



MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	Tuesday 16 th August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	The Mental Health (Wales) Measure 2010 Report March – June 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	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 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 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 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.

The service have consistently exceeded the 80% target from April to July 2021 and again from September 2021 to March 2022. Data shows consistency with a rate of 84.5%. However as illustrated in the table below, the target was breached in May 22 by 5.5% and again in June 22 by 2.7%. This has mainly been impacted upon due to service issues in the Ceredigion team due to ill health. A new Team Leader has commenced on the 1st August 2022, and two new Band 6 posts have been recruited into pending on boarding. It is therefore anticipated that this position will improve over time, however there is a risk until the posts are filled and sickness rates improve that there is marginal risk of a slight breach. To mitigate further breach of compliance bank shifts and cross working has been mobilised where possible.

PART 1	Detail		April 22	May 22	June 22
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	84.5%	75.5%	77.3%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	4.7%	34.2%	46.0%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	88.4%	80.4%	91.8%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	50%	46.2%	50.0%

Part 1 Targets-exception information and recovery plan for CAMHS

- This is a targeted recovery plan which will require a year to implement due to the recruitment challenges, 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 x 3 Band 6 Practitioners in 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.

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 23	60%	70%
Feb 23	70%	75%
Mar 23	80%	80%

Part 2 – Care and Treatment Planning

PART 2	Detail		April 22	May 22	June 22
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	Adult	87.4%	89.9%	91.5
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	OAMHS	88.3%	82.8%	92.8
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	LD	92.1%	90.1%	89.3
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	CAMHS	4.7%	34.2%	46.0%

OAMHS

OAMH particularly CMHTs have experienced a range of issues that have impacted adversely on their capacity to maintain key performance targets for this quarter and whilst performance may have latterly improved these pressures continue into the next quarter. Additionally, such a drop for OAMH is rare for consecutive months.

Acuity within the caseloads remains consistently high without abating across community's services. This is attributed to the continued impact of the pandemic on a 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, domestic care packages, in addition to the care home sector embargoes, workforce shortages and some market repositioning.

Significant workforce vacancies, staff sickness (generally an older workforce) and recruitment difficulties across services especially for registered nurses, occupational therapists, psychologist and medical staffs.

Recruitment and absence has improved in three out of the four CMHT areas, worsening in one, for care coordinators. Although little improvement for Occupational therapists, Medical and psychology staffs.

Learning Disabilities

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, they are small numbers, but it affects our target compliance.

Ceredigion - June 92% - 11/12 - Local Authority were breaching one CTP

Carmarthen - June 82.5% 33/40 - 1 breaching for Health Care Coordinator and 6 breaching Care Coordinated by Local Authority

Llanelli - June 86% 24/28 - All 4 breaching Care Coordinated by Local Authority

Pembrokeshire - June 91% 20/22 - 1 breaching Care Coordinated by Local Authority

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

Adult Mental Health

An improvement has been made within April and May and in June, Adult Mental health were compliant with the target. This was due to the implementation of an improved reporting structure within the teams. There has been significant targeted work within the individual teams who have not met the target. Future reporting will include a breakdown of the individual teams, which will allow more scrutiny, and identify the key areas requiring extra support.

To maintain the current target, a plan has been put in place for the implementation of reminders to be sent out on a weekly basis to Team Leaders to assist them, to maintain the compliance targets. They will work with the care coordinators of the team, to ensure the CTP reviews are undertaken within the required time frame, whilst also scrutinising the quality of the CTP reviews.

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

New to secondary Mental Health services under CTP	March 22	April 22	May 22	June 22
Adult	26	32	5	22
Older	7	2	2	2
CAMHS	4	3	4	0
LD	5	0	1	3

Discharged from secondary Mental Health services	March 22	April 22	May 22	June 22
Adult	60	3	41	25
Older	16	3	3	5
CAMHS	2	3	5	6
LD	0	5	1	1

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

PART 3	Detail	April 22	May 22	June 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. (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. There is a variation in the time frame between teams, for the waiting times, and for the next quarter there will be a specific breakdown of individual teams' performance within Adult Mental Health.

Average wait times in days	April 22	May 22	June 22
Adult	39	46	35

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. At present the reporting is only available for June, but will be obtainable for the next quarter, with increased input from Business managers to support with this data.

Detail	March 22	April 22	May 22	June 22
Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	6	8	4	6
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

The 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) started recording in June. 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 could have been a total of 9 self-referrals in June, however three patients presented to the GP instead of self-referring. Numbers in June were very low over the whole of Adult Mental Health.

Part 4 – Independent Mental Health Advocacy

PART 4	Detail	April 22	May 22	June 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%)	100%	100%	100%

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.

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

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 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