

MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 th May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group Jan 2023 – March 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Amanda Davies, 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 were 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 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

To improve compliance, the service has piloted and implemented several psychoeducational groups, some of which clients can self-refer into. Each of these groups has been run in a pilot form and reviewed with all outcomes documented to ensure the quality of the delivery model and effectiveness of the intervention is evidence based. Regarding self-referral options we use QR codes, and advertising in venues such as GP surgeries to target clients as early as possible and offer interventions through self-referral pathways. The service continues to sign post clients to suitable options such as Silvercloud. A new pathway has been piloted across sites to create a more collaborative approach to joint assessments with the aim to afford a seamless patient pathway.

A review of processes across the LPMHSS sites has been completed to standardise practice.

A review of vacancies has been completed and positively the majority of posts have now been filled.

A review to update the Part 1 Scheme with partner agencies is underway, to reflect key areas of service development and clarify how the service structure is aligned with the Measure.

Work is ongoing in regard to Demand and Capacity planning.

PART 1	Detail		Jan 23	Feb 23	March 23
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	81%	94.7%	86.6%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	56%	70%	72.2%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	92.4%	97.7%	100%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	54.9%	48.1%	47.4%

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.

Scrutiny

Discussion about when the target is not met, extra information and scrutiny are required about what is the delay and how long the wait is for. the group requested information around what the maximum waiting time is for the targets that are not being met. Difficulty when some service areas were not represented at the meeting, to further scrutinise the data provided. Reminder to be sent to all services, via the chair to ensure attendance or to provide a representative for the service area.

Part 2 – Care and Treatment Planning

PART 2	Detail		Jan 23	Feb 23	March 23
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	91.7%	86.6%	89.3%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	OAMHS	96.8%	96.3%	96.4%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	LD	90.1%	87.1%	88.2%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	CAMHS	95.7%	98.6%	98.7%

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.

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

OAMHS

Acuity within the caseloads remains consistently high however our inpatient occupancy rates have unusually dropped and remain around 70% (St Non's & Bryngolau) although the occupancy within Enlli Ward remain dependant on the 'shared care' surge capacity which appears directly attributable to the greater demand for and lack of Care Home Placements in Ceredigion. Delayed Transfers of Care remain high and but there are small signs of improvements within the Social Care infrastructure. Overall, the service user and carer population social isolation and loneliness are key drivers around morbidity, with social care support continuing to be under pressure retraction and limited availability for respite, day care, domiciliary care packages. Tier 0/1 face to face support is in place from a Service Level Agreement with Age Cymru that has proven to be quite successful however the referral rates, in parallel to the referral rates to the OAMH Service are exceeding the contracted capacity. Consideration is underway to see whether there can be a temporary uplift to the contract to address any waiting list. Keeping in touch processes have been put in place alongside some clinical prioritisation.

Workforce vacancies continue, concentrated on registered nurses for inpatient wards, Psychology, Occupational Therapy, and medical staffs but Some improvement with nursing posts and psychology. St Both Psychology and Medical Staffs vacancies are on the Service Risk Register.

Learning Disabilities

Ceredigion –February 2023 92% - 11/12 in date. Breached review undertaken in March 2023.

Carmarthen – February 2023 81% (37/44) - 1 breaching for Health Care Coordinator due CTP review being postponed due to sick leave and 7 breaching Care Coordinated by Local Authority. There is an issue in Carmarthen whereby local authority care co-ordinate, don't record the updated care plan on care partner as some do not have access. These are small numbers, but it affects our target compliance. Service is working with Local Authority for staff to have access to Care partner so that a record of the review is recorded on a Health system and accessible for reporting.

Llanelli - December 2022 100% (25/25) Improved position

Pembrokeshire – February 2023 83% - 1 (19/23) in date. 4 breached Care coordinated by Social Care

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

Adult Mental Health

There are some teams which fluctuate between 85% and 94% throughout the month but this had been improving. In February the figures dropped below 90%, this is due to issues with staffing levels within three teams and changes within administration staff, who record the data.

These teams have now been added to the risk register. The senior nurse, business manager and admin are supporting the interim to increase the percentage. Any new administration staff that have come into post recently will be given training on the matrix and reporting systems. This is taking place both face to face and via teams.

Three Community Mental Health teams are currently facing recruitment challenges, along with increased sickness rates, which is impacting compliance and care coordination. These areas are currently attempting to source agency staff, to support the teams to deliver the service. The teams will continue with the recruitment processes and supporting the staff within the teams.

Weekly checks on compliance are currently positive. 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.

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 used to analyse the demand and discharges from the service areas.

New to secondary Mental Health services under CTP	Jan 23	Feb 23	March 23
Adult	32	15	36
Older	10	18	13
CAMHS	12	8	12
LD	1	2	3

Scrutiny

Discussed if the service users were previously known to services – or new presentations-to add in extra data for next report from all areas .

Discharges in January were relatively low; however, they are slowly increasing in most areas.

Discharged from secondary Mental Health services	Jan 23	Feb 23	March 23
Adult	4	15	41
Older	4	23	5
CAMHS	3	4	4
LD	4	2	2

Part 3 – Referrals from the 111 option 2 (SPOC) Service

We have started to collate information on four key areas within SPOC which pertain to the Part 3 measure as well as information on how CMHT patients are using the service

Details	Week ending	15/04/23	22/04/23	29/04/23
Total Calls		190	240	384
Calls Received (Subject to measure)		21	33	52
Calls currently Active to CMHT		9	9	30
Calls referred to CMHT		0	1	0
Calls advised to self-refer to CMHT		0	0	0

Week ending the 22/04/23 33 calls were received who were subject to the measure; however, 18 of these were the same person who has subsequently been referred to the CMHT for follow up.

Scrutiny

The group requested that more information was provided in the next report around waiting times and length of call times.

Discussion about calls to the Professional line (to be included).

Action –for all 3rd sector agencies to have access to the Professional line for 111 option 2.

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

PART 3	Detail	Jan 23	Feb 23	March 23
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%	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 for the average time for the assessment to be undertaken are as below. This would be from the time the request is made, by the service user or carers, until the assessment was undertaken. An increase in the wait times has occurred over the last quarter. This is due to several teams that have had issues with vacancies and sickness. These teams have been added to the risk register as decreased numbers in staff is now affecting the wait times.

	Jan 23	Feb 23	March 23
Average wait times in days for adult mental health	31	38	45

The data 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 is as below. This will then enable the service to further scrutinise their discharge communications and access to the service.

Scrutiny

Acknowledgement that some patients are seen on a more urgent basis -to add in extra data around this for Adult Mental Health.

Detail	Jan 23	Feb 23	March 23
Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	4	7	5
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).	3	2	3

From the figures above numbers of people who could have self-referred under the measure, but visited their GP instead show that overall numbers for the people who self-refer are low, the amount of people who could have self-referred but visited the GP instead is a low and steady number.

Scrutiny

To add to next report about waiting times for the re-referrals

Part 4 – Independent Mental Health Advocacy

The Older Adult Wards all reported on target for the quarter, an improvement on the administrative error previously

PART 4	Detail	Jan 23	Feb 23	March 23
	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%

Further breakdown per ward figures are from April 2022 to March 2023

Ward	IMHA Offered	No Keynote	% Offered
BGH - Enlli Ward	33	0	100%
GGH - Morlais Ward	72	2	97.3%
GGH - Morlais Ward CAMHS	18	0	100%
HDH - Cwm Seren LSU Ward	3	0	100%
HDH - Cwm Seren PICU Ward	48	5	90.6%
PPH - Bryngofal Ward	170	1	99.4%
PPH - Bryngolau Ward	66	0	100%
WGH - St Caradog Ward	94	0	100%
WGH - St Non Ward	68	0	100%
Grand Total	572	8	98.6%

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:	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?
Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	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