## MENTAL HEALTH SCRUTINY GROUP

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| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 23rd January 2023 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Mental Health Scrutiny Group<br>Oct 2022 – Dec 2022 |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Mr Andrew Carruthers, Director of Operations |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Ms Amanda Davies, Interim Head of Adult Mental Health |

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| **Pwrpas yr Adroddiad** (dewiswch fel yn addas)<br>**Purpose of the Report** (select as appropriate) |
| For information |

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| **ADRODDIAD SCAA**<br>**SBAR REPORT** |
| **Sefyllfa / Situation**<br>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:<br><br>• The Mental Health (Wales) Measure 2010.<br><br>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**<br>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. |

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| **The Mental Health (Wales) Measure 2010**<br><br>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.<br><br>To achieve this the Measure is divided into four Parts:<br><br>Part 1 - The expansion of mental health services within primary care settings |

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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.

In December 2022 Part 1(a) performance was 70.8% and 51 assessments out of 72 were undertaken within target which is 15% above the planned trajectory.

November referral were 50% above expected referral rate (101 referrals) meaning more assessments had to be undertaken within the 28-day performance period.

Mitigating factors for December included higher staff absence, Annual Leave and Industrial action which reduced capacity.

High Did Not Attend (DNA) rates also impact on service provision but are being monitored. The aim is to implement a SMS text function when the infrastructure is in place.

The breached referrals will need to be reappointed resulting in an impact on the performance we anticipate until January, however our ability to rapidly recover our position will provide assurance we can resume the expected improvement.

Part 1(b) performance is 51.4%, with 18 interventions provided out of 35 which is lower than November at 63.6% which is 15% lower than trajectory due to the increased accepted referrals for Nov '22, and we anticipate this will also been seen as an impact in Jan and Feb 2023.

To improve compliance, we are piloting an 8 week group intervention and continuing to develop Silver Cloud on line therapy. The service has participated in Demand & Capacity Training provided by the Delivery Unit in December '22. A review to update the Part 1 Scheme with partner agencies, to reflect key areas of service development and clarify how the service structure is aligned with the Measure.

| PART 1 | Detail | | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|---|---|
| **Target 1** | 80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral | **Adult** | 86.5% | 80.4% | 74.6% |
| **Target 1** | 80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral | **CAMHS** | 80.0% | 86.8% | 70.8% |
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| **Target 2** | 80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS | **Adult** | 88.5% | 96.0% | 95.3% |
| **Target 2** | 80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS | **CAMHS** | 65.6% | 63.6% | 51.4% |

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*The targets and figures in red generated further discussions and queries about increased possible scrutiny ,from carers representative .*
*Further discussions were limited due to no representative from LPMHSS being present .*

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

Alternative accommodation is being sourced by the Assistant Director to increase capacity, number of assessment opportunities and address the IT issues.

Process mapping of current systems and pathways is almost complete to improve efficiency and reduce time to assessment, final approval was due to take place mid-December. However, this was delayed due to staff absence.

The procurement to outsource assessments to address our waiting list in ASD services has received Welsh Government approval, the procurement exercise has identified 2 providers, and the contract was issued in January '23. It is anticipated 300 individual diagnostic assessments per year will be outsourced for children and adults ASD assessment, with a grand total of 800 until 2025.

Meetings to commence with the DU in February 2023 to discuss improvement trajectories.

Increased scrutiny and support is available via the Improving Together sessions set up by the Health Board, and will contribute to the demand and capacity planning/ trajectories.

February '23, meeting with West Wales CAMHS Neurodiversity Shared Platform to discuss the use of digital platforms and the impact on waiting lists.

**Part 2 – Care and Treatment Planning**

| PART 2 | Detail | | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|---|---|
| **Measure 1** | 90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP | **Adult** | 92% | 92.7% | 92.8% |
| **Measure 1** | 90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP | **OAMHS** | 96.9% | 92.3% | 90.6% |
| **Measure 1** | 90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP | **LD** | 87.3% | 88.1% | 87.5% |
| **Measure 1** | 90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP | **CAMHS** | 79.7% | 88.7% | 88.3% |

**<u>S-CAMHS</u>**
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.

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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.

In December there has been a slight decrease due to staff absence and recent industrial action which we hope will resolve next month

## OAMHS

OAMH Services have managed to remain on target within quarter for Part 2 albeit dipping slightly so we have briefed the teams on the trend risk into the next quarter and there is a plan in place, currently expecting to remain on target. The dip was due to Christmas and new year Annual Leave and spike in covid and flu, also North Carms CMHT especially as new Team Manager was waiting on Care Partner access and training.

Acuity within the caseloads remains consistently high however our inpatient occupancy rates have unusually dropped to around 70% over the last couple of weeks although the occupancy within Enlli Ward remain dependant on the 'shared care' surge capacity. Delayed Transfers of Care remain high and there are not any major improvements within the Social Care infrastructure. So, it is too soon to understand this as a trend or whether it is a natural dip in admission frequency. Overall, the 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, continues. Additionally further care homes closing, and the cost-of-living crisis is further impacting this situation for the older people's population.

Significant workforce vacancies continue, concentrated on registered nurses for inpatient wards, Psychology, Occupational Therapy, and medical staffs. Staff sickness is improving within the hot spots of Bryngolau Ward and Psychology. With some improvement via a Locum Consultant Psychiatrist appointment Pembrokeshire and Ceredigion. Both Psychology and Medical Staffs vacancies are on the Service Risk Register.

## Learning Disabilities

Ceredigion-December 2022 Improved position 100%

Carmarthen - December 2022 84% (37/44) - slightly improved postion.1 breaching for Health Care Coordinator due CTP review being postponed due to Covid sick leave and 6 breaching Care Coordinated by Local Authority. 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 as some don't have access. These are small numbers, but it affects our target compliance. Service is working with LA for staff to have access to Care partner.

Llanelli - December 2022 92% (23/25) Improved position

Pembrokeshire - December 2022 83% - 1 (9/23) in date. Static position 1 CTP review planned on Consultants return from leave in Jan 2023. 4 care coordinated by Social Care who are now refusing to care coordinate.

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

**Adult Mental Health**

The CMHTs have been above the 90% Target. There are some teams which fluctuate between 85% and 94% throughout the month but this is improving. At the end of December only 1 team was below 90%. This was due to the substantive team lead being on long term sickness and a new interim manager coming into post. The senior nurse, business manager and admin are supporting the interim to increase the percentage.

Weekly checks on compliance are currently positive and are on target to achieve the 90 % compliance rate. Team leads are now being included in monthly review meeting with all the senior nurses and HoS.

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 being discharged from services due to recovery. These will continue to be collated and monitored, to analyse the demand and discharges form the service areas.

| New to secondary Mental Health services under CTP | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|
| Adult | 21 | 4 | 27 |
| Older | 1 | 1 | 0 |
| CAMHS | 13 | 10 | 5 |
| LD | 2 | 1 | 10 |

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.

| Discharged from secondary Mental Health services | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|
| Adult | 15 | 1 | 29 |
| Older | 4 | 11 | 0 |
| CAMHS | 3 | 7 | 7 |
| LD | 0 | 2 | 0 |

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

| PART 3 | Detail | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|---|
| **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.<br>(Total number of requests for re-assessment received) Target 100% | **100%** | **100%** | **100%** |

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.

|  | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|
| Average wait times in days for adult mental health | 29 | 28 | 29 |

*Further scrutiny was discussed ,around if patients were seen within the urgent 4 hour timeframe for asssesment .Further information will be collected for future reports .*

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.

| Detail | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|
| Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health). | 1 | 1 | 3 |
| 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). | **4** | **3** | **2** |

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.

## Part 4 – Independent Mental Health Advocacy

We have identified that for 2 patients on one of our wards they were offered an but information was entered incorrectly on WPAS, training has been provided to the staff member that entered incorrect information. The Older Adult Ward, Enlli was offer/referral was completed however there was a data entry error.

| PART 4 | Detail | Oct 22 | Nov 22 | Dec 22 |
|---|---|---|---|---|

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| | 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%) | 100% | 100% | 98.1% |
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Further breakdown per ward figures are from April to December:

| Ward | IMHA Offered | No Keynote | % Offered |
|---|---|---|---|
| BGH - Enlli Ward | 27 | 1 | 96.4% |
| GGH - Morlais Ward | 51 | 0 | 100.0% |
| GGH - Morlais Ward CAMHS | 15 | 0 | 100.0% |
| HDH - Cwm Seren LSU Ward | 3 | 0 | 100.0% |
| HDH - Cwm Seren PICU Ward | 38 | 3 | 92.7% |
| PPH - Bryngofal Ward | 113 | 0 | 100.0% |
| PPH - Bryngolau Ward | 54 | 0 | 100.0% |
| WGH - St Caradog Ward | 67 | 4 | 94.4% |
| WGH - St Non Ward | 45 | 0 | 100.0% |
| **Grand Total** | **413** | **8** | **98.1%** |

| 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 | 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 |

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| Gwybodaeth Ychwanegol: Further Information: | |
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| Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015<br>- Pum dull o weithio:<br><br>The Well-being of Future Generations (Wales) Act 2015<br>- 5 Ways of Working:<br><br>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 |
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| | 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:<br>Further Information: | |
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| Ar sail tystiolaeth:<br>Evidence Base: | Agendas, papers and minutes of the Mental Health Legislation Committee and scrutiny group |
| Rhestr Termau:<br>Glossary of Terms: | Included within the body of the report. |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | The Mental Health Legislation Scrutiny Group |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) | |
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| **Ariannol / Gwerth am Arian:**<br>**Financial / Service:** | Not Applicable |
| **Ansawdd / Gofal Claf:**<br>**Quality / Patient Care:** | SBAR template in use for all relevant papers and reports. |
| **Gweithlu:**<br>**Workforce:** | Not Applicable |

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| **Risg:**<br>**Risk:** | Risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales*; the *Mental Health (Wales) Measure 2010 Code of Practice;* and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*.<br><br>Safety of patients<br><br>Assurance – use of statutory mechanisms |
| **Cyfreithiol:**<br>**Legal:** | |
| **Enw Da:**<br>**Reputational:** | Not Applicable |
| **Gyfrinachedd:**<br>**Privacy:** | Not Applicable |
| **Cydraddoldeb:**<br>**Equality:** | Not Applicable |

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