



**PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL  
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	Monday 13 <sup>th</sup> June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Committee Quarterly Performance Report. Quarter 4 January – March 2022
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: 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 the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales for:

- 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**

This report is prepared following the quarterly meeting of the Mental Health Legislation Scrutiny Group. 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 Committee's attention. 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 Committee 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 Practise. 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 Adult Mental Health Services with the LPMHSS Team Leaders.

<b>PART 1</b>	<b>Detail</b>		<b>Jan 22</b>	<b>Feb 22</b>	<b>Mar 22</b>
<b>Target 1</b>	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	<b>92.3%</b>	<b>100%</b>	<b>100%</b>
<b>Target 1</b>	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	<b>4.8%</b>	<b>21.9%</b>	<b>9.1%</b>
<b>Target 2</b>	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	<b>94.0%</b>	<b>97%</b>	<b>91.5%</b>
<b>Target 2</b>	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	<b>27.8%</b>	<b>40%</b>	<b>37.5</b>

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

- Need to emphasise this is a targeted recovery plan which will require a year to implement due to the recruitment challenge, 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
- Recruited x3 Band 6 Practitioners May 2022 so 5 new staff recruited since April – all will need 3 months on boarding before capacity demonstrates improvement, recruitment of vacant posts ongoing
- 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

- 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
- 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 etc

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 22	60%	70%
Feb 22	70%	75%
Mar 22	80%	80%

## Part 2 – Care and Treatment Planning

PART 2	Detail	Jan 22	Feb 22	Mar 22
<b>Measure 1</b>	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	<b>89%</b>	<b>83.6%</b>	<b>87.2%</b>

The quarter has failed to meet the required target this quarter. This target has been affected by increased current staff sickness within all teams related to Covid. The relevant patients who are requiring a review, of their Care and Treatment plan, are being identified in preparation, to ensure the review is undertaken. A plan has been put in place for training via the business managers to support administration staff to complete the matrix, which collates the data. Reminders are sent out on a weekly basis to Team Leaders to assist them, to meet the compliance targets.

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.

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

PART 3	Detail	Jan 22	Feb 22	Mar 22
<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.

The next quarter will also include the average time for the assessment to be undertaken, from the time the request is made, by the service user or carers. Whilst we acknowledge the response time may vary, dependant on the urgency and context of the referral, it will scrutinise the time patients are seen within.

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.

### Part 4 – Independent Mental Health Advocacy

PART 4	Detail	Jan 22	Feb 22	Mar 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 advocacy services in the mental health services (Target 100%)	<b>97.8%</b>	<b>100%</b>	<b>100%</b>

The current Part 4 figures remained at 100% in the last 2 months. Part 4 of the Mental Health Measure is currently being undertaken. The IMHA is currently based within all the inpatients units and is a valuable part of the patients care and support.

There is currently no requirement to report on the Part 4 figures, however there is currently a system in place, to provide assurance that an IMHA is offered to all inpatients. This is completed during the admission process for all inpatients .

The IMHA is:

- Welcomed and supported by staff
- Has access to all patients
- Able to meet with patients confidentially
- Supported by staff to address concerns
- Informed of any risk issues/felt safe on the ward

The future plan would be to produce an audit and agree a cycle, instead of the attached figures, to provide more meaningful narrative and objectives.

The MH Scrutiny Group discussed the performance data in relation to the Welsh Measure. Further information provided within the MH Scrutiny report to the Committee.

<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:</b> <b>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, Power of Discharge sub committee and scrutiny group
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group

<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> .

	<p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
<p><b>Cyfreithiol:</b> <b>Legal:</b></p>	s
<p><b>Enw Da:</b> <b>Reputational:</b></p>	Not Applicable
<p><b>Gyfrinachedd:</b> <b>Privacy:</b></p>	Not Applicable
<p><b>Cydraddoldeb:</b> <b>Equality:</b></p>	Not Applicable