



## MENTAL HEALTH SCRUTINY GROUP

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	Monday 14 <sup>th</sup> November 2022
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Mental Health Scrutiny Group July 2022 – Sept 2022
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Ms Amanda Davies, Interim Head of Adult Mental Health

### 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 from March to June in relation to:

- The Mental Health (Wales) Measure 2010.

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate 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

Part 1 of the Measure is monitored in two parts, Target 1 and Target 2 as detailed in the table below. Performance is being monitored by the Head of Service, with the LPMHSS Team Leaders.

The service has consistently exceeded the 80% target from April to July 2021 and again from September 2021 to March 2022. Data shows consistency with a rate of 84.5%. However as illustrated in the table below, the target was breached in May 22 by 5.5% and again in June 22 by 2.7%. This has mainly been impacted upon due to service issues in the Ceredigion team due to ill health. A new Team Leader has commenced on the 1st of August 2022, and two new Band 6 posts have been recruited into pending on boarding. It is therefore anticipated that this position will improve over time, however there is a risk until the posts are filled and sickness rates improve that there is marginal risk of a slight breach. To mitigate further breach of compliance bank shifts and cross working has been mobilised where possible.

PART 1	Detail		July 22	Aug 22	Sept 22
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	72.5%	95%	91.4%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	37.7%	43.6%	61.1%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	95.2%	84.9%	85%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	48.6%	53%	42%

### Part 1 Targets-exception information and recovery plan for CAMHS

- This is a targeted recovery plan which will require a year to implement due to the recruitment challenges, need to improve the Estates position and ensure all staff have the requisite skills to undertake the assessments and interventions to meet the mental health measure
- All vacant posts have been recruited into with some still within the 3 months on boarding before capacity demonstrates improvement,
- Recovery plan / trajectory is to increase Part 1 a & b performance by September 2022 by 40% and long-term aim is to attain 80% by end of financial year and this is on target as per trajectory
- Service is increasing number of therapeutic groups to increase capacity to meet 28-day target

- Service will review number of DNA for appointments which is impacting on meeting the performance target and is exploring the use of a text messaging service to assist with this to improve attendance.
- Reviewing use of Digital platforms to increase capacity
- Increased activity to ensure staff morale and job satisfaction via job planning to improve retention / recruitment
- Digital counselling KOOTH available for all CYP referred to SCAMHS and who are waiting for interventions.

Please see below a table of agreed trajectories included in IPAR from this month:

Month	% mental health LPMHSS assessments undertaken within 28 days (Under 18)	% therapeutic interventions started within 28 days following LPMHSS assessment (Under 18)
Apr 22	10%	40%
May 22	15%	43%
Jun 22	20%	46%
Jul 22	25%	50%
Aug 22	30%	53%
Sep 22	40%	56%
Oct 22	45%	60%
Nov 22	50%	63%
Dec 22	55%	66%
Jan 23	60%	70%
Feb 23	70%	75%
Mar 23	80%	80%

Further scrutiny was discussed during the meeting, with the trajectory for CAMHS (part 2) not reaching the target. This was discussed further in regard to training now being put in place with the teams, as there had been inexperienced staff commencing within the teams. There is an ongoing issue if some staff being unable to care coordinate, due to therapists not being registered practitioners or therapists. This is continued to be explored within services. There is continued work being undertaken to continue with the proposed trajectory

## Part 2 – Care and Treatment Planning

PART 2	Detail		July 22	Aug 22	Sept 22
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	92.1%	91.4%	88.1%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	OAMHS	92.9%	97.5%	91.1%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	LD	94%	92%	87%

<b>Measure 1</b>	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	<b>CAMHS</b>	<b>76.3%</b>	<b>76.4%</b>	<b>69.4%</b>
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**S-CAMHS**

The S-CAMHS service has established a CTP Performance Monitoring group to monitor compliance with the Part 2 CTP target and improve compliance to attain 90% by March 2023 CTP Training plan for all new staff has been established and refresher training for all substantive staff is also underway.

A review of current data base is being explored and a new system will be developed to ensure review dates and new CTP are monitored.

A baseline audit will be undertaken to ensure the SCAMHS Service has adequate clinical staff able to undertake CTP responsibilities and an action plan outlined to ensure compliance Team Leads will ensure compliance with the Directorate CTP audit is embedded.

The SCAMHS Transition Lead will support all staff and CYP approaching transition and maintain a live register.

**OAMHS**

As anticipated, all months within quarter are now within the respective target for OAMH Services.

Acuity within the caseloads remains consistently high without abating across community and inpatient services where we remain reliant on 'shared-care' beds on Enlli Ward as surge capacity and we are hovering around 90%+ occupancy rates. This is attributed to the continued impact of the pandemic on a fragile service user and carer population around social isolation and social care support, the retraction of and limited availability social care infrastructure, respite, day care, domiciliary care packages, in addition to the care home sector embargoes, workforce shortages and some market repositioning. Additionally further care homes closing, and the cost-of-living crisis will further impact this situation.

Significant workforce vacancies continue, concentrated in inpatient wards for registered nurses, and across the service for Psychology, Occupational Therapy and medical staffs. staff sickness has peaked on one of the three inpatient wards and within the remaining psychology positions. Some improvement via a Locum Consultant Psychiatrist appointment for medical workforce with a recruitment plan in place. Both Psychology and Medical Staffs vacancies are on the Service Risk Register.

Recruitment and absence have improved in three out of the four CMHT areas, worsening in one, particularly for care coordinators. This is being escalated to the Service Risk Register and we have resorted to (on-framework) agency to maintain business continuity to meet the statutory requirements of the Measure.

**Learning Disabilities**

No update received from service prior to the submission of the report –verbal update to be provided during the meeting form the Head of Service

There is an issue in LD whereby LA care co-ordinate and they have overdue reviews and or don't record the updated care plan on care partner, they are small numbers, but it affects our target compliance.

Ceredigion - June 92% - 11/12 - Local Authority were breaching one CTP

Carmarthen - June 82.5%, 33/40 - 1 breaching for Health Care Coordinator and 6 breaching Care Coordinated by Local Authority

Llanelli - June 86%, 24/28 - All 4 breaching Care Coordinated by Local Authority

Pembrokeshire - June 91%, 20/22 - 1 breaching Care Coordinated by Local Authority

The service will be addressing this with the Local Authority leads to highlight the issue and provide an improving position.

**As part of the scrutiny meeting, it was discussed about the unresolved issues around care coordination in Pembrokeshire and also Ceredigion . As an action from the Scrutiny meeting, the Head of Service is going to contact the leads for both Local Authority areas to escalate this issue, which is affecting compliance within the teams.**

### **Adult Mental Health**

The percentage has dropped below the target with 3 CMHT teams not reaching the 90% in September. However, one team has had a larger drop in Compliance which will be the focus of the recovery plan, along with the maintenance of compliance figures for the remaining teams.

The business manager is now supporting the individual team CMHT coordinator on a weekly basis to ensure the reporting process is being updated. This will ongoing and all teams' figures are now being monitored weekly by the Senior Nurses and Interim Head of service, to oversee the progress of all the teams, and ensures timely intervention and support are given to the teams.

The Clinical team is now having refresher and increased training for the CTP process, as deficits have been identified in some teams knowledge. This has been arranged by the new Senior Nurse managing the team of the area with low compliance. This improve the teams knowledge of the processes required and ensure that patient care is maintained and documented in the Care and Treatment plans. This training is also going to be extended to all the teams.

Weekly checks on compliance are currently positive and are on target to achieve the 90 % compliance rate

This is also supported by the quality audit, which is undertaken by team leaders to provide assurance regarding the quality of the Care and Treatment plans. A continued review of the CTP care planning documentation is currently being undertaken, to assist the CTP review process and enable this to be focused on the CTP domains, what has worked well in the last review period and progress made.

New data that is being collated to evidence the number of new/or previously known patients receiving treatment under secondary care and also being discharged from services due to recovery. These will continue to be collated and monitored, to analyse the demand and discharges from the service areas.

<b>New to secondary Mental Health services under CTP</b>	<b>July 22</b>	<b>Aug 22</b>	<b>Sept 22</b>
Adult	9	5	17
Older	10	1	22
CAMHS	0	1	0
LD	0	1	1

There appears to be a rise in new patients entering secondary care in September to both adult and Older Adult teams, but a reduction in August. This may be coinciding with the holiday period in August, although not evidenced.

**The commencement of the new Single Point of contact service via 111 option 2 was also reported to have reduced the amount of Police Mental Health calls (as reported by the Police representative to the Scrutiny meeting) in the last Quarter. Calls to CMHT duty officers has also been reported to have reduced, which is a positive impact of the new service. This will continue to be monitored by the Services.**

<b>Discharged from secondary Mental Health services</b>	<b>July 22</b>	<b>Aug 22</b>	<b>Sept 22</b>
Adult	26	20	20
Older	6	4	0
CAMHS	1	5	6
LD	3	1	1

There are consistent numbers discharged from Adult secondary services over the quarter, although a higher number discharged and recovered, than patients new to the service in each month's data.

### **Part 3 – Self Referral to Secondary Care for Former Service Users**

<b>PART 3</b>	<b>Detail</b>	<b>July 22</b>	<b>Aug 22</b>	<b>Sept 22</b>
<b>Measure 1</b>	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%	<b>100%</b>	<b>100%</b>	<b>100%</b>

Although this is 100% this quarter and has remained high in previous months, the future reporting will include more detail as the current number of re-referrals under Part 3 of the Mental Health Measure remains low.

This quarter the figures have commenced to be recorded to include the average time for the assessment to be undertaken. This would be from the time the request is made, by the service user or carers, until the assessment was undertaken. There is a variation in the time frame between teams, for the waiting times, and although the plan for this quarter was to have a specific breakdown of individual teams' performance within Adult Mental Health, not all teams have been successful in collating the information. The plan is for next quarter is to have the individual team breakdowns.

	July 22	Aug 22	Sept 22
Average wait times in days for adult mental health	39	33	27

**The wait times were scrutinised further during the meeting, around the wait times currently for assessment. It was discussed about this being an average wait time and some individuals will have been seen within a shorter time and there may be a variance between teams and individual areas.**

**An action for the next quarter would be to break down individual areas data, to further scrutinise the assessment times.**

Also, data is now being collected on the number of patients who are referred by GP's, who were eligible under Part 3 of the measure but have not utilised this. This will then enable the service to further scrutinise their discharge communications and access to the service. This improved data collection will provide added information and scrutiny around Part 3.

Detail	July 22	Aug 22	Sept 22
Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	1	1	1
Amount of People who could have self-referred under Part 3 of the Mental Health Measure but were referred by a GP (in Adult Mental Health).	6	5	3

The method for collating the figures is now part of live documents. This is being monitored as part of an ongoing project. From the figures above there have been a higher number of people who were eligible to refer under part 3 of the measure but were referred by the GP. This will be further scrutinised and reported on, in the next report.

**It was further scrutinised around the variance of figures of individual who could have self-referred to the service but instead the GP referred. This figure will continue to be monitored within Adult Mental health. It was acknowledged that this could be difficult to identify the direct reasons, without asking individual service users or GP's.**

**From an Older adult service, due to the clinical needs and fragility and Dementia, there are limited self-referrals to the Older adult service.**

#### Part 4 – Independent Mental Health Advocacy

PART 4	Detail	July 22	August 22	September 22
	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	100%	100%	100%



### Advocacy West Wales IMHA Statistics Report July – September 2022

No of Clients	JULY	AUG	SEPT
New	40	56	36
Ongoing	96	82	85
<b>TOTAL</b>	<b>136</b>	<b>138</b>	<b>121</b>
Carmarthenshire	78	70	63
Pembrokeshire	41	42	31
Ceredigion	17	26	27
<b>TOTAL</b>	<b>136</b>	<b>138</b>	<b>121</b>
Missed contact target	0	0	0

STATUS	JULY	AUG	SEPT
<b>Informal &amp; DoLS</b>	56	54	44
<b>Formal</b>	92	92	80

Mental Health Ward	JULY	AUG	SEPT
Bryngofal - Carm's	6	6	10
Bryngolau - Carm's	13	18	13
LSU - Carm's	8	9	9
PICU - Carm's	18	21	19
Morlais - Carm's	23	14	7
Ty Bryn - Carm's	4	2	1
Rainbow Suite/CAMHS - Carm's			
Bro Myrddin - Carm's	2		
St Caradog - Pembs	13	18	6
St Non - Pembs	15	15	20
Enlli - Ceredigion	10	14	12
<b>Total Carmarthenshire</b>	<b>74</b>	<b>70</b>	<b>59</b>
<b>Total Pembrokeshire</b>	<b>28</b>	<b>33</b>	<b>26</b>
<b>Total Ceredigion</b>	<b>10</b>	<b>14</b>	<b>12</b>
<b>Total MH Units</b>	<b>112</b>	<b>117</b>	<b>97</b>

General Hospital	JULY	AUG	SEPT
<b>Total Carmarthenshire</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Total Pembrokeshire</b>	<b>8</b>	<b>5</b>	<b>4</b>
<b>Total Ceredigion</b>	<b>5</b>	<b>11</b>	<b>14</b>
<b>Total General Hospital</b>	<b>17</b>	<b>16</b>	<b>18</b>

Community:	JULY	AUG	SEPT
Carmarthenshire	6	5	5
Pembrokeshire	0	0	0
Ceredigion	0	0	1



<b>Community Total:</b>	<b>6</b>	<b>5</b>	<b>6</b>
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**Case Studies and examples of the IMHA work undertaken**

- Client on CTO and DoLS supported to understand DoLS, rights to challenge via CoP, to access paid RPR and to ensure that DoLS authorisation was completed such that the entitlement to an RPR would be in place.
- Client on acute MH ward supported to express issues to RC that had previously been undiscovered. This enabled the RC to have a full picture of the issues impacting the patient and to consider appropriate treatment with the person in the light of this.
- Client on general ward under section - supported to understand rights and via translation to explore appeal options. Instructed advocate to support with submission of application for appeal and chose solicitor.
- Client on older adult ward supported around legal rights in relation to detention under MHA/DoLS - clear objection and desire to appeal detention. Advocated for person around least restriction in respect of the legal framework they were subject to.
- Having received ongoing feedback from clients about the delays in the return of the Mental Health Review Tribunal for Wales to face to face hearings, AWW and other IMHA providers collaborated to provide detailed evidence and feedback to the MHRTfW on the issue.

The IMHA team were invited to the All-Wales MHA Admin meeting in October and had the opportunity to address the MHRTfW representative on the issue. We were also able to obtain a response and update from the MHRTfW in relation to their plans to return to face to face hearings.

The MHRTfW representative confirmed that the comments on behalf of the patients would be included in feedback around planning.

**Further scrutiny was around the community IMHA referrals, which were reported to be higher in Ceredigion and Pembrokeshire with a higher amount of Community Treatment Orders**

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	<ol style="list-style-type: none"> <li>1. Improve population health through prevention and early intervention</li> <li>2. Support people to live active, happy and healthy lives</li> <li>3. Improve efficiency and quality of services through collaboration with people, communities and partners</li> </ol>

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio:	Please explain how each of the '5 Ways of Working' will be demonstrated
The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
<a href="#">Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide</a>	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?

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Committee and scrutiny group
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	The Mental Health Legislation Scrutiny Group

Parties / Committees consulted prior to University Health Board:

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports.
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	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
<b>Cyfreithiol: Legal:</b>	
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable