



MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	4 th November 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group July 2024 – Sept 2024
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 from October 2023 to December 2023 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

Commencement of groups across the three counties will support Part 1 (b) and offer more choice for the population, however access to adequate accommodation to deliver groups can be challenging.

PART 1	Detail		July	Aug	Sept
Target A	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	98.1%	98.1%	97.9%
		CAMHS	97.0%	90.2%	96.2%
Target B	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	95.7%	99.1%	97.1%
		CAMHS	81.0%	83.3%	75%

Part 1 Targets-exception information and recovery plan for CAMHS

The situation is that they continue to have a small internal waiting list in the Carmarthenshire team. 10 out of 40 breaches occurred in September which all related to this team. These were all young people waiting for intervention with whom we would attempt contact to review their goals and needs and give them appropriate self-management advice in line with the intervention they are planned to receive. Of the 10 contacts, 5 were met with no response to either check-in review calls or opt in letters. 4 calls were not made within the 28 period and 1 further contact did not take place due to an external referral being made where the referral discharged from the system in time. The system has been running without significant difficulty up until now; they have a new system they are implementing to provide more robust oversight to ensure improvement going forward.

Part 2 – Care and Treatment Planning

PART 2	Detail		July	Aug	Sept
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	95.2%	98%	96.8%
		OAMHS	96.6%	97.6%	98.1%
		LD	86.05%	93%	89.1%

		CAMHS	91.6%	89.8%	89.9%
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Discussed and response -

S-CAMHS

9 CTPs had expired, resulting in the dip below 90% by 0.01%. These were due to a combination of staff long term sickness in teams with existing caseload pressures, along with repeat DNAs where discharges had not been carried out in a timely manner. They anticipate there may be some further short term deterioration based on current forecasts, but dates have been provided by staff for all outstanding CTP reviews and the situation is set to improve beyond November. They will continue to monitor closely to ensure ongoing improvement.

Older Adult Mental Health Services OAMH

Older Adult Mental Health Services have maintained the requisite performance levels within this quarter. However, with the administration deficits due to recruitment embargoes, data collation and entry remain challenging and is beginning to eat into clinical capacity. This might affect reporting and performance going forward.

Learning Disabilities

Staff sickness and vacancies in Carmarthenshire local authority has affected compliance in Carmarthen and Llanelli. CTP's lead by health in all areas are within compliance. The Learning Disabilities Service Manger meets with the local authority leads on a regular basis and will monitor CTPs that are coming up for review.

Adult Mental Health

Adult Mental Health maintains over 90% compliance. This will be continuing to be monitored to maintain compliance.

New to secondary Mental Health services under CTP	July	Aug	Sept
Adult	49	30	9
Older	13	12	18
CAMHS	5	3	4
LD	10	2	2

Discharged from secondary Mental Health services	July	Aug	Sept
Adult	52	30	24
Older	38	27	12
CAMHS	11	10	3
LD	5	3	4

No noticeable exceptions from data.

S-CAMHS

Older Adult Mental Health Services OAMH

Adult Mental Health

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

	July	Aug	Sept
Over All Monthly Total Calls Answered	1611	1312	1268
Over all Referred to CMHT Sub to Measure	3	11	5
Over All Monthly Total Calls referred to CMHT	32	45	41
Over All Monthly Total Calls advised to self-refer to CMHT	0	0	0

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	71.4%	100%	100%
		OAMHS	100%	100%	100%

	July	Aug	Sept
Average wait times in days for adult mental health	41	37	23

Noticeable improvement noted of waiting times with adult mental health.

Detail	July	Aug	Sept
Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	10	8	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	1	3

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient wards

In August there was an issue with the recording of IMHA being offered on St Caradog due to ward administrator being on leave. This issue has now been addressed and cover arrangements for the recording of this will be arranged moving forward

Older Adult inpatient

Detail		July	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%

Discussed improved position.

Further breakdown from the IMHA Report is:

Age and Gender:	JULY	AUG	SEPT
Under 18	3	2	4
18-29	21	18	22
30-49	38	25	35
50-64	32	22	31
65+	40	35	36
80+:	22	16	20
Total	156	118	148

Mental Health Ward	JULY	AUG	SEPT
Bryngofal - Carms	25	23	35
Bryngolau - Carms	10	7	6
LSU - Carms	8	8	8
PICU - Carms	21	13	14
Morlais - Carms	11	10	11
Ty Bryn - Carms	0	0	0
Rainbow Suite/CAMHS - Carms	0	0	0
Bro Myrddin - Carms	0	0	0
St Caradog - Pembs	25	14	14
St Non - Pembs	23	15	23
Enlli - Ceredigion	8	8	11
Total Carmarthenshire	75	61	74
Total Pembrokeshire	48	29	37
Total Ceredigion	8	8	11
Total MH Units	131	98	122
General Hospital	JULY	AUG	SEPT
Prince Phillip - Carms	2	2	1

Glangwili - Carmarthen	7	3	2
Llandovery - Carmarthen	0	0	0
Amman Valley - Carmarthen	0	0	0
Withybush - Pembrokeshire	5	5	8
South Pembrokeshire - Pembrokeshire	3	2	2
Tenby Cottage - Pembrokeshire	0	0	0
Bronglais - Ceredigion	5	4	5
Tregaron - Ceredigion	0	0	1
Total Carmarthen	9	5	3
Total Pembrokeshire	8	7	10
Total Ceredigion	5	4	6
Total General Hospital	22	16	19

Community:	JULY	AUG	SEPT
Carmarthen	1	3	4
Pembrokeshire	2	1	2
Ceredigion	0	0	1
Community Total:	3	4	7

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