

## Powys Teaching Health Board – October 2019

## Response to National Assembly for Wales – Children Young People and Education Committee

## Health Board spend/ allocations

The information provided below sets out to respond to the questions set by the Committee in relation to expenditure on children and young people's emotional and mental health provision.

1. *Information on individual Health Board spending on mental health services for children and young people in Wales for each of the last five years, including what percentage of the total LHB budget this represents, and in cash terms, how this compares to the level of spending on adult mental health services. Also, what the spend on mental health services for children and young people is per child for each individual Health Board.*

The Table below outlines the direct expenditure only that is allocated to specific children and young people's emotional and mental health services. Importantly it does not include the spend in relation to primary care (General Practice) which is deemed a significant part of the overall health service provision to children, young people and families. Neither does it include non-direct expenditure for example where a service is provided and there may be some element of psychological care/input.

**Table 1 – Child and Adolescent Mental Health Services (CAMHs) Spend and Comparisons.**

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
	£'000	£'000	£'000	£'000	£'000	£'000
Neurodevelopmental services	200	205	238	270	285	297
Psychological therapies	309	280	285	243	277	289
CAMHs crisis and out of hours care	<i>see note 1</i>					
Local Primary Mental Health Support Services (LPMHSS)	<i>see note 2</i>					
Inpatient provision/ service development	<i>see note 3</i>					
Other	1,007	1,534	1,426	1,476	1,477	1,543
<b>Total CAMHs (£'000)</b>	<b>1,517</b>	<b>2,019</b>	<b>1,949</b>	<b>1,989</b>	<b>2,040</b>	<b>2,128</b>
Total MH Spend	35,074	33,140	32,393	34,014	34,450	36,015
CAMHs %	4.3%	6.1%	6.0%	5.8%	5.9%	5.9%
Total HB Allocation	267,095	272,391	286,145	291,996	299,249	316,492
CAMHs %	0.6%	0.7%	0.7%	0.7%	0.7%	0.7%
No of Under 18's in Powys	24,938	24,501	24,161	26,131	25,968	25,968
Spend Per Child	£61	£82	£81	£76	£79	£82

The table above breaks down the CAMHs spend by appropriate heading as detailed.

The spend covers all of community CAMHS including Primary Mental health, Part 1 and part 2 work, crisis and working with children and young people in inpatient provision and the relevant direct

service infrastructure including administration and management (not wider organisational overheads) to ensure an effective service is delivered.

**2.** *Information on individual Health Board spending in each of the following services in relation to mental health services for children and young people, including expenditure for each of the last five years (both out-turns and future predicted spend) on:*

Neurodevelopmental services – included in table 1.

CAMHS crisis and out of hours care - after reviewing CAMHs in Powys a decision was made to incorporate crisis and CITT into the general delivery of the team so that it can be as effective as possible, in the significantly rural county, to meet demand as and when needed for efficiency. Out of hours is covered through GP and neighbouring District General Hospitals. There is a flexible system of work in place that enables an out of hours provision for emergencies If required.

Psychological therapies – included in above table 1.

Local Primary Mental Health Support Services (LPMHSS) – service provision is incorporated in to core team, and costs are not disaggregated. In addition to this there will be provision for this in other areas of health board i.e. some of the work of school nurses.

Inpatient provision/ service development – this is all paid for by Welsh Health Specialist Services Committee but there are occasions when the health board have had to pay invoices to cover children in District general Hospitals waiting to get to tier 4 beds. Usually this is for a period of one or two days, information is not available to identify this spend.

**3.** *Information on individual Health Board spending and provision of low-level children's mental health services; the funding challenges for Health Boards in terms of focusing on prevention and how these are being overcome through service innovation; and details of any transformation, and/or other additional funding, the Health Board has secured in relation to the provision of low-level children mental health services.*

The primary mental health team within the service provide consultation and training to schools. This team is in the process of being expanded due to the most recent funding round of mental health improvement and through the RPB Intermediate Care Fund (ICF) funding. This will provide increased dedicated consultation and advice to partners including year 6 in schools and voluntary agencies. The development of multi-agency early help hubs will also see a benefit from this funding ensuring that primary mental health provision exists in each of the 5 areas. Details of the additional investments are as included in Annex A and Annex B to this paper.

The Head of CAMHS is the chair of the emotional health and wellbeing work stream of the Start Well Board where many providers of services at a prevention and lower tier are working together to address gaps in services, reduce duplication, awareness raising of each other's work and working together to provide solutions. There have been networking events for all staff / agencies delivering on emotional health and wellbeing, this subsequently identified providers in schools and the need to link together more effectively. A meeting of the relevant providers to discuss away forward is taking place on 10th October.

4. *Any specific issues within individual Health Boards in relation to poor staff recruitment and retention that has an impact on spending on mental health services for children and young people, specifically, for each of the last five years, actual expenditure on agency staff (both the out-turns and predicted spend for 2020-21).*

There is a paucity of available Registered Mental Health Nurses with CAMHS experience locally and as such we have recruited from other Multi-Disciplinary Team professions including Registered Nurses and Children’s Nurses / School Nurses.

This is also in the knowledge that Welsh Government are planning to re look at the registration status for some professionals. This has been especially welcome to Powys as we border and recruit from English authorities who are not subject to the same measure but have very experienced staff who may be willing to move. In such a large rural area, we have considered spreading the work load across the county with for example 2 x 3 day a week posts (to improve ease of access for patients), these have been difficult to recruit to and had to use county wide posts. This brings about different challenges to ensure equity of provision for such a large rural area.

Recruitment for child psychiatry has also been challenging and required the use of agency doctors. Powys currently has the majority of its psychiatry time filled with permanent staff.

5. *Any specific comments individual Health Boards would like to make about how recurrent funding for mental health services for children and young people, as well as additional CAMHS improvement funding is allocated to Health Boards and how spend is tracked by Welsh Government, including details how Health Boards can evidence this funding is being used to drive forward improvements in mental health services for children and young people.*

Funding allocation by population is very challenging in such a large rural area where the expectation is to deliver on the same areas of work as larger health boards. Flexibility of service is required to meet demand. In future It would be helpful for a minimum level of funding to be identified to cover rurality and geographical pressure and to give a minimum percentage that should be spent on children and young people

6. **For individual Health Boards, details of the waiting times performance for first appointment and the start of treatment**

Due to small numbers and potentially identifiable information a composite summary is provided at a high level:-

**Table 2: Neurodevelopmental services – snapshot as at September 2019 (source: IFOR)**

Waiting time	Numbers
Up to 11 weeks	44
12 – 17 weeks	23
18 – 25 weeks	28
26 – 35 weeks	7

7. *For individual Health Boards, details of the demand for mental health services for children and young people, and the number and percentage of referrals accepted into treatment.*

**Table 3 – Neurodevelopment (source: IFOR)**

	<i>2017-18</i>	<i>2018-19</i>	<i>2019-20 (part year to month 6)</i>
<i>Total referrals</i>	<i>77</i>	<i>279</i>	<i>140</i>
<i>Referral not accepted</i>	<i>20</i>	<i>112</i>	<i>41</i>

**Table 4 – CAMHS (source:IFOR)**

	<i>2016-17</i>	<i>2017-18</i>	<i>2018-19</i>	<i>2019-20 (part year to month 6)</i>
<i>Total referrals</i>	<i>570</i>	<i>625</i>	<i>680</i>	<i>289</i>
<i>Referral not accepted</i>	<i>171</i>	<i>248</i>	<i>224</i>	<i>85</i>

## **ANNEX A**

### **Powys Teaching Health Board**

#### **Priority 2: Additional investment in CAMHS services.**

The proposal will focus on strengthening compliance with all 5 functions of Part 1 MHM whilst also addressing the focus on early intervention and whole school approach. These areas of have been highlighted by Welsh Government and through the Mind Over Matter report.

#### **The first is**

##### **a. CAMHS Primary Care 1.6 FTE Initial Assessment and Primary Care Practitioners.**

This will support the delivery of 3 functions of PART 1 MHM.

#### **Assessments and Interventions**

The target for initial assessment of referrals accepted into CAMHS is 80%. Although in the last year for the majority of the time Powys has achieved this target there is little resilience in the system and the numbers fluctuate each month. Nationally and within Powys numbers of referrals are increasing, with the current workforce we will be unable to meet the demand. 2018-19 saw an increase of there was 68 referrals in Powys, 102 assessments and 89 interventions for part 1 patients. This is combined with the fact that last year 277 were signposted away from CAMHS and the recent review of PMH work in CAMHS by the Delivery unit commented that there is a secondary slant on the Primary Care work in Powys. Their view is that there is a risk that the duty to assess under part 1 is not being fulfilled for all eligible cases. Any changes to the assessment of young people under Part 1 will require more resource. Any increase in comprehensive assessment will lead to more interventions for children and young people.

Provision of advice to individual, parents and professionals.

The current duty system operated in CAMHS needs to increase in capacity in order for more information to be gained, to give advice to cares, individual and referrers. Increase in staffing will enable robust information gathering at time of referral and or advice to carers or professionals on actions to take prior to any assessment or intervention.

#### **The second area will contribute to Part 1 MHM and Mind Over Matter**

##### **b. Early intervention - Provision of support, advice, consultation and training to professionals – 1 x FTE Primary CAMHS worker**

Early intervention through supporting to schools and professionals working with children and young is the basis of both the the Mind Over Matter report and the functions of LPHMSS. This support can be offered in a variety of ways, i.e. training, consultations sessions, and training. Powys CAMHS is currently only able to offer a limited service in these respects. Through consultation work done with professionals during the CAMHS review the need to be more available to professionals was voiced.

The intention is to increase capacity in the PMH team to focus on the upskilling of multiagency staff and to be able to offer a regular opportunity to receive advice in respect of children and young people who may be showing early signs of emotional and mental health difficulties.

There are two streams to this work:

1. Providing training to a range of professionals

- a) Teachers and school staff through YMHFA – this will build on the training already being delivered by PCAMHS to social care staff that is facilitated and paid for through the Integrated training brochure (Powys County Council led)
- b) Provide input to the Powys County Council foster carer training
- c) Deliver specific bespoke training to schools (modules are being tried and tested through the CAMHS in reach pilot)
- d) A range of staff in the multi-agency early help hubs developed by Powys CC
- e) Scoping will take place to extend the resilience training currently offered to years 8's in mainstream secondary schools through multi agency delivery.

Providing the training ourselves offers the opportunity to increase the links with the relevant professionals, this increases liaison, relationships and also knowledge of the services available in the area.

## 2. Consultation

Consultation sessions are currently provided to the 11 high schools (spread across 13 sites) and this needs to be built upon. Through our multi agency work to date we are aware of the need to provide consultation to primary schools, children's social services, targeted youth services, substance misuse services etc. Due of the nature of the county this will need be delivered across the county at different times. The aim is to increase this to:-

- Enable primary school clusters to attend sessions linked to the secondary school x 11 (13) monthly
- Dedicated sessions to Childrens social services - 3 areas x monthly
- Multi agency, YIS / CAIS/ voluntary sector - 3 areas monthly



## Integrated Care Fund Project Proposal Form - Revenue

### Project Overview

Region: Powys

ICF Project name: Improving Children and Young People's emotional health and wellbeing

Project start date: 1/8/2019

WG ref:

Project completion date: 31/03/2022

Is this project linked to an ICF capital project? N

Is this project linked to the Dementia Action Plan funding? N

What is the primary focus (1) and secondary (2) focus of the project are you proposing? \* please mark 1 and 2 as appropriate

Children's/young carers projects	Adults/Carers projects	Regional Capacity building/Infrastructure
Information/Advice/Awareness raising	Information/Advice/Awareness raising	Regional Partnership Board Development
Access to Services/single point of access/transport	Access to Services/single point of access	Regional Workforce development/training
Assessment and diagnosis	Assessment and diagnosis	Regional Programme management and evaluation
Social Prescribing	Social Prescribing	Regional/Integrated planning and commissioning
Early Help and Prevention	Early Help and Prevention	Regional Support for Social Value Sector Engagement
Emotional Health and Wellbeing	Emotional Health and Wellbeing/Loneliness and isolation	Regional support for Citizen/carers engagement
Edge of Care support	Stay at home/return home	Other – (please specify below) increasing digital capacity
Family Group Conferencing approach	Integrated Community Teams	
Family re-unification	Step up/down from hospital	
Therapeutic intervention	Intermediate Care/ pathway	
New accommodation/residential solutions	New accommodation/Residential solutions	
Other (please Specify below)	Other (please Specify below)	

#### ICF Project Description (brief description using theory of change model):

This funding submission is to establish a new model of services working together under a new project management group that will address some of the current gaps in services in relation to the emotional health, resilience and wellbeing of children and young people in Powys ('the missing middle'). Over recent years, service development has focused on improving both ends of the early intervention/advice services and specialist CAMHS services spectrum. However these service developments have led to increased recognition of a 'gap' in the middle, in respect of the availability of support to children and young people who do not have severe or enduring Mental Health difficulties, yet are presenting to their Schools, GPs or Youth Services with evidence of emotional wellbeing, emotional regulator or resilience difficulties.

#### This submission will:

- a) Commence the development of an integrated access to services model that is designed to meet the needs of children and young people who require more support than is provided at the earliest opportunity. This current funding opportunity would enable us to address this from an emotional health and wellbeing perspective for those young people not presenting with signs of active or serious mental illness.
- b) Address some of the gaps we have already identified in services for emotional health and wellbeing, through providing increased interventions and activities.

Due to the size of the funding identified for Powys, this submission is the first stage in the development of this approach and further funds will require allocation and service remodelling as the new service is embedded within practice and its efficacy can be evaluated.

This project has been designed through collaboration with services across Local Authority, Health and Third Sector.

To ensure that we are filling as many gaps in services for children and young people as possible, and acknowledging the significant contribution the third sector make in supporting children's emotional health and wellbeing, we are aligning this submission with other submissions such as the Mental Health Service Improvement Funding and Youth Endowment Fund and other developments in ways of working across the sector.

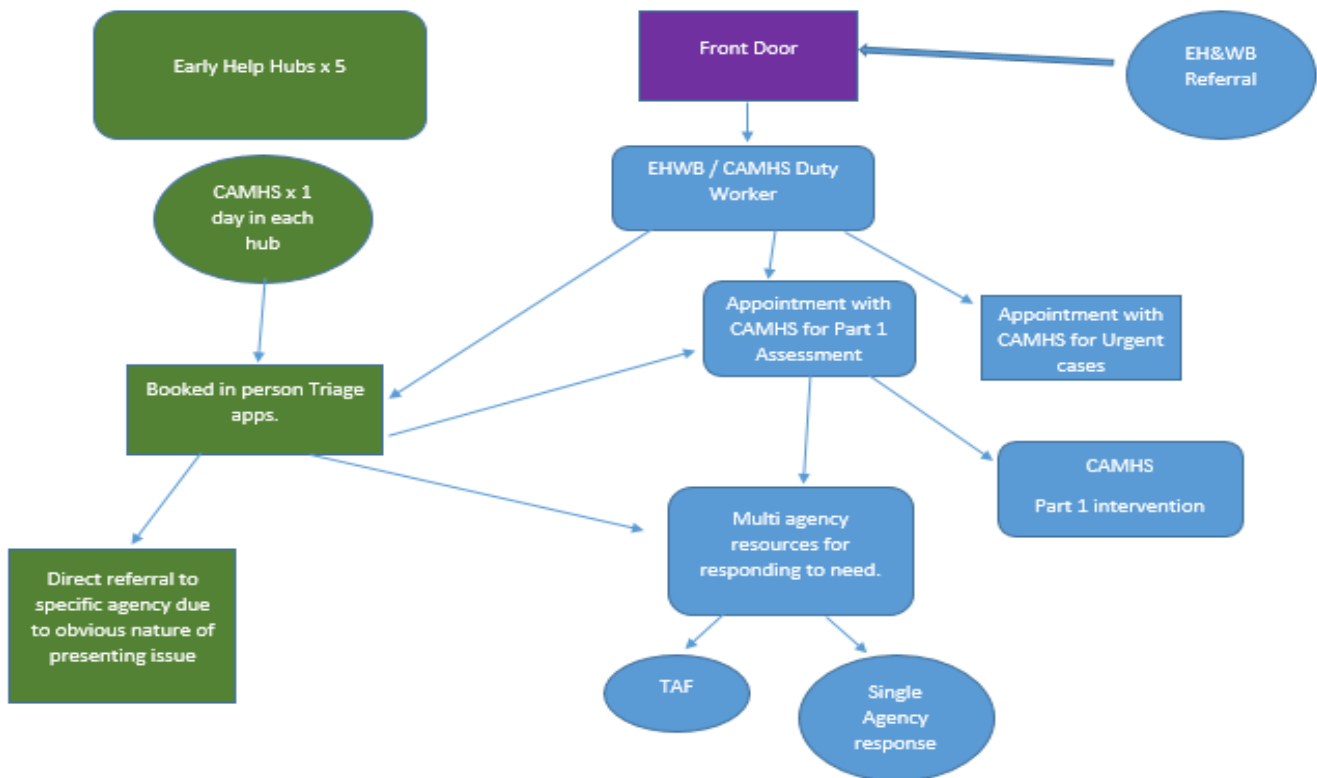
### **1 - What is the problem you are trying to solve?**

The aim of the project is to ensure children and young people receive timely emotional health and wellbeing support at the earliest possible opportunity. There are number of problems that we are trying to address in this bid.

1. There is currently lack of a dedicated emotional health and wellbeing service for children in young people who require more than information, advice and guidance but do not display any active signs of mental illness that would warrant intervention from a specialist CAMHS (Child and Adolescent Mental Health) Service. In a similar way the CAMHS service sign posts a number of children and young people who do not meet the threshold for Specialist CAMHS to a range of alternative services that may meet their needs, however, all too often these young people are falling between the gap between services 'the missing middle'.
2. Currently, Young People presenting with emotional health difficulties or distress are presenting (or are referred) to either Primary Care CAMHS or Specialist CAMHS service (Secondary Care). We are concerned that young people for want of an appropriate emotional health service are in danger of becoming labelled as mentally ill at an early stage and unintentionally drawn into Mental Health services when this is not appropriate.
3. There is currently a gap in services for children and young people presenting with low-level anxiety, especially around exams. This service will link up existing services to provide an appropriate and timely response to this client group e.g. Youth Intervention Service (YIS) and Xenzone (Blended Counselling Service, face-to-face and online) and will avoid inappropriate labelling of young people as mentally ill and avoid inappropriate referrals to CAMHS and other services.
4. We also have capacity issues for some services delivering support for emotional health and wellbeing issues at early intervention and prevention levels. There are waiting lists for non-statutory services within the (Local Primary Mental Health Support Services) LPMHSS. There is a need to increase the availability of support for emotional health and wellbeing at an earlier stage. Currently the services providing emotional health and wellbeing support are being managed within different services, whilst the emotional health and youth support work stream shares information and agrees actions, this model will go further in bringing relevant services together and will be managed through a steering group, to oversee this work.
5. We expect that this new system for children and young people accessing emotional health and wellbeing support, will increase the requirement for interventions at an earlier stage. We therefore need to ensure that there is appropriate provision/capacity within services to receive the support required.

The service model outlined below will address the areas outlined in the project description above:

## a) Integrated Access to Services (Emotional health and Wellbeing) Model



The criteria for undertaking the triage appointment will be that there is an emotional health and wellbeing need that is not the clear remit, at that time, of CAMHS. There are many outcomes of this triage meeting some of which are, accessing the most appropriate service directly, consideration by the multi-agency referral panel to identify the most appropriate service, all of which are aimed at finding the right service and help at the earliest stage. This model of working will provide screening as well as referral to the most appropriate service for support.

## b) Activities and Interventions

Group sessions regarding anxiety/exam stress will be undertaken in schools by the appropriate services. This will be identified through consultation with the wellbeing units in schools as well as the early identification meetings that take place termly to identify young people in need and at risk of becoming NEET (Not in Education, Employment, Training).

The Youth Intervention Service will provide awareness sessions for EOTAS (Education other than at School) children and young people on a regular basis to engage with those not in mainstream education and to provide information and support regarding emotional health and wellbeing.

Emotional regulation groups, for young people identified through the early help hub

One to one interventions for children and young people. A range of interventions will be offered including individual and group work, underpinned by CBT (Cognitive Behavioural Therapy) approaches, Trauma Informed Recovery Model, Resilience group work etc.

There will be a communication strategy to ensure that all the relevant people are informed of this new way of working.

Measures to demonstrate this model of working is effective will include Reduction of inappropriate referrals into CAMHS and other services delivering emotional health and wellbeing. Increase in number of CAF's completed, increase of referrals into YIS and Xenzone. Measures of interventions will include Strength and Difficulties Questionnaires, Pre and Post group questionnaires as well as feedback forms.

This service, consisting of two contracted services and one CAMHS service will be managed within their respective management system, but will be overseen by a project management group, to ensure emotional health and wellbeing services for young people are being appropriately delivered.

## 2 - What long-term outcome/change are you hoping to achieve?

- The provision of an accessible and rapid emotional wellbeing service that delivers a Person centred approach providing maximum choice and options to meet children and young people's needs.
- Achieve the best outcomes for children, young people and families in need of emotional health and well-being support and by providing effective early intervention, prevent young people needs from escalating and requiring specialist Mental Health Services.

- Increasing the range and access to timely help and support at the most appropriate time.
- Children and young people will receive services as close to home as possible.
- To reduce the need for Children and Young People requiring higher level interventions.
- Increase in capacity for a range of services to provide universal support, assessments and targeted interventions – individual and group work.
- More efficient services to reduce duplication and improve access to the appropriate services.

**3 - Who is your key audience?** Children, Young People, families, and Providers of emotional health and well-being services.

**4 - How will you reach them?**

- Existing services, systems and processes
- New channels via e-mail, early help hubs etc.

**5 – What resources are available to support?**

This project will be sitting within the existing services and under the Emotional Health and Youth Support Work stream. We will also look to ensure that we are responsive to need and we will make use of the Therapeutic framework, which will be functioning in September.

**6 - What activities will bring about the change?**

- Range of Universal group work, information and awareness raising in schools
- Increased CAMHS capacity to sit within the early Help hubs, providing advice, guidance, training and consultation.
- Increased capacity for those services delivering emotional health and wellbeing support and interventions to children and young people.
- Ability to buy services/activities/capacity for emotional health and wellbeing when required.

The provision of the above-enhanced services will ensure improved information and support for children and young people in schools through group work. It will also provide more capacity for undertaking assessments and actioning referrals as well as delivering direct support and interventions to children and young people experiencing emotional health and wellbeing difficulties.

To enable us to meet the above objectives:

**Costings:**

Year 1:

CAMHS 1.6FTE's – (Q3 and Q4) - **£48,000**

YIS Staff 2 FTE's – (Q3 and Q4) - **£44,000**

Xenzone group work (Exam stress and Emotional Regulation) – **£40,000**

Universal Youth Services and Leisure – **£53,000** staffing and resources from third sector and Local Authority to support projects focusing on physical and outdoor activity as being positive for emotional health and wellbeing. For example, WAC (Wellbeing Activity Club) is a pilot project that has been undertaken in the North of the county with CAMHS, YIS, Freedom leisure, 5X60 Officer to support positive mental health for young people and we will look to build upon projects like this and extend them across the county. There will be **£15K** in Q2 for Youth services from voluntary sector or local authority to provide some consultation and activities to young people over the summer holidays.

For Year 2, please see Project costs below.

For Year 3, Project success and impact will be reviewed with a view to replicating successful year 2 work during year 3.

**What level of 'prevention/Intervention' (continuum) best describes your project? \*please tick as appropriate**

Self Help, Information and Advice	Early Help and support	Intensive Support	Specialist Intervention
	√		

**How does your project address your population needs assessment and area plan?**

The enhanced emotional health and wellbeing support project will:

- Give children and young people more control over their lives and their support.
- Individuals and their needs will be put at the centre of their support, giving them a voice in, and control over reaching the outcomes that help them achieve well-being.

- increase collaboration, through strong partnership working between all agencies and organisations;
- The project will offer more support with referrals and reduce signposting, which will enhance children and young people's experience of accessing the appropriate support.
- The project will enable a seamless transition into appropriate support for emotional health and well-being difficulties.

## Project Costs

YEAR ONE	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
<b>Direct delivery costs -</b>					
Staffing		5,000	<b>36,837</b>	<b>36,837</b>	<b>78,674</b>
Overheads (heat, light, rent etc)			<b>9,030</b>	<b>9,030</b>	<b>18,060</b>
Resources/activity costs		<b>15,000</b>	<b>39,000</b>	<b>39,000</b>	<b>93,000</b>
Equipment/IT			5,000	5,000	<b>10,000</b>
<b>Total Year 1</b>					<b>199,734</b>
YEAR TWO	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
<b>Direct delivery costs -</b>					
Staffing	<b>31,837</b>	31,837	31,837	31,837	<b>127,348</b>
Overheads (heat, light, rent etc)	<b>9,030</b>	<b>9,030</b>	<b>9,030</b>	<b>9,030</b>	<b>36,120</b>
Resources/activity costs	<b>9,125</b>	<b>9,125</b>	<b>9,125</b>	<b>9,125</b>	<b>36,500</b>
Equipment/IT					
<b>Total Year 2</b>					<b>199,968</b>
<b>Total for two years</b>					<b>399,702</b>

## Project Delivery

Delivery partners	Project budget holder	Project geographical footprint
Local Authority <input type="checkbox"/>	Local Authority <input checked="" type="checkbox"/>	Regional <input type="checkbox"/>
Health Board <input checked="" type="checkbox"/>	Health Board <input checked="" type="checkbox"/>	Sub-regional <input type="checkbox"/>
Third Sector/Social Value sector <input checked="" type="checkbox"/>	Third Sector/Social Value sector <input type="checkbox"/>	Multiple regions <input type="checkbox"/>
Private/Independent sector <input type="checkbox"/>	Private/Independent sector <input type="checkbox"/>	Local Authority <input checked="" type="checkbox"/>
Housing Association/RSL <input type="checkbox"/>	Housing Association/RSL <input type="checkbox"/>	Local community <input checked="" type="checkbox"/>
Other (pls specify below) <input type="checkbox"/>	Other (pls specify below) <input type="checkbox"/>	
e.g. Fire service, Police <input type="checkbox"/>		

## Project Beneficiaries (pls check boxes as appropriate):

Primary beneficiaries	Secondary beneficiaries	Other beneficiaries
Older people <input type="checkbox"/>	Older people <input type="checkbox"/>	Older people <input type="checkbox"/>
People with learning disabilities <input type="checkbox"/>	People with learning disabilities <input type="checkbox"/>	People with learning disabilities <input type="checkbox"/>
Children with complex needs <input checked="" type="checkbox"/>	Children with complex needs <input type="checkbox"/>	Children with complex needs <input type="checkbox"/>
Children at risk of becoming looked after <input checked="" type="checkbox"/>	Children at risk of becoming looked after <input type="checkbox"/>	Children at risk of becoming looked after <input type="checkbox"/>
Care experienced children including adopted children <input checked="" type="checkbox"/>	Care experienced children including adopted children <input type="checkbox"/>	Care experienced children including adopted children <input type="checkbox"/>
Carers <input type="checkbox"/>	Carers <input type="checkbox"/>	Carers <input type="checkbox"/>
Young Carers <input checked="" type="checkbox"/>	Young Carers <input type="checkbox"/>	Young Carers <input type="checkbox"/>
People with dementia <input type="checkbox"/>	People with dementia <input type="checkbox"/>	People with dementia <input type="checkbox"/>

Which of the 'A Healthier Wales' Quadruple aim/s does this project primarily address?

Improved health and wellbeing	x
Better quality and more accessible health and social care service	X
Higher value health and social care	X
A motivated and sustainable health and social care workforce	

Which of the 'ten national design principles' from A Healthier Wales will the project address?






Prevention & Early Intervention	x
Safety	x
Independence	X
Voice	x
Personalised	X
Seamless	x
Higher Value	x
Evidence Driven	x
Scalable	X
Transformative	X




With voice and co-production as key principles, tell us who you have engaged with in the design of your projects

Service users (adults)	
Service users (Children/young people)	
Carers	
Young carers	
Workforce	X
Social Value/third sector	x
Community members	
Other:	

## Project outcomes and impacts

What Population level indicators/measures is your project seeking to address? \* please select from national outcome/performance management framework

OBJECTIVES	OUTCOMES	OUTCOME REF	
	I am responsible for my own health and wellbeing.	WB1	
	I am able to lead a fulfilled life.	WB2	X
	I am able and supported to make healthy lifestyle choices about my mental and physical health, and wellbeing, for myself and my family.	WB3	X
	I have life opportunities wherever I am and wherever I live in Powys.	WB4	X
	The environment/community I live in supports me to be connected and to maintain my health and wellbeing.	WB5	x
	As a carer I am able to live a fulfilled life and feel supported.	WB6	x
	I can easily access information, advice and assistance to inform myself and remain active and independent.	EH1	x
	As a child and young person I have the opportunity to experience the best start in life.	EH2	X
	I have easy access, advice and support to help me live well with my long term condition.	EH3	
	I have easy access to support, information and early diagnosis.	TB1	
	I have early intervention and appropriate treatment.	TB2	
	My treatment and support is high quality, evidence based and timely as locally as possible.	TB3	
	I have timely access to equitable services as locally as possible	JU1	X
	I am treated as an individual with dignity and respect.	JU2	
	I receive continuity of care which is safe and meets my needs.	JU3	
	I am safe and supported to live a fulfilled life.	JU4	X
	I receive end of life care that respects what is important to me.	JU5	
	Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can.	WF1	x

	As a carer, I and those who I care for are part of 'the team'	WF2	
	I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities.	WF3	
	I am enabled to provide services digitally where appropriate.	WF4	
	I am engaged and satisfied with my work.	WF5	
	I am part of a thriving community that has a range of opportunities for health and social care, social events, access to advice and guidance services to support my wellbeing.	IE1	x
	I have access to Regional Rural Centres providing one stop health and care services – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel.	IE2	
	I am encouraged and supported to utilise the great outdoor environment to support my well-being and care.	IE3	
	I am able to have my home adapted to help me to live independently and make me feel safe.	1E4	
	I have care in a fit for purpose environment that enhances my experience	1E5	
	I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel.	DF1	
	I am helped to use technology and gain access to resources to allow me to be digitally independent.	DF2	
	As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest considering welsh language and cultural diversity.	TP1	X
	The services I receive are coordinated and seamless	TP2	X
	I am able to access buildings and resources which are shared for multiple purposes, by multiple organisations.	TP3	x
	My community is able to do more to support health and wellbeing.	TP4	x

**Tell us how you will measure/understand the impacts of your project?**

<p><b>How Much?</b> (outputs)</p> <ul style="list-style-type: none"> <li>- # of individuals accessing timely support</li> <li>- # of young people involved in groups and raising awareness sessions and workshops in school.</li> <li>- # of referrals transferred successfully for further support.</li> <li>- # of young people receiving support from respective services.</li> <li>-</li> </ul>	<p><b>How Well?</b> (quality)</p> <ul style="list-style-type: none"> <li>- Service users and carers report better quality access to services and resources;</li> <li>- Staff being able to implement “strength based approach”;</li> <li>- Increased speed at which referrals and assessments can be executed;</li> <li>- Better targeting of resources in identified areas of need leading to better use of resources.</li> </ul>
<p><b>Difference made?</b> (impact)</p> <ul style="list-style-type: none"> <li>- Service users report satisfaction with timely referrals made and support received;</li> <li>- Improved awareness and skills to support good emotional health and wellbeing</li> <li>- Reduction in waiting times for referrals/support;</li> </ul>	

**Project Evaluation**

Tell us how you intend to evaluate the following aspects of your project (*please refer to ICF guidance*)

<p><b>Impact Evaluation</b> (How will you measure/understand the outcomes that have been achieved by your project?)</p>	<ul style="list-style-type: none"> <li>• Analysis of timeliness to accessing support</li> <li>• Analysis of waiting list/demand</li> <li>• Feedback from service users</li> <li>• Analysis of the numbers of children/young people in receipt of universal group work in schools</li> <li>• Increase in the numbers of children receiving support for emotional health and wellbeing</li> </ul>
<p><b>Process Evaluation</b> (How will you evaluate the system &amp; process changes delivered by your project e.g. integration, co-production, social value?)</p>	<ul style="list-style-type: none"> <li>• Feedback from staff;</li> <li>• Feedback from providers;</li> <li>• Feedback from children and young people who are receiving support</li> </ul>
<p><b>Economic Evaluation</b> (How will you evaluate the cost benefits/cost avoidance delivered by your project?)</p>	<ul style="list-style-type: none"> <li>• Decrease in demand for high cost interventions/services</li> <li>• Decrease in referrals into CAMHS</li> <li>• Increase in referrals to primary health CAMHS and other services providing support for emotional health and wellbeing.</li> </ul>
<p><b>Qualitative Evaluation</b> (How will you capture the experiences of service users/staff/communities?)</p>	<ul style="list-style-type: none"> <li>• Existing evaluations</li> <li>• Children and young people's feedback</li> <li>• Case studies;</li> </ul>

## Exit Strategy

Tell us about your exit strategy for the project (post 2021):

If the project is successful it is envisaged to mainstream after project finish.

## Project contact details

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