

MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	8 th August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group April 2024 – June 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

Compliant with part 1a & 1b, we have seen an increase in referrals however have been able to sustain compliance with targets. Increased sickness & administration deficits may predict a change in June figures.

The high target achievement have been recognised by Welsh Government in a recent Quality, Planning and Delivery Board where we have been formally de-escalated from Targeted Intervention.

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	88.6%	96.6%	93.9%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	92.2%	95.7%	85.7%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	96.5%	95.2%	88.5%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	91.5%	95.3%	85.1%

Part 1 Targets-exception information and recovery plan for CAMHS

CAMHS Part 1 was recently removed from Targeted Intervention by Welsh Government following sustained compliance with this target. We anticipate continued compliance in the coming months.

A reminder has been forwarded by the chair, to remind all services to provide representation to this meeting, if the relevant Heads of Service are unable to attend

Part 2 – Care and Treatment Planning

PART 2	Detail		April	May	June
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	91.5%	93.2%	95.6%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	OAMHS	94.6%	98.6%	91.4%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	LD	84%	85.4%	95.1%
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	CAMHS	93.5%	90.9%	95%

S-CAMHS

CAMHS CTP reviews remain compliant. Compliance continues to be monitored and, whilst capacity is stretched at present, we do not envisage any issues with sustaining this position.

Older Adult Mental Health Services OAMH

The Older Adult Mental Health Service remains above target for Care and Treatment Planning [Part 2] of the mental health measure. The Service and Business Manager continue to monitor compliance with a range of check and prompt processes in place, and oversight from the Head of Service. There is a risk collecting, collating and inputting performance data in a timely fashion going forward due to cost-saving freezes on recruiting Admin posts. This may adversely effect performance reporting.

Learning Disabilities

There has been an improvement in compliance with Part 2 targets. The correct figure is in fact 90.6% compliance in May, as it would appear that Carmarthen figures for May were inaccurately reported. This will be addressed by the service manager. Previous dip in April had been due to a number of Local Authority Care Coordinated cases not being reported to Learning Disability Service. This has now been rectified as part of May figures. The Service Manager monitors compliance monthly including manual checks on available Care & Treatment Plans and meets with Local Authority colleagues where necessary to share and discuss issues pending or current. Due to current vacancies within the administrative support staff, this may impact on prompt updating of WPAS and therefore would also impact on timeliness and accuracy of reporting Tier 1 targets. There continues to be some ongoing training needs for admin as incorrect reporting has occurred again.

Adult Mental Health

Remains complaint within Adult Mental Health but compliance continues to be monitored on a weekly basis

New to secondary Mental Health services under CTP	April	May	June
Adult	16	54	21
Older	18	27	31
CAMHS	9	1	5
LD	5	6	9

Discharged from secondary Mental Health services	April	May	June
Adult	25	13	18
Older	30	26	17
CAMHS	6	26	3
LD	10	5	10

The meeting scrutinised the higher levels of referrals to Adult CMHT over the three months with 91 new patients coming into the service and 44 being discharged. No current rational identified with this but the data will continue to be monitored. Older adult, learning disabilities and CAMHS were more evenly balanced during this quarter.

S-CAMHS

CAMHS numbers on CTP are small relative to other services and therefore are more prone to fluctuation. Having said this, May’s discharge figures were disproportionately high relative to other months. One person returned from leave, and another left the service, with both reviewing their caseload and discharging those no longer requiring care. Other discharges occurred prior to May but clinicians did not update team secretaries in a timely way, and then there were some data validation errors for May that have since been picked up. These issues have been addressed in the CAMHS CTP monitoring group.

Older Adult Mental Health Services OAMH

Learning Disabilities

Adult Mental Health

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

	April	May	June
Over All Monthly Total Calls Answered	1349	1480	1810 (increasing)
Over all Referred to CMHT Sub to Measure	12	12	18 (increasing)
Over All Monthly Total Calls referred to CMHT	64	56	58 (Stable)
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

Although May is at 0% this is due to 1 Patient who did not attend their appointment, and no assessments were undertaken during this period.

Business manager and Senior Nurses are reviewing this to ensure an improved position next quarter .

Older Adult Mental Health Services OAMH

OAMH Services appear to be on target for this key performance indicator. There is a risk collecting, collating and inputting performance data in a timely fashion going forward due to cost-saving freezes on recruiting Admin posts. This may adversely effect performance reporting.

PART 3	Detail		April	May	June
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	100%	0%	57.1%

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%	OAMHS	100%	100%	87.5%
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	April	May	June
Average wait times in days for adult mental health	40	39	34

Detail	April	May	June
Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	8	9	8
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).	6	4	4

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient wards

Improvement in June with an increase to 95.24%, one admission registered as not offered but was offered IMHA on admission.

Older Adult inpatient

Compliance did not meet the target in June

Detail		April	May	June
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%	92%	95%
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%)	OAMHS	100%	100%	84.6%

Further breakdown from the IMHA Report is:

Age and Gender:	APR	MAY	JUN
Under 18	3	2	2
18-29	23	15	7
30-49	26	24	27
50-64	31	29	27
65+	31	33	34

80+:	15	13	10
Total	129	116	107

Mental Health Ward	APR	MAY	JUN
Bryngofal - Carms	28	27	22
Bryngolau - Carms	11	8	13
LSU - Carms	8	8	8
PICU - Carms	16	13	12
Morlais - Carms	14	9	10
Ty Bryn - Carms	0	0	0
Rainbow Suite/CAMHS - Carms	1	0	0
Bro Myrddin - Carms	0	0	0
St Caradog - Pembs	12	8	8
St Non - Pembs	10	10	10
Enlli - Ceredigion	11	9	6
Total Carmarthenshire	78	65	65
Total Pembrokeshire	22	18	18
Total Ceredigion	11	9	6
Total MH Units	111	92	89

Further work to be completed around the IMHA offers within the District General Hospitals and also for CAMHS. IMHA lead linking in with relevant Heads of services of areas .

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
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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 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:	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