



MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 th November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group July 2025 – Sept 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Amanda Davies, Head of Adult Mental Health Community

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

For information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present to the Mental Health Scrutiny Group the Mental Health Performance Report in relation to July 2025 – Sept 2025:

- The Mental Health (Wales) Measure 2010.

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities clinical care group where related to mental health.

Cefndir / Background

The purpose of this Group is to allow senior managers and clinicians from Hywel Dda University Health Board, its partner agencies, and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the attention of the group. This paper summarises performance, and any actions that have been implemented, to ensure improvements in the identified areas.

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 is being reported to the Group on a quarterly basis in order to provide assurance that activity is closely monitored, and that practice is compliant with the requirements of The Code of Practice. This is primary legislation that was passed by the Welsh Government in 2010 and became operational during 2012. The intention of the legislation is to ensure that people are able to access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings

Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP

Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

Part 1 – Local Primary Mental Health Support Services

Adult-Part 1 (a)

Compliance remains above the required target (average of 97.1% for last quarter), however we are projecting a reduced compliance over the next 2 months with an increase in referrals across the 3 counties along with a more complex patient profile which is increasing assessment time or requirement for follow up assessment appointments.

Adult -Part 1 (b)

Compliance remains above the required target (average of 96.5% for the last quarter). Increased referral numbers are limiting the number of available treatment sessions which potentially will impact on compliance over the next 2 months. Estates access continues to be challenging across the three counties. Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, along with a focus on group interventions across all psychological therapy services.

CAMHS-Part 1 (a)

Remains complaint throughout the quarter

CAMHS Part 1 (b)

Pembrokeshire and Ceredigion are compliant however, there has been a drop in compliance due to staffing issues within the Carmarthenshire area, due to long term sickness and maternity leave .These issue are now resolving ,and are already compliant for the month of October

PART 1	Detail		Jul	Aug	Sept
Target 1a	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	98.4%	94.5%	98.4%
		CAMHS	94.3%	90.4%	95.2%

Target 1b	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	98.0%	96.2%	95.4%
		CAMHS	90.9%	96.1%	77.8%

Part 2 – Care and Treatment Planning

PART 2	Detail		Jul	Aug	Sept
Measure	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	95.0%	94.9%	93.1%
		OAMHS	97.5%	93.2%	97.6%
		LD	92.9%	95.2%	89.2%
		CAMHS	98.7%	98.7%	96.1%

S-CAMHS

Remain compliant

Older Adult Mental Health Services OAMH

Remain compliant

Learning Disabilities

Slightly under complaint due to issues within Local authority in the Carmarthenshire area

Adult Mental Health

Adult Mental Health services remain compliant overall, with the majority of Community Mental Health Teams (CMHTs) consistently exceeding the 90% compliance target. However, North Ceredigion continues to face challenges in meeting the target due to ongoing staffing deficits. Despite the North Ceredigion issues, the strong performance across other CMHTs ensures that the overall compliance for Adult Mental Health is maintained.

Local authority in Pembrokeshire raised an issue regarding the difference between services in regards to patients subject to 117 aftercare , and the differences on how teams manage these patients Some teams are managing them under CTP ,whilst others are opening annually for a 117 review .This appeared to be more prevalent in Pembrokeshire .Agreement made that this would be reviewed and also an action to revisit the Operational responsibilities form the 117 Policy . Discussion held regarding the lack of Welsh Government guidance regarding patients who may reside in outside Wales

New to secondary Mental Health services under CTP	Jul	Aug	Sept
Adult	6	27	6
Older	49	28	23

CAMHS	6	5	7
LD	5	3	4

Discharged from secondary Mental Health services	Jul	Aug	Sept
Adult	55	5	26
Older	24	31	49
CAMHS	6	8	7
LD	7	4	4

S-CAMHS

Numbers remain low but consistent

Older Adult Mental Health Services OAMH

OAMH Acute Pathway CTP flow remains relatively consistent and stable for this quarter.

Adult Mental Health

Some variables with Adult Mental health however no rational evident

Part 3

Self-Referral to Secondary Care for Former Service Users

Adult Mental Health & Older Adult Mental Health Services OAMH

PART 3	Detail		July	Aug	Sept
Measure 1	Individuals are re-assessed in a timely manner; and a copy of a report to that individual is provided no later than 10 working days. (Total number of requests for re-assessment received) Target 100%	Adult	75%	100%	83.3%
		OAMHS	100%	100%	100%

Adult Mental health has not met the target for Part two, this is due to the letters exceeding the 10 days in both July and September. More robust process is now in place, supported by Team leaders and Business Manager. Discussions held about ensuring processes are in place to prevent any future breaches .

	Jul	Aug	Sept
Average wait times in days for adult mental health	42	39	33

Detail	Jul	Aug	Sept
Amount of People who have self-referred under Part 3 of the Mental	8	4	13

Health Measure (in Adult Mental Health).			
Amount of People who <u>could have self-referred under Part 3 of the Mental Health Measure but were referred by a GP</u> (in Adult Mental Health).	7	4	2

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient

Older Adult inpatient

Overall OAMH have maintained the target standard. What is showing for August has since been corrected. The key-note absence showed for two OAMH wards (Bryngolau and Enlli). This concerns one patient who experienced at least 10 inter-ward transfers of care between mental health and medical wards due to multiple health challenges (NB. IMHA not offered when admitted to a general medical ward). Assurance is in place to confirm that the individual was consistently offered an IMHA at least on 6 occasions when admitted and readmitted to a MH ward. Through the entirety of this admission, he retained the same advocate as evidenced throughout his medical record's [digital]. Such complex movement led to data entry errors.

A-CAMHS inpatient

Detail		Jul	Aug	Sept
100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the mental health services (Target 100%)	Adult	100%	100%	100%
	OAMHS	100%	100%	100%
	CAMHS	No admissions	No admissions	No admissions

Detailed IMHA Report. – No report received.

Mental Health Ward	JULY	AUG	SEPT
Bryngofal - Carms	33	29	29
Bryngolau - Carms	9	11	12
LSU - Carms	10	9	11
PICU - Carms	17	17	15
Morlais - Carms	9	14	11
Rainbow Suite/CAMHS - Carms	0	0	0
St Caradog - Pembs	23	10	11
St Non - Pembs	26	14	20
Enlli - Ceredigion	12	11	11
Total Carmarthenshire	78	80	78

Total Pembrokeshire	49		24		31	
Total Ceredigion	12		11		11	
Total MH Units	139		115		120	
General Hospital	JULY		AUG		SEPT	
Prince Phillip - Carms	5		4		4	
Glangwili - Carms	6		7		3	
Llandovery - Carms	0		0		0	
Amman Valley - Carms	0		0		0	
Withybush - Pembs	6		3		10	
South Pembs - Pembs	1		0		2	
Bronglais - Ceredigion	10		7		6	
Tregaron - Ceredigion	0		0		0	
Total Carmarthenshire	11		11		7	
Total Pembrokeshire	7		3		12	
Total Ceredigion	10		7		6	
Total General Hospital	28		21		25	
Community:	JULY		AUG		SEPT	
Carmarthenshire	0		0		1	
Pembrokeshire	3		2		0	
Ceredigion	0		0		0	
Community Total:	3		2		1	

Referrals from the 111 option 2 (SPOC) Service

	Jul	Aug	Sept
Over All Monthly Total Calls Answered	1508	1442	1370
Over all Referred to CMHT Sub to Part 3 of the Mental Health (Wales) Measure 2010	11	5	14
Over All Monthly Total Calls referred to CMHT	0	0	0
Over All Monthly Total Calls advised to self-refer to CMHT	0	1	0

72 Hour Follow up following inpatient discharge.

Figures are of the people discharged from adult acute mental health wards.

Detail	Jul	Aug	Sept
Number of people offered a post discharge within 72 Hours	15	21	17
Number of people received a post discharge follow up within 72 hours	15	20	17

In August the one patient who did not receive a 72 hour follow up declined the arranged follow up

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	<ol style="list-style-type: none"> 1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. Improve efficiency and quality of services through collaboration with people, communities and partners

MHSG

Gwybodaeth Ychwanegol: Further Information:	
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
	Collaboration – The Mental Health Legislation Committee comprises external agencies, carer representatives and local authorities
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable