* sets out numerous examples of good practice across the country. Some of the examples of good practice are highlighted below, with further practice examples, case studies and website links provided in **Appendix D**. Further details of all the good practice publications are contained in the bibliography to this report.

Stockport's My Care My Choice website (www.mycaremycoice.org.uk) invites visitors to choose options based on service-orientated questions. Options are presented as big buttons with short text in simple language with appropriate images. It also provides on-line tools, such as a benefits calculator, and basic assessment and eligibility details to enable people to self-serve information.

MyManchesterServices (www.manchester.gov.uk/mymanchesterservices) offers a web-based information directory with links from the home page in relation to life events as well as services. It provides information about services and community groups which can be searched in relation to an address or location.

In **Tower Hamlets** a team of outreach workers is funded under the LinkAge Plus initiative. They work with their communities, both geographical and communities of interest. They link people to resources and do some capacity building. They target people who are isolated by disability, language or culture. They work through established advice outlets and centres and have access to legal advice.

In **Gloucestershire**, information and advice is linked to community development/ building social capital and reaching isolated people through 'Village Agents developed through LinkAge Plus. There are also Community Agents who deliver services in community languages. Agents work through community networks, do home safety and benefits checks and link to social activities, support and care.

In **Tower Hamlets** people with disabilities and their supporters provide a range of information, advice and advocacy, including writing specific leaflets, providing information about and support into employment, information and support in relation to benefits and peer information and support for people with learning disabilities.

In **Leeds** 'neighbourhood networks' are established throughout the city. They are voluntary sector organisations, locally 'owned', governed and managed and deliver a range of services, support and activities including information, advice and advocacy and other initiatives that support independence and wellbeing. The focus is prevention. Networks also support people with social care self assessments and support statutory services with delivery of specific initiatives.

Kent Council's website includes the facility for self assessment (which is mainly completed with support), together with access to the Care Services Directory, which is formed of entries from providers and includes price, required links to CSCI reports and links to maps. The directory can be searched by location. It is hoped to add service availability to this. This started as a residential care database and domiciliary care is being added.

REQUIREMENTS OF THE ACT 2014 RE IAA

13. Part 2, Section 17 of The Act 2014 '*places a duty on local authorities to secure the provision of a service to provide people with information and advice relating to care and support and assistance in accessing care and support.*'[5] The Director of Social Services is responsible for ensuring the design, plan and delivery of the model meets the duties of the local authority.

14. The Welsh Government Executive Summary states:

   '*As a minimum this service must include the provision of information on:*
   - *How the care and support system operates;*
   - *The types of care and support available;*
   - *How to access this care and support; and*
   - *How to raise concerns.*

   Local authorities currently provide an information service but their provision will need to be enhanced to meet the new duties. The aim is to secure a service which is accessible to all people and provides the critical entry point to the new system. The Service will be central to the delivery of care and support and will play a key role in assessing a person's need for care and support and directing people to the most appropriate solution to meet their needs. It will enable early intervention and preventative support to reduce the need for managed care and support… There are no regulation-making powers in relation to this section in the Act. Instead, Chapter 5 of the code sets out requirements for the service including:

   - *An accessible service available to all people;*
   - *National delivery standards;*
   - *A skilled workforce;*

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[5] Welsh Government Executive Summary 'Implementation of the Social Services and Well-being (Wales) Act 2014

- *A service configured on an LHB regional footprint basis as a minimum;*
- *An integrated approach with health, the third and independent sectors;*
- *Recording personal data through the simple assessment process; and*
- *Recording management data for performance and future planning.'*

15. To assist with preparation and implementation of The Act, the Welsh Government is preparing Codes of Guidance. Chapter 5 of the draft Code is attached at **Appendix C** of this report. The draft Code was out for consultation till 2 February 2015 and the final Code is awaited. A definition is provided for each of 'information', 'advice' and 'assistance', as follows:

Information:
Information will be quality data / material that supports a person to make an informed choice about their well-being. This will include financial information, and information on direct payments, information on charges, and other matters that would enable someone to plan how to meet their care and support needs, or support needs if they were a carer.

Advice:
Advice will be a way of working co-productively with a person to explore the options available and offer guidance to them about making the most suitable choice to overcome barriers they may face to achieving their personal well-being outcomes. The provision of advice will require the service provider to conduct a simple assessment and to record basic personal data and the advice given.

Assistance:
Assistance, if needed, will follow the provision of information and advice. Assistance will involve another person taking action with the enquirer, to support the enquirer to **access** care and support, or a carer to access support. Responsibility for the activity undertaken is shared between the giver and receiver of the assistance. The provision of assistance will also require the service to conduct a simple assessment and to record any additional personal data and details of the assistance offered and taken up by the enquirer.

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16. Other key points that are made within the Chapter 5 of the draft Code are:

- IAA service will be available to all people in the local area, including those in the 'secure estate';
- IAA must be accessible and suit the needs of the local authority population;
- IAA service will be provided via a range of media and formats and be available 24/7;
- IAA service will provide the primary entry point to the care and support system;
- IAA service will provide access to relevant, accurate, high quality and timely IAA;
- IAA service will provide information and advice about how to raise concerns about the well-being of another person who appears to have care and support needs;
- IAA service will provide information and advice on care and support services, as well as preventative well-being services, Direct Payments, charges for care and support, local advocacy services and complaints procedure;
- Guidance is provided on the recording and monitoring that IAA service would need to implement for national management information purposes;
- Safeguarding duties will be acted on immediately and without delay;
- Staff working for the IAA service will consist of '*a team which reflects a mix of skills and experience from a range of professionals from the social care, health, third and independent sectors'*; staff will be skilled to undertake a simple assessment, in line with Part 3 of the Act relating to Assessing Needs, which will be followed up by a specialist assessment where required;
- A communications strategy must be produced to promote the IAA service;
- There is a list of the National Service Delivery Standards that will apply to the IAA service – these are shown at point 275, **Appendix C**.

17.   Chapter 5 of the draft Code makes it clear that the new IAA service '*is a shift from information about services to information about people and their care and support needs to enable them to better help themselves and others.*' It also states that '*local authorities should consider their duties to promote social enterprises, co-operatives and user-led services in order to approach the development of the Service in an innovative way.*'

18.   Chapter 5 of the draft Code states that '*local authorities must work together to ensure the IAA service is consistent so that people find information easy to access in local authorities which are not their ordinary residence.*'

19.   Chapter 5 of the draft Code stresses the need for integrated services, with local authorities working across departments, with local health boards and NHS trusts, and with other information and advice services at a local, regional and national level, with the aim of reducing duplication and ensuring the most appropriate and skilled agency provides the IAA service. Local authorities have to engage with the Local Health Board, NHS partners, the third sector, private providers and representatives of the community in the design, planning and development of the IAA Service.

20.   The Welsh Government has issued a two side briefing entitled the 'Implications of the Social Services and Well-being (Wales) Act for the NHS in Wales.' This states that, with regard to Section 17: Provision of information, advice and assistance, '*A Local Health Board or an NHS Trust is required to provide the local authority with information about the care and support it provides in the respective local authority area.*'

EXISTING LANDSCAPE

Local Mental Health and Wellbeing Needs Analysis

21. The Cardiff and Vale Local Mental Health Partnership Board Annual
     Report 2013-14 contains the following information:

- As at March 2013, there were 4,111 people with a diagnosis of a
  serious mental illness in Cardiff and the Vale. It is predicted that, in
  Cardiff and the Vale, we would expect to find 74 new cases of
  psychosis per annum, between the ages of 16-64;

- In Cardiff the number of persons age 30 and over predicted to have
  dementia in 2013 was 3,577 rising to 5,242 in 2030. There are
  2,485 people with a diagnosis of dementia on GP registers in
  Cardiff and Vale. When adjusted to take account of the age
  structure of the population, the dementia rate is 2.9 per 1,000
  people, compared to 2.7 per 1,000 people for Wales as a whole.
  However, according to the Alzheimer's Society, this represented
  only 46% of people with dementia in the community; therefore
  under-diagnosis is an issue, despite Cardiff and Vale having the
  best detection rate in Wales;

- According to the Welsh Health Survey 2011-12, 11% (age-
  standardised) of adults in Wales reported currently being treated for
  a mental illness and this is identical to the Cardiff and Vale
  prevalence of 11%. This is likely to be an underestimate of the
  people who have a mental illness as surveys suggest that in
  England 16% of people have a common mental illness;

- Cardiff has large numbers of students and disproportionately fewer
  older people. As a higher proportion of mental disorders develop
  between the ages of 14 to 20, Cardiff has greater incidence of
  mental illness.[6]

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[6] Please see Appendix B for full extract and references to source documents.

22. In addition, Members heard that there was increasing demand for services to assist people with low level mental health illnesses, such as anxiety, and a fourfold increase in referrals to Community Mental Health Teams.

Existing Mental Health Service Provision in Cardiff

23. There is a range of existing mental health services provided in Cardiff, by the Cardiff and Vale University Health Board, Cardiff Council Adult Social Services and third sector organisations. Further details of these are provided at **Appendix B** along with details of relevant legislation and strategies.

24. Members heard that, following the implementation of the Mental Health Measure in 2004, health, local authorities and the third sector all now work via GP surgeries, liaising over caseloads and referrals, including well-being issues. This has led to the establishment of new services, such as the low level anxiety team which receives approximately 1,000 referrals a month.

25. Members heard that there is a mixed economy of leadership, with all community teams integrated between the local authorities and health, with health leading on Adult Services teams and local authorities leading on Older People Mental Health teams.

26. There are many different services provided by third sector organisations in Cardiff which aim to meet general and specific mental health needs, including:
    - Cardiff Mind - an open access service that provides accommodation and support, day services, debt and welfare advice, personal development courses, training, counselling and activities;
    - The Alzheimer's Society - provides support and advice services, dementia café, information packs for memory clinics and groups for service users and their families;

- Diverse Cymru - provides direct payment, self-directed and independent living support, a BME mental health and befriending service including Health and Social Care Advocacy, family support, welfare benefit, income maximisation, tribunal, and general advocacy and advice for people;
- YMCA – Steps project provides advice, support and accommodation for mental health service users.

27. The above list is intended to give a representation of some of the mental health services Members were made aware of as part of this Inquiry; Members are aware that it is not exhaustive and that there are many other third sector organisations providing services in Cardiff to mental health service users, their carers and families.

Existing IAA Service Provision re Mental Health in Cardiff

28. There are several existing IAA services available in Cardiff for adults with mental health needs. These have developed in response to Welsh Government requirements and in response to requests from service users, as opposed to being planned and designed. As a consequence, existing services are not joined up and operate in parallel to one another.

29. The Cardiff and Vale University Health Board has its own IAA services, which cover medical information and diagnoses as well as more general well-being leaflets. In addition, the PMHSS[7] has worked with the Council and Third Sector to develop the Stepiau website (www.stepiau.org/) that provides information, self-help assessments and links to groups re primary mental health support services in Cardiff and the Vale and can mean that people can access these without having to see a mental health professional.

30. Health staff, local authority officers and third sector organisations can all signpost people to use Stepiau. The information on the Stepiau website

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[7] PMHSS stands for Primary Mental Health Support Services

is being translated into the main 10 community languages for Cardiff, including English and Welsh. At the moment, Stepiau has about 1,000 people using it a month, for Cardiff and the Vale, and the trajectory is upward; whilst this is good news in terms of addressing stigma it may lead to increased demand for services, which will need resourcing.

Screenshot of Stepiau Website Home Page
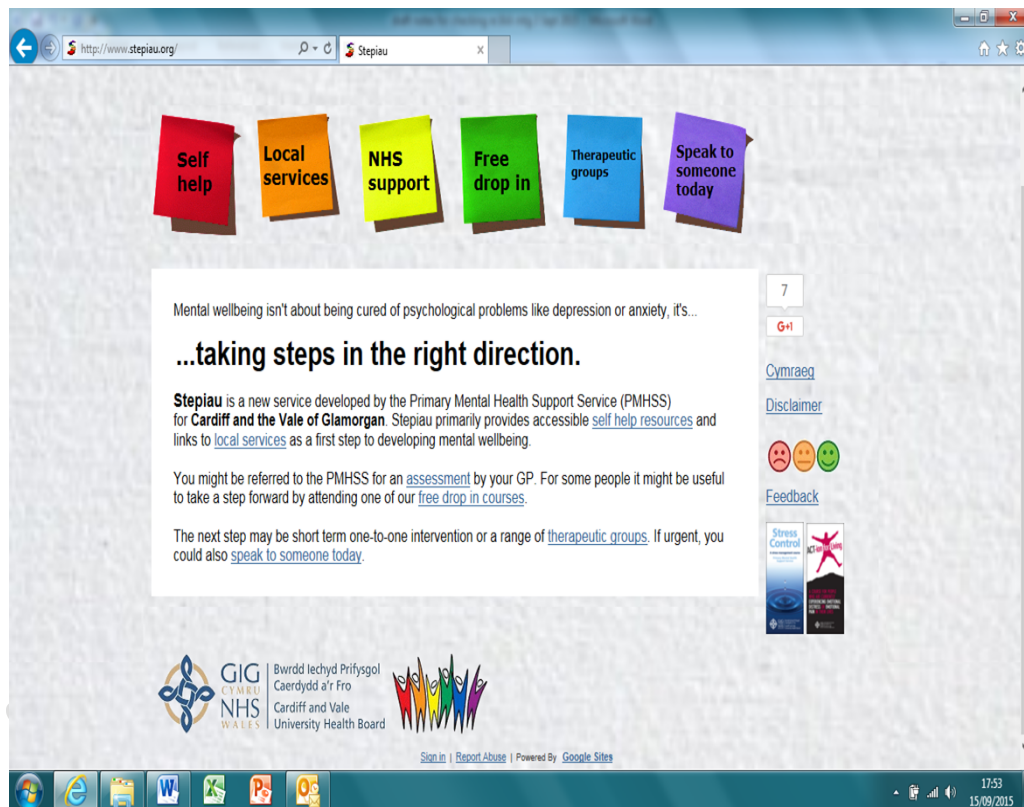
31. There are several third sector organisations that provide IAA services, in addition to those listed at point 5 above, including CAVAMH and Riverside Advice Centre. CAVAMH[8] is a mental health development service, providing an overarching reach across 89 third sector groups with an interest in mental health, service users and carers and aiming to help link these together to improve planning and service delivery, including links regarding housing and homelessness, minority ethnic issues and counselling.

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[8] cavamh stands for Cardiff and Vale Action on Mental Health

32. CAVAMH provides the following specific IAA services:

- Nexus – for older people, primarily with dementia related mental health illnesses;
- Sefyll – for people using adult mental health services 18 years plus; and
- Information sharing via networks, websites, leaflets and via the Mental Health Services Directory for Cardiff and the Vale of Glamorgan on the CAVAMH website, currently being updated.

33. In addition, Members heard that, since 2000, Riverside Advice has been funded by the Cardiff and Vale University Health Board to deliver specialist welfare benefits and debt advice to people with Mental Health Illnesses. In 2008 this service was enhanced when a successful application was made for a grant from Cardiff Council Adult Services for Carers of people with mental health illnesses. However, this service ceased in October 2014, following the review of Advice Services.

34. The City of Cardiff Council has a series of Hubs across Cardiff, based in libraries or bespoke community buildings, which provide IAA services on a range of topics. Members heard that, whilst it is unusual for someone to come to a Hub to specifically ask for help about mental health illness, staff are trained to be aware of mental health needs, how to deal with these and how to refer onwards appropriately. All staff have received mental health awareness training, Hubs host dementia-friendly groups and staff ensure clients see the same member of staff and so do not have to repeat their history, staff refer to social services if a client is a mental health service user or to the tenant support service, which offers third sector support re housing issues, and staff refer to the Stepiau website as well. Adult Social Services have a good relationship with the Hubs, with onward referrals for screening, signposting etc.

35. In addition to these specific services, people in Cardiff can also access IAA help, such as:

- **National Crisis Call Line** -   provided by NHS Wales.
- **Community Advice and Listening Line (C.A.L.L.)** – to take emergency calls out of hours re giving IAA.
- **Solace** - a 9am-5pm helpline for Cardiff and the Vale, to deal with crises associated with dementia.

ISSUES WITH EXISTING IAA SERVICE PROVISION FOR MENTAL HEALTH

36. This Inquiry sought the views of all witnesses regarding the existing provision of IAA services in Cardiff for mental health service users, their carers and families. In addition, the Scrutiny Research team conducted a survey on the experiences of those who have accessed information, advice and/or assistance services in Cardiff relating to mental health for themselves or for those they care for. Young people and people from minority ethnic communities were under-represented in the responses received to the survey. In order to address this, focus groups were held with these groups, with the assistance of Barnardo's and Diverse Cymru. All three evidence sources have been used to inform the findings below. The full results of the survey are presented in the report attached at **Appendix A**.

Accessibility

37. The Inquiry heard that there are several barriers preventing easy access to existing IAA services, including:
    - The stigma attached to mental illness;
    - The concerns some people have that involving social services will be detrimental to their and their family's well-being;
    - The lack of IAA service provision that meets the needs of minority ethnic communities, both culturally and in terms of appropriate language provision;
    - The need for childcare provision to enable parents to access service provision.

Stigma

38. With regard to the stigma still associated with mental health illness, Members heard that this was the biggest barrier to accessing mental health services and that it was a reality affecting many service users:

"*mental health really needs to be brought to the front as there is not a lot of info out there for the needy; mental health is still regarded as a bit of a taboo subject*"

'*I know with people from my background – Pakistan, India or whatever places – people don't like talking about mental health. They think it's really bad. There's a massive stigma about it.*"

39. Members heard that work was being undertaken by the third sector to promote positive images of mental health, to try to tackle the stigma, and to avoid over-medicalising mental health illness unnecessarily. This fits with Part 1 of the Mental Health Measure regarding the provision of information and positive images of mental health illness. Members also heard that the Cardiff and Vale University Health Board is working with a Black and Minority Ethnic network group to help build relationships and rapport with communities in order to be able to discuss mental health issues.

Perceptions

40. Members also heard that there is a lot of fear amongst people who have a mental health illness regarding statutory agencies, such as social services, and this fear can prevent people seeking statutory help. Witnesses cited cases where clients had raised concerns that social services will '*take their kids off them*', or '*not allow them access to their children*' or '*put their loved one in a home*'. Witnesses were clear that they tackle these myths by explaining to clients what their rights are and how they will work with them to provide support.

Language provision

41. Members also heard repeated evidence that there are additional barriers faced by ethnic minority people, due to a lack of IAA services in appropriate languages:

    "*He didn't have any information in his own language at all. None at all*"

    "*Especially with people who can't speak the language, English. They can't do it, and they don't… some of the people that we are helping, me*

and my mum, they can't access anything by themselves, because they can't speak the language. That's something that they really need to put in place."

Cultural barriers

42. Members heard that the barriers faced by ethnic minority people did not solely focus on language and therefore simply providing interpreters was not sufficient; more was needed to address cultural differences:

"Not even just to have interpreters. Because with interpreters, there are certain things you will say and an interpreter will just not really understand and maybe interpret it in a different way. But if you are trained in that field, if someone says something, you'll understand it in a different way."

"…she's an interpreter. She's properly qualified…And she helps this other person who's got depression and stuff. Even…(her) understanding is a bit difficult. But because she's got mental health awareness, she knows quite a lot…You need someone who understands to be interpreting, or you need the actual person to understand as well. It's not just language. Cultural barriers, as well."

"There should be more support for ethnic minorities to help address their cultural needs, 'There should be more things for the black minority ethnic community with mental health. Where you've got cultural differences."

Childcare provision

43. With regard to child care provision, Members heard that a lack of it can prevent people from accessing services:

"I have to go back to my GP which is very difficult as I am a single mother and my youngest child is not yet in nursery. I don't have anyone to look after him and I don't think it's appropriate to take him to an appointment to discuss my mental health. I also wouldn't be able to concentrate."

"childcare provision when people are accessing services"

"assisting with childcare for appointments if required"

Lack of awareness

44. In addition to these barriers, Members heard that there are problems with accessing existing services due to either a lack of awareness of service provision and/or how to access service provision as well as perceptions of issues regarding 'service gatekeepers' who can prevent people getting the IAA they need.
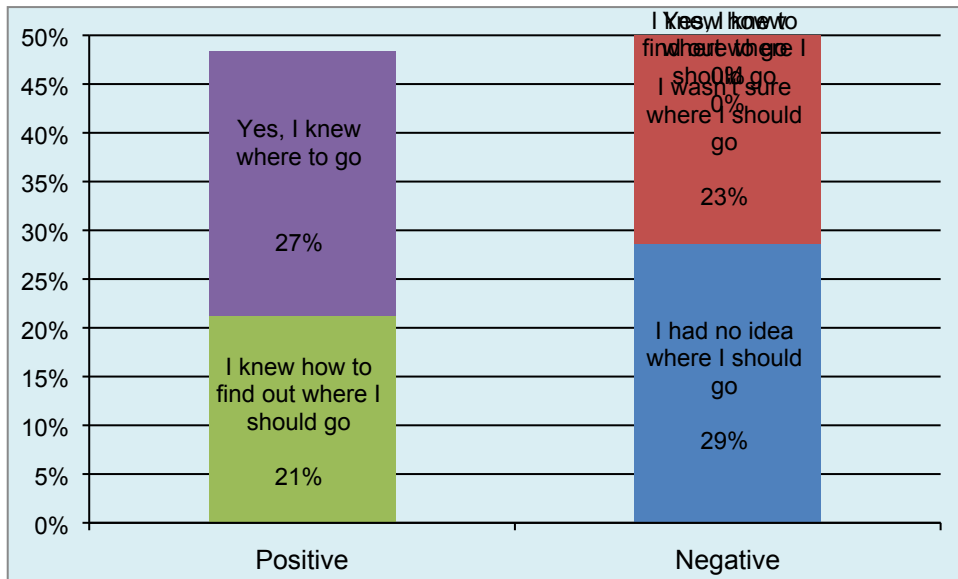
45. Members heard from third sector organisations that often they hear from their clients that they did not know IAA services were available, how to access them or where to go to find help in accessing IAA services.

    "Often service users say that initially they had no idea where to go for information, advice, support and assistance when the diagnosis is first made."
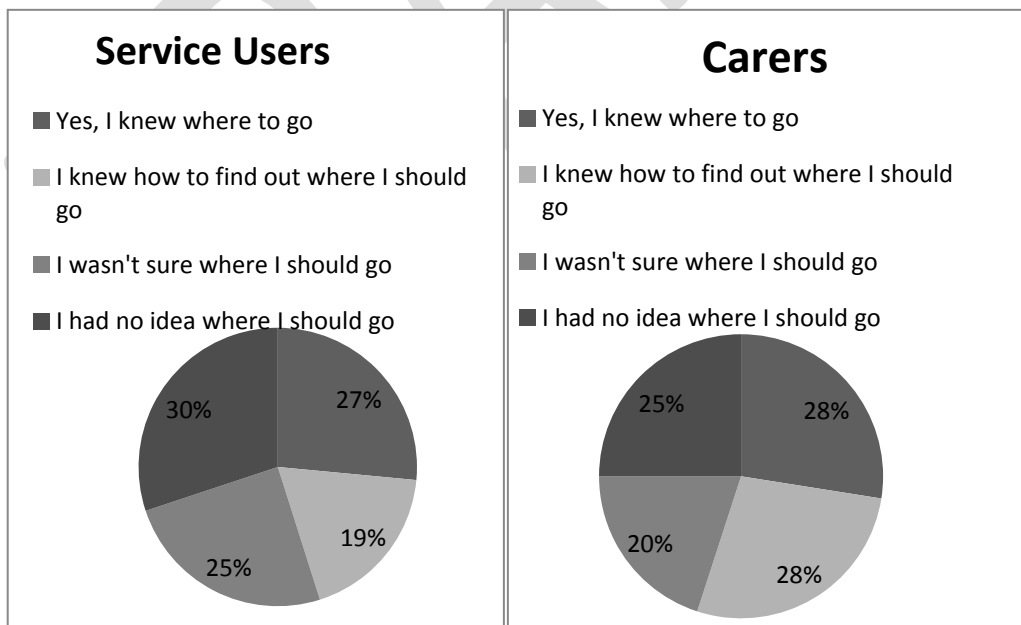
    "BME people, especially asylum seekers and refugees, have informed us that they are not given any information on how to access support in relation to their mental health condition. The delays in accessing G.P. appointments, which is the only route to accessing support that many BME people are aware of can lead to deterioration in mental health before support is accessed."

46. The results of the Scrutiny Research survey support these statements and professionals working in the mental health sector stated that the Scrutiny Research report results were an accurate reflection that mirrored their experience.

47. The Scrutiny Research survey found that, overall, only 48% of those responding to the survey currently know where to go or how to find out where to go to get help.

|	Positive	Negative
Yes, I knew where to go	27%	
I knew how to find out where I should go	21%	
I wasn't sure where I should go		23%
I had no idea where I should go		29%

48. When the Scrutiny Research survey responses are split into service user and carer respondents, the results show that the majority of carers either knew where to go or how to find out where to go (56%) compared to a minority of service users either knowing where to go or how to find out where to go (46%).

Service Users

- Yes, I knew where to go
- I knew how to find out where I should go
- I wasn't sure where I should go
- I had no idea where I should go

27%, 19%, 25%, 30%

Carers

- Yes, I knew where to go
- I knew how to find out where I should go
- I wasn't sure where I should go
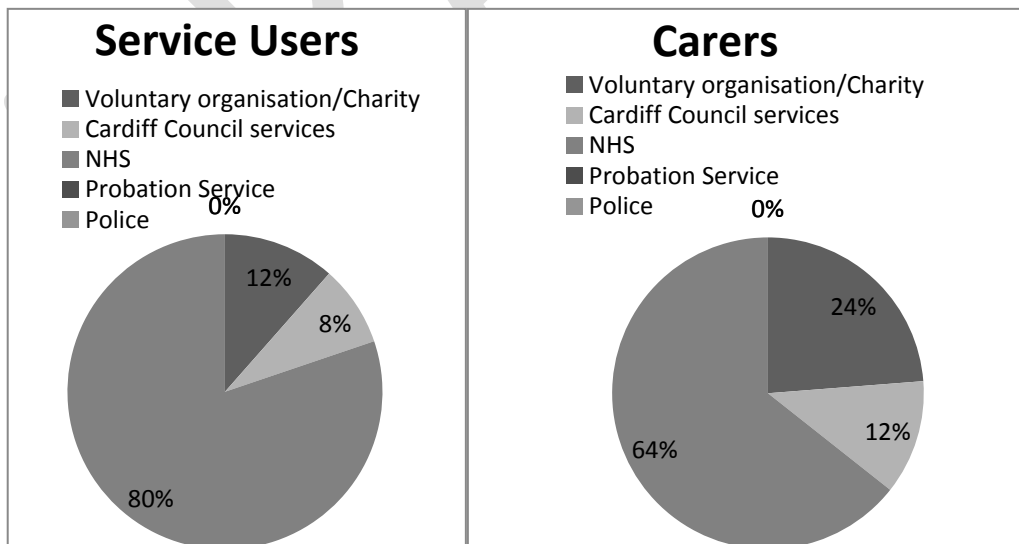- I had no idea where I should go

28%, 28%, 20%, 25%

Initial Contacts for IAA services

49. The Scrutiny Research survey also asked respondents to indicate where they initially contacted to obtain IAA services, the means they used to do this and whether they sought further IAA services . The results show that

79% initially access IAA via the NHS; mental health professionals agreed that this reflected their experience and monitoring statistics re referrals.
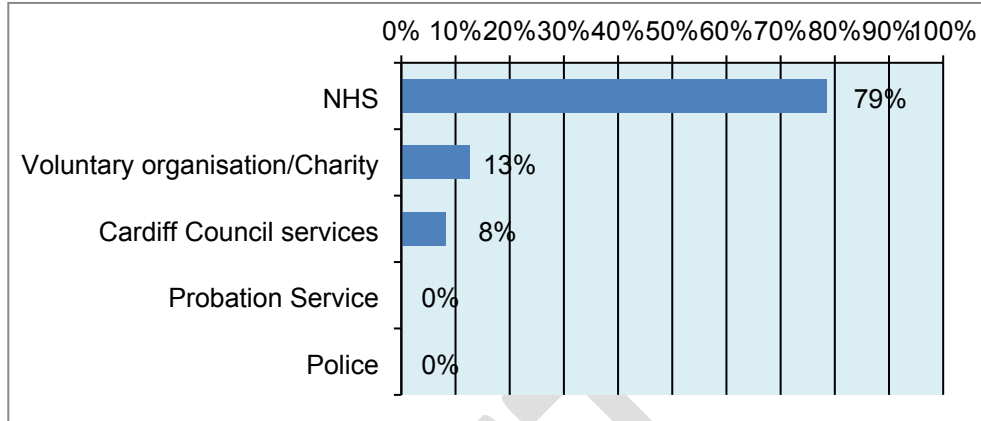

50. When responses are split into those from service users and those from carers, it shows that 80% of service users initially obtain IAA services from the NHS compared to 64% of carers. In addition, nearly a quarter of carers cited 'other' as their initial source of IAA service, compared to half this amount for service users.

Additional Contacts for IAA services

51. The Scrutiny Research survey also asked respondents to indicate whether they sought further IAA services. Two fifths of respondents confirmed that their only source of IAA services was the organisation that they had initially contacted. Three fifths of respondents confirmed

that they had obtained additional IAA services services from other sources.
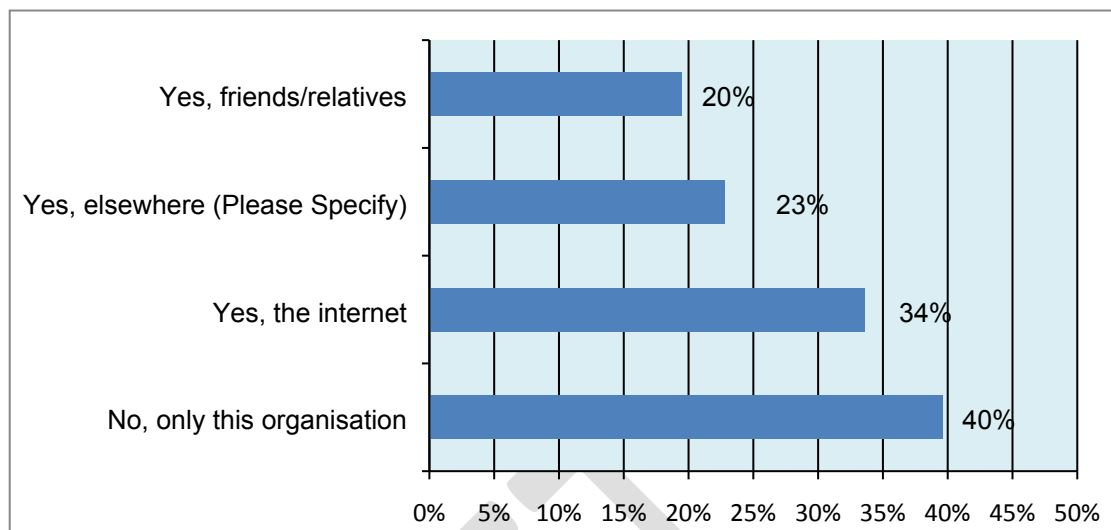
52. With regard to the 23% 'Yes, elsewhere' respondents, the sources specified were: NHS, police, school and from the Citizen Advice Bureau.

Service Gatekeepers

53. With regard to perceptions of issues regarding 'service gatekeepers', Members heard from third sector organisations that some service users' experience has been that it is very difficult to get past the gatekeeper and to get IAA until they are in acute crisis. This point was also raised in the responses to the Scrutiny Research survey:

> "*It can be difficult to access information when you are dealing with secretaries who block your attempt to speak directly to a professional*"

Channels of Access

54. Members heard concerns raised regarding the means or channels for providing IAA services. Witnesses were keen to point out that information provided solely on a website would not be accessible to all, for example those who do not use the internet, those who are too unwell to use websites and those who need face to face contact.

55. The chart below shows how all respondents initially accessed IAA services.
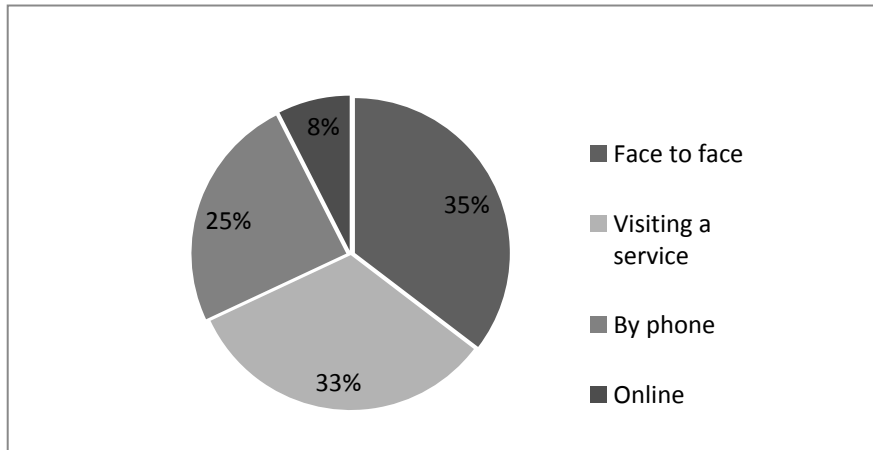
56. When the Scrutiny Research survey responses are split into service user and carer respondents, the results show a significant difference in the responses received by service users and carers, with 47% of carers using the phone, compared to 17% of service users.
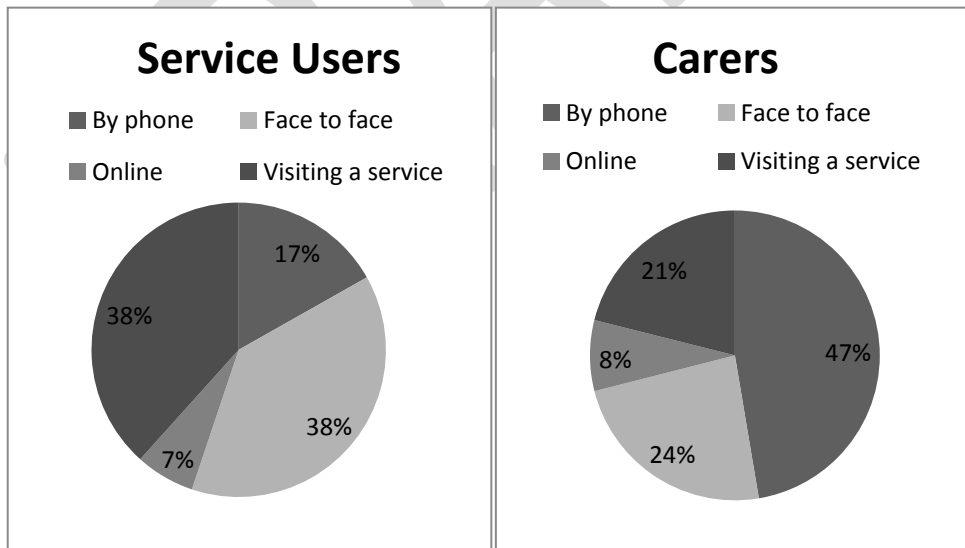
57. Further analysis shows that those who knew where to go for help were most likely to use face to face services and those who knew how to find out where to go for help were most likely to use phone services.

Legend: ■ Phone ■ Face to face ■ Online ■ Visit service

	Phone	Face to face	Online	Visit service
I knew how to find out where to go	36%	29%	7%	29%
I wasn't sure where I should go	32%	26%	9%	32%
I had no idea where I should go	18%	32%	14%	36%
Yes I knew where to go	17%	50%	0%	33%
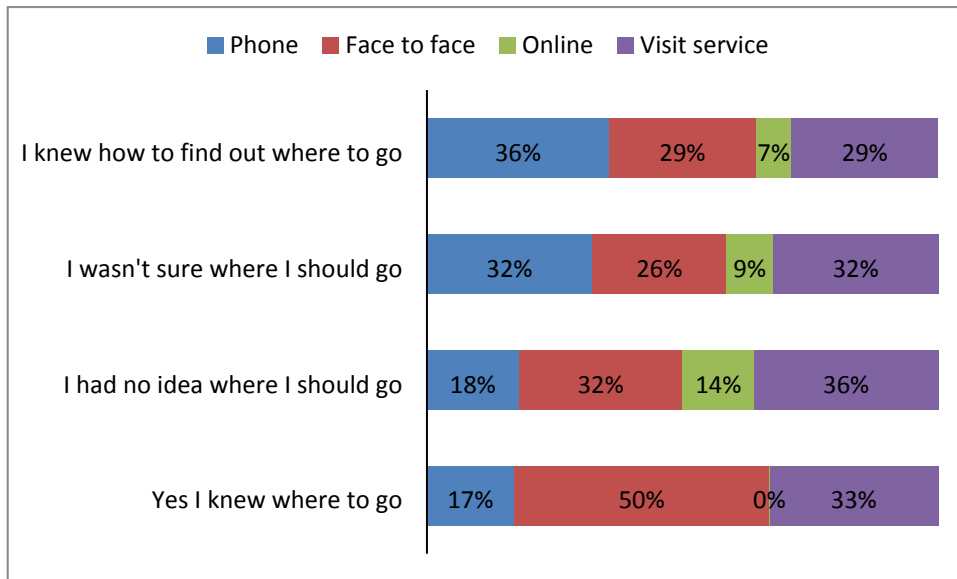
Timeliness

58. The evidence to the Inquiry demonstrated that there are issues in the timeliness of IAA services. In part, this follows from the problems in accessing IAA services outlined above. However, other reasons cited to the Inquiry by third sector witnesses focused on inefficient systems for existing services. The Scrutiny Research survey results supported the evidence from third sector witness, finding that 54% felt that IAA services were available when they needed them, and 46% disagreeing with this. There was no difference between service users' and carers' responses.

59. With regard to inefficient systems for existing services, the main reasons cited were long waiting times, services not available when needed, and issues with referrals, including the timing of referrals:

"*There was a delay of a few months*"

"*I needed the service quicker*"

"*Can't rely on GP service when needed as too difficult to get an appointment*"

"*The availability was very patchy especially around holiday periods when help was most needed I couldn't access any help*"

*"The amount of delay, and being passed from one person to another".*

"The advice sought appears to be buried beneath so many departments that I feel for people who do not have the persistent nature to follow through"

"The Alzheimer's Society would prefer to receive referrals after people have had a chance to absorb the diagnosis of dementia – if have referral at the same time as receive diagnosis, it can be too overwhelming and not acted on."

Content quality

60. The Inquiry heard that the content quality of IAA services, in terms of the knowledge of staff providing IAA services and in terms of the ease of understanding of the IAA provided, was mostly good. Some specific areas for improvement were highlighted, regarding staff training, improving language usage and increasing the type of information and advice available.

61. With regard to the knowledge of staff providing IAA services, 78% of respondents to the Scrutiny Research survey gave positive ratings ranging from "good", "very good" to "excellent", with 22% giving a "poor" rating.

The knowledge of staff providing information, advice or assistance
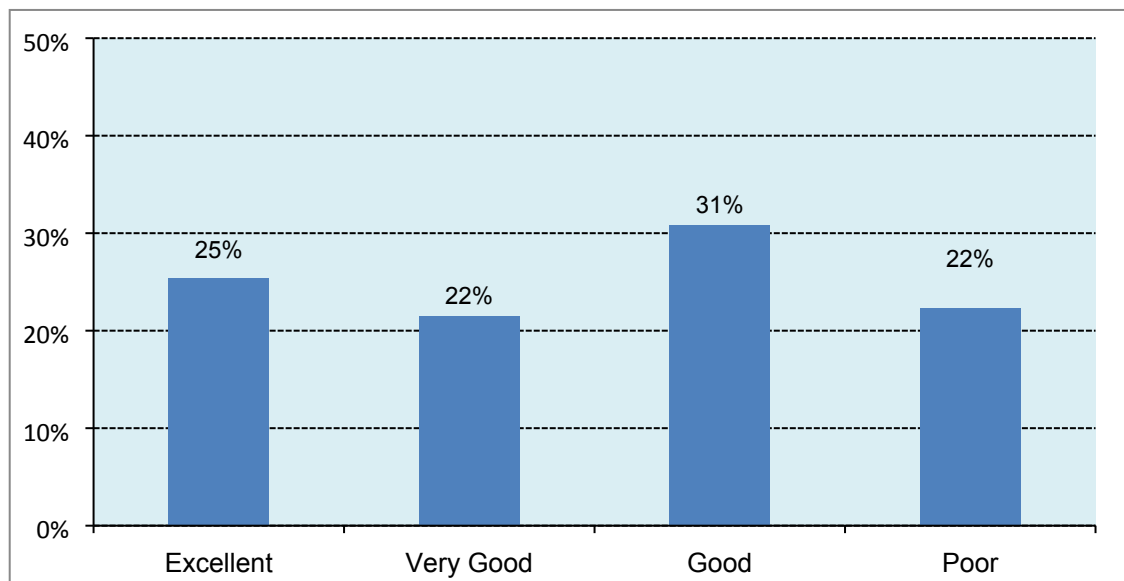
62. However, a number of respondents highlighted the need for further training of staff:

    "*training for reception staff*"

    "*more qualified staff to be available at point of contact*".

    "*it would be a big improvement if all GPs had more mental health training*"

63. Specifically, Members heard from several witnesses that there was a need for Mental Health Awareness training and Mental Health First Aid training to be compulsory for frontline staff in Cardiff, such as Cardiff Council Hubs staff and GP receptionists. Diverse Cymru also highlighted the need for multicultural awareness training for these groups and for GP practice managers.

64. With regard to the ease of understanding the information and advice provided, the Inquiry heard a range of views expressed. The Scrutiny Research survey found that 79% of respondents gave positive ratings. However, 21% indicated that they found the information difficult to understand. The following quotes illustrate this:

    "*I found a lot of the advice & info patronizing or seriously oversimplified*"

"*a simple explanation of what was happening to me would have been useful. Bombarding me with conflicting instructions was not very useful*".

"*..leaflets offered were ineffective. Service was a let down.*"

65. The Scrutiny Research survey also found that 23% of respondents stated that they either were not able to follow the advice given (19%) or had followed none of the advice given (4%). More than half of the respondents for this question felt that the poor quality of the information, advice and/or assistance that was offered had prevented them from adhering to it e.g. '*Because it was useless and did not help at all*'.

66. Members heard that there is a need to ensure that information and advice is available in an *easy read* format in order to make it available to the 20% of people in the UK who have reduced levels of literacy. Members heard that :

   "*organisations (Including NHS trusts and the likes of MIND) have some excellent information and often in a wide range of languages but never in easy read, thereby cutting off one fifth of the population.*"

67. Members also heard that more information is needed, to meet specific needs and to educate people:
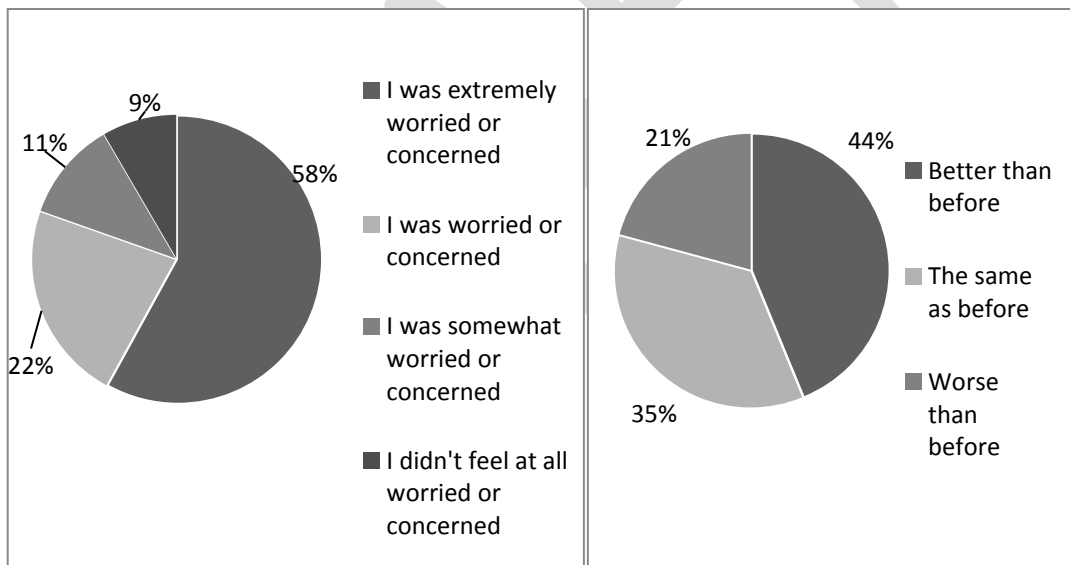
"*More information is needed to promote healthy lifestyles, to promote prevention of dementia.*"

"*More information is also needed on the end of life and how to approach and cope with this.*"

"*Use IAA to educate people, addressing some of the myths re dementia and addressing some of the fears that people may have*"

Usefulness

68. Members were keen to learn whether the existing IAA services had
     helped people using them. In order to test this, respondents to the
     Scrutiny Research survey were asked to state how they felt before and
     after receiving IAA services. The vast majority of respondents
     (cumulative total 92%) indicated that they were worried to varying
     extents before they contacted the service. Only a very small percentage
     (8%) stated that they 'didn't feel at all worried or concerned'. When
     asked how they felt after contacting the service, 44% of respondents
     stated that they felt better, 35% stated that they felt the same and 21%
     said that they felt 'worse than before'. Overall, most of the respondents
     (70%) have stated that they would recommend the service to somebody
     in the same position.

Pie chart 1

Segment	Percentage
I was extremely worried or concerned	58%
I was worried or concerned	22%
I was somewhat worried or concerned	11%
I didn't feel at all worried or concerned	9%

Pie chart 2

Segment	Percentage
Better than before	44%
The same as before	35%
Worse than before	21%

Interface experience

69. Members heard that it is of key importance to ensure that people feel
     looked after during the process of accessing and receiving IAA services.
     The interface experience is crucial and staff need training to get this
     right. Members heard that it is also important that staff manage
     expectations and be clear with people about waiting list times etc. so that
     people understand the   parameters.

70. Members heard that culture and working practices vary considerably from team to team and individual to individual; a lot depends on the relationships that have been built between organisations and mental health professionals. Cardiff & Vale University Health Board stated that work is being undertaken to address known issues in culture and working practice and that the culture is changing and that joining up services will continue to help with this. There is a clear move to embed the Recovery Model which has at its heart the need to respect and listen to service users. This should help to improve the culture of working practice, to move towards mutual respect and collaborative working, by hearing the service user's views more and the views of other organisations involved in providing IAA services.

71. Third sector witnesses stated that it requires a lot of training to overcome years of cultural practice; however, they recognise that there has been some movement towards person centred approaches, towards involving service users and carers appropriately.

72. The Scrutiny Research survey specifically asked respondents for their views on how they were treated by staff providing IAA services. Out of 238 respondents, 117 respondents answered this question. Just over half of respondents (52%) stated that they were treated positively, with 26% making reference to the compassionate and caring treatment that they had received. There were some respondents (16%) who suggested that the way they were treated by staff could be regarded as satisfactory. However, nearly a fifth made negative comments and 12% stated that their treatment could have been better. Some of the comments made were regarding the ineffectiveness of the service, low staff numbers and the time restrictions that they had experienced in dealing with staff. Several negative comments were made about rudeness of staff or their lack of compassion.

> *"I was treated extremely well.. the staff were non-judgemental…. supportive…knowledgeable and facilitated me making some necessary changes in my life"*

"They were the first group of people I had met that were non-judgmental about mental illness and its effect on you and others!"

"fine but not great"

"didn't offer any advice"

treated *"like an annoyance"* *'with little respect"*

"Just dealt with (me) speedily so they could go onto the next appointment"

they *"didn't really get help x [sic] was left to deal with the situation on our own"*

73. The Cardiff & Vale University Health Board witness stated that he recognised the Scrutiny Research findings and that they fitted with the UHB research survey findings. He stated that he would discuss the issues raised by the Report with the Council's Mental Health Services Operational Manager and would incorporate the issues raised into the training staff receive.

Overall Effectiveness

74. The Scrutiny Research survey specifically asked respondents for their views on the effectiveness of the IAA services they had received. 112 respondents answered this question. Nearly two fifths (39%) of respondents gave negative responses illustrating the existing provision was ineffective; a fifth of respondents (21%) made comments that indicated variability in the effectiveness of provision at different points/timings of contact with services; whilst just under a third of respondents (32%) gave positive comments that indicate they regarded the provision as effective.

75. The reasons given for these responses reflect the range of responses detailed above i.e. those who were critical of provision cited poor accessibility of services; long waiting times; service received not helping; poor attitude and treatment by staff; a lack of support or information; or a poor service received in general.

76. Several witnesses to the Inquiry highlighted that the ineffectiveness of the service could relate to low staff numbers, time restrictions IAA services are facing and resource pressures:

"Most of the staff were excellent but really are stretched"

"My GP is amazing but there is nothing he can do regarding availability of services."

"The lack of time allocated to the patient made it difficult to explain how the extent of his illness was affecting him"

"The staff treated people well but were restricted by lack of recourses [sic] available in an immediate situation of need".

The staff treated them "politely but they didn't help because of lack of service availability".

"staff unable to spend enough time"

"felt they were understaffed (with) no resources available and their attitude was their hands were tied".

" there are no mental health nurses available to assist during their first medical assessment at CHAPS[9], so information on how to access information and assistance is not readily available."

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[9] CHAPS stands for Cardiff Health Access Practice, which is based at the Cardiff Royal Infirmary and provides services for asylum seekers and refugees as well as other clients.

PREPARING FOR IMPLEMENTATION OF THE ACT

77.   The Inquiry investigated the work underway in Cardiff to implement Part 2, Section 17 of The Act, comparing proposals to the requirements of The Act, as set out at points 13-20 above and in **Appendix C**.

78.   Members recognise that the requirements of The Act reflect and build on good practice with regard to IAA service provision. Many of the witnesses to the Inquiry agreed that the existing IAA services need to improve, based on service user and carer feedback. The Act contains specific requirements aimed at ensuring good practice IAA service provision, which are examined below.

79.   Officers explained that work is underway to prepare for the IAA 'go live' date of April 2016, albeit that the final guidance from Welsh Government on IAA specific requirements is still awaited. A self-assessment readiness tool has been completed on a regional basis, with the Vale of Glamorgan, as required by the Welsh Government, and an implementation plan has been drawn up.

Securing Provision of IAA Services

80.   The Act requires local authorities to secure provision, via a variety of different channels and media such as website, phone, face to face and digital, and for there to be an up-to-date directory of services.

81.   Officers explained that, in Cardiff, there are four main strands to the proposed approach to meet the IAA requirements of The Act, which are:
   • a directory of services;
   • a 'first point of contact';
   • improving the Council's website to enable self- assessment; and
   • using the Hubs to provide information and signpost to advice, assistance and assessment.

82. With regard to the directory of services, officers explained that they are aiming for this to be '*dynamic, interactive and up to date'* but recognise the challenges in doing this. They recognise the need to work with the third sector so they can upload and update the Directory to keep it accurate. Officers explained that the Welsh Government has funded a pilot in North Wales (Dewis Cymru), which is due to go live in December 2015. Other local authorities outside the pilot area have the option to join in January 2016, when they will be able to populate Dewis Cymru with their local data on IAA services.

83. Members heard that The City of Cardiff Council has decided to join Dewis Cymru and preparatory work is underway to ensure quick progress can be made from January 2016. The Directory will be online and Hubs officers will help people to access it if they do not have online access themselves. It will also be on mobile handheld devices carried by visiting officers and outreach staff.

84. Members are aware that CAVAMH already manage an electronic and hard copy directory of mental health services in Cardiff, which is recognised and valued by those working in the health, housing and homelessness sectors. The Cardiff & Vale University Health Board witness stated that he would talk to the Cardiff Council Operational Manager for Mental Health Services and to CAVAMH about how best to use this directory, in light of the Act's requirements.

85. Officers explained that the 'first point of contact' is currently being piloted for older people and people with physical and sensory impairments. The intention is for the first point of contact to be incorporated into the roll out of the Council's Customer Relationship Management (CRM) process, when all service users and customers will be dealt with via one process. In the meantime, Members were assured that officers in the first point of contact team would deal with all calls that came through them, including those who needed IAA regarding mental health.

86. With regard to the self-assessment process due to be piloted on the Council website, officers explained that this will be focused on older people and people with physical and sensory impairments. The intention is for people with queries regarding mental health, to signpost them to the Stepiau website, which already offers self-assessment and self-referral for mental health service users.

87. With regard to the use of Council Hubs to provide information and signpost to advice, assistance and assessment, officers were clear that, whilst it is unusual for someone to come to a Hub to specifically ask for help re mental health illness, staff are trained to be aware of mental health needs, how to deal with these and how to refer onwards appropriately. All staff have received mental health awareness training, staff refer to social services if a client is a mental health service user and staff refer to the Stepiau website as well. In the future, Hubs staff will continue to do these tasks and will provide support and help to people who need it.

88. Further comments on the use of Hubs to provide IAA can be found at points 109-114 below in the section on Entry Point and Assessment.

Regional Provision

89. The Act states that the IAA should be configured on a Local Health Board regional footprint basis as a minimum and that local authorities must work together to ensure the IAA service is consistent so that people find information easy to access in local authorities which are not their ordinary residence.

90. Members heard that there are regional meetings to discuss the readiness for implementation of The Act. Existing regional governance arrangements are being utilised to facilitate this. There are also internal City of Cardiff Council meetings to discuss readiness for implementing various aspects of The Act.

91. Members enquired about work to ensure IAA provision on a regional basis, across Cardiff and the Vale of Glamorgan. Officers explained that the two local authorities are taking the opportunity to pilot slightly different approaches, with the aim of sharing the learning from these pilots and bringing the benefits of both approaches together i.e. City of Cardiff Council is piloting the 'first point of contact' whereas the Vale of Glamorgan Council has a joint contact centre with Health. Membership of Dewis Cymru will also assist by providing one approach to a Directory of Services.

92. Members heard from third sector witnesses who welcomed a regional approach albeit that they took differing approaches to regional working in order to meet the specific requirements of their clients and organisations.

Designing, Planning and Developing IAA Services

93. The draft guidance for the Act states that *'Each local authority must have engaged with its Local Health Board, NHS partners, the third sector, private providers and representatives of the community in the design, planning and development of the model for the Information, Advice and Assistance Service that will operate in its locality.'*

94. Members heard clear evidence from all the external witnesses that the IAA requirements of the Act had not been raised or discussed with them. Indeed, several witnesses stated that the first time they were aware of the IAA requirements was when they were contacted by scrutiny officers to seek their participation in the Inquiry.

95. The witness from Cardiff & Vale University Health Board stated that his focus has been on the Mental Health Strategy and Bills associated with that; however he expressed a readiness to work in partnership with the local authority to implement the IAA requirements of the Act and hoped that this Inquiry would prompt those discussions.

96. Officers explained that the reason for the lack of discussion of the IAA requirements of The Act with mental health professionals and organisations was that the initial work to implement the IAA requirements of the Act has focused on older people and people with physical and sensory impairments. However, Members heard a clear commitment from the Cabinet Member and officers that they wished to work with Health, the Third Sector and relevant stakeholders to plan for the needs of mental health service users, their carers and families.

97. All the third sector witnesses who gave evidence to the Inquiry demonstrated a clear willingness to work with the Council to design, plan and develop IAA services that meet the requirements of the SSWB Act. Concerns were expressed about whether IAA services would receive the attention and work required and whether third sector organisations would be properly involved in the design and planning stages:

    "If going to take it seriously, it's a big piece of work, not a tick box exercise."

    "Hoping that not going to be told 'we have a plan' but rather that could be involved in a piece of work that recognises resource limitations, seeks service users views, thinks creatively and designs something that works and that is affordable – doesn't want to be part of working group that designs Rolls Royce service when can only afford a bicycle.."

98. One third sector organisation, CAVAMH, believes that there needs to be a strategic overview of information pathways, to build links between organisations and enable networking so that people know what is available and they can signpost appropriately. CAVAMH currently undertake this role and recognise that for staff in the statutory sector it can be overwhelming trying to find out about provision and what is available; they urged statutory sector staff to use the third sector to support this work. CAVAMH also made the point that, on initial view, it can look as if there is service duplication in the IAA services but their experience is that this is not the case, as when one looks at the service provision in more detail, it varies in that it serves different clienteles and provides different services.

99. The Alzheimer's Society highlighted that, in their experience, the existing landscape does not effectively utilise the potential that exists. Overall, whilst there is provision and there are good relationships in place, it feels that existing provision is disparate – everyone is doing what they can but it is not integrated enough and sometimes there is duplication (for example, consultation processes) at the same time as there are gaps in provision.

Involve Service Users and Carers

100. The Act requires local authorities to set up Citizen Panels, although officers explained that in their view it is not entirely clear from the guidance what is required, whether the panel is to help shape service design from the beginning or whether it is to seek views on what is proposed. Officers are due to meet the Welsh Government to clarify this and to clarify whether they can use the City of Cardiff Council's existing Citizen Panel or whether they need to set up another panel.

101. Third sector witnesses explained that they have found that sharing service user and carer experiences with statutory agencies (via planning groups for example) has been immensely powerful and a key way for those listening to understand issues and follow this through into service planning. CAVAMH highlighted that, when service users and carers voices are heard and acted on, there can be and has been positive change in culture and working practices, which is one reason that CAVAMH have involvement as a key pillar of work. An example shared with the Inquiry was that, following feedback from young people, there is now an app available for eating disorders which would be more accessible by younger people who are the target audience for this information.

102. CAVAMH stated that they would be willing to bring their forums into the process of planning and designing services, which would bring the benefits of sharing learning and experiences of practice.

103. One witness to the Inquiry highlighted that in her experience some people with some mental health illnesses have not had the opportunity to voluntarily seek IAA services; often people with mental health illnesses such as bipolar, schizophrenia and psychosis will have their first episode of illness in a crisis situation – there will be no knowledge of the illness until the first crisis – and therefore, they will not have attempted to access IAA services before they are hospitalised. Once hospitalised, then the first point of contact will be in a hospital setting with a psychiatrist or mental health nurse or social worker.

104. Also, it was highlighted to Members that some service users and carers have had such bad experiences that they are too angry/ disaffected/ demotivated to give feedback. Third sector organisations stated that they were aware of people who saw the Scrutiny Research survey and did not complete it because of these feelings and experiences and therefore the results in the survey do not reflect this sub-population.

105. Members believe that the above evidence demonstrates the clear need for IAA services to be designed to listen and hear what service users, carers and families are saying as, sometimes, when people realise that they are heading towards another episode of acute crisis, they will seek IAA and, if they are not heard in time, they will hit the crisis and be hospitalised.

Content of IAA Provision

106. The draft guidance to the Act sets out the need to ensure IAA provision is accessible to all, with Welsh language provision, provision that reflects the needs of the local communities and reasonable adjustments made to ensure IAA services are accessible and easy to understand for everyone.

107. Officers confirmed that the website and directory of services would be available in the Welsh language

and that publicity material would be in Welsh as well. With regard to other community languages, officers explained that Hub staff already provide services in a range of community languages and that this would continue as would the work with community groups.

108. Members heard that the accessibility of IAA services can be boosted or hindered depending on the language used to describe access, as terms can be confusing to service users, carers, families and professionals alike. Examples cited to the Inquiry were 'first point of contact', 'single point of entry' and 'gateway', which can be interpreted differently depending on one's previous experience. Further information on this is provided below.

Entry Point and Assessment Role

109. The Act states that the IAA service will provide the critical entry point to care and support services, with a key role in assessing people's need for care and support and directing them to the most appropriate solution to meet their needs; a service user's first assessment would be via the IAA service.

110. There was some discussion with third sector and health witnesses regarding the idea of a first point of entry. Most witnesses felt that a first point of entry, (for example websites/ telephone lines/ app/ face to face) would work as there needs to be a diversity of ways for people to access IAA services; however, a single point of entry was not supported as it was felt that one point alone would not meet all the needs that there are in Cardiff.

111. Several witnesses highlighted that, currently, GPs are almost in the role as single entry point and there are difficulties with this as some clients do not get on well with their GP or can have problems accessing their GP. There is therefore a need for a service providing information and advice that can be accessed when appointments with a GP are not readily available:

"… So really, what people need to put into this is, when that G.P. is not available, which is a 99.9% chance the G.P. is not available, what other door is then available to knock?"

"I'm hearing around this room and quote me if I'm wrong, your G.P. should be your first port of call. But we know, 99.9% you're not going to get that thing. It could take four days. Are you going to be able to wait those four days?"

112. With regard to Hubs staff dealing with clients who seek IAA, Cardiff Mind and the Cardiff & Vale University Health Board witness highlighted that all staff should receive mental health first aid training, to equip them with the skills and understanding to be able to cope with behaviours exhibited and to deal with people appropriately, rather than being scared or becoming angry with the individual. Members heard that the Cardiff & Vale University Health Board has just received funding to train non-mental health staff and that this money could be used to train Hub staff

113. Cardiff Mind also stated that it should be possible to arrange for those Cardiff Mind staff who are paid by supporting people funding to be on call, to be available to provide telephone back-up support to frontline staff, for instances that are particularly troubling.

114. With regard to Hubs, CAVAMH stated that they have offered training to staff that work in Hubs and have provided leaflets to them so that they can hand these out as needed. However, CAVAMH highlighted that staff in Hubs currently do not have the skills sets required to be able to carry out initial assessments (as envisaged by the Act) but could assist to signpost to services.

Implementation

115. Members were keen to explore what needed to happen to successfully implement the Act's requirements in Cardiff. The main points that were raised by officers as hindering implementation focused on a lack of final guidance, demand pressures and resources, as detailed below:

- The lack of final guidance leaves a very tight timescale to develop changes and training packages, which could mean that the workforce would not be ready, which also leads to a reputational risk for Cardiff Council.
- The Act was supposed to be implemented at nil cost but there are concerns that the Council will be challenged on decisions made, to test out the new guidance, and that costs may increase with changes to eligibility criteria etc.
- Over the last few years there has been a quadrupling of referrals to primary mental health teams, perhaps due to increased need, greater awareness, less stigma and better accessibility. The challenge with improving access, via improving IAA, is that there will be more referrals and good IAA is needed to avoid unnecessary referrals.
- Cuts to third sector funding at a time of increasing demand pressures.

116. Cardiff Mind highlighted that often, when the Welsh Government introduce a new initiative, they provide a pool of funding to support this and then statutory partners look to use this money to fund a specific new team or initiative as opposed to using the funding to put alongside existing teams, where the money could be stretched further.

Publicising the Service

117. The draft guidance states that a Communication Strategy should be produced with partners with the local authority taking the lead, in order to make IAA services easy to find and ensure all populations are aware of how to access IAA services.

118. Members were advised by external witnesses that the following would be useful places to advertise IAA service provision:
- Cardiff And Vale Action for Mental Health
- Primary Mental Health Support Services

- Cardiff Council website
- Cardiff & Vale University Health Board website
- Stepiau website.

Monitoring

119. The draft guidance sets out the monitoring information that the Welsh Government requires i.e. nature of the enquiry, which type of service the enquirer was signposted to, core data. It also details data they recommend collecting to help with further service improvement e.g. customer feedback, information exchange route such as website/ phone call/ visit etc.

120. Members heard that the following sources would be used to gather monitoring information to assist in collecting and collating the information required by Welsh Government, albeit that it would take time to get the right systems in place: primary mental health referrals, website monitoring and Customer Relationship Management system.

INQUIRY METHODOLOGY

M1. The Community and Adult Services Scrutiny Committee applies a project management approach to its inquiries, including mechanisms to consistently prioritise topics suggested for scrutiny, scoping reports and project plans. The aim of these is to ensure there is a dialogue with the services involved in the scrutiny process with the ultimate aim of improving overall service delivery and enabling effective scrutiny.

M2. Members held seven meetings to hear from witnesses and consider the evidence presented. Witnesses from Cardiff Council included:

- **Councillor Susan Elsmore** – Cabinet Member Health, Housing and Well Being.
- **Tony Young** – Director of Social Services.
- **Sarah McGill** – Director of Communities, Housing and Customer Services.
- **Andy Cole** – Operational Manager Mental Health Services.
- **Sue Schelewa** - Operational Manager Assessment and Care Management.
- **Kate Hustler –** Operational Manager Assessment and Support.
- **Nichola Poole –** Regional Lead Sustainable Social Services.

M3. Members also heard from the following external witnesses:
- **Melanie Andrews** – Alzheimer's Society.
- **Dawn Walters** – Alzheimer's Society.
- **Roger Bone** – Cardiff Mind.
- **Linda Newton** – CAVAMH.
- **Jasmin Choudhury** – Sefyll, CAVAMH.
- **Helen Joy** – Nexus, CAVAMH.
- **Service user** – CAVAMH.
- **Ian Wile** – Cardiff and Vale University Health Board.

M4. Members received written submissions from the following organisations:

- Age Cymru
- Care and Social Services Inspectorate Wales (CHMT report)
- Diverse Cymru.
- Gypsies & Travellers Wales
- Riverside Advice Centre
- South Wales Police
- YMCA.

M5. As part of this Inquiry, the Committee requested dedicated research support in order to understand the experiences of those who have accessed IAA services in Cardiff relating to mental health, for themselves or for those they care for. The City of Cardiff Council's Scrutiny Research Team undertook research through online and hard copy surveys and focus groups. The full report is attached at **Appendix A** and is available separately from the contacts listed at the end of this report.

M6. This evidence from internal and external witnesses was used to identify suitable findings from the Inquiry and has been used to inform the Recommendations.

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GLOSSARY OF ACRONYMS

CAVAMH   *Cardiff and Vale Action on Mental Health*

CHAPS   *Cardiff Health Access Practice*

IAA   *Information, Advice and Assistance*

NHS   *National Health Service*

PMHSS   *Primary Mental Health Support Services*

Stepiau   *Website provided by Cardiff Council and UHB; the English translation of Stepiau is Steps. Available at www.stepiau.org/*

'The Act'   *Social Services and Well Being (Wales) Act 2014*

UHB   *Cardiff and Vale University Health Board*

FINANCIAL IMPLICATIONS

The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications.

LEGAL IMPLICATIONS

The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without modification. Any report with recommendations for decision that goes to Cabinet / Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal power of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. standing orders and financial regulations; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

COMMITTEE TERMS OF REFERENCE

To scrutinise, measure and actively promote improvement in the Council's performance in the provision of services and compliance with Council policies, aims and objectives in the area of community and adult services, including:

- Public and Private Housing
- Disabled Facilities Grants
- Community Safety
- Neighbourhood Renewal and Communities Next
- Advice & Benefit
- Consumer Protection
- Older Persons Strategy
- Adult Social Care
- Community Care Services
- Mental Health & Physical Disabilities
- Commissioning Strategy
- Health Partnership
- Local Service Board

To assess the impact of partnerships with and resources and services provided by external organisations including the Welsh Government, Welsh Government -sponsored public bodies and quasi-departmental non-governmental bodies and health services on the effectiveness of Council service delivery.

To report to an appropriate Cabinet or Council meeting on its findings and to make recommendations on measures which may enhance the Authority's performance in this area.

To be the Council's Crime and Disorder Committee as required by the Police and Justice Act 2006 and any re-enactment or modification thereof; and as full delegate of the Council to exercise all the powers and functions permitted under that Act.

APPENDIX A – SCRUTINY RESEARCH REPORT

The research report is 46 pages long and so has not been included in the draft report. It is available upon request from Scrutiny Services- contact details are provided at the end of this report.

APPENDIX B – MENTAL HEALTH LANDSCAPE

a. The landscape for Mental Health Services is complex, with various legal duties and statutory requirements covering health and social care services. These are broken down below into those that cover the whole of Wales and then those that are specific to Cardiff.

Wales wide

b. Some pieces of legislation cover both England and Wales, for example the Mental Capacity Act 2005, and the Mental Health Act 1983. The responsibility for the strategic approach and delivery of mental health services is devolved to the Welsh Government. The main elements of their requirements are set out below, as are the elements specifically for Cardiff.

The Mental Health (Wales) Measure 2010

c. *The Mental Health (Wales) Measure 2010* places legal duties on Local Health Boards and local authorities regarding the assessment and treatment of mental health problems. These are set out below.

- Part 1 - ensures more mental health services are available within primary care – for example GPs being able to refer for counselling or stress and anxiety management courses.
- Part 2 - places a legal duty on secondary mental health service providers to ensure that each service user has a Care and Treatment Plan and the support of a Care Co-ordinator. The Care and Treatment Plans have to cover the following '8 Areas of Life':
  - Rights and entitlements; finance and money
  - A safe home or accommodation
  - Health, personal care and physical wellbeing
  - Early years, school, education and training
  - Work, occupation and valued daily activities
  - Family, parenting and / or caring relationships
  - Access to play, sports and friends; social, cultural or spiritual needs
  - Medical and other forms of treatment including psychological interventions.

d. Part 3 – enables all adults discharged from secondary services to refer themselves back to those services, within three years of being discharged, without having to see a GP first.

e. Part 4 – supports every in-patient to have help from an independent mental health advocate if wanted.

Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012)

f.   Together for Mental Health is the Welsh Government's 10 year '*age inclusive, cross-Government Strategy for mental health and wellbeing*'. It includes the legal requirements of *The Mental Health (Wales) Measure 2010* and provides '*a long-term commitment to improve mental health and wellbeing, backed by significant funding*'. It is the first Mental Health Strategy for Wales that covers people of all ages, aiming to ensure that transfers between services are based on need and not on age boundaries. It replaces former age-based strategies and National Service Frameworks (NSFs).

g.   The Strategy reinforces the need to promote better mental wellbeing among the whole population. It addresses the needs of people with mental health problems or a mental illness. It focuses on how to improve the lives of service users and their families using a recovery and enablement approach.

h.   In order to ensure the Strategy is having an impact, it is supported by a Delivery Plan setting out the detailed actions for Welsh Government and partner organisations to ensure continued progress. A National Mental Health Partnership Board (NPB) is being established to oversee delivery of the Strategy. This is iterated at a local level with Local Mental Health Partnership Boards.

i.   The Strategy is focused around 6 high level outcomes, which are:
   - The mental health and wellbeing of the whole population is improved.
   - The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
   - Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
   - Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
   - Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.
   - The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.

j.   With regard to this Inquiry, the following outcome is relevant: 'People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.'

k. The Strategy references the need for information and advice for the whole population as well as specifically re Dementia and for families and carers, as follows:

- o 'For the whole population: We will do more to ensure that the public have access to good quality information on how to take care of their mental health throughout their lives. Better, up-to-date information will help people recognise when their own and other people's mental health is deteriorating. It will enable them to seek help early and support families or friends to do so, to use self-help techniques to better manage common mental health problems and to encourage others to do likewise.'

- o 'Staff working in primary care and in mental health services need to be aware of the full range of services available so that they can signpost people to the most appropriate support. This needs to include the range of holistic support services provided by Third Sector organisations across Wales. The Third Sector also have a valued role in distributing information. Health Boards must ensure that national databases are kept up-to-date and that local service directories are available. Mental Health First Aid (MHFA) should continue to expand as organisations should now have trained staff in post who can further disseminate training. *Book Prescription Wales* (BPW) will also continue to raise people's awareness and knowledge. We will look to find ways to provide more information and support, including online.'

- o 'Better information and advice about mental illnesses in older age is important. As people age, the incidence of many illnesses increase, including depression and anxiety. People with dementia and their families need information to help them plan for the future. As part of the commitment under the *National Dementia Vision Wales* we have funded the Alzheimer Society to produce information packs. The Dementia Help line and website will also be promoted and enhanced.'

- o 'Families and carers too can play a crucial and positive role in the Care and Treatment Planning for people with mental health problems. Service providers need to ensure that families and carers get good information, help and support, and have real choices.'

l. The Strategy also details the following resources that the Welsh Government has funded: help lines such as Community Advice and Listening Line (C.A.L.L) and the Dementia help line.

National Dementia Vision for Wales (2011)

m. This sets out a commitment to develop dementia supportive communities across Wales. Four priority areas have been identified for improvement as follows:

- Improved service provision through better joint working across health, social care, the third sector and other agencies;
- Improved early diagnosis and timely interventions;
- Improved access to better information and support for people with the illness and their carers, including a greater awareness of the need for advocacy;
- Improved training for those delivering care, including research.

n. As part of the Vision, the Welsh Government committed to improving information by:

- developing information packs for those diagnosed with dementia;
- creating a dedicated dementia information helpline for Wales;
- extending the Welsh Assembly Government's Book Prescription Scheme to include dementia care.

Welsh Health Circular (2008) regarding Priority Treatment and Healthcare for Military Veterans

o. This Circular states that 'All veterans should now receive priority access to NHS secondary care for any conditions which are likely to be related to their service, subject to the clinical needs of all patients.'

Cardiff Specific

Cardiff and Vale Mental Health Partnership Board

p. The Cardiff and Vale Mental Health Partnership Board was set up in 2013 to lead on developing the local Delivery Plan in line with the outcomes set out in the national 'Together for Mental Health' strategy. The Cardiff and Vale Delivery Plan covers the following areas, which are relevant to this Inquiry:

   I.   **Promoting better mental wellbeing and preventing mental health problems**

   The Board has developed a vision document that sets out local priorities for delivering improved services for people living with mental health problems. A number of achievements have already been made in this regard:

- Introduction of a GP service in mental health wards to ensure people's physical health receives proper attention.
- Improved training for a wider staff group to raise awareness of mental health issues.
- Introduction of Peer Support workers in mental health services.
- Joint working with Job Centres.
- Creation of a Community REACT service for older people with mental health problems to support people at home.

Priorities for next year are further development of a suicide prevention strategy and a 'Talk to Me' Action Plan.

II.   **A new partnership with the public**

The Board involves service users and carers but acknowledges the challenges that face service users, carers and the wider public when getting involved in strategic development. It is exploring various ways to develop a co-production ethos throughout the partnership. Developments to date include:

- An extended contract with Advocacy Support Cymru, to provide formal and informal advocacy.
- An ongoing contract with Cardiff and Vale Action for Mental Health to provide support and opportunity to service users and carers in becoming involved in the co-production of service provision through the Sefyll and Nexus projects.
- A 'Shared Decision Making' pilot project is being rolled out to ensure that individual Care and Treatment plans are produced together.

Priorities for next year include making services available through the Welsh language and improved accessibility of services for hard-to-reach populations.

III.   **A well designed, fully integrated network of care**

As well as influencing universal community opportunities and activities that are inclusive and promote mental wellbeing (such as leisure, education, employment, housing and general medical services), the Partnership Board is responsible for developing a fully integrated network of care and support. Developments to date include:

- The provision of integrated Community Mental Health Services.
- Implementation of the Primary Mental Health Support Service.
- Ensuring that every person who receives a secondary mental health care service has a named Care Co-coordinator and a Care and Treatment Plan.
- Improved access to psychological therapies.

- Production of the Dementia Action Plan, to improve the provision of care and support.
- Promoting use of the Deprivation of Liberty Safeguards across health and social care.
- Appointment of a specialist Child and Adolescent Mental Health Service (CAMHS) to liaise with primary care.

Priorities for the next year include ensuring that young people moving into adult mental health services experience a seamless service.

IV. **One system to improve Mental Health**

The Partnership Board takes a cross-cutting approach by working with statutory, independent and voluntary organisations to facilitate and co-ordinate implementation of the six high level outcomes. Achievements so far include:

- Improved communication and shared protocols with Housing departments to reduce delayed transfers of care and to develop creative housing solutions.
- Introduction of the Peer Support scheme.

Priorities for the next year are to progress work with housing providers to support people with mental health problems when discharging their landlord functions, to further reduce delayed transfers of care from hospital, and to promote the 'Time to Change Wales' campaign which supports people with mental health problems in securing employment.

V. **Delivering for Mental Health**

'Together for Mental Health' sets out a programme of change for mental health services and the wider public sector by ensuring a culture where mental health promotion and anti-discriminatory practices is in place. Achievements so far include:

- Establishing the Cardiff and Vale Mental Health Partnership Board.
- Introducing Mental Health First Aid Training.

Priorities for the next year include ensuring that clinical and social work interventions provide positive outcomes that can be measured.

Cardiff and Vale University Health Board

q. The Cardiff and Vale University Health Board UHB currently deliver primary, community, inpatient and tertiary mental health services out of five hospital sites and twelve community bases through over 64 integrated teams at a cost of £60 million per annum.

r. The range of services includes core mental health services such as adult and older people's community mental health multi-disciplinary teams and

aligned in-patient beds but also support, specialist and tertiary services. The UHB provides mental health services to a population of around 500,000 people.

s.   All the community teams are integrated with the local authorities, with Health leading on Adult Services teams and Local Authorities leading on Older People Mental Health - a mixed economy of leadership.

t.   The services provided are:

I.   **Adult Acute Mental Health Services**
Adult Acute services cover the Cardiff and Vale area and are focussed on providing a community based model of care. Most referrals to adult acute services originate from the primary care services such as your local GP. Recent developments have established services that allow patients to be treated very early on which avoids admission into hospital or allows early discharge.

II.   **Specialist Rehabilitation Services**
Mental Health Rehabilitation services provide support to patients with severe and enduring mental health problems. Referrals generally come from adult acute or community mental health services. Two inpatient wards remain, but the service is largely community based. Some 24 hour supported units support those with intensive rehabilitation needs, while supported housing and a developing community team offer less intense support. The aim of the service is to maximise the independent living skills of mental health service users, enabling them to manage life with sometimes chronic mental illnesses.

III.   **Mental Health Services for Older People**
Older people's mental health services provide care to people who suffer late life onset mental health problems (functional illness) or one of the dementias (organic illness). A range of community, day hospital and inpatient services cover the UHB area with a community focussed model of care. Inpatient services offer assessment, respite and continuing assessment beds.

IV.   **Neuropsychiatry Services**
Neuropsychiatry services cover all Wales and offer a specialist service to people with acquired brain injury. As the result of trauma resulting in damage to the brain, changes in function can result in severe behavioural disturbances which mainstream services find particularly difficult to care for. This is where a specialist Neuropsychiatry service is able to offer advice, support or intervention in challenging circumstances. The service has close links with the UHB's Neurosciences department, with some staff working between the two services.

V.   **Traumatic Stress Service**
The aim of this service is to develop and provide effective interventions to help prevent individuals developing significant mental health difficulties after traumatic events, and to treat individuals with Post Traumatic Stress Disorder (PTSD). The service also aims to increase awareness of the

psychological effects of traumatic events.

VI. Community Mental Health Teams

Cardiff's Community Mental Health Teams are made up of staff from health and social care professions, including social workers, nurses, psychologists, occupational therapists, physiotherapists, support workers and medical staff. Health professionals are employed by the health service and social care staff are employed by Cardiff Council. There are six CMHT's covering Cardiff, as well as a CMHT for Older People with Mental Health needs. Cardiff Council's leaflet on CMHT's states 'Most of the people the teams are helping were referred by a health worker such as their GP, but people can ask for help themselves, or be referred by family, friends, or other professionals working with them. But the teams only work with people who have severe, acute or enduring mental health problems.'

Also, the Cardiff and Vale Mental Health Partnership Board Annual Report 2013-14 states that:

'Cardiff and Vale University Health Board now provide:

Primary Mental Health Support Services working alongside the established GP practice-based primary care counselling service, delivering into Primary care services in meeting the needs of low and medium intensity mental health support alongside ***Assertive Outreach Services*** including provision for the City Centre and Homeless; ***Early Intervention*** efforts to detect and intensively treat first episode psychosis support the work of the generic adult services; Tier 3 ***Eating Disorders*** Specialist Team; Tier 3 ***Borderline Personality Disorder*** Support Team; ***Perinatal*** Specialist Service; ***Specialist Rehabilitation*** teams across Cardiff and Vale to support recovery and move on ***Post Traumatic Stress Disorder*** team is closely aligned with the all Wales ***veteran services*** hosted by Cardiff and Vale; Tier two ***Eating Disorder team*** delivering specialist interventions across community mental health teams and supporting specialist interventions in primary care; A Range of ***Low Secure and Forensic*** services, including in-patient beds, community team and criminal justice liaison services are available with a range of ***substance misuse*** services including NHS inpatient provision.

The mental health service continues to provide support collaboratively across the UHB with ***Liaison services*** present in Emergency Unit, general hospital wards, poisons and elderly wards. Elderly mental health specialist services include ***Crisis Resolution (REACT)*** community older people's team – one of the few across the UK, working alongside the ***Memory team*** and ***Young Onset service*** and ***Nursing Home Liaison.*** The *delivery of* ***Psychological Therapies*** is becoming increasingly embedded in core services with specialist support.

Cardiff & Vale Framework for Older People 2014-2019 'Meaningful and Purposeful Lives'

u. 'Meaningful and Purposeful Lives' sets out the framework for Older People's services for the Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership for the period 2014-2019. It contains 6

themes and actions related to the provision of information to older people, as set out below:

Themes	Actions – relevant to this Inquiry
2. Along with their carers, know where they can receive information, support, resources and advocacy in the community to live independently at home for as long as possible.	Signposting to local community services Deliver the "Communities around Wyn" recognition and signposting project
4. Receive informed and guided care about services that may be received, so that the different steps of treatment and care where appropriate are clearly understood and shared decisions made.	Develop information that promotes shared decision making
6. Be given information about quality assured value for money long-term care and support options and alternatives should these services be needed.	Information about: Technology that may provide care or monitoring functions Housing options including supported and / or adapted housing Value for money and quality assured long term care

Local Mental Health and Wellbeing Needs Analysis

The information below is extracted from the Cardiff and Vale Local Mental Health Partnership Board Annual Report 2013-14.

Population Size
Currently, around 479,000 people live in this area and between 2003 and 2013, the number of people increased by 9.3%, almost double the Wales average at 4.7%. The number of people aged over 85 years has increased by 28% between 2003 and 2013[1].

Age and Gender
The city of Cardiff has a skewed population compared to the Vale of Glamorgan because of the large numbers of students and disproportionately fewer older people. As a higher proportion of mental disorders develop between the ages of 14 to 20, Cardiff has greater incidence of mental illness.

Ethnicity
The proportion of people from the black and ethnic minority (BME) community[2] in Wales averages at 6%. In Cardiff, however, the proportion stands at 16%[3]. Research shows that the incidence of psychosis is higher in the African Caribbean and Black African populations[4].

Educational Attainment
The percentage of Year 11 school leavers who were known to be not in education, employment or training (NEET) in 2013 in Wales was 3.7%, with 4.9% in Cardiff[5]. In general, people with a psychotic illness have fewer qualifications and are more likely to have left school before the age of 16 with no qualifications, compared to other groups.

Unemployment
The percentage of people who are claiming one or more employment related benefits in Wales stands at 14.7%, whereas in Cardiff this is slightly less at 12.2%. Mental health conditions are the primary reason for those claiming health-related benefits[6].

Housing and Homelessness
The number of households in Cardiff who were deemed to be eligible, unintentionally homeless and in priority need was 690 in 2013/14. Statistically, you are more likely to have a mental health condition if you are homeless: 43% of those accessing homelessness projects in England were suffering from a mental illness.

Diagnosis of Mental Illness
According to the GP registers in Cardiff and the Vale as at March 2013, there were 4,111 people with a diagnosis of a serious mental illness. There were also 2,485 people with a diagnosis of dementia. However, according to the Alzheimer's Society, this represented only 46% of people with dementia in the community[8]; therefore under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.

Deprivation

Deprivation is associated with poorer mental health outcomes and those with a poorer level of income are more likely to have a common mental illness. Deprivation in Cardiff is mainly in the southern arc of the city and 15.8% of Cardiff's areas fall into the 10% most deprived in Wales[9].

Prevalence
According to the Welsh Health Survey 2011-12, 11% (age-standardised) of adults in Wales reported currently being treated for a mental illness and this is identical to the Cardiff and Vale prevalence of 11%[10].

This is likely to be an underestimate of the people who have a mental illness as surveys suggest that in England 16% of people have a common mental illness. In terms of a diagnosis of a serious mental illness (schizophrenia, bipolar disorder and other psychoses), there are 4,111 people on primary care registers with these conditions, which is 0.8% of the total GP list size[11].

A prediction tool, PsyMaptic has calculated that, in Cardiff and the Vale, we would expect to find 74 new cases of psychosis per annum, between the ages of 16-64[12].

In Cardiff the number of persons age 30 and over predicted to have dementia in 2013 was 3,577 rising to 5,242 in 2030. There are 2,485 people with a diagnosis of dementia on GP registers in Cardiff and Vale. When adjusted to take account of the age structure of the population, the dementia rate is 2.9 per 1,000 people, compared to 2.7 per 1,000 people for Wales as a whole[14]

Service usage
Benchmarking data shows that the Adult Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK. The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.

Suicide
Suicide rates in Wales are higher than in England but lower than in Scotland and Northern Ireland[15]. During the period 2003- 2012, European age-standardised rates (EASRs) among men (aged 15+) in Cardiff and Vale ranged from 16 per 100,000 in the Vale of Glamorgan to 19.4 per 100,000 in Cardiff, similar to the Wales rate of 20 per 100,000 males. In women the EASRs in Cardiff and Vale ranged from 4.9 in the Vale of Glamorgan to 5.8 in Cardiff which is slightly higher than the Wales rate of 5.3 per 100,000 females[16]

1 Office of National Statistics (ONS) mid-year population estimates (MYEs), 2003 and 2013
2 BME defined as all non-white ethnic groups aggregated from KS201EW table (ONS, Census 2011)
3Office of National Statistics (ONS) Census 2011, KS201EW.

4 Morgan et al, First episode psychosis and ethnicity: initial findings from the AESOP study, World

Psychiatry, 2006, 5:1, 40-46.

5 Careers Wales Pupil Destinations from Schools in Wales, 2013

6 ONS and DWP data from Public Health Wales Observatory, Nov 2009 to August 2010

7 Info base Cymru, 2013/14. Available from:

http://www.infobasecymru.net/IAS/themes/housing/tabular?viewId=26&geoId=1&subsetId=

8 Alzheimer's Society,

http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1666

9 This is taken from the results of the Welsh Index of Multiple Deprivation 2011.

10 WHS, 2011-12, WG. http://wales.gov.uk/docs/statistics/2013/131001-welsh-health-survey-localauthority-

health-board-results-2011-2012-en.xls (Table 8)

11 Quality and Outcomes Framework, June 2013, WG

http://wales.gov.uk/docs/statistics/2013/131021-registeren.xls

12 Psymaptic, http://www.psymaptic.org/prediction/psychosis-incidence-map/

13 Daffodil Projections, Welsh Government, 2014

14 Produced by Public Health Wales Observatory, using Audit+ (NWIS).

15 Using data produced by Public Health Wales Observatory, taken from ONS, GROS & NISRA

16 Figures produced by Public Health Wales Observatory, using ADDE & MYE (ONS)

APPENDIX C– EXTRACT FROM WELSH GOVERNMENT CODE OF GUIDANCE - CHAPTER FIVE

Welsh Government – SSWB (Wales) Act 2014 – Code of Guidance for Consultation - '*Part 2 -Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to part 2 (General Functions) of the Social Services and Well-being (Wales) Act 2014* *Including Well-being, Population Assessment, Prevention, Promotion of Social Enterprises and Provision of Information, Advice and Assistance* *Issued under Sections 145 and 169 of the Social Services and Well-being (Wales) Act 2014* *(Short title: Code of Practice on General Functions)*'

Chapter 5: Information, Advice and Assistance

Introduction: aims and scope

229. This Code of Practice provides guidance on section 17 under Part 2 of the Social Services and Well-being (Wales) Act 2014. Section 17 covers the provision of information, advice and assistance. There are no regulations made under this section of the Act.

Introduction
Aim and scope

230. This code of practice sets out the duties on local authorities in relation to the provision of a service for providing people with: **Information and Advice** relating to care and support, and **Assistance** in accessing care and support

231. This code of practice applies to local authorities although Local Health Boards, or an NHS Trust providing services in the area of a local authority, must provide that local authority with information about the care and support it provides in the local authority's area. Other partner organisations including third and independent sector organisations, and citizens of Wales, including those in prison, youth detention and bail accommodation, will have an interest in its content and delivery.

232. The **Information, Advice and Assistance** service must include, as a minimum, the publication of information and advice on:

- how the care and support system operates in the local authority area;

- the types of care and support available;

- how to access the care and support that is available; and

- how to raise concerns about the well-being of a person who appears to have needs for care and support.

Purpose of the Information, Advice and Assistance Service

233. The Information, Advice and Assistance Service will be available to *all* people (adults, children, families of children, young people and carers) in the local area and will provide the primary entry point to the care and support system. It will be crucial in empowering and enabling people with the information they need to help them make informed decisions and to tap into resources, including their own and their community resources. The Service will help people, including those in the secure estate, to understand how the care and support system operates in their local area and how they, or someone they care for, can be supported to achieve their personal well-being outcomes. The Information, Advice and Assistance Service will also support professionals to be better informed and able to reply to enquiries.

234. The Information Advice and Assistance Service must provide access to relevant, accurate, high quality and timely information, advice and assistance about ways that people can meet their care and support needs, or the care and support needs of others they may care for, both now and in the future. The Service must also provide information and advice on how to raise concerns about the well-being of another person who appears to have care and support needs.

235. The Service will provide information and advice about the preventative well-being services available in the community that would be most appropriate for people and their individual circumstances. The service will also offer assistance to **access** care and support if needed.

236. The Service will provide information on direct payments, charges for care and support and other information and advice on matters that would enable people to plan for meeting their care and support needs, or support needs for carers that may arise. This is a shift from information about services to information about people and
their care and support needs to enable them to better help themselves and others. Further information about direct payments is available in the Code of Practice on Part 4 of the Act and information about charging is available in the Code of Practice on Part 5 of the Act.

237. Local authorities must through partnership working find ways to deliver the Information, Advice and Assistance Service to those in the secure estate while they are detained and in preparation for their release.

Definitions

238. In the context of the Information, Advice and Assistance Service the following definitions for each element of the service apply:

Information:

Information will be quality data / material that supports a person to make an informed choice about their well-being. This will include financial information, and information on direct payments, information on charges, and other matters that would enable someone to plan how to meet their care and support needs, or support needs if they were a carer.

Advice:

Advice will be a way of working co-productively with a person to explore the options available and offer guidance to them about making the most suitable choice to overcome barriers they may face to achieving their personal well-being outcomes. The provision of advice will require the service provider to conduct a simple assessment and to record basic personal data and the advice given.

Assistance:

Assistance, if needed, will follow the provision of information and advice. Assistance will involve another person taking action with the enquirer, to support the enquirer to **access** care and support, or a carer to access support. Responsibility for the activity undertaken is shared between the giver and receiver of the assistance. The provision of assistance will also require the service to conduct a simple assessment and to record any additional personal data and details of the assistance offered and taken up by the enquirer.

Assessment

239. When the Information, Advice and Assistance Service only provide **information** a record of personal data is **not needed**. As such the person accessing the service for information would often remain anonymous for recording purposes. However, those operating the Service should capture information about the nature of the enquiry and which type of service the enquirer was signposted to for national management information purposes.

240. When the Information, Advice and Assistance Service offers **advice and / or assistance** core data **must be recorded**. Further information about core data is available in the Code of Practice on Part 3 of the Act relating to Assessing Needs.

241. Staff working for the Service will be skilled to undertake an assessment in line with the regulations on assessing needs.

242. The assessment process will be applied proportionately to match the person's care and support needs, or support needs of carers. A simple assessment can be conducted and concluded by staff working within the Information, Advice and Assistance Service.

243. If a more comprehensive assessment is required a specialist assessments may follow the initial simple assessment to form a complex assessment. However, the initial information gathered through the simple assessment will not need to be repeated.

244. Where it appears that the needs of the individual are such that there is a duty on the local authority to exercise a function in order to protect and safeguard the person from abuse or neglect or the risk of abuse or neglect (and in the case of a child: harm or the risk of harm) there is a need to act on this information immediately and without delay. Local authorities must also determine whether the needs of the individual call for the exercise of any function it has under Part 4 (Care and Supervision) or Part 5 (Protection of

Children) of the Children Act 1989 and should act on this immediately and without delay.

245. Local authorities **must** work in partnership with its NHS partners to ensure that any personally identifiable information should be shared within the principles of the Wales Accord on Sharing Personally Identifiable Information (WASPI). All Local Health Boards and local authorities in Wales are signatories to this protocol and a link is attached below:
http://www.waspi.org/

Recording Management Information

246. Local authorities **must** record management data from their Information, Advice and Assistance Service for the following purposes:

- **Monitoring Performance**
  The recording of information is important to support service performance and
  improvement. Recording the information exchange (calls and web logs) can be analysed to provide a better understanding of the nature of the enquiry and the customer profiles. Management data will also assist in the audit and inspection of the Service and, for this purpose, local authorities should consider obtaining feedback from service users.

- **Planning Services**
  It is important for local authorities to record information about the nature of enquiries and responses, as well as the type of information and advice offered by their service to support the population needs assessment and planning of preventative wellbeing services (see the Code on section 14).

- **Service Improvements**
  Recording personal data when advice and assistance are provided can prevent an individual having to repeat the same information if they access a service again or proceed through the care and support system. This will also make the system more efficient.

Accessibility

247. Local authorities must seek to ensure that information, advice and assistance offered under the Service must be available in a manner which is accessible and suits the needs of their population. The Equality Act 2010 requires that reasonable adjustments are made to ensure that people have equal access to information, advice and assistance services. Reasonable adjustments could include the provision of information and advice in accessible formats and /or with communication support to meet the different needs of different people and ensuring that those who face challenges are not excluded.

248. Local authorities, with their partners, **must** recognise the needs of their population (See Code of Practice on Strategic Population Needs Assessment section 14, Part 2). The Service will need to be appropriately designed and accessible for different client groups. It must be easy to find, understand and use for everyone.

249. The Information, Advice and Assistance Service must be available through the medium of English and Welsh –many Welsh speakers can only communicate their care needs effectively through the medium of Welsh, additionally, for many Welsh speakers being able to use their own language has to be seen as a core component of the Information, Advice and Assistance Service not an optional extra. However, the Service must be mindful of the need to be accessible to all people. Local authorities should ensure that the Information, Advice and Assistance Service is designed to be pro-active in providing knowledge and help to people of all ages, social and cultural groups whether they are seeking information, advice and assistance for themselves or for others that they care for.

250. People must find it easy to access the Service and be treated with dignity and respect at all times by staff who are well trained to deliver the Service. This is particularly relevant for children and young people who will need to feel confident and reassured that this Service will provide relevant, accurate and up to date information and advice for them and be available in ways that they prefer to use.

251. The local authority **must** ensure that the Information, Advice and Assistance Service will offer support and guidance to people and professionals through a range of media e.g. web, telephone, face to face, outreach, digital media, publications.

252. The local authority **must** ensure that information and advice is available in a variety of formats including easy read and material specially for children and young people and it must be well publicised.

253. The local authority **must** ensure people have access to a 24/7 service, although this does not mean that every component of the Service is provided on a 24 hour basis.

254. A key component of the Information, Advice and Assistance Service will be a directory of services which **must** be accurate, up-to-date and relevant.

255. Local authorities **must** work together to ensure the Service is consistent so that people find information easy to access in local authorities which are not their ordinary residence. This is particularly relevant for those who may be living close to the boundaries of the neighbouring local authority.

256. Local authorities **must** produce a communications strategy to promote their Information, Advice and Assistance Service. Local authorities **should** lead the process, but develop the communication strategy jointly with partners. The strategy should consider the different target audiences and how to reach them, with priority given to the most vulnerable.

257. Local authorities **must** ensure that the Information, Advice and Assistance Service provides information and advice about advocacy services that are available locally and if necessary assists the enquirer to access the service.

Integrated Services

258. Local authorities **must** make links with other information and advice services at a local, regional and national level, particularly those that are publicly funded. All efforts should be made to reduce duplication and ensure the information and advice is offered by the most appropriate and skilled agency.

259. Local authorities **should** consider adopting an integrated approach which draws on the knowledge and services available from their own departments, Local Health Boards, NHS Trusts, the third and independent sectors.

260. Local Health Boards and NHS Trusts **must** provide the local authority with information about the care and support it provides in the local authority's area. Both local authorities and their NHS partners **should** work in partnership to ensure the Information, Advice and Assistance Service is comprehensive and up to date and relevant.

261. Local authorities **should** consider their duties under S16 to promote social enterprises, co-operatives and user led services in order to approach the development of the Service in an innovative way.

262. Local authorities **must** make links to any proposed national information and advice service developments within the health or social care sector so they are integrated into the development of their Information, Advice and Assistance Service.

Workforce Implications

263. Local authorities **must** develop a workforce training plan which should cover front line staff working within the Information, Advice and Assistance Service and the wider workforce.

264. All staff working within the Service should have a clear understanding of the care and support system operating in their locality and be appropriately trained to conduct an assessment, determine eligibility and prepare care and support plans as set out in Parts 3 and 4 of the Act and Code of Practice.

265. Local authorities **must** establish a team which reflects a mix of skills and experience from a range of professionals from the social care, health, third and independent sectors.

266. Local authorities **must** recognise the need for the ongoing training of staff.

267. Local authorities **should** also consider the scope of the training and access rights for the wider workforce delivering information, advice and assistance.

Governance and Accountability

268. Local authorities **should** work in partnership to develop their Information, Advice and Assistance Service on a Local Health Board footprint. Local authorities **should** also consider delivering components of their service on a national basis.

269. Each local authority **must have** engaged with its Local Health Board, NHS partners, the third sector, private providers and representatives of the community in the design, planning and development of the model for the Information, Advice and Assistance Service that will operate in its locality.

270. Local Health Boards, or NHS Trusts operating within the local authority area, **must** provide local authorities with information about the care and support it provides in the local authority area. This information should be relevant and accurate and provided in a format which is agreed by the local authority and accessible to the Information, Advice and Assistance Service.

271. The Director of Social Services will be responsible for ensuring the design, plan and delivery model meets the duties of the local authority. Directors of Social Services, as part of their social services functions developed under section 143 and section 144 of the 2014 Act, **must** report annually on the progress of the Information, Advice and Assistance Service, either separately or as part of the overall care and support arrangements operating in its area. This report **must** be made publicly available and accessible via the local authority's website.

272. If the local authority delivers the service through a third party the Director of Social Services must ensure that the Service is monitored closely and meets the delivery standards. In all cases feedback from service users must be collected and contribute to service improvement.

273. Audit and inspection of the Information, Advice and Assistance Service will also apply.

National Service Delivery Standards
274. Local authorities **must** ensure that they meet the national service standards for the content and delivery model of the Information, Advice and Assistance Service in its area to ensure a consistent Service is delivered across Wales.

275. The Service will:
a. be well publicised in the locality, particularly in places and through media that will reach people of all ages;
b. be available through a variety of media (including online, digital media, telephone, face-to-face, outreach, publications);
c. be available through a variety formats (including easy read, child friendly version etc.);
d. be available through the medium of both Welsh and English reflecting the Welsh Government Strategy '*More than Just Words';*
e. be staffed by a range of skilled professionals including those with experience in the social care, health, third and independent sectors to provide an holistic approach;
f. support individuals to build on their strengths and draw out what the person wants to achieve;
g. meet service content accreditation standards for the range of formats to ensure a consistent and reliable response;

h. provide information that is accurate, up to date and relevant;

i. provide information which is accessible 24/7;

j. respond to an enquiry within 24 hours;

k. record data in line with assessment guidance where advice and/or assistance is given;

l. deliver a positive customer service experience;

m. provide information about how the care and support system works;

n. be accessible to all people;

o. offer a response which is proportionate to the enquiry and empowers the individual to access early support independently;

p. be widely publicised and recognisable by people in the local area;

q. work with other local, regional and national advice services to provide an integrated and seamless response for enquirers;

r. involve service users in the design and review of the service.

Complaints

276. Local authorities **must** provide reference to the complaints procedure operating within the local authority and be able to direct those wishing to make a complaint to the necessary information quickly and efficiently.

277. The Welsh Government has recently issued new complaints guidance: *A guide to handling complaints and representations by local authority social service* which was effective from 1 August 2014. A link to this can be found at: http://wales.gov.uk/topics/health/socialcare/complaints/?lang=en

Adults and children in prison, youth detention accommodation and bail accommodation

278. Local authorities are responsible for providing the Information, Advice and Assistance to those people within its geographical boundary as outlined in Section 17. This will include the duty to provide the service to those adults and children in prison, youth detention accommodation and bail accommodation where these establishments fall within their boundaries.

279. Local authorities **must** ensure that the Information, Advice and Assistance Service is in keeping with national and local strategies.

280. Local authorities **must** consider how best to provide the Information, Advice and Assistance Service to those in the secure estate, ensuring that it is accessible both in terms of information content and delivery of service. The Information, Advice and Assistance Service and the provision and accessibility of preventative and well-being services need to be seen as a means of supporting those individuals while they are in the secure estate and in preparation for their release and resettlement.

281. Local authorities **should** ensure that the Information, Advice and Assistance Service is linked into the provision of information and advice and the provisions for resettlement of prisoners under the Housing (Wales) Act

2014 and that a comprehensive and integrated service is developed.

282. Local authorities **must** have regard to the code on adults and children in prison, youth detention accommodation and bail accommodation under Part 11 of the Act. They must work together with the relevant agencies and establishments to identify how this service will operate and may do this on a national basis.

APPENDIX D – GOOD PRACTICE EXAMPLES AND CASE STUDIES

http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/Informationandadvicecasestudies/ (downloaded 20th October 2014)

Information and Advice case studies

These case studies are examples of information, advice and brokerage initiatives collected from local authorities and others from across the country.

They will be of interest to organisations as they develop their services in response to the requirements of the Care Bill.

Case studies

Website

- Connect to Barnsley - Barnsley Metropolitan Borough Council

  Connect to Barnsley is a universal information and advice hub that provides a single interface for information about health, social care and wellbeing.

- Connect to Support in Yorkshire & Humber

  Connect to Support (CtS) is a website developed by Local Government Yorkshire and Humber, it is for people who use social care services or who are looking for information and advice about what support and care is available in their local council area.

- Dudley Community Information Directory - Dudley Metropolitan Borough Council

  The Dudley Community Information Directory (DCID) is a central portal for the provision of online information and advice about organisations and support services in Dudley.

- Durham Information Guide (DIG) - Durham County Council

  The Durham Information Guide (DIG) is an online database developed by Durham County Council, it allows people to search for information and contacts in order to give them choice and control over the care and support they receive.

- East Sussex 1Space - East Sussex County Council

East Sussex 1Space is part of a coordinated range of services designed to enable people to exercise choice and control over their lives, by ensuring that they have the right information to help them plan the care and support they need.

- [Gateway to Care Single Point of Access - Kirklees Council](#)

Gateway to Care Single Point of Access is an information and advice service provided by Kirklees Council.

- [Information Now - Newcastle City Council](#)

Information Now is a website developed by Newcastle City Council: Quality of Life Partnership; it was developed with and for older people in 2007.

- [Leeds Directory - Leeds City Council](#)

The Leeds Directory was developed by Leeds City Council, it provides a universal source of quality information accessible in a variety of formats, to meet the needs of a wide range of stakeholders.

- [Living Well with Dementia - Coventry & Warwickshire County Council](#)

Living Well with Dementia is a one-stop portal for information about dementia. It was created by the Coventry and Warwickshire Living Well with Dementia Partnership.

- [My Care, My Choice website - Stockport Council](#)

'My Care, My Choice' is a website developed by Stockport Council that provides information about care and support services in Stockport and acts as an information hub for council staff and partner organisations.

- [My Choice Marketplace - Trafford Council](#)

My Choice Marketplace is an accessible website that was developed by Trafford Council; it informs personal budget holders and self-funders of the services available and ensures a minimum level of quality.

- [MyLife online directory - London Borough of Redbridge](#)

'MyLife' is a web platform developed by the London Borough of Redbridge, it allows people to access information about care and support services.

- [Staffordshire Cares - Staffordshire County Council](#)

Staffordshire Cares is a service developed by Staffordshire County Council. The website helps people to maintain their independence and plan their lives by putting all information, advice and guidance in one place, in a range of formats, to meet individual needs.

- [Swindon Directory of Information, Support & Advice (DISA)](#)

  Swindon Directory of Information, Support and Advice (DISA) is an online resource to help people and practitioners quickly find information to help people make the most of their lives, in the way they choose.

Prevention

- [Health and Wellbeing Zones - Derbyshire County Council](#)

  Derbyshire County Council's Health and Wellbeing Zones first started in 2011 and there are now 20 dedicated zones across the region.

- [Later Life Planning - London Borough of Barnet](#)

  Later Life Planning (LLP) aims to provide a flexible and holistic one stop shop for older people to help them plan for their future, retirement and to keep well and active.

- [Your Support Your Choice - Blackburn with Darwen Council](#)

  Your Support Your Choice (YSYC) is walk-in health and social care information centre which provides health and social care information , signposting, access to peer support and advocacy.

Brokerage/ Peer Support

- [Derbyshire Adult Care Brokerage Service - Derbyshire County Council](#)

  The Adult Care Brokerage Service exists to help people who use services exercise choice and control, by helping them find the services they need.

- [Peer support brokerage - Trafford Council](#)

  Peer support brokerage in Trafford assists people with mental health problems to create their own personalised support plans.

- [Support With Confidence - East Sussex County Council](#)

  The 'Support With Confidence' scheme provides a list of providers of care and support services who have been approved and have undergone appropriate training and background checks.

- [User-controlled information - London Borough of Barnet](#)

  This is a user-controlled IAA (Information, Advice & Advocacy) service and peer support brokerage service commissioned by the London Borough of Barnet.

Assisted signposting

- [Healthwatch Liverpool - Liverpool City Council](#)

  Information about local health and social care services is one of the three elements of the service provided by the new Healthwatch Liverpool.

- [Information and advice services - Leicestershire County Council](#)

  The council have developed a new 'delivery model' for information and advice services in Leicestershire.

- [Stockport FLAG - Stockport Council](#)

  FLAG is an information and advice service managed and delivered through a consortium of voluntary sector organisations working in Stockport.

- [Thurrock Over Fifties Forum (TOFF)](#)

  It is a free impartial advice session held in local Learning Centre where visitors can get advice in relation to housing, benefits, funding, care and social activities.

- [Village Agents - Hampshire County Council](#)

  The Village Agent project is developing a network of local volunteers who help older people living in rural areas find the information and support they need.

Self funders/ financial advice

- [Practical Guide to Care - Birmingham City Council](#)

  The Practical Guide to Care is an accessible resource that provides practical information and advice to help adults understand their options and choose a solution that is right for their needs.

- [Supporting people who pay for their own support - Bracknell Forest](#)

  Bracknell Forest Council is due to offer people who pay for their own support a referral to an a selected organisation that provides advice and guidance to people funding their own care.

Printed guides

- [Wise Guide - Independent Age](#)

  Wise Guides are short A5 books of 70-100 pages providing information in a friendly and accessible form.

Remodelling services

- Remodelling information - Norfolk Integrated Health and Social Care Commissioning Team

  A re-modelled information, advice and advocacy (IAA) service for specific groups, developed in consultation with those groups and in a rural area.

Carers

- Carers Wellcheck - Worcestershire County Council

  A 'Carers Wellcheck' is now carried out prior to the statutory Carers Assessment.

http://www.thinklocalactpersonal.org.uk/BCC/Latest/resourceOverview/?cid=10285

Interesting practice examples from six councils on improving the provision of information, advice and brokerage under the Care Act

Added: 25/09/2014

During 2013 TLAP carried out a study to find out how local authorities were meeting the new duty under the Care Act and associated Guidance to improve the provision of information, advice and brokerage to people who use social care services and their carers.

From the original sample of 31 local authorities which took part in the study, six volunteered for closer observation of their work. Local authorities representing Barnet, Cornwall, Derbyshire, Lancashire, Stockport and West Sussex were specifically chosen in order to showcase a range of council types in different parts of the country which are carrying out innovative work -"interesting practice" in meeting this new duty.

The study involved the gathering of evidence including performance information and customer feedback, and interviews with commissioners, providers, "customers" and other stakeholders at each site. It aimed to capture learning, to highlight interesting practice and to explore these councils' plans for 2014/15.

Please note a summary of Barnet's work can be found in Gearing up for change - part 2 of the suite of three reports which accompany the case studies and are not itemised here.

Documents

- Derbyshire Adult Care Brokerage Service (pdf - 307Kb) (opens new window)
- Lancashire's approach to local area co-ordination (pdf - 494Kb) (opens new window)
- Newquay Pathfinder Project (pdf - 514Kb) (opens new window)
- Stockport FLAG (pdf - 321Kb) (opens new window)
- West Sussex "Carewise" (pdf -   420Kb) (opens new window)

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