Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Arolygiaeth Gofal **Cymru**
Care Inspectorate **Wales**

Joint Thematic Review of Community Mental Health Teams

Thematic Report

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Contents

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality care.

Our values

We place patients at the heart of what we do. We are:

Independent
Objective
Collaborative
Authoritative
Caring

Our priorities

Through our work we aim to:

Provide assurance:
Provide an independent view on the quality of care.

Promote improvement:
Encourage improvement through reporting and sharing of good practice

Influence policy and standards:
Use what we find to influence policy, standards and practice

Care Inspectorate Wales (CIW)

Our purpose

To regulate, inspect and improve adult care, childcare and social services for people in Wales.

Our values

Our Core values ensure people are at the heart of everything we do and aspire to be as an organisation:

Integrity: We are honest and trustworthy.

Respect: We listen, value and support others.

Caring: We are compassionate and approachable.

Fair: We are consistent, impartial and inclusive.

Our strategic priorities

We have identified four strategic priorities to provide us with our organisational direction and focus over the next three years. These are:

To consistently deliver a high quality service

To be highly skilled, capable and responsive

To be an expert voice to influence and drive improvement

To effectively implement legislation.

Foreword

This report brings together HIW and CIW's joint work over the last two years and aims to highlight key themes and issues arising from our inspections of Community Mental Health Teams (CMHT) across Wales.

Over the course of this review we frequently found disparity and variability in the standards, consistency and availability of treatment, care and support provided by Community Mental Health Teams across Wales. Welsh Government, Health Boards and Local Authorities need to carefully consider and examine the areas we have highlighted and act on our recommendations so that people living with mental illness will receive equitable care wherever they live in Wales.

We believe the findings and recommendations are of interest to service users, their relatives and carers who are accessing or have accessed community mental health services and we would like to take this opportunity to thank the people and staff across Wales who participated in this review and shared their experiences with us openly and honestly. We hope they will recognise their input and realise how their experiences have helped guide our findings and recommendations.

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Healthcare Inspectorate Wales

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Care Inspectorate **Wales**

Key Findings

In this section we outline the key issues found over the course of our review. Further information about how we approached the review, and our detailed findings and recommendations follow in subsequent sections of the report.

Access to Services

We found that initial access to services is an area which requires improvement within most Community Mental Health Teams (CMHTs) across Wales. In particular, the linkages between CMHTs and General Practice (GPs) need strengthening. It appears there is often a lack of clarity regarding the referral criteria into CMHTs, as well as a lack of knowledge of the range of services available for people to be referred to. This needs attention and new ways of working are required to simplify referral and assessment processes, and reduce waiting times. Some areas are moving towards a more integrated single point of contact for mental health services, which will improve the situation, however the picture across Wales is variable. More work needs to be done to improve consistency in relation to referrals, assessments and service provision across Wales. Improved understanding of service provision within and between the GPs and CMHTs will improve timely access to the most appropriate care.

We found variability across Wales in the response to people experiencing mental health crisis or in urgent need. We found that some service users receive immediate intervention and support but others experience a delayed response, for example having to attend A&E departments on more than one occasion or having difficulty contacting services out of hours. We also found that a significant number of people did not know who to contact out of hours and were not satisfied with the help offered. This means that people accessing services in a crisis cannot be assured that their needs are always responded to appropriately and in a timely manner.

Better listening and learning, especially from service users' experiences of access and their journey through the systems, will ensure improvements are designed around their needs and that service users are, and remain, at the centre of service provision.

Care Planning

We found that because of the diligence and hard work of staff, care planning and legislative documentation is, in most CMHTs, being completed in a timely manner. However, we are not assured that service users and their families/carers are always as involved in developing the care and treatment plan as they would like to be. This may be a training issue or a lack of communication between care co-ordinators and service users. Nevertheless, it is an area that needs attention. Similarly, we are not assured that all CMHTs routinely offer advocacy services on assessment or at significant points during a service user's care. Additionally, carers' assessments are not undertaken routinely to identify if and what information, advice, assistance or support they may need to care for the service user.

Whilst Welsh Government figures[1] indicate that most services are meeting the required timescales for assessments and care planning, we found that this did not always equate to good quality care plans. Not all CMHTs are focusing on the quality of, and detail within, records and documentation.

1 www.statswales.gov.wales/Catalogue/Health-and-Social-Care/Mental-Health/Mental-Health-Measure

We are satisfied that individually, health boards and local authorities carry out sufficient audit of documentation including care and treatment planning. However, there is less evidence of the joint audit and analysis of documentation and outcomes for service users. Improvement is required in this aspect.

Whilst all health boards scrutinise Mental Health Act (MHA) documentation, the quality and expertise of this differs from health board to health board. There needs to be more standardisation across Wales.

Delivery

We found that the working environments within most CMHTs needs improvement with some clinical areas not fit for purpose. Whilst staff attempt to work effectively and efficiently both clinically and collaboratively, their working environment does not always facilitate this. More needs to be done to resolve these problems.

Whilst we are assured that health boards and local authorities have clear oversight of the quality of care provided within their relevant CMHTs, many health boards are in a time of transformation. We heard of many significant areas of strategic service development, however, there remains a duty to ensure service users receive the appropriate care from the appropriate person at the appropriate time, whilst wider transformation of services takes place.

We are concerned regarding the arrangements for medicine management, with the need to develop better audit, guidance and support from dedicated mental health community pharmacists.

We found that there are a range of different support services being offered across Wales, many tailored for particular regions. However, in some areas there are issues regarding the ability to access some third sector and other support services. This is because eligibility for some third sector (voluntary) and other support services is dependent upon eligibility to receive CMHT support. This can be a barrier to proactive preventative care. The third sector can offer invaluable support in addressing the needs of people experiencing poor mental health and that this is a resource that should be embraced and used more frequently where available.

Nationally, we have found that access to psychology or therapeutic services within secondary, primary and third sector is very limited and there are long waiting times in Wales; up to 24 months in some areas. This requires urgent action to address the shortfall in service provision. This involves not only increased recruitment in these disciplines, but looking at more innovative ways of meeting this need. Health boards and local authorities must consider identified unmet needs to inform future commissioning and operational plans.

We are not assured that there is robust scrutiny of discharge planning and consequently, service users may not always be discharged from CMHTs in a safe and timely way, with the appropriate support or information to access primary care or third sector (voluntary) services if required. More consideration needs to be given to ongoing community support to ensure that the risks associated with discharge from services are minimised.

Governance

In most areas we heard about new strategies and approaches for mental health services that include plans to develop new models of service delivery to more effectively meet the needs of the population. Whilst this is encouraging to see, the current needs of people in receipt of services must continue to be met and all efforts made to ensure safe, good quality services are being provided.

Information technology and universal access to patient/service user records remains a considerable problem in health and social care services. This is particularly challenging for integrated services such as CMHTs. There is a role for Welsh Government in developing systems that allow for this and to enable safer, more efficient and effective collaborative record keeping.

We found in some areas, people are supported to provide feedback on services via third sector organisations, however, this is an area for further development. In general there are a lack of opportunities available for people to provide feedback on treatment, care and support services and limited information given on how to raise a concern. More work needs to be done to ensure that the voice of those in receipt of services is heard, listened to and acted upon.

We noted challenges relating to resources amongst CMHTs with issues in relation to staff recruitment and retention, although most CMHTs are considering different ways of addressing this. We are satisfied that whilst staff training is improving in most teams, more work is required to ensure that staff are up to date with mandatory training topics. We found that staff supervision systems were robust in health and in social care, with supervision and support on a day to day basis from both organisations clearly evident. There is a need for local authority staff to receive formal, recorded, one-to-one supervision to ensure that they have an opportunity to discuss on-going training, development and well being.

Recommendations

No.	Recommendation
1.	Health boards should ensure there is clarity over the criteria for accessing CMHTs and the various community support teams that exist. In particular GPs and primary care practitioners need to have the information and support to enable them to provide the best possible advice for service users.
2.	CMHTs need to ensure that service users are clear on how to access or contact services out of hours, or in the event of crisis or serious concern.
3.	Health boards need to ensure that information relating to the ‘Putting Things Right’ process is available at all CMHT locations.
4.	CMHTs need to improve the way that they oversee the handling, monitoring, and lessons learned aspects of concerns/complaints.
5.	Health boards and local authorities need to look at ways to improve awareness of advocacy provision amongst their staff and develop local monitoring of CMHT engagement with advocacy services, to ensure service users have access to the support they require on assessment at significant points within their care.

No.	Recommendation
6.	Significant work is required from health boards to improve the provision and maintenance of safe and clinically appropriate facilities for CMHT service users and staff.
7.	CMHTs need to improve the recording of risk assessments within CTPs to ensure risks and management plans are more comprehensively recorded, more detailed and relevant to individual circumstances and particular situations.
8.	CMHTs need to ensure that CTPs are of sufficient quality, with evidence that service users have been involved in their development, and that the resulting CTPs are relevant to the outcomes the service user wishes to achieve.
9.	CMHTs must ensure copies of CTPs are given to service users and their relatives, where consent has been provided for this to happen.
10.	Health boards ensure regular audits are performed to ensure that service users are not detained under section 4 of the MHA for longer than 72 hours.
11.	Health boards and Local Authorities need to ensure there is joint access to relevant CMHT records. This has a clear potential adverse impact upon the standard of care being provided and needs to be addressed as a matter of priority.
12.	Health boards need to ensure there are clear lines of accountability, staff training, dedicated pharmacy support and robust auditing processes to oversee and implement medicines management within community services, especially within CMHTs.
13.	CMHTs need to ensure that all staff complete mandatory adult and child safeguarding training.
14.	CMHTs need to ensure that carers' assessment of needs are routinely offered.
15.	CMHTs need to undertake an audit of discharges to measure the quality and timeliness of discharge planning in order to help improve services and outcomes for service users.
16.	CMHTs need to review the role of the care co-ordinator and establish whether the service users are receiving the correct input from the most appropriate professional.
17.	CMHTs and care co-ordinators in particular, need to ensure discharge planning is robust and meets with legislative requirements.
18.	CMHTs need to develop processes to evaluate the effectiveness of information, advice and assistance that is provided for service users.
19.	Health boards need to explore and utilise the support that may be offered by third sector services across Wales, with a need to take advantage of the range of community groups and mental health support services available to patients in their local communities.

No.	Recommendation
20.	Much more work is needed to increase the availability and timely access to psychological therapies across Wales. Health boards need to improve resources in this area and look at different ways of making sure sufficient psychological services were being provided.
21.	Health boards and local authorities need to work together to improve joint processes for driving the improvement of services. This includes the need for greater alignment of processes within CMHTs including integrated records and data collection.
22.	Welsh Government needs to ensure that the implementation of the Welsh Community Care Information System (WCCIS) progresses with pace.
23.	All CMHT staff should receive training in the following: • Mental Health Act; • Social Services and Well Being Act; • First Aid and the use of defibrillators.

What we did

In its 2016-17 Operational Plan, Healthcare Inspectorate Wales (HIW) proposed to undertake a thematic review relating to mental health services in the community. This decision was primarily a response to a report published by HIW in March 2016: *Independent External Reviews of Homicides – An Evaluation of Reviews Undertaken by HIW since 2007*[2]. This review collated common themes which emerged and assessed the impact that the reviews had on the provision of mental health services across Wales.

The broad issues highlighted within the evaluation report included:

- Care planning, assessment and engagement with families/carers
- Risk management
- Diagnosis
- Discharge and aftercare planning
- Integrated and co-ordinated services
- Communication and information sharing.

Given the integrated nature of community mental health services, it was agreed that the review would be carried out jointly with Care Inspectorate Wales (CIW), and that CIW's 2017-19 adult services' engagement programme would include a focus on community mental health services.

Scope

The review was conducted in two phases. Phase one of the review consisted of seven joint inspection visits to selected CMHTs within each of the seven health boards[3]. Our inspections comprised of:

- A self assessment completed by each health board and local authority
- Interviews with selected CMHT staff
- Review of patient documentation including care plans and assessments
- Review of systems in place to plan and coordinate the provision of care and treatment to patients
- Interviews with service users and carers.

2 See: www.hiw.org.uk/reports/natthem/2016/homicideevaluation/?lang=en

3 ABUHB – South Caerphilly CMHT www.hiw.org.uk/docs/hiw/inspectionreports/180216caerphillycmhten.pdf
ABMUHB – Swansea (Area 2) CMHT www.hiw.org.uk/docs/hiw/inspectionreports/180131swanseacentralcmhten.pdf
BCUHB – Deeside CMHT www.hiw.org.uk/docs/hiw/inspectionreports/180131deesidecmhten.pdf
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HDUHB – South Pembrokeshire CMHT www.hiw.org.uk/docs/hiw/inspectionreports/180326southpembrokeshireen.pdf
PTHB – Welshpool CMHT www.hiw.org.uk/docs/hiw/inspectionreports/180131welshpoolcmhten.pdf

Phase two built upon phase one findings and sought, through engagement with strategic and clinical leads across Wales, views on the issues previously identified and plans for improvements issued during phase one inspections. Engagement activity was undertaken by HIW and CIW with people who use services, carers, third sector and regulated service providers. A Community Mental Health survey was also undertaken to receive responses from people who used community mental health services. The second phase of this review set out to refine our understanding and assess:

Access to Services

- Effectiveness of arrangements, including referral processes and criteria to CMHTs.

- **Care Planning**
  - Quality and quantity of information collated to assist with care planning and assessments.
  - Compliance with the Mental Health (Wales) Measure 2010 and Social Services and Well Being (Wales) Act 2014, in relation to care planning and assessments, including clinical care and crisis intervention.
  - Compliance with the Mental Health Act (MHA) 1983, including community treatment orders.

- **Delivery**
  - Infrastructure, integration and co-ordination of services within CMHT teams, including effectiveness of Multi-Disciplinary Teams (MDTs), resources, case loads and information sharing arrangements.
  - Understanding the mechanisms used for communication/information sharing with patients, their families and carers.
  - Timeliness and accuracy of discharge arrangements and the robustness of aftercare planning for patients.
  - Links to and availability of other support services.

- **Governance**
  - Leadership and governance.
  - Quality Assurance of services.

Methodology

The joint thematic review focused on community adult mental health services (people between the ages of 18-65). Primarily we looked at Community Mental Health Teams (CMHTs)[4] and made inspection visits to CMHTs based in each health board[5]. The inspections included interviews with selected CMHT staff (NHS and local authority) responsible for providing and co-ordinating the care and treatment, service users and family or carers. We also undertook documentation and systems reviews to help form our findings. Relevant policies and guidance were utilised as a baseline for the review, and included:

4 Community Mental Health Teams (CMHTs) support people living in the community who have complex or serious mental health problems. Mental health staff from both the local authority and health work in a CMHT.

5 These inspection visits totalled seven, one per health board.

- Mental Health (Wales) Measure 2010 [referred to as the Measure in the report]
- Mental Health Act 1983 [referred to as the Act in the report]
- The Social Services and Wellbeing Act (SSWBA) 2014
- Health and Care Standards 2015
- Together for Mental Health A Strategy for Mental Health and Wellbeing in Wales 2016.

Community Mental Health Survey

Service users, their relatives and carers are at the centre of HIW and CIW's approach to inspection and review. Therefore, as part of this thematic review, HIW and CIW sought to capture the views of service users and their relatives/carers. Along with face to face interviews we undertook a confidential survey to ascertain what the service users and their families/carers felt about the quality of the services provided. We had 280 responses made up as follows:

Family member or carer:	127 responses
Previous service user:	51 responses
Current service user:	102 responses.

Some of the findings have been incorporated into the text of the report. Further detailed results can be found in Appendix B.

Stakeholder Reference Group

HIW's Mental Health Stakeholder Group acted as the thematic review stakeholder group. Membership included: Hafal, Advocacy Support Cymru, Mental Health Foundation, Mental Health Alliance, Gofal, Mental Health Matters in Wales, Unllais, Hafan Cymru, Diverse Cymru, Bipolar UK, HUTS, Gwalia, Small Steps Project, Ponthafren Association. The group was used to ensure that relevant organisations were kept suitably informed with the plans and progress for the review, as well as to provide guidance and scrutiny for our review where necessary. In addition, CIW liaised with the Association of Directors of Social Services (ADSS) Cymru.

The Review Team

To support our work we utilised expertise comprising of Mental Health Nurses and Social Workers as well as Mental Health Act administrators.

What we found

Quality of Service User Experience

Our review found that in general the service experienced by people in most CMHTs requires improvement. Although progress is being made in improving some aspects of services such as access, there continues to be improvement required with regard to:

- Including service users and their carers/relatives in enhancing service provision.
- Reducing referral and assessment times.
- Simplifying the referral and assessment process.
- Access to advocacy services.

Timely Access

The principle of timely care is that people have access to appropriate services as quickly as possible based on the persons' clinical need. We found that CMHTs across Wales are aware of and are addressing issues in relation to referral pathways and some are moving towards a more integrated single point of contact to ensure prompt referrals to the most appropriate team.

Health and Care Standard 5.1 Timely Access:
All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Quality Standards for Local Authorities 1c:
Work with people as partners to undertake an assessment of personal well-being outcomes in a timely manner.

Quality standards for local authorities issued under section 145 of the Social Services and Well-being (Wales) Act 2014.or a more detailed paragraph version. The code of practice in relation to measuring social services performance is issued under section 145 of the Social Services and Well-being (Wales) Act 2014. This code of practice contains the performance measurement framework for local authorities in relation to the exercise of their social services functions. The performance framework is made up of quality standards and performance measures.

We would expect to see evidence that referrals, assessments and treatments are undertaken in a timely way consistent with national timescales, care pathways and best practice. Additionally, the NHS Outcomes and Delivery framework 2017-18 requires that people in Wales have timely access to services based on clinical need and are actively involved in the decisions about their care.

What we found:

We found that overall people's experience of accessing services was variable with some expressing satisfaction with the timeliness of response and others experiencing delays.

We found the processes for accessing mental health care cumbersome and difficult to navigate across Wales. For instance, difficulty in understanding the different referral criteria for the various community support teams and the appropriateness of each team in relation to the service users' identified need meant that many referrals to CMHTs, especially from GPs, were submitted with limited or incorrect information. This resulted in referrals often being sent back to the GP for further detail, delaying access to assessment and support for people. We saw response times vary from the same day (within 4 hours) to the Welsh Government target of within 28 days. Over a half of service users in our survey told us they waited 4 weeks or longer to be seen by a CMHTs following referral (54%).

Welsh Government figures and our survey (73%) show that GPs are the main source of referral, however analysis of GP referrals undertaken by one Welsh health board showed that 68% were not accepted into CMHT's for ongoing care. This highlights the need for further work to be undertaken specifically to raise awareness and understanding about the mental health referral process across GP practices.

The problems created by the complexity of referral processes are compounded by the variety of access points for services across Wales. For example, some community services have different access points for individual services, where others have a single point of access where referrals are triaged[6] and the service user is signposted to the most appropriate service. There are no processes in place to check whether this signposting is successful in meeting the service users' needs and organisations cannot be assured that people's needs are always being met. There is with a risk that people's mental health may deteriorate or relapse due to untimely or inappropriate care.

We also looked at access to services for people experiencing mental health crisis or urgent need and again found variability across Wales. Some, service users received immediate intervention and support, whilst others experienced a delayed response, for example having to attend A&E departments on more than one occasion or having difficulty contacting services out of hours.

Most CMHTs provide an out of hours service (after 5 pm and on weekends), albeit delivered in different ways. Importantly, our survey told us that only half of people who had accessed mental health services knew how to contact the CMHT out of hours service (49%) and only around two fifths of people who had contacted a CMHTs out of hours service said they received the help they needed (43%). A significant number of service users did not know who to contact and were not satisfied with the help offered. This means people who need to access services in a crisis cannot be confident their needs will be responded to appropriately and in a timely manner.

The majority of family members or carers told us that they had concerns about the safety or wellbeing of their family member or the person they care for, themselves or other people (83%). However, less than two thirds of family members or carers said that they would know who to contact in the event of a crisis or serious concern (60%). Additionally, only just under a half of family members or carers that contacted the CMHT in a crisis or with a serious concern, told us that they got the help they needed (45%).

6 Triage generally is a process of sifting and prioritizing both in terms of urgency and relevance.

Nevertheless, Welsh Government told us that over the last 12 months, there has been a decrease in the number of adverse incidents reported due to service users experiencing delays in accessing urgent support. We were told this is a result of improved processes and engagement between referrers and crisis teams, more appropriate escalation to secondary care when required and the tightening of processes between all community services.

No.	Recommendation
1.	Health boards should ensure there is clarity over the criteria for accessing CMHTs and the various community support teams that exist. In particular GPs and primary care practitioners need to have the information and support to enable them to provide the best possible advice for service users.
2.	CMHTs need to ensure that service users are clear on how to access or contact services out of hours, or in the event of crisis or serious concern.

Individual Care

We found that people are not being routinely offered the opportunity to feedback their views on the services provided, nor given information on how to raise a concern. Whilst in some areas CMHTs are obtaining service user feedback via third sector surveys, this is not consistent throughout Wales and we did not see any evidence of improvements made to services as a direct result of people's feedback. We did however hear of some innovative practice with service users involved with service development boards and recruitment panels.

Health and Care Standard 6.3 Listening and Learning from Feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

SSWBA Code of practice in relation to measuring social services performance 3.1 and 3.2: Measuring well-being

Focussing on people's individual outcomes means that local authorities **must** look beyond formal service provision and work with people and communities to identify and plan for support and opportunities that can help people achieve what matters to them.

Local authorities **must** ensure that the range and level of services provided support the delivery of the outcomes that matter to people.

We expect to see evidence that individual service users, their family and/or carers' voices are listened to and that health boards and local authorities use these experiences to shape future services, as required in the Together for Mental Health Delivery Plan 2016-19, the NHS Outcomes and Delivery Framework 2017-18, and the Social Services and Well-being (Wales) Act 2014 Code of practice in relation to measuring social services performance. We would also expect to see evidence of compliance with legislation and guidance to deal with concerns, incidents, near misses and claims as set out within the NHS Concerns, Complaints and Redress arrangements (Wales) 'Putting Things Right' and Local Authority arrangements as set out in *A guide to handling complaints and representations by local authority social services (2014)* guidance.

Additionally, we expect to find regular monitoring and audit of these arrangements, and examples of lessons learned and honest and open engagement with all who access the services.

What we found:

There were not always systems in place that enabled service users and relatives to provide written or verbal feedback and there was a lack of clear information on how to raise a concern.

We did find evidence of developing practice by involving service users in service change. For instance, in some CMHTs arrangements are in place for service users to be included on staff interview panels, at service development events and also to provide feedback on services. Additionally, some health boards are linking with third sector organisations to explore ways to engage and learn from service users' experiences. However, these initiatives are not consistently seen across Wales and very few are jointly developed between health boards and local authorities specifically for CMHTs.

We were told patient feedback forms/questionnaires and 'Putting Things Right' guidance are available for in-patients but not always available in community services. During the course of our fieldwork it was widely acknowledged that this information needs to be in waiting rooms, treatment rooms and could also be discussed as part of the discharge plan.

Many areas told us they use complaints as one means of measuring patient satisfaction. Whilst we saw, from minutes of meetings, that there are quality assurance and health and safety reporting processes, with evidence of senior representation on each other's boards (health and local authority), it remains unclear how lessons are learned and shared in a meaningful way. This is because we identified inconsistencies in how complaints about CMHT services are handled. Although there is some alignment between NHS and Local Authority concern reporting processes since the local authority complaints arrangements were introduced in 2014, there are still distinct differences between procedures. This sometimes results in lengthy and inconsistent responses to complaints, duplication of effort, and in some complaints not being handled at all. We also found within health boards, concerns were not always being recorded and logged in accordance with 'Putting Things Right'. Therefore, it was unclear whether they were being monitored, investigated, themes highlighted and lessons learnt. It was also unclear how improvements were being measured and monitored and whether this was undertaken via action plans, sharing of information with relevant teams, or through monitoring by senior managers.

Overall, we found improvement was needed to ensure systems and organisational structures effectively support service users and carers to contribute to the review/evaluation of services and to service development.

No.	Recommendation
3.	Health boards need to ensure that information relating to the 'Putting Things Right' process is available at all CMHT locations.
4.	CMHTs need to improve the way that they oversee the handling, monitoring, and lessons learned aspects of concerns/complaints.

Advocacy

Service users are not routinely offered advocacy services at significant points of their care pathway.

Health and Care Standard 6.2 Peoples Rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirements recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

Social Services and Well-being (Wales) Act 2014
Code of practice in relation to measuring social services performance:
Quality standards for local authorities.
Social services and Well-being (Wales) Act 2014 – Part 10 Code of Practice (Advocacy)

This code sets out the requirements for local authorities to:

a. ensure that access to advocacy services and support is available to enable individuals to engage and participate when local authorities are exercising statutory duties in relation to them; and
b. to arrange an independent professional advocate to facilitate the involvement of individuals in certain circumstances. Paragraph 45 of the code states local authorities **must** arrange for the provision of an independent professional advocate[7] when a person can only overcome the barrier(s) to **participate fully** in **the assessment, care and support planning, review and safeguarding processes** with assistance from an appropriate individual, but there is no appropriate individual available.

We expect to see evidence that service users' individual needs are recognised, and when required, advocacy services are offered in a timely and responsive manner. This would enable service users who are most vulnerable, to receive support to explore choices and options before making decisions about their lives.

7 **Independent professional advocacy** – involves a one-to-one partnership between an independent professional advocate who is trained and paid to undertake their professional role as an advocate. This might be for a single issue or multiple issues. Independent professional advocates must ensure individuals' views are accurately conveyed irrespective of the view of the advocate or others as to what is in the best interests of the individuals.

What we found:

Under Part 4 of the Measure, the provision of advocacy covers any service user who is subject to a CTO[8] where the hospital responsible for them is situated in Wales. The over-arching duties under section 6 of the SSWBA require that any person exercising functions under the Act must in so far as reasonably practicable, ascertain and have regard to people's views, wishes and feelings. We could not be assured that service users were routinely being offered advocacy services at assessment or at significant points throughout their care.

Our survey found that less than a quarter of service users and previous service users were offered the support of an advocate (22%), especially for assistance with initial assessments, mental health review tribunals, hospital manager hearings or CTP reviews. Advocacy support ensures services users can participate fully in assessment and care planning and making decisions about their future. Due to the lack of record keeping regarding an active offer of advocacy support, we did not see evidence that this was consistently and routinely happening.

In addition, it is not clear joint commissioning arrangements ensure sufficient and appropriate advocacy resource is available consistently across Wales. Senior CMHT managers could not assure us that advocacy services were routinely and consistently being offered to service users because current quality assurance reporting systems do not provide evidence that advocacy has been offered. It was acknowledged not all staff recognised the importance of making this offer at an early stage. We saw that most health boards had links with statutory advocacy organisations, and some had a contract to provide advocacy services, but this was usually for inpatients and not always for people in the care of CMHTs. In order to ensure compliance with the Measure, the Mental Health Act Code of Practice, and the SS&WBA a more systematic/routine offer of advocacy to service users is required.

Throughout Wales we found that advocacy representatives do not come regularly to the CMHT services to meet patients, or attend Mental Health Review tribunals, case reviews or CTP reviews.

No.	Recommendation
5.	Health boards and local authorities need to look at ways to improve awareness of advocacy provision amongst their staff and develop local monitoring of CMHT engagement with advocacy services, to ensure service users have access to the support they require on assessment at significant points within their care.

8 A Community Treatment Order (CTO) is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

Delivery of Safe and Effective Care

We are assured that health boards and local authorities have oversight of the quality of care provided within their CMHTs. However, in the context of significant service transformation it is important for senior managers to maintain focus on ensuring service users continue to receive the appropriate care from the appropriate person at the appropriate time whilst the wider organisational changes are being introduced.

Safe Care

We were not assured that due care and attention was being given to CMHT environments which directly impacted on service users' dignity and privacy as well as staff safety.

Health and Care Standard 2.1 Managing Risk and Promoting Health and Safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

Quality standards for local authorities: Code of practice in relation to measuring social services performance.

Local authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people's physical and mental health and emotional well-being.

We would expect to see evidence that risk management and health and safety are embedded within services and that all possible measures are taken to prevent serious harm or death. We would want to see safety notices, alerts and up to date information available to help identify and manage any potential risks or emerging issues.

What we found:

We found environmental concerns at most of the CMHT areas we visited. Many involved unsuitable premises which impacted on the privacy and dignity of service users such as the absence of clinical rooms for administration of medication. Additionally, many of these had environmental risk assessments which indicated that there was outstanding work directly relating to staff safety and infection control, for example, no hand wash basin or safety alarms in individual rooms.

All health boards and local authorities described similar processes for ensuring appropriate actions were undertaken to address any environmental shortcomings, for example, through Health & Safety (H&S) audits and infection control audits which are discussed in operational groups. However, our work indicated that these arrangements were predominantly for inpatient or residential facilities. Further exploration showed that most health boards and local authorities have very few routine environmental audits or H&S audits of CMHT premises.

The importance of providing an inviting reception area was acknowledged by CMHTs and some service users reported experiencing sensitive, caring and professional response from reception staff.

No.	Recommendation
6.	Significant work is required from health boards to improve the provision and maintenance of safe and clinically appropriate facilities for CMHT service users and staff.

Care and Treatment Plans

We found that health boards and local authorities have individual programmes of audit to ensure compliance with national standards. However, there are areas for improvement specifically:

- the quality of collaborative audits between both services;
- the quality of Care and Treatment Plans (CTP);
- the involvement of service users and their relatives/carers in developing the plans.

Health and Care Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional wellbeing.

Quality standards for local authorities: Code of practice in relation to measuring social services performance

Local authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people's physical and mental health and emotional well-being.

Part 2 of the Measure and the Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011 place duties on care-co-ordinators in relation to the preparation, content, consultation and review of care and treatment plans. Service users should be involved in planning their care and treatment, where practicable. All SSWBA Codes of Practice reinforce that local authorities must work with people who need care and support and carers who need support to define and co-produce personal well-being outcomes that people wish to achieve.

This means that mental health professionals must engage with service users to identify and plan the delivery of a range of services to meet their needs. Engagement should include the co-production of a care and treatment plan between the service user, mental health service providers and the care coordinator, as well as the setting of goals to achieve the agreed outcomes within the plan. It should also include the monitoring of the delivery of services, with any amendment of the plans undertaken through a planned and systematic review process. Engagement should also apply to the families and/or other significant people in the lives of the service user, subject to their ongoing agreement and consent.

We would expect to see that service users are encouraged and supported to participate in planning their care. There should be on going risk assessments and individual care planning involving all those relevant to the person's care. There should be evidence of multi-disciplinary-professional-agency working to support service users to reach their full potential.

What we found:

We found the quality of Care and Treatment Plans (CTPs) was variable across Wales. Whilst some areas reflected aspects of good multi-disciplinary person centred work, most documentation did not provide sufficient evidence of the discussions, assessments, investigations and decisions made by the multi disciplinary team around service users' care, treatment and support in accordance with regulatory requirements. There was also a lack of recorded evidence of carers' assessments being offered.

We found improvement was needed in the recording of risk assessments to ensure risks and management plans are more comprehensively recorded, more detailed and relevant to individual circumstances and particular situations.

Although service users told us that they and their carers had sometimes been involved in the writing of their CTPs and that some recorded the views of service users in their own words, this was not consistently the case. In addition we found CTPs were sometimes not signed and did not evidence that service users (or where appropriate their carers) were provided with a copy. This means that people cannot see for themselves that their CTPs are current and relevant to outcomes they wish to achieve. There is more work to be done to ensure that copies of CTPs are given to service users and their relatives where consent has been provided for this to happen. We found in our survey that under half (48%) of service users were given an opportunity to have a copy of their care plan.

It was clear that within the CMHTs, health board and local authorities have individual routine quality audits of service user care plans in place. However, whilst senior managers attend each organisation's quality assurance meetings, there is less evidence that there are joint quality assurance audits undertaken. It would be beneficial if there were unified audits which looked at the CMHT as a whole integrated team rather than two co-located services. It would also foster closer working relationships and integrated service provision. There were also concerns raised in some areas regarding the quality of the audits, suggesting that there is sometimes a tendency to look at the presence of care plans rather than quality of them. This is an issue that requires action to address.

Our survey findings suggest a number of additional areas which would benefit from closer scrutiny in CTP audits. These include the involvement of service users in the development of their care plan (only 23% feeling involved) and feeling that a member of their family, or someone else close to them, was not involved as much as they would have liked (51%).

We saw some evidence of staff engaging well with people. Positive comments from relatives and carers who were involved in care planning included almost half saying that their CMHTs staff offered sufficient time to express their views and family members or carers confirming that they felt listened to during these discussions. Three quarters of service users felt that their CMHT worker usually listened to them carefully (76%). We found many people in receipt of a service from their local CMHT felt well supported by their mental health workers and were treated with dignity and respect. Some people interviewed expressed satisfaction in their relationship with their worker. Comments included:

"Everyone is so welcoming"

"Staff go out of their way to provide support"

"Without this service I would not be here"

"Staff demonstrate human qualities; respectful and trustworthy practice"

Welsh Government has a 90% achievement target for service users to have a valid CTP within 6 weeks of allocation to a care co-ordinator.

Care and treatment plan (CTP) compliance, by LHB, service and month (March 2018)

	Total number of patients resident in the LHB with a valid CTP at the end of the month	Total number of patients resident in the LHB currently in receipt of secondary Mental Health services at the end of the month	Percentage of patients resident in the LHB, who are in receipt of secondary mental health services, who have a valid CTPs
Wales	21,135	23,753	89.0
BCUHB	4,899	5,736	85.4
PTHB	980	1,033	94.9
HDUHB	2,182	2,371	92.0
ABMHB	2,854	3,213	88.8
CTUHB	2,288	2,657	86.1
ABUHB	2,892	3,183	90.9
C&VUB	5,040	5,560	90.6

Mental Health (Wales) Measure Part 2 – Care and Treatment Plans (Statswales.gov.uk)

In Wales, there were 23,753 service users in receipt of secondary mental health services during June 2018. Of these, 21,135 (89.0%) had a valid Care and Treatment Plan (CTP), with half of the CMHTs meeting the 90% target. This is despite CMHTs reporting that caseloads are high and care co-ordinators are inundated with work. This is a credit to the diligence and conscientiousness of staff.

Part 3 of the Measure provides eligible service users with an entitlement to request an assessment (usually by a member of the CMHT) should they feel that their mental health is deteriorating. Welsh Government has a target of 100% for assessment of service users within 10 working days of their request.

Outcome assessment report compliance, by LHB and month

	Number of outcome assessment reports that were sent up to and including 10 working days after the assessment had taken place	Number of outcome assessment reports that were sent after 10 working days after the assessment had taken place	Total number of outcome of assessment reports sent within the month	Percentage of outcome assessment reports sent less than or equal to 10 days after the assessment had taken place
Wales	84	4	89	95.5
BCUHB	16	2	18	88.9
PTHB	1	0	1	100.0
HDUHB	6	0	6	100.0
ABMUHB	2	0	2	100.0
CTUHB	4	2	6	66.7
ABUHB	12	0	12	100.0
C&VUHB	44	0	44	100.0

Part 3: Assessment of Former Users of Secondary Mental Health Services – Outcome assessment report compliance, by LHB and month (Statswales.gov.wales)

We commend the hard work of front line staff in developing outcome assessment reports for service users in a timely way (95.5%). Our review, however, indicated that less than half (43%) of previous service users knew they could refer themselves to their CMHTs if they felt that they were relapsing.

It is evident that throughout Wales, there needs to be greater emphasis on explaining and engaging service user and service user relatives with the process of developing CTPs.

No.	Recommendation
7.	CMHTs need to improve the recording of risk assessments within CTPs to ensure risks and management plans are more comprehensively recorded, more detailed and relevant to individual circumstances and particular situations.
8.	CMHTs need to ensure that CTPs are of sufficient quality, with evidence that service users have been involved in their development, and that the resulting CTPs are relevant to the outcomes the service user wishes to achieve.
9.	CMHTs must ensure copies of CTPs are given to service users and their relatives, where consent has been provided for this to happen.

Record Keeping and Mental Health Act Documents

Whilst all health boards have arrangements in place for scrutinising Mental Health Act documentation, the quality of these arrangements, and expertise available to do so, differs from health board to health board. The quality of the documentation needs improvement; this may be due to training needs and the recruitment of appropriate staff to undertake the role of care co-ordinator.

Health and Care Standard 3.5 Record Keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

We would expect to see documentation and service user records maintained according to the standards set by individual professional bodies. Entries should be clear and support clinical judgements formed from appropriate risk assessments. There should be clear documentation in line with legal requirements on:

- the administration of the Mental Health Act;
- section expiry dates;
- records in regard to any hospital manager reviews and mental health tribunals; and
- detained service users should be aware of their rights and this is recorded.

What we found:

We found that although each health board has a governance structure to ensure that the legal documentation required by the MHA is reviewed on a regular basis, the overall quality of record keeping in most health boards did not meet the required standards. For instance, because staff were not always aware of the parts of the Mental Health Act which informs their work, aspects of record keeping were not compliant with legislation or guidance.

In one area we found a disproportionate number of service users detained under section 4[9] of the MHA. It appears that there is a direct link between this and the limited availability of section 12[10] doctors[11] in that area. Section 4 is an emergency admission which only allows a doctor to admit a patient for 72 hours therefore, the Act requires that two doctors agree if a service user is to be detained for a longer period. Insufficient staffing is not an acceptable reason to keep service users under section 4. Health boards must ensure, in line with the Code of Practice that there are sufficient section 12 doctors on their register.

We found recording of documentation varied across Wales with the majority of local authority and health boards continuing to use separate electronic systems. In addition some records (mainly medical) continued to be kept in paper format, which means that access and storage of records is a problem. Communication across health and social care was further complicated as staff employed by either health or local authority organisations had different degrees of access to the main databases or intranets of each other's organisations.

Managers also informed us that current electronic systems do not always provide routine reports in relation to some key factors such as the offer of advocacy or carers assessments.

Recently, a great deal of work has been undertaken across Wales to offer more support/training to MHA managers with the development of the All Wales MHA Forum. This provides a network of contact details for MHA administrators and offers support to all health boards. This is a significant move towards supporting consistency in MHA documentation and monitoring throughout Wales and can be a conduit to provide a framework for standard setting.

No.	Recommendation
10.	Health boards must ensure regular audits are performed to ensure that service users are not detained under section 4 of the MHA for longer than 72 hours.
11.	Health boards and Local Authorities need to ensure there is joint access to relevant CMHT records. This has a clear potential adverse impact upon the standard of care being provided and needs to be addressed as a matter of priority.

9 Section 4 of the Mental Health Act 1983 is used in emergencies, where only 1 doctor is available at short notice. Unlike a section 2 or 3, you can be detained with a recommendation from only 1 doctor. You can be kept for up to 72 hours. This gives the hospital time to arrange a full assessment.

10 Section 12(2) of the Mental Health Act 1983 requires that, in those cases where two medical recommendations for the compulsory admission of mental disordered person to hospital, or for reception into guardianship, are required, one of the two must be made by a practitioner approved for the purposes of that section. See: www.rcpsych.ac.uk

11 A section 12 doctor is a doctor trained and qualified in the use of the Mental Health Act 1983, usually a psychiatrist. They may also be a responsible clinician, if the responsible clinician is a doctor.

Medicines Management

There are varied arrangements for medicine management across CMHTs in Wales. Some areas have robust policies and procedures with clear accountability and guidance, while others have more informal arrangements with no dedicated mental health pharmacists, limited external audit and poor facilities.

Health and Care Standard 2.6 Medicines Management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

We would expect to see evidence of compliance with legislation, regulatory and professional guidance and with local guidance for all aspects of medicines management. That there was timely, accessible and appropriate medicines advice and information for service users, carers and staff and that service users understood the purpose and correct use of their medication or alternate treatment options. We would also expect to see robust systems in place to report reactions and adverse incidents and that these are managed appropriately.

What we found:

We found a variety of issues across CMHTs regarding safe administration and storage of medication. For example we found:

- Neither room or fridge temperatures were regularly checked.
- CMHTs need to consider making wider use of the physical monitoring forms in relation to depot[12] injections.
- Medication and medication transport policies/guidelines were not available in the clinical rooms.
- No named pharmacist attached to a CMHT to attend meetings, oversee stock management, and to undertake independent medication chart audits.
- Poor stock checks and recording of medicine administration.
- Poor environmental facilities.

In view of the lack of compliance with legislation, clear regulatory and professional guidelines and an absence of local guidance for medicine management, there is the potential for harm and error. Health boards, specifically regarding CMHTs, need to evaluate their processes for medicines management with a view to aligning with the requirements of in-patient care which includes dedicated pharmacists and regular audit.

No.	Recommendation
12.	Health boards need to ensure there are clear lines of accountability, staff training, dedicated pharmacy support and robust auditing processes to oversee and implement medicines management within community services, especially within CMHTs.

12 A depot injection is a slow-release, slow-acting form of a service users usual medication. It's administered by injection, and it is given in a carrier liquid that releases it slowly so it lasts a lot longer.

Safeguarding

We are satisfied that both health and local authority senior managers have oversight of safeguarding referrals and any on going concerns. CMHTs demonstrated an increasing awareness about safeguarding issues; some are actively incorporating key safeguarding prompts within their assessment documentation.

Health and Care Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk
Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

Quality standards for local authorities: Code of practice in relation to measuring social services performance. Local authorities must take appropriate steps to protect and safeguard people who need care and support and carers who need support from abuse and neglect or any other kinds of harm[13].

We would expect to see effective local safeguarding strategies that combine preventative and protective elements with a thorough understanding of safeguarding procedures across all staff working in CMHTs in line with the Social Services and Well-being (Wales) Act 2014. Staff should receive training according to their role to enable an understanding and application of the principles of safeguarding.

What we found:

It was not always clear whether consideration was routinely given to whether people were at risk of harm, abuse or neglect. For example, in one specific case we saw documentation relating to concerns about the safety of a service user's children but there was no evidence of any further consultation with the respective child safeguarding team. This highlights the need for a more robust approach to linking with and recording contact with child and adult safeguarding teams.

Organisational arrangements for dealing with safeguarding referrals varied, with some services having centralised safeguarding teams whilst in other services team managers held the designated lead manager role. The important factor, whatever the organisational arrangements, is to ensure that the roles and responsibilities are understood and they have the capacity and knowledge to carry out these responsibilities. We found some staff did not feel confident in their knowledge of safeguarding policy and procedures and these matters were not routinely discussed at allocation and team meetings. Although training is provided on a routine basis in most CMHTs, we found not all staff had completed the mandatory adult and child safeguarding training.

No.	Recommendation
13.	CMHTs need to ensure that all staff complete mandatory adult and child safeguarding training.

13 Abuse, neglect and harm are defined in the Social Services and Well-being (Wales) Act 2014.

Carer Assessments

We are not assured that all carers are receiving a carer's assessment to identify any support or assistance they may need to care for the service user.

Health and Care Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional wellbeing.

Part 3 Code of Practice (assessing the needs of individuals)

A local authority must assess whether the carer[14] has needs for support (or is likely to do so in the future) and if they do, what those needs are or are likely to be.

We would expect to see evidence in line with Health and Care Standards 2015, and SSWBA that carers of service users who are unable to manage their own health and well being are supported. The SSWBA requires local authorities to offer carers an assessment of their needs where it appears they may have need for support. The provision of information, advice and assistance is also a core part of what must be provided. Carers must feel they are equal partner in their relationship with professionals.

What we found:

The State of Caring 2018 report reveals that 74% of carers across Wales say they have experienced mental health illness as a result of their caring role. In comparison to the whole of the UK the figures show that Wales ranks slightly above the UK average of 72% on this aspect. 61% of carers in Wales also feel their physical health has declined due to their role.

With care support provided by the UK's unpaid carers being an estimated £132 billion per year it is significantly more than the NHS' annual budget in Wales £6,381 million 2016-17 (Statswales.gov.uk). With 11.2% of the total amount spent on supporting people with mental health problems, it is troubling when our survey shows that only half of family members or carers say they feel valued in their caring role (50%).

We were told by senior managers that staff were sensitive to carers' needs and rights but they acknowledged case records did not always reflect this. Staff and managers report there is generally a low up take of assessment and support services by carers of people with mental health needs. In some services carers' champions have been introduced to try to raise the profile of carers and encourage staff awareness of the issues. However, we are not assured that senior managers are fully aware of the quality or quantity of carers assessments offered by CMHTs. Our survey indicated that only 23% received an offer or an assessment of their own needs. Furthermore when we asked for reassurance that care co-ordinators were reminded about assessments and were ensuring that these were taking place within the team, senior managers were unable to give us conclusive information.

14 A carer is defined in the Act as a person who provides or intends to provide care for an adult or a disabled child. In general, professional carers who receive payment should not be regarded as carers for the purposes of the Act, nor should people who provide care as voluntary work.

> We also found that almost three quarters of family members or carers said that they didn't have sufficient information about the services available to support their family member or the person they care for (70%). A similar proportion said they felt they didn't have sufficient information about their eligibility for those services either.
>
> The lack of awareness and support for carers by CMHTs has an impact on their own mental health and well-being. Nevertheless, some carers spoke warmly about the services provided by third sector organisations in providing support and recognition of the role they undertake.

No.	Recommendation
14.	CMHTs need to ensure that carers' assessment of needs are routinely offered.

Discharge

We are not assured that there is robust scrutiny around whether the legal requirements of discharge planning are being met. Consequently service users may not be receiving safe and timely discharges with the appropriate support or information to access primary care or third sector (voluntary) services if required.

Health and Care Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional wellbeing.

Quality standards for local authorities: Code of practice in relation to measuring social services performance

Local authorities must work with people who need care and support and carers who need support to define and co-produce personal well-being outcomes that people wish to achieve.

Local authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people's physical and mental health and emotional well-being.

We would expect to see evidence of an agreed discharge care plan, with on-going support provided, where necessary, by a range of mental health professionals in the community, which can include support from both statutory and voluntary agencies. In addition to a person's GP, this team of professionals could include: Community Psychiatric Nurses (CPNs), Social Workers, Psychologists, Occupational Therapists (OTs) and support workers who can provide a range of services encompassing monitoring and administering medication; providing 'talking therapies' and giving long-term support.

What we found:

We consistently found, across all CMHTs that CTP and risk assessment documentation needed to be updated prior to discharge, especially when there were transitional arrangements between CMHT and other services[15]. We found in most CMHTs that service users were not routinely being advised of their right to re-refer back to services without going through their GP. People who had experience of mental health services indicated variable experience regarding discharge and re-referral arrangements and from the evidence we have seen, we were not assured that CMHTs are consistently delivering quality or timely discharge from care for service users. Furthermore there are no robust systems in place to measure the quality and timeliness of discharge planning and the follow up with relevant services. With this lack of monitoring and audit there is a lost opportunity to learn lessons and improve services.

One area identified as having an impact on untimely discharges was high case loads for care co-ordinators[16], specifically those cases managed by consultants.

Careful planning is required in order for patients to be discharged in a safe manner. All discharges need to include any identified discharge needs, and involve service users. However, this isn't always happening due to workload challenges and service users are being discharged late or with incomplete CTPs. This is an area for improvement to ensure service users are receiving the correct level of care by the most appropriate member of the CMHT.

In our survey almost half of family members or carers said that they weren't involved at all in the discussions leading to the decisions for CMHT support to be discontinued (49%), and less than a third of family members or carers told us that they were provided with information about who to contact if they had further concerns about the health or wellbeing of their family member, or the person they care for, following discharge from the CMHT (32%).

According to the Mental Health Act, and the Mental Health Code of Practice for Wales, there are stipulated areas which need to be discussed prior to discharge. The following examples highlight some of the issues facing care co-ordinators.

Service users should be supported to find suitable accommodation

The availability of specialist support housing is variable and whereas some service users told us they had been given support to access council accommodation, others reported a long wait before appropriate accommodation became available. Additionally, only a quarter of family members or carers told us that the CMHTs provided advice with finding accommodation for their family member and only 34% of service users confirmed that their accommodation needs were met with the help of CMHTs. We asked senior managers what was available in their area in relation to this issue. With the exception of north Wales most could give examples of good engagement with local authority and third sector services and confirmed that there was good partnership working around accommodation.

15 When service users move between other services such as the CMHTs, private hospital sector, Children and Adolescence Mental Health Services (CAMHS) and older persons mental health services.

16 A care coordinator is the main point of contact and support for ongoing mental health care. They keep in close contact while the service user receives mental health care and monitor how that care is delivered – particularly outside of hospital. They are also responsible for carrying out an assessment to identify any health and social care needs. A care coordinator is usually a mental health professional.

However, despite existing policies, strategies, and legislation emphasising the importance of joined up and collaborative working, the experience of many staff on the ground was that this is not happening enough in practice. It is positive to note that some areas have been looking at alternative ways to meet local accommodation needs and Gwent Partnership[17] are exploring the use of some unique services such as a host family scheme, sanctuary provision and short-term crisis house residential support. Additionally, they are looking at the provision of an acute inpatient and crisis resolution home and treatment team to provide care to service users with significant mental health needs delivered by staff with specialist mental health expertise in their own home.

Personal care and well being

In preparation for discharge there should also be discussions to maintain personal care and wellbeing such as attending regular physical health checks with their GP or practice nurse. Our survey indicated that only 26% of family members or carers said that the CMHT provided advice with finding support for any physical health needs their family member or the person they care for had. In addition, only half of service users who needed support for physical health said that their CMHT gave them help or advice with finding support for these needs (48%). When challenged most senior managers told us that letters were sent to GPs to notify of any discharge plans and first appointments were made, where necessary. Additionally, ABMUHB told us that they have purposely developed some of their depot clinics within GP buildings to try and improve working relationships.

Benefits

Another area that should be explored prior to discharge is an assessment for entitlement to benefits and where appropriate support to access these. However, only 10% of family members or carers said that they were provided with information about direct payments to support their needs as a carer and nearly three quarters of service users and previous service users said that the option to receive direct payments to help meet their care and support needs was never discussed with them (73%). This represents a significant number of service users and their carers who believe that they did not have relevant financial support prior to discharge.

Our work has shown that there are variations across Wales regarding the quality of discharge planning and the availability of local services. Attention needs to be given by CMHTs to ensure that discharge reviews take place in a timely and meaningful way.

No.	Recommendation
15.	CMHTs need to undertake an audit of discharges to measure the quality and timeliness of discharge planning in order to help improve services and outcomes for service users.
16.	CMHTs need to review the role of the care co-ordinator and establish whether service users are receiving the correct input from the most appropriate professional.
17.	CMHTs and care co-ordinators in particular, need to ensure discharge planning is robust and meets with legislative requirements.

17 Gwent Strategic Partnership for Mental Health and Learning Disabilities.

Links/Access to other services

We found that there are a range of different support services being offered across Wales, many tailored to particular regions. However, a consistent message was that on a day-to-day basis there is often poor communication and a lack of joined up working across agencies. Psychology services within secondary, primary and third sector are also very limited and waiting times reflect the urgent need for successful recruitment in this discipline. Our overall conclusion is that all CMHTs managers need to use evidence of unmet need to inform planning and service development in partnership with service users and voluntary organisations.

Health and Care Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional wellbeing.

Quality standards for local authorities: Code of practice in relation to measuring social services performance

Local authorities must actively encourage and support people who need care and support and carers who need support to learn and develop and participate in society.

Local authorities must support people who need care and support and carers who need support to safely develop and maintain healthy domestic, family and personal relationships.

Local authorities must work with and support people who need care and support and carers who need support to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

Part 9 Section 162 of the Social Services and Well-being (Wales) Act 2014

Co-operation and partnership – Arrangements to promote co-operation: adults with needs for care and support and carers.

Together for Mental Health Delivery Plan: 2016-19 states that "Access to services should be based on individual need, recognising individuals may need access to both talking and non-verbal therapies in order to express and explore their mental health problems. Good practice and the knowledge and experiences of delivering to diverse and sometimes complex groups must be shared across Wales."

We would expect to see evidence in the CTP of the outcomes agreed with the service user regarding some or all of the areas set out in section 18 of the Measure and in SSWBA. We would also expect to find that support is provided to develop competence in self-care and promote rehabilitation and re-enablement.

What we found:

We saw very little written evidence of links being established with other agencies to maintain wellbeing. CMHTs across Wales need to review processes and linkages with the crisis intervention teams or alcohol and drug misuse teams to ensure timely referrals. Additionally, there is a need to implement systems to assess the effectiveness of information and signposting to address service user needs. People reported mixed experiences around accessing information about services at an early stage in their involvement with professionals. Some indicated both the timing and method of information provision was something services needed to consider, particularly in relation to the service users' health and ability to retain or process information which can be a factor in mental health problems deteriorating.

We found CMHT reception areas contained a variety of information leaflets, but in some cases there was a lack of information provided in the Welsh language making the organisation non-compliant with Welsh language legislation. Our survey indicated that almost three quarters of family members or carers said that they didn't have sufficient information about the services available to support their family member or the person they care for (70%), whilst a similar proportion of family members or carers also felt that they didn't have sufficient information about their eligibility for those services either.

Generally, people in receipt of a service from the CMHT feel they are supported to engage in community activities. Most senior managers told us that the availability of third sector services can be dependent upon funding and commissioning priorities. They confirmed that in some areas, eligibility for some third sector and other support services is dependent upon eligibility for CMHT involvement and this could be a barrier to proactive preventative care. This is not consistent with the preventative or early intervention agenda.

We found varied levels of engagement with the third sector across Wales, sometimes dependant upon the region and the different needs of the specific population. There was though, a consistent message that on a day-to-day basis there is often poor communication and a lack of joined up working across agencies, and in particular across health, social care and housing services. However, we did hear of examples of good innovative partnership working. For example in a bid to develop services an innovative pilot project, jointly funded by Aneurin Bevan University Health Board and the Police and Crime Commissioner for Gwent, was set up, aimed at reducing demand on police officers where mental health is an underlying factor, managing risk and harm in relation to mental health crisis and to ensure that appropriate care and support is delivered in a timely way. Any emergency calls to Gwent Police are monitored by an Approved Mental Health Professional (AMHP) who works alongside staff in the control room and assists them in managing risk and harm to those with a mental illness or suffering a crisis. The AMHP has access to both the Police Force and the Health Board computer systems, which enables them to build a picture of the incident and the people involved.

There were also examples of services being provided by third sector organisations which ensured that people had access to good quality information at the right time to meet their needs and the requirements of the SSWBA. These included, Community Connector posts[18], sponsored by MIND in Blaenau Gwent, and well-being advocates placed in GP surgeries under an initiative taken by West Wales Action for Mental Health, (WWAMH)[19]. CMHTs in the BCUHB area are involved in the Bringing Agencies Together initiatives led by Unllais[20], which help showcase the range of community groups and mental health support services available to patients in their local communities. It is clear that the third sector has a wealth of experience and expertise that health boards and local authorities need to ensure they utilise in the most effective way.

Within Welsh Government's national strategy *Prosperity for All* there is a commitment to build on the capacity of communities by using approaches such as social prescribing.[21] Social prescribers are staff, mainly linked to GP surgeries who are usually social workers or local authority employees. We spoke to senior managers in areas where this scheme has been implemented and based on referral rates and feedback from GPs it seems to be working well generally. The aim is to link service users to non-clinical resources to support wellbeing and recovery. However, in relation to CMHTs, service users told us they were not aware of this service, suggesting that the CMHTs are either unaware of the resource or are not, where available, highlighting the social prescriber linked to their GP surgery.

CMHTs are aware of the geographical challenges in their areas and recognised the importance of people accessing services closer to home. Despite population needs analysis being completed for each health board, most CMHTs agreed that there has not been a robust review of unmet needs, or a mapping exercise to establish exactly what services are available in their location and determine any gaps in provision.

A noteworthy example of this is the Hafod Community Mental Health Team, a joint service between BCUHB and Denbighshire County Council. It is the first in Wales, and only the fourth in the UK, to receive the Accreditation for Community Mental Health Services from the Royal College of Psychiatrists. The accreditation has been given in recognition of their exemplary practice across 31 key areas identified by mental health professionals, carers and service users. A service user who has regular support from the Hafod Team said:

> **"My experience is very positive because of the people around me who support me. They do their jobs because they believe in it, and when you have the right people around you it's better. Everyone needs something different, I need someone who lets me talk and listens and I have this."**

18 Community Connectors work throughout the area and aim to reconnect people back into their communities. Community Connectors also work with many groups and organisations to help people find activities and groups that can help people improve their well-being.

19 West Wales Action for Mental Health (WWAMH) is an organisation involved in a broad range of activities to promote mental health and helps ensure people have access to independent and impartial information.

20 Unllais is a development, information and training agency that provides support to the voluntary sector, service users and carer organisations working in the field of mental health in North Wales. Through partnerships promote good practice in the planning, provision and monitoring of mental health services.

21 Social prescribing facilitates patients with a range of social, psychological and physical problems to access a wide range of local interventions and services provided by the voluntary sectors and others.

Service users' mental health is likely to worsen when faced with lengthy delays for psychological therapies, making recovery more difficult. These delays can also have a substantial impact on their lives, including their relationships, employment and accommodation. A theme across Wales is the general shortage of psychology services, with severe delays in accessing these services. This situation has been recognised by the Welsh Government which has allocated additional funds to health boards to help address the lack of sufficient resource. Health boards told us they were continually trying to improve resources and look at different ways of making sure sufficient psychological services were being provided.

Welsh Government has set a 28 day achievement target for interventions in primary care to support recovery and prevent unnecessary deterioration in health. This table represents the number of service users waiting for and starting therapeutic interventions for the month of June 2018.

Waiting times for a therapeutic intervention, by LHB and month

	Number of patients who had waited up to and including 28 days from LPMHSS assessment to the start of a therapeutic intervention	Number of patients who had waited over 28 days and up to and including 56 days from LPMHSS assessment to the start of a therapeutic intervention	Number of patients who had waited over 56 days from LPMHSS assessment to the start of a therapeutic intervention	Total number of therapeutic interventions started during the month	Percentage of therapeutic interventions started within 28 days following LPMHSS assessment
Wales	1,200	133	82	1,415	84.8
BCUHB	188	26	24	238	79.0
PTHB	107	29	3	139	77.0
HDUHB	121	6	6	133	91.0
ABMUHB	140	18	5	163	85.9
CTUHB	288	14	13	315	91.4
ABUHB	290	33	6	329	88.1
C&VUHB	66	7	25	98	67.3

Part 1: Local Primary Mental Health Support Services
Waiting times for a therapeutic intervention, by LHB and month
(Statswales.gov.wales)

To meet this target health boards across Wales are being prudent and innovative with many exploring the training of staff within the CMHTs to deliver specific therapies. For instance, ABUHB have recently recruited two extra psychologists and are presenting a bid for additional monies for cognitive behavioural therapists. ABUHB's plan is to train and support a group of mental health nurses to provide specific Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT) groups. The expectation is that the nurses will be predominantly in the community and it is anticipated that this will reduce waiting times for therapies in the community. The health board told us that here are no waiting times for psychological therapies in-inpatient services within this health board.

Service users indicated that where these issues were addressed, through direct service provision such as the involvement of support workers or engagement with third sector organisations, they valued the services received. We heard of examples where statutory and commissioned services are assisting people to maintain links with family members, to attend social community activities and to develop skills and confidence.

No.	Recommendation
18.	CMHTs need to develop processes to evaluate the effectiveness of information, advice and assistance that is provided for service users.
19.	Health boards need to explore and utilise the support that may be offered by third sector services across Wales, with a need to take advantage of the range of community groups and mental health support services available to patients in their local communities.
20.	Much more work is needed to increase the availability and timely access to psychological therapies across Wales. Health boards need to improve resources in this area and look at different ways of making sure sufficient psychological services were being provided.

Quality of Management and Leadership

Governance Arrangements

We saw a move towards stronger clinical governance and clearer lines of accountability, changing cultures and developing better systems to measure outcomes. We have seen significant changes to divisional structures and heard about different ways of working for the future.

Information technology remains a considerable issue and Welsh Government needs to expedite support for health boards to enable safer, more efficient and effective record keeping.

Health and Care Standards: Part 2

Effective governance, leadership and accountability in keeping with the size and complexity of the organisation are essential for the sustainable delivery of safe, effective person-centred care.

Mike – can you reference CoP 8

Code of Practice on the Role of the Director of Social Services

The director of social services must have regard to the well-being duty and other overarching duties in relation to how the local authority exercises all its social services functions. The director of social services must show strategic leadership in ensuring all care and support services in the local authority area seek to promote the well-being of all people with care and support needs.

The director of social services must similarly seek to develop an effective environment to promote co-operation in relation to people with care and support needs with external partners, including the Local Health Board, the third sector and independent sector. Paragraphs 52 to 56 set out the role of the director in relation to formal partnership arrangements provided for by Part 9 of the Act which can be used for this purpose.

We would expect to see evidence of effective leadership through setting direction, pace and drive, and developing people. The strategies for should be set with a focus on outcomes, and choices based on evidence and people insight. The approach must be through collaboration building on common purpose. Health services should be innovative and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and deliver models, and manage performance and value for money. Health boards should foster a culture of learning and self-awareness, and personal and professional integrity.

The SSWBA provides a legislative framework to support the transformation of the way people's needs for care and support are met and make social services in Wales sustainable. We would expect to see:

- A focus on people – ensuring people have a voice and control over their care and support.
- Measuring success in relation to outcomes for people rather than process.
- Delivery of a preventative and early intervention approach to minimise the escalation of need and dependency on statutory services.
- Effective cooperation and partnership working between all agencies and organisations.
- Improving the information and advice available to people and ensuring that everyone, irrespective of their needs, is able to access that information.
- The development of new and innovative models of service delivery, particularly those that involve service users themselves.

What we found:

Senior managers told us that due to increasing demand and reducing resources, the effectiveness of local senior management joint structures in resolving issues and leading joint service development and improvement is sometimes unclear.

Services have been subject to considerable organisational change in recent years which has disrupted local relationships and working practices. Discussions with senior managers across Wales indicated the Local Mental Health Partnership Boards (LPBs)[22] initiated under the Welsh Government 10 year Strategy Together for Mental Health are developing differently across Wales. In some areas a review of the model of service delivery for mental health services is underway, providing an opportunity to evaluate the present organisational structures and service provision, but not always involving all partners. Although needs analysis work has been undertaken, not all services have up to date commissioning strategies for mental health services in place. It is not clear therefore that commissioning of advocacy, engagement with housing, education and development of employment opportunities in addition to support services provided by the third sector are well targeted and sufficient to meet need.

We heard senior managers from both health boards and local authorities speaking about the need for stronger clinical governance and clear lines of accountability, focussing on changing the culture and improving systems to measure outcomes for service users. Some health boards and local authorities already have improvement plans in place and are actively implementing change by reviewing current governance arrangements, looking at gaps in accountability and for health, improving ward to board reporting and for local authority improved service to council reporting. Others have made significant changes to divisional structures and are proposing very different ways of working for the future.

Operational managers from health and social services were seen to work well together in the CMHT. There was mutual respect and cooperation and staff in general felt well supported by their line managers and other managers on the sites. We were told serious incidents and practice learning was regularly discussed at team and management meetings. This ensures that the CMHTs are learning from previous incidents and looking at improved ways of working for the future.

However, joint governance structures were not so well aligned. Across Wales and within each individual CMHT we found numerous recording systems in place, and not all staff had access to these records because health and social systems were not integrated. A number of CMHTs continue to use paper records and to complicate issues some have different multi-disciplinary paper records within the teams, this makes managing records and collating accurate data on CMHT services almost impossible. Additionally, whilst there are arrangements for audits to be reviewed at individual and joint senior management level, it is not always clear how effective these are in driving improvement. Consequently, interviews with senior managers did not provide assurance that there are effective joint processes in place to ensure appropriate data collection to guide future service delivery.

22 The Local Mental Health Partnership Boards (LPBs) will oversee the delivery and implementation *Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales* and its Delivery Plan; guiding and monitoring progress, and facilitating co-ordination of the cross-cutting approach required across Welsh Government, Statutory Agencies, the Third and Independent Sectors.

> The new Welsh Community Care Information System (WCCIS) is gradually being rolled out across Wales and is anticipated to address the information sharing interface within health boards and between local authorities and health boards, including CMHTs. It is envisaged that there will be better communication between teams and improved information collation for strategic planning. The implementation of the WCCIS needs to progress with pace in order to improve efficiency of operation in a service that is encountering high levels of demand, and to support the requirements of the H&CS and the SS&WBA.

No.	Recommendation
21.	Health boards and local authorities need to work together to improve joint processes for driving the improvement of services. This includes the need for greater alignment of processes within CMHTs including integrated records and data collection.
22.	Welsh Government needs to ensure that the implementation of the Welsh Community Care Information System (WCCIS) progresses with pace.

CMHT Resources and Capacity

There continues to be a staff recruitment and retention issue across CMHTs, although most CMHTs are looking at different ways of working to address the problems.

Health and Care Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

Part 8 Code of Practice on the Role of the Director of Social Services (Social Services Functions)

The director of social services has a strategic leadership role to promote high standards across the care and support workforce, including the private and third sectors.

The director must ensure a whole sector workforce plan is in place which identifies and secures implementation of measures to ensure a sufficiently large, skilled, safe and focused workforce to promote the well-being of people with care and support needs.

We expect to see evidence of effective workforce plans which are integrated with service and financial plans to ensure services are meeting the needs of the population, through an appropriate skill mix with staff having language awareness and the capability to provide services through the Welsh language. We also expect to see evidence of promoting continuous improvement of services, through better ways of working, and conformation that staff are trained, supervised and supported appropriately.

What we found:

We identified issues in relation to the recruitment and retention of all CMHT staff. With staff vacancies and sickness rates within CMHTs[23] increasing and pressure on existing staff to meet demands, it is encouraging to see some health boards actively looking at reasons for and ways to improve retention and recruitment of staff such as, succession planning and strategic mapping of the workforce to address gaps in teams.

A further complication is the volume/remit of psychiatry workloads, such as home treatments, delivering training, assessments, supervision and care co-ordinator role, resulting in increased pressure to meet demands. Whilst the MHA clearly sets out the choice of professionals capable of undertaking the care co-ordinator role, most health boards state that medical staff (psychiatrists) are usually assigned this role, despite concerns raised as part of HIWs mental health homicide reviews. These reviews highlighted the difficulty for service users in accessing the consultant care co-ordinator and the complications that arise with undertaking the co-ordinator role (as intended in the Act), along side a large and complex workload. It also reinforces a mental health service culture that emphasises the need to actively and assertively maintain long term engagement with some service users rather than closing cases when they disengage. However, it is recognised that in some instances service users with short term complex needs may be better off initially allocated to a medical member of staff.

We were consistently told that, at present consultant psychiatrists' case loads are too high and many health boards are looking at different way of working to reduce these. The challenge is to find ways of modifying roles to take on new or shared responsibilities. Although the majority of service users and previous service users told us that a Community Psychiatric Nurse (31%) or a psychiatrist (23%) was in charge of organising their care and services, there is an indication that there is an increase in the appointment of social workers to this role, to the point where they are nearing maximum capacity.

Staff Supervision and Appraisals

Staff supervision systems were robust in health and in social care. However, although supervision and support on a day to day basis is evident, formal recorded one-to-one supervision is not undertaken as routinely as is necessary to ensure staff have an opportunity to discuss on-going training, development and well being.

23 Swansea Central (Area 2), South Caerphilly, Deeside and Welshpool CMHT.

Health and Care Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

Part 8 Code of Practice on the Role of the Director of Social Services (Social Services Functions)

The director of social services has a strategic leadership role to promote high standards across the care and support workforce, including the private and third sectors.

The director must ensure a whole sector workforce plan is in place which identifies and secures implementation of measures to ensure a sufficiently large, skilled, safe and focused workforce to promote the well-being of people with care and support needs. This includes in relation to recruitment and retention, pre-employment vetting, registration, reward, addressing poor performance, career pathways, competency and qualification requirements, skill mix, training needs, evidence based practice, compliance with codes of practice and contributions to workforce data.

We expect to see evidence of systems being in place to ensure that annual appraisals and regular supervision are taking place for all CMHT staff. Appraisals need to incorporate issues such as staff well being and other aspects of their work. We would also expect to see other systems of support such as reflective practice groups, debriefs following serious incidents or medication errors.

What we found:

Overall, we found that staff working in social care were receiving the same level of appraisal of their work as their health colleagues. This was encouraging as it is important that staff receive appraisals of their work to ensure good and poor practice is acknowledged, areas of development are identified and an individuals' progress is facilitated.

Whilst we found that staff vacancies and sickness rates within the majority of CMHT[24] is increasing pressure on existing staff to meet demands, the majority of staff told us they felt well supported by managers on a daily basis in relation to ad-hoc incidents and enquiries.

The multidisciplinary nature of CMHT gives the opportunity to provide a comprehensive service to meet the complex needs of individuals. The organisational and management arrangements deployed within CMHT, need to support professional accountability confidence and development. We found that in some teams, pressures were being experienced by some parts of the workforce more than others for example where psychiatrists were undertaking the care coordinator role, where there were difficulties in recruiting Section 12 doctors or social workers to undertake the AMHP role. Senior managers need to ensure that staff have confidence in these issues being addressed through regular, service wide, evaluation of staffing needs in order to support staff performance and morale.

24 Swansea Central (Area 2), South Caerphilly, Deeside and Welshpool CMHT.

Staff Training

We are satisfied that staff training is improving across most CMHTs, although there are areas where specific training needs to be developed.

Health and Care Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

Staff should be enabled to learn and develop to their full potential.

Part 8 Code of Practice on the Role of the Director of Social Services (Social Services Functions)

The director of social services has a strategic leadership role to promote high standards across the care and support workforce, including the private and third sectors.

The director must ensure a whole sector workforce plan is in place which identifies and secures implementation of measures to ensure a sufficiently large, skilled, safe and focused workforce to promote the well-being of people with care and support needs. This includes in relation to recruitment and retention, pre-employment vetting, registration, reward, addressing poor performance, career pathways, competency and qualification requirements, skill mix, training needs, evidence based practice, compliance with codes of practice and contributions to workforce data.

We would expect to see evidence that staff are encouraged to maintain and develop competencies in order to develop to their full potential. We would expect to see a robust mandatory training matrix and a system to ensure all staff have received the training according to the grade in which they work.

What we found:

We found that mandatory training topics throughout all health boards are similar and this is also the case for local authority staff. However, compliance rates for mandatory training vary between health and local authority organisations. Local authority staff told us that although there was good access to skills based or specialist training in some teams, in other areas staff found it difficult to undertake training due to staff shortages and workloads not allowing time to attend.

We saw that some health boards have placed major investment in staff training, although we did identify some gaps regarding knowledge of the MHA in CMHTs. ABMUHB told us that their MHA administrators deliver training to CMHTs, providing bespoke training packages where required. Additionally the SS&WBA is not on the training agenda for health staff, with the provision of this training last taking place in 2014, before the Act's implementation. To ensure all staff are fully aware of how aspects of the Mental Health Act and SS&WBA impact on the work they undertake there is need for further investment particularly amongst health staff.

It remains a concern that not all CMHT staff receive First Aid training or training in the use of defibrillators. With staff working in isolation and with a very vulnerable service user group this training should be considered as mandatory.

No.	Recommendation
23.	All CMHT staff should receive training in the following: • Mental Health Act; • Social Services and Well Being Act; • First Aid and the use of defibrillators.

Conclusion

The intention of this review was to identify key themes arising from HIW and CIW's joint inspections of Community Mental Health Teams (CMHT) across Wales. Overall, we found that people receive an acceptable quality of care from hard working and compassionate staff.

With 43% of service users and previous service users telling us that the services provided completely met their needs or met most of their needs, it is important to recognise that staff are delivering a responsive service during challenging times. Significantly, whilst the performance data suggests that compliance with CTP targets is satisfactory, much more work is required across Wales to ensure that these are of a high standard and that service users are fully involved with and engaged in the development of their CTPs.

Whilst it is clear that progress is being made in many areas, there is scope to improve services and to develop a more seamless, integrated approach to community mental health care across Wales. We understand that economic constraints pose significant challenges to ensuring services are designed to meet current and future demands, and acknowledge that these transformations are not achievable or sustainable without partnership working across public, private and third sectors. Therefore, it is encouraging to see increasing collaboration between all sectors. However, there is still more progress to me made.

In 2018 the Welsh Government published its Plan 'A Healthier Wales' which emphasises the need to move services to communities. For there to be a successful transition of mental health services from in-patient to community care there needs to be an investment in new ways of working with clear improvement plans and resources supported by staff development. Whilst we have seen these kind of improvements being made, positive practice is not always shared or adopted across CMHTs. There are opportunities within Wales for greater levels of joint working and making better use of the third sector to support service users. Welsh Government should consider how issues raised in this report can be tackled on an all Wales basis.

The findings of this review indicate that there is still significant improvement required across Community Mental Health services to be in a position to meet the vision set out in Together for Mental Health, the Welsh Government strategy to improve mental health care in Wales.

What Next?

We expect Welsh Government, health boards and local authorities to carefully consider the findings from this review and our recommendations set out in Appendix A.

To service users and their families, and/or carers we hope we have captured the accounts you have shared with us and that this review will help make service provision in your area more accessible and tailored to meet your needs.

Appendix A – Recommendations

As a result of the findings from our review, we have made the following overarching recommendations which Welsh Government, health boards and local authorities should address.

No.	Recommendation	Regulation/Standard
1.	Health boards should ensure there is clarity over the criteria for accessing CMHTs and the various community support teams that exist. In particular GPs and primary care practitioners need to have the information and support to enable them to provide the best possible advice for service users.	Health and Care Standard 5.1 Timely Access.
2.	CMHTs need to ensure that service users are clear on how to access or contact services out of hours, or in the event of crisis or serious concern.	Health and Care Standard 5.1 Timely Access.
3.	Health boards need to ensure that information relating to the 'Putting Things Right' process is available at all CMHT locations.	Health and Care Standard 6.3 Listening and Learning from Feedback.
4.	CMHTs need to improve the way that they oversee the handling, monitoring, and lessons learned aspects of concerns/complaints.	Health and Care Standard 6.3 Listening and Learning from Feedback.
5.	Health boards and local authorities need to look at ways to improve awareness of advocacy provision amongst their staff and develop local monitoring of CMHT engagement with advocacy services, to ensure service users have access to the support they require on assessment at significant points within their care.	Health and Care Standard 6.2 Peoples Rights.
6.	Significant work is required from health boards to improve the provision and maintenance of safe and clinically appropriate facilities for CMHT service users and staff.	Health and Care Standard 2.1 Managing Risk and Promoting Health and Safety.
7.	CMHTs need to improve the recording of risk assessments within CTPs to ensure risks and management plans are more comprehensively recorded, more detailed and relevant to individual circumstances and particular situations.	Health and Care Standard 6.1 Planning Care to Promote Independence.
8.	CMHTs need to ensure that CTPs are of sufficient quality, with evidence that service users have been involved in their development, and that the resulting CTPs are relevant to the outcomes the service user wishes to achieve.	Health and Care Standard 6.1 Planning Care to Promote Independence.

No.	Recommendation	Regulation/Standard
9.	CMHTs must ensure copies of CTPs are given to service users and their relatives, where consent has been provided for this to happen.	Health and Care Standard 6.1 Planning Care to Promote Independence.
10.	Health boards ensure regular audits are performed to ensure that service users are not detained under section 4 of the MHA for longer than 72 hours.	Health and Care Standard 3.5 Record Keeping.
11.	Health boards and Local Authorities need to ensure there is joint access to relevant CMHT records. This has a clear potential adverse impact upon the standard of care being provided and needs to be addressed as a matter of priority.	Health and Care Standard 3.5 Record Keeping.
12.	Health boards need to ensure there are clear lines of accountability, staff training, dedicated pharmacy support and robust auditing processes to oversee and implement medicines management within community services, especially within CMHTs.	Health and Care Standard 2.6 Medicines Management.
13.	CMHTs need to ensure that all staff complete mandatory adult and child safeguarding training.	Health and Care Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk.
14.	CMHTs need to ensure that carers' assessment of needs are routinely offered.	Health and Care Standard 6.1 Planning Care to Promote Independence.
15.	CMHTs need to undertake an audit of discharges to measure the quality and timeliness of discharge planning in order to help improve services and outcomes for service users.	Health and Care Standard 6.1 Planning Care to Promote Independence.
16.	CMHTs need to review the role of the care co-ordinator and establish whether the service users are receiving the correct input from the most appropriate professional.	Health and Care Standard 6.1 Planning Care to Promote Independence.
17.	CMHTs and care co-ordinators in particular, need to ensure discharge planning is robust and meets with legislative requirements.	Health and Care Standard 6.1 Planning Care to Promote Independence.
18.	CMHTs need to develop processes to evaluate the effectiveness of information, advice and assistance that is provided for service users.	Health and Care Standard 6.1 Planning Care to Promote Independence.

No.	Recommendation	Regulation/Standard
19.	Health boards need to explore and utilise the support that may be offered by third sector services across Wales, with a need to take advantage of the range of community groups and mental health support services available to patients in their local communities.	Health and Care Standard 6.1 Planning Care to Promote Independence.
20.	Much more work is needed to increase the availability and timely access to psychological therapies across Wales. Health boards need to improve resources in this area and look at different ways of making sure sufficient psychological services were being provided.	Health and Care Standard 6.1 Planning Care to Promote Independence.
21.	Health boards and local authorities need to work together to improve joint processes for driving the improvement of services. This includes the need for greater alignment of processes within CMHTs including integrated records and data collection.	Health and Care Standards: Part 2.
22.	Welsh Government needs to ensure that the implementation of the Welsh Community Care Information System (WCCIS) progresses with pace.	Health and Care Standards: Part 2.
23.	All CMHT staff should receive training in the following: • Mental Health Act; • Social Services and Well Being Act; • First Aid and the use of defibrillators.	Health and Care Standard 7.1 Workforce.

Appendix B – HIW Survey Results

Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales' Thematic Review of Community Mental Health Services: Survey. We received responses from almost all regions of Wales, certainly each Health Board was represented. Some Local Authority areas did not have respondents because this was a target population (identified CMHT's) and the respondents were only a sample of the whole population of Wales. The results are therefore only a part of the collective findings of the review.

Survey Information:

Family member or carer:	127 responses
Previous service user:	51 responses
Current service user:	102 responses
Total responses:	**280**

Family member or carer survey results:

Were you provided with contact names and numbers for the Community Mental Health Team?

	%	
Yes	65	53
No	57	47
Total	**122**	**100**

How involved were you in discussions about the care treatment and support options for your family member or the person you care for?

	%	
Very involved	34	27
Quite involved	29	23
Not very involved	34	27
Not at all involved	27	22
Total	**124**	**100**

Did you feel you were given sufficient time in these discussions to express your views?

	%	
Yes	47	47
No	52	53
Total	**99**	**100**

Did you feel you were listened to in these discussions?

	%	
Yes	46	46
No	53	54
Total	**99**	**100**

Did you feel you had sufficient information about the services available to support your family member or the person you cared for?

	%	
Yes	34	30
No	81	70
Total	**115**	**100**

Did you feel you had sufficient information about their eligibility for those services?

	%	
Yes	36	29
No	87	71
Total	**123**	**100**

Did you feel valued in your caring role?

	%	
Yes, completely	17	14
Yes, to some extent	45	36
No	62	50
Total	**124**	**100**

Were you offered an assessment of your own needs as a carer?

	%	
Yes	23	23
No	76	77
Total	**99**	**100**

Were you provided with information about direct payments to support your needs as a carer?

	%	
Yes	11	10
No	101	90
Total	**112**	**100**

Were you supported to apply for direct payments?

	%	
Yes	9	8
No	102	92
Total	**111**	**100**

Did you have concerns about the safety or wellbeing of your family member or the person you care for, yourself or anyone else?

	%	
Yes	103	83
No	21	17
Total	**124**	**100**

Did you know who to contact in the event of a crisis or serious concerns?

	%	
Yes	74	60
No	50	40
Total	**124**	**100**

Was action taken in response to any concerns you made?

	%	
Yes	44	45
No	54	55
Total	**98**	**100**

Did the Community Mental Health Team provide help or advice to you or your family member or the person you care for with finding support for any physical health needs they had?

	%	
Yes	25	26
No	70	74
Total	**95**	**100**

Did the Community Mental Health Team provide help or advice to you or your family member or the person you care for with finding support for any accommodation needs they had?

	%	
Yes	18	25
No	54	75
Total	**72**	**100**

Did the Community Mental Health Team provide help or advice to you or your family member or the person you care for with finding support for any employment or education needs they had?

	%	
Yes	9	12
No	64	88
Total	**73**	**100**

Did the Community Mental Health Team provide help or advice to you or your family member or the person you care for with finding support for any social needs they had (being able to go out when they wanted to)?

	%	
Yes	25	26
No	73	74
Total	**98**	**100**

To what extent were you involved in the discussion leading to the decisions for the service from the Community Mental Health Team to be ended?

	%	
Very involved	10	12
Quite involved	8	10
Not very involved	24	29
Not at all involved	40	49
Total	**82**	**100**

Were you provided with information about who to contact if you had further concerns about the health or wellbeing of your family member or the person you care for after their support from the Community Mental Health Team ended?

	%	
Yes	34	32
No	71	68
Total	**105**	**100**

Service users and previous service users survey results:

How were you referred to your Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
By my GP	37	73	73	73	110	73
I referred myself	3	6	7	7	10	7
Other	11	22	20	20	31	21
Total	**51**	**100**	**100**	**100**	**151**	**100**

How long did it take to get seen by your Community Mental Health Team following your referral?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
About 1 week	7	16	20	28	27	24
About 2 weeks	4	9	10	14	14	12
About 3 weeks	3	7	7	10	10	9
About 4 weeks or longer	29	67	34	48	63	55
Total	**43**	**100**	**71**	**100**	**114**	**100**

When was the last time you saw someone from your Community Mental Health Team?

	Previous service user		Current service user	
	Number	%	Number	%
In the last month	3	7	59	63
1 to 3 months ago	6	13	16	17
4 to 6 months ago	3	7	8	9
7 to 12 months ago	9	20	2	2
More than 12 months ago	24	53	9	10
Total	**45**	**100**	**94**	**100**

How easy or difficult did you find it to access support from your Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Very easy	4	8	18	18	22	15
Quite easy	10	20	37	38	47	32
Quite difficult	14	29	21	21	35	24
Very difficult	21	43	22	22	43	29
Total	**49**	**100**	**98**	**100**	**147**	**100**

Thinking about your needs, what did you feel about how often you were seen by your Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
I was not seen enough when needed	33	67	50	51	83	56
I was seen the right amount of times	15	31	47	47	62	42
I am seen more often than needed	1	2	2	2	3	2
Total	**49**	**100**	**99**	**100**	**148**	**100**

Did you feel that the Community Mental Health Team worker usually gave you enough time to discuss your needs and treatment? (This might be about your care, housing or accommodation, benefits, finances, medication advice, advocacy services, contact numbers, support groups, GP surgery.)

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	24	53	65	73	89	66
No	21	47	24	27	45	34
Total	**45**	**100**	**89**	**100**	**134**	**100**

Do you feel the CMHT worker usually listens to you carefully when you meet?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	30	67	74	80	104	76
No	15	33	18	20	33	24
Total	**45**	**100**	**92**	**100**	**137**	**100**

Were you offered the support of an advocate? (An advocate might help you access information you need, go with you to meetings to support you or speak for you in situations where you don't feel able to speak for yourself.)

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	3	7	28	29	31	22
No	41	93	68	71	109	78
Total	**44**	**100**	**96**	**100**	**140**	**100**

Who was the person in charge of organising your care and services? (This person could have been anyone providing your care, and may have been called a care coordinator or key worker.)

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
A Community Psychiatric Nurse	11	29	26	32	37	31
A GP	8	21	7	9	15	13
A Mental Health Support worker	4	11	5	6	9	8
A Psychiatrist	5	13	22	27	27	23
A Psychotherapist/ Counsellor	7	18	5	6	12	10
A Social Worker	3	8	11	13	14	12
Other	0	0	6	7	6	5
Total	**38**	**100**	**82**	**100**	**120**	**100**

Did you know how to contact this person if you had a concern about your care?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	31	66	83	86	114	80
No	16	34	13	14	29	20
Total	**47**	**100**	**96**	**100**	**143**	**100**

To what extent did the services provided meet your needs?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Completely met my needs	4	9	16	16	20	14
Met most of my needs	11	23	31	32	42	29
Met some of my needs	18	38	37	38	55	38
Did not meet any of my needs	14	30	13	13	27	19
Total	**47**	**100**	**97**	**100**	**144**	**100**

To what extent did you feel involved in the development of your Care plan?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Very involved	5	11	28	29	33	23
Quite involved	11	24	28	29	39	27
Not very involved	15	33	23	24	38	27
Not at all involved	15	33	17	18	32	23
Total	**46**	**100**	**96**	**100**	**142**	**100**

Did you receive or were you given an opportunity to have a copy of your care plan?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	8	20	50	61	58	48
No	32	80	32	39	64	52
Total	**40**	**100**	**82**	**100**	**122**	**100**

Did you have formal meetings or reviews with your care coordinator to discuss how your care was working? (This meeting may have been called a Care Programme Approach (CPA) or Care and Treatment Plan (CTP) meeting or case review.)

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	7	16	46	52	53	40
No	37	84	43	48	80	60
Total	**44**	**100**	**89**	**100**	**133**	**100**

To what extent did you feel involved in the discussions and decisions made about your care and support during your formal meeting or review?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Very involved	4	9	21	23	25	18
Quite involved	11	24	32	35	43	31
Not very involved	21	46	24	26	45	33
Not at all involved	10	22	14	15	24	18
Total	**46**	**100**	**91**	**100**	**137**	**100**

Were you given the opportunity to challenge any aspect of your care and treatment plan that you disagreed with during your formal meeting or review?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	9	24	44	61	53	48
No	29	76	28	39	57	52
Total	**38**	**100**	**72**	**100**	**110**	**100**

To what extent do you feel that your accommodation needs were met by the services provided through the Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Completely met	8	24	22	41	30	34
Partially met	7	21	16	30	23	26
Not met at all	18	55	16	30	34	39
Total	**33**	**100**	**54**	**100**	**87**	**100**

To what extent do you feel that your employment needs were met by the services provided through the Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Completely met	2	8	10	22	12	17
Partially met	3	12	11	24	14	20
Not met at all	20	80	25	54	45	63
Total	**25**	**100**	**46**	**100**	**71**	**100**

To what extent do you feel that your education needs were met by the services provided through the Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Completely met	2	9	11	26	13	20
Partially met	2	9	15	36	17	27
Not met at all	18	82	16	38	34	53
Total	**22**	**100**	**42**	**100**	**64**	**100**

To what extent do you feel that your social needs (being able to go out when you wanted) were met by the services provided through the Community Mental Health Team?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Completely met	1	3	21	31	22	22
Partially met	13	42	21	31	34	34
Not met at all	17	55	26	38	43	43
Total	**31**	**100**	**68**	**100**	**99**	**100**

Did your Community Mental Health Team give you any help or advice with finding support for your physical health needs?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	3	25	19	56	22	48
No, I asked for help but didn't get any	9	75	15	44	24	52
Total	**12**	**100**	**34**	**100**	**46**	**100**

Was the option to receive direct payments to help meet your care and support needs ever discussed with you?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	1	4	21	36	22	27
No	22	96	37	64	59	73
Total	**23**	**100**	**58**	**100**	**81**	**100**

Did you know how to contact the Community Mental Health Team Out of Hours service?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	16	40	51	53	67	49
No	24	60	45	47	69	51
Total	**40**	**100**	**96**	**100**	**136**	**100**

If you have felt the need to contact the Community Mental Health team's Out of Hours Service, did you get the help you needed?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	4	18	25	56	29	43
No	18	82	20	44	38	57
Total	**22**	**100**	**45**	**100**	**67**	**100**

If you have needed to contact the Community Mental Health Team in a crisis in the last 12 months, did you get the help you needed?

	Current service user	
	Number	%
Yes	30	42
No	42	58
Total	**72**	**100**

Do you know how to request a further service from the Community Mental Health Team if you have concerns about your health or care?

	Current service user	
	Number	%
Yes	18	37
No	31	63
Total	**49**	**100**

Did your Community Mental Health Team involve a member of your family, or someone else close to you, as much as you would have liked?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	6	21	30	56	36	43
No	21	72	21	39	42	51
They have involved them too much	2	7	3	6	2	6
Total	**29**	**100**	**54**	**100**	**83**	**100**

Do you know that you can refer yourself to your Community Mental Health Team if you felt that you were relapsing?

	Previous service user	
	Number	%
Yes	22	43
No	29	57
Total	**51**	**100**

Do you know who to contact if you have a crisis or relapse?

	Previous service user		Current service user		Total	
	Number	%	Number	%	Number	%
Yes	19	44	53	56	72	52
No	24	56	42	44	66	48
Total	**43**	**100**	**95**	**100**	**138**	**100**