



## MENTAL HEALTH SCRUTINY GROUP

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	14 <sup>th</sup> August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Scrutiny Group April 2025 – June 2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 in relation to April 2025 – June 2025:

- The Mental Health (Wales) Measure 2010.

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities clinical care group 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	Detail		April	May	June
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	95.4%	95%	98.3%
		CAMHS	98.1%	97.8%	90.4%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	98.4%	95%	97.4%
		CAMHS	92.0%	84.8%	80.0%

Due to the limited time-period to achieve the target, if patients cannot make initial assessment date, the follow up appointment can occasionally fall outside the allocated time frame.

Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties. Primary Care Liaison Service operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.

### Part 1 All compliant during reporting period

### Part 2 – Care and Treatment Planning

PART 2	Detail		April	May	June
		Adult	91.5%	92.4%	92.1%

<b>Measure</b>	<b>90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP</b>	<b>OAMHS</b>	96.7%	96.6%	98%
		<b>LD</b>	92%	89.7%	91.9%
		<b>CAMHS</b>	93.3%	93.4%	94.9%

### **S-CAMHS**

#### **Older Adult Mental Health Services OAMH**

On target Part 2 compliance position maintained across this quarter.

#### **Learning Disabilities**

Compliance in May dropped due to issues in Pembrokeshire and Llanelli teams having to delay reviews. A social worker was unable to attend a planned review in Pembrokeshire, which has since been rearranged. In Llanelli, the social worker had difficulty meeting with the client due to their volunteering hours, but this has now gone ahead.

#### **Adult Mental Health**

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

North Ceredigion CMHT continues to be not compliant with Part 2 but compliance is improving slowly and monitored by the service and the team supported.

<b>New to secondary Mental Health services under CTP</b>	<b>April</b>	<b>May</b>	<b>June</b>
<b>Adult</b>	7	29	8
<b>Older</b>	33	37	26
<b>CAMHS</b>	8	6	9
<b>LD</b>	5	3	3

<b>Discharged from secondary Mental Health services</b>	<b>April</b>	<b>May</b>	<b>June</b>
<b>Adult</b>	49	15	42
<b>Older</b>	28	20	32
<b>CAMHS</b>	6	5	6
<b>LD</b>	5	3	4

### **S-CAMHS**

#### **Older Adult Mental Health Services OAMH**

OAMH Acute Pathway CTP flow remains relatively consistent and stable for this quarter.

#### **Adult Mental Health**

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

	<b>April</b>	<b>May</b>	<b>June</b>
<b>Over All Monthly Total Calls Answered</b>	1411	1527	1529

<b>Over all Referred to CMHT Sub to Measure</b>	11	4	7
<b>Over All Monthly Total Calls referred to CMHT</b>	62	62	64
<b>Over All Monthly Total Calls advised to self-refer to CMHT</b>	0	0	0

**Part 3 – Self Referral to Secondary Care for Former Service Users  
Adult Mental Health & Older Adult Mental Health Services OAMH**

<b>PART 3</b>	<b>Detail</b>		<b>April</b>	<b>May</b>	<b>June</b>
<b>Measure 1</b>	<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>	<b>Adult</b>	100%	100%	83.3%
		<b>OAMHS</b>	100%	100%	100%

Adult services missed one patient letter being sent out within the 10-day timeframe; however, this letter was sent out after the 10 days. Assurance measures have been put in place with the Team leader.

OAMH Part 3 target compliance position maintained across this quarter.

	<b>April</b>	<b>May</b>	<b>June</b>
<b>Average wait times in days for adult mental health</b>	38	34	25

<b>Detail</b>	<b>April</b>	<b>May</b>	<b>June</b>
<b>Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).</b>	1	3	7
<b>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).</b>	7	6	5

**Part 4 – Independent Mental Health Advocacy – Local Targets only**

**Adult inpatient wards**

**Older Adult inpatient**

Target Part 4 compliance position maintained across this quarter.

<b>Detail</b>		<b>April</b>	<b>May</b>	<b>June</b>
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<b>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>	<b>Adult</b>	100%	100%	100%
	<b>OAMHS</b>	100%	100%	100%

Discussion held that CAMHS Part 4 data will be included in the next Quarters report

### Detailed IMHA Report.

<b>Mental Health Ward</b>	<b>APR</b>		<b>MAY</b>		<b>JUN</b>	
Bryngofal - Carm's	34		22		23	
Bryngolau - Carm's	17		17		16	
LSU - Carm's	11		9		9	
PICU - Carm's	10		10		13	
Morlais - Carm's	16		11		11	
Rainbow Suite/CAMHS - Carm's	0		0		0	
St Caradog - Pembs	23		24		23	
St Non - Pembs	22		18		20	
Enlli - Ceredigion	8		9		12	
<b>Total Carmarthenshire</b>	<b>88</b>		<b>69</b>		<b>72</b>	
<b>Total Pembrokeshire</b>	<b>45</b>		<b>42</b>		<b>43</b>	
<b>Total Ceredigion</b>	<b>8</b>		<b>9</b>		<b>12</b>	

### Total MH Units

<b>General Hospital</b>	<b>APR</b>		<b>MAY</b>		<b>JUN</b>	
Prince Phillip - Carm's	0		3		5	
Glangwili - Carm's	2		1		2	
Llandoverly - Carm's	0		0		0	
Amman Valley - Carm's	0		0		0	
Withybush - Pembs	12		10		6	
South Pembs - Pembs	4		1		2	
Bronglais - Ceredigion	8		7		5	
Tregaron - Ceredigion	0		0		0	
<b>Total Carmarthenshire</b>	<b>2</b>		<b>4</b>		<b>7</b>	
<b>Total Pembrokeshire</b>	<b>16</b>		<b>11</b>		<b>8</b>	
<b>Total Ceredigion</b>	<b>8</b>		<b>7</b>		<b>5</b>	
<b>Total General Hospital</b>	<b>26</b>		<b>22</b>		<b>20</b>	

<b>Community:</b>	<b>APR</b>		<b>MAY</b>		<b>JUN</b>	
Carmarthenshire	1		0		1	

Pembrokeshire	2		1		2	
Ceredigion	1		0		0	
<b>Community Total:</b>	<b>4</b>		<b>1</b>		<b>3</b>	

### 72 Hour Follow up following inpatient discharge.

Figures are a percentage of the people discharged from adult acute mental health wards.

Detail	April	May	June
Number of people <b>offered</b> a post discharge within 72 Hours (Target 100%)	95%	100%	100%
Number of people <b>received</b> a post discharge follow up within 72 hours (Target 80%)	95%	100%	100%

In April one person was not offered a follow up post discharge within 72 hours due to a miscommunication between teams., but this was addressed, and the review was undertaken. This has now been addressed and improvements for May and June are evident. Senior Nurses are also monitoring the quality of the 72 hour follow up, with the inclusion of the Comprehensive Assessment tool being undertaken at the point of discharge to review and evidence the ongoing care needs of the patient.

Agreed that the next quarter report will also include the number of patients being discharged and having a 72 hour follow up .

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): <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>

MHSG

**Gwybodaeth Ychwanegol:**

<b>Further Information:</b>	
<p>Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio:</p> <p>The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:</p> <p><a href="#">Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide</a></p>	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?

<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.
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:</b> <b>Risk:</b>	<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>
<b>Cyfreithiol:</b> <b>Legal:</b>	
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable