

MENTAL HEALTH & LEARNING DISABILITY DIRECTORATE

Timely Access: Healthcare Standard 5.1:

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.

PATIENT SAFETY & EXPERIENCE EXCEPTION REPORT

- MENTAL HEALTH & LEARNING DISABILITIES (MH&LD) DIRECTORATE REPORTING PERIOD 2020-21
- PURPOSE OF THE PRESENTATION:
 - To provide the Quality, Safety & Experience Assurance Committee with an update on the current management of the waiting list situation within MH&LD.
 - Further information on MH&LD services is provided in the accompanying addendum.

DEEP DIVE IN THE FOLLOWING AREAS

Memory Assessment
Service

Autistic Spectrum
Disorder (ASD)
Service

(Adult) Attention
Deficit and
Hyperactivity
Disorder – Adult
(ADHD) Service

Integrated
Psychological
Therapies Service
(IPTS)

Specialist Child and
Adolescent Mental
Health Services
(S-CAMHS)

Assumption: Patient/carer dissatisfaction and possible deterioration in condition whilst remaining on waiting list for an extended period of time.

RISKS

:

MITIGATION

The length of time that MH&LD service users are awaiting assessment and diagnosis is increasing

Lack of health informatics to support the reporting of service activity and clinical intelligence data

Each service area has a system whereby referrals are screened and prioritised based on risk, and active monitoring of waiting lists in all service areas

Identify slippage to fund waiting list initiatives

Keeping in Touch: Each service area maintains contact with people on their waiting list by letter or telephone

Service specific third sector information/contacts are included in letters to people on waiting lists

Close collaboration with third sector support services throughout the pandemic

All waiting lists are scrutinised through the MH&LD Business Planning and Performance Assurance Group meetings within the Directorate

The establishment of MH&LD Principles of Good Practice for Waiting Lists Management Group

Patient Experience and Quality Indicators reported through Heads of Service Reports provided to the MH&LD Quality, Safety & Experience Group

Directorate linked into All Wales outcome measurement project

RISKS : MITIGATION

Limited appropriate space to provide face to face therapeutic interventions compounds difficulty in providing timely access

Workforce fatigue

Provision of IT equipment to allow agile working

Virtual platforms developed. Attend Anywhere enabling face to face interventions to continue throughout pandemic

Third sector champions identified to support users and carers to participate in the use of digital platforms and encourage confidence in use

Digital Champions identified within the Health Board to promote and support IT solutions and digital platforms for the workforce

Establishment of MH&LD Accommodation Strategy Group

Review of clinical space availability

Throughout the pandemic, staff have been supported to work flexibly. Access to Personal Appraisal Development Reviews (PADR) has been maintained, and protected time for mandatory training made available. Staff are encouraged to use the Health Board's Staff Psychological Wellbeing Service. The Directorate has been proactive in encouraging staff to take breaks from work through the use of annual leave

Additional funding for recruitment, including Service Improvement Bids and Assistant Psychologists

MITIGATIONS

(SERVICE SPECIFIC)

Memory Assessment Services

Age Cymru commissioned to add Tier 0 support throughout the pandemic

Representation on the West Wales Dementia Steering Group

Regional Partnership Board, via Dementia Steering Group, enhanced the 2021/22 Service Level Agreement (SLA) with the Alzheimer's Society. Two additional posts added with specific reference to support people on the waiting list. This SLA supports people living with dementia, and those with suspected dementia, with by providing information around the condition and ~~connecting to~~ condition-specific support services/wellbeing support available, ~~and they have developed their virtual offer during the pandemic~~. The use of virtual support has also been developed during the pandemic.

Successful recruitment to Advanced Nurse Practitioner post

ASD and S-CAMHS

Integrated Autism Service has now been substantiated which should improve recruitment (ASD)

Development of a Clinical Psychologist role in ASD to assist with demand and capacity toolkit, undertake risk stratification and develop of robust plan to address waiting lists (ASD)

Commissioning of Kooth which is an online counselling and wellbeing service for children and young people (SCAMHS)

Saturday clinics for SCAMHS (SCAMHS)

Current Children and Adults ASD services within MH have been integrated within CAMHS to provide an ageless neuro-developmental service (CAMHS)

Demand & Capacity modelling undertaken with Delivery Unit and additional funding secured from Health Board (SCAMHS)

MITIGATION (SERVICE SPECIFIC)

Integrated Psychological Therapies Service (IPTS)

Integration of Local Primary Care Mental Health Support Services (LPMHSS) within IPTS, with the aim to provide a more seamless journey for the patient and prompt decision making in terms of the right treatment at the right time. More efficient use of resources and smarter ways of working

Waiting list targets - A review of the referral screening and suitability process to ensure effective decision making. Triage by Therapy Leads is to be trialled.

Review of evidence based group interventions for Low Intensity and High Intensity therapies to deliver services in a more timely and efficient manner

All staff undergoing job planning reviews to maximise capacity

Demand and Capacity exercise, in conjunction with waiting list validation, to ascertain capacity in caseloads

Skill mix exercise to be supported by recruitment where applicable

Referral process to be aligned with single point of access and flow

Review of single point of access referral process to align a standardised approach across the service incorporating LPMHSS

Commissioning and introduction of digital support platforms (i.e. Kooth)

Introduction of Walk & Talk therapy sessions with feedback provided

PATIENT/CARER EXPERIENCE

- Collaboration and involvement with carers and service user representatives across all service areas, including commissioning of third sector services and service specifications, interview and stakeholder panels and local group representation (via Regional Improving Lives Partnership, Local MH Partnership Board, Chair of Talk to Me 2 Group)
- Close relationships with third sector, in particular West Wales Action for Mental Health (WWAMH)
- Delivery of training in collaboration with Carers by Quality Assurance and Practice Development Team
- Inclusion of service users and carers in key Directorate and Committee Groups, e.g. Psychological Therapies Management Group and S-CAMHS Young Persons Forum)
- Concerns and Compliments

PATIENT/CARER EXPERIENCE

- **Surf Tonic** - the confidence and benefit gained by a young person attending Surf Tonic led him to help as a volunteer. His family raised money for the service by organising a concert at a secondary school in Ammanford in 2019. This young person has been an active member of the **S-CAMHS Young Persons Forum** and he is now part of the **Future Minds Forum**
- **Surf Tonic – ‘Raise Money with Co-op Local Causes’** has been chosen as one of their local causes until November 2021
- **Admiral Nurse Service** - Feedback from carers:
 - *“Thank you so much for your call and your time this afternoon. It actually made me feel like a big weight had been lifted from me after just having just spoken with you - you certainly are a very good listener”*
 - *“Thank you for the chat I feel a lot better now I have got it off my chest. It's true when people say it is good to talk.”*
- **Veterans’ Service (IPTS)** - Use of **Attend Anywhere** scored 4.75 out of 5 in a patient survey. **Walk & Talk sessions** have been very well attended and received positive feedback

KEY QUALITY INDICATORS

HDdUHB's KQIs are considered through:
Medication Event Review Group (MERG),
Ward Managers Forum,
Quality, Safety & Experience Group,
Quality Assurance meetings,
regular specific reviews



THANK YOU FOR LISTENING

Sara Rees

Assistant Director of Nursing, Mental Health & Learning Disabilities

**MENTAL HEALTH & LEARNING
DISABILITY DIRECTORATE**

ADDENDUM

DEEP DIVE IN THE FOLLOWING AREAS

Memory Assessment
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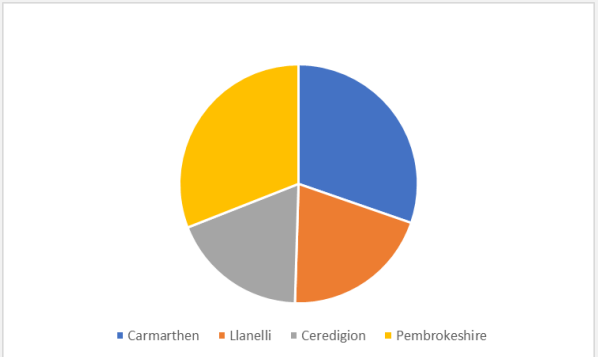
Specialist Child and
Adolescent Mental
Health Services
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ADDENDUM CONTENT

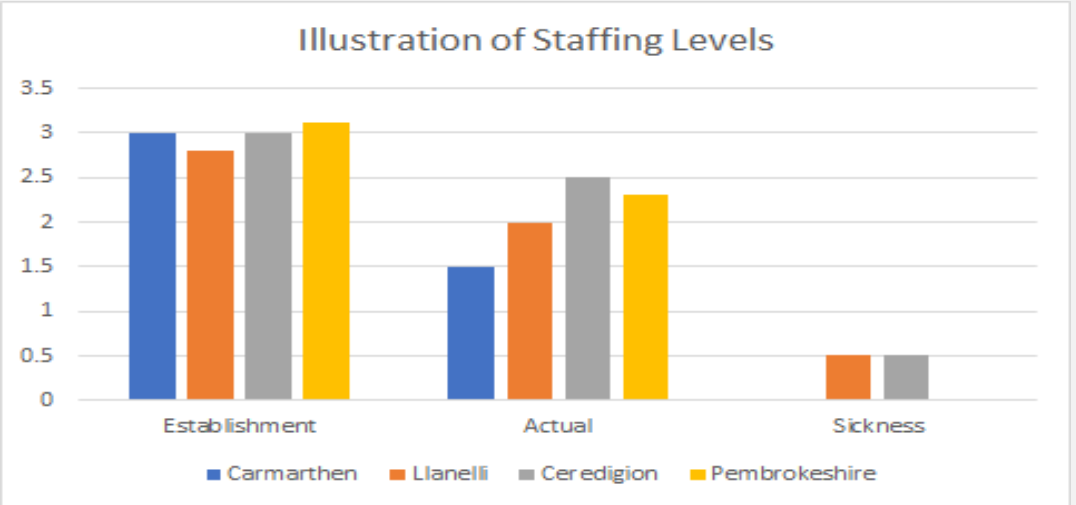
- The following pages provide further detail on:
 - Position statements and illustrations of data for:
 - Memory Assessment Service
 - Autistic Spectrum Disorder Service
 - Adult Attention Deficit Hyperactivity Disorder Service
 - Integrated Psychological Therapies Service
 - Specialist Child and Adolescent Mental Health Service
 - Directorate Concerns and Compliments
 - External Reporting Systems

**POSITION STATEMENT:
MEMORY ASSESSMENT
SERVICE**

Waiting List Totals	
Carmarthen	186
Llanelli	124
Ceredigion	114
Pembrokeshire	190

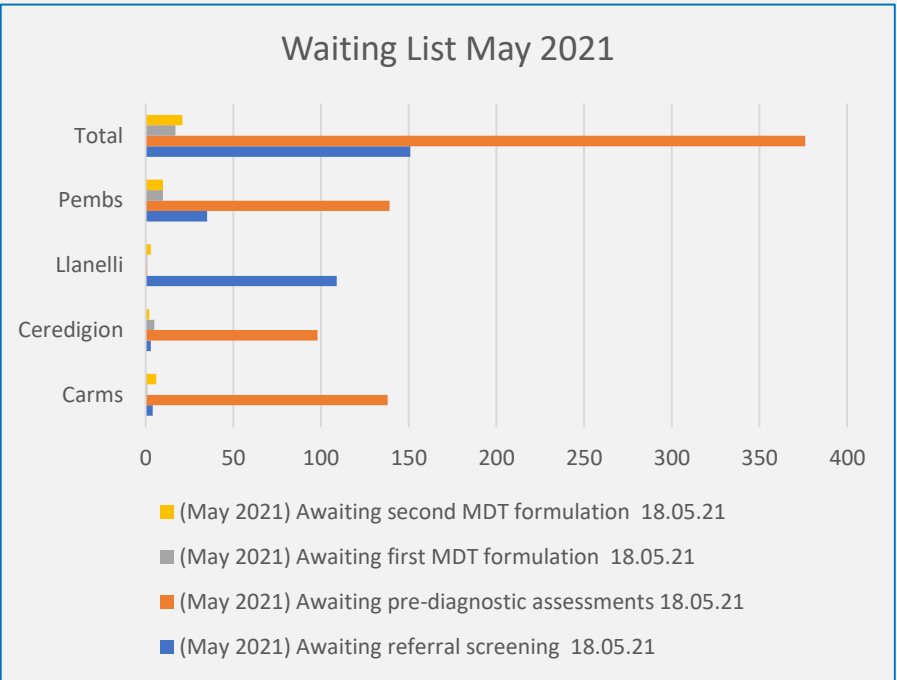
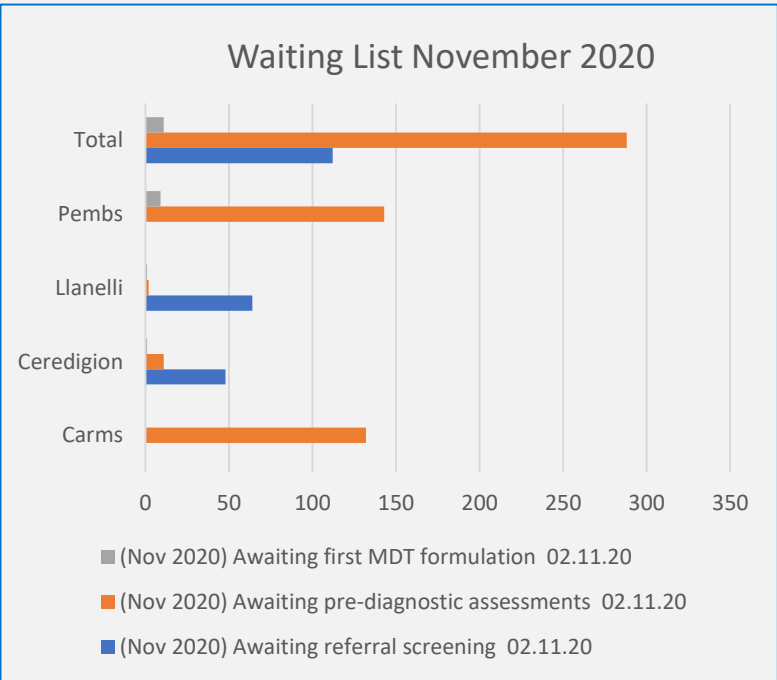


Team	Establishment	Actual	Sickness
Carmarthen	3	1.5	Yes
Llanelli	2.8	2	0.5
Ceredigion	3	2.5	0.5
Pembrokeshire	3.12	2.3	



POSITION STATEMENT: MEMORY ASSESSMENT SERVICE WAITING LIST (ALL AREAS)

Live Data	Carms	Ceredigion	Llanelli	Pembs	Total
(Nov 2020) Awaiting referral screening	0	48	64	0	112
(May 2021) Awaiting referral screening	4	3	109	35	151
(Nov 2020) Awaiting pre-diagnostic assessments	132	11	2	143	288
(May 2021) Awaiting pre-diagnostic assessments	138	98	1	139	376
(Nov 2020) Awaiting first MDT formulation	0	1	1	9	11
(May 2021) Awaiting first MDT formulation	1	5	1	10	17
(May 2021) Awaiting second MDT formulation	6	2	3	10	21



POSITION STATEMENT:

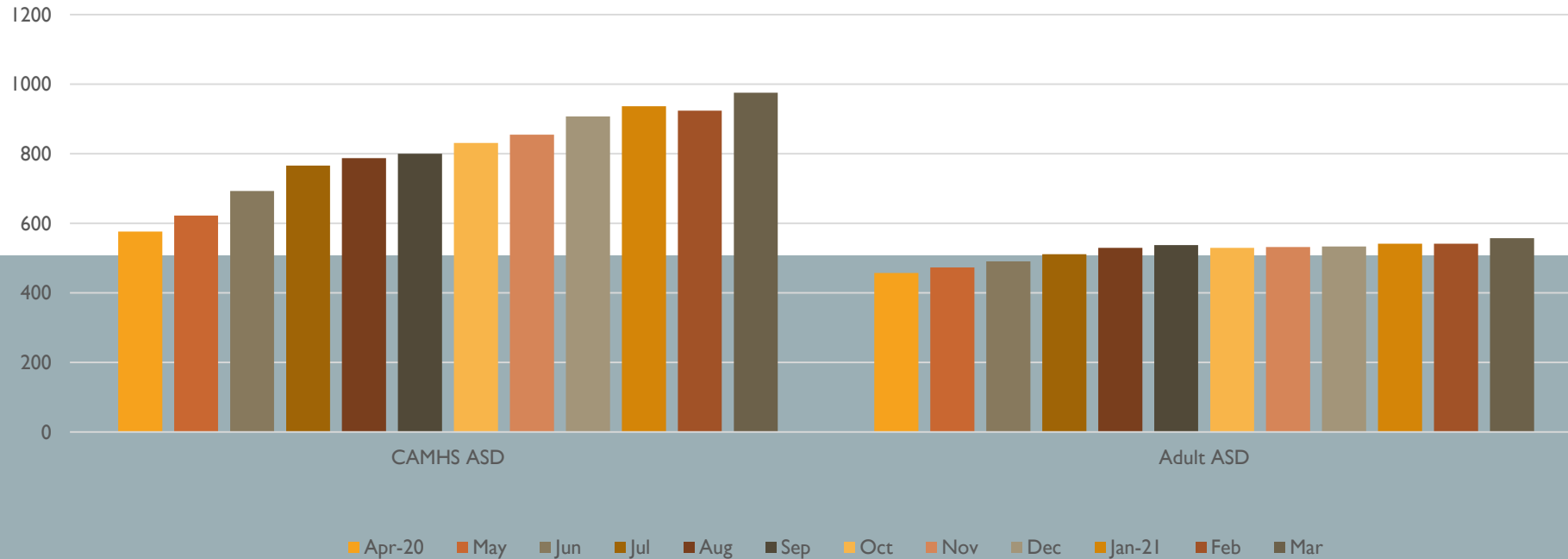
AUTISTIC SPECTRUM DISORDER (ASD) SERVICE

- National Benchmarking data reveals Wales has 20% increase in demand compared to national increase in England of 6%* (however, Wales have developed more ASD services in comparison to England).
- NDT-ASD (children) waiting list at 31 March 2021:
 - Whole waiting list for assessment: 1309
 - Breaches of the 26 week target: 975
 - Waiting list takes approximately 2.5 years from referral to assessment

POSITION STATEMENT: (ASD)

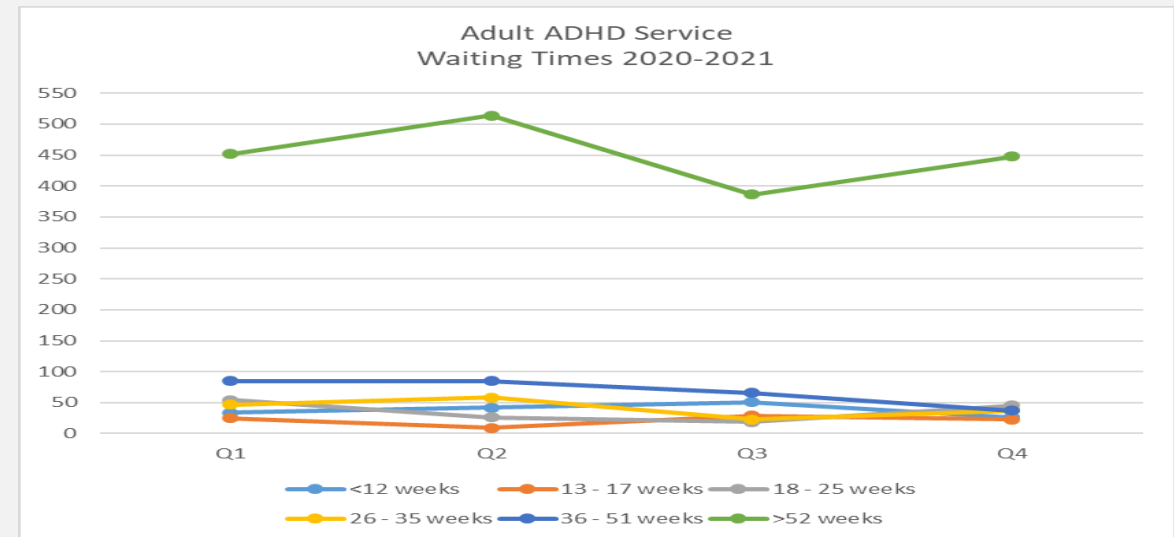
	Apr-20	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-21	Feb	Mar
CAMHS ASD	576	622	693	766	787	800	831	855	907	936	924	975
Adult ASD	457	473	490	511	529	537	529	532	533	541	541	557

Patients waiting more than 26 weeks



POSITION STATEMENT: ADULT ADHD

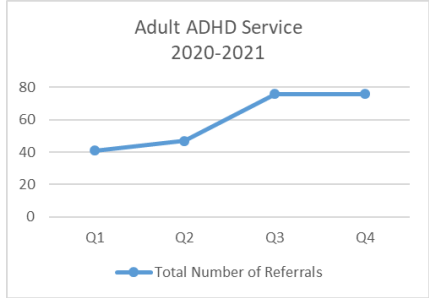
Waiting times	Q1	Q2	Q3	Q4
<12 weeks	34	42	51	26
13 - 17 weeks	25	9	29	23
18 - 25 weeks	54	26	19	45
26 - 35 weeks	47	58	23	37
36 - 51 weeks	85	85	66	37
>52 weeks	452	514	386	448
TOTAL	697	734	574	616
Total waiting 26 weeks or over	584	657	475	522



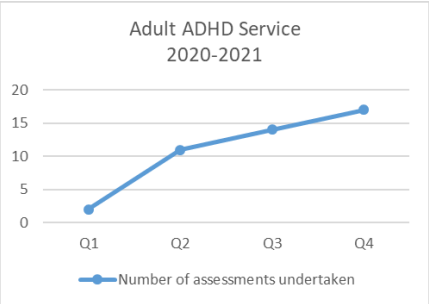
Staff Establishment
Consultant Psychiatrist 1 session/week
Clinical Nurse Specialist (non medical prescriber) 1wte
Pharmacist (non medical prescriber) 4 sessions/week
Medical Secretary 0.6wte
Team Secretary 0.4wte
No current vacancies

POSITION STATEMENT:
ADULT ADHD

2020-21	Total Number of Referrals
Q1	41
Q2	47
Q3	76
Q4	76

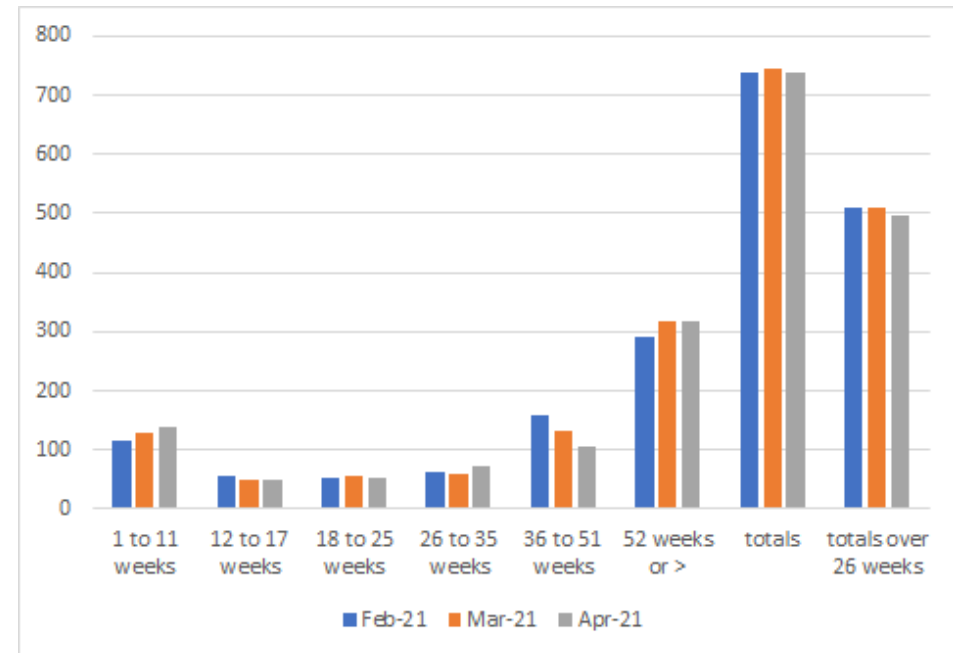


2020-21	Number of assessments undertaken
Q1	2
Q2	11
Q3	14
Q4	17



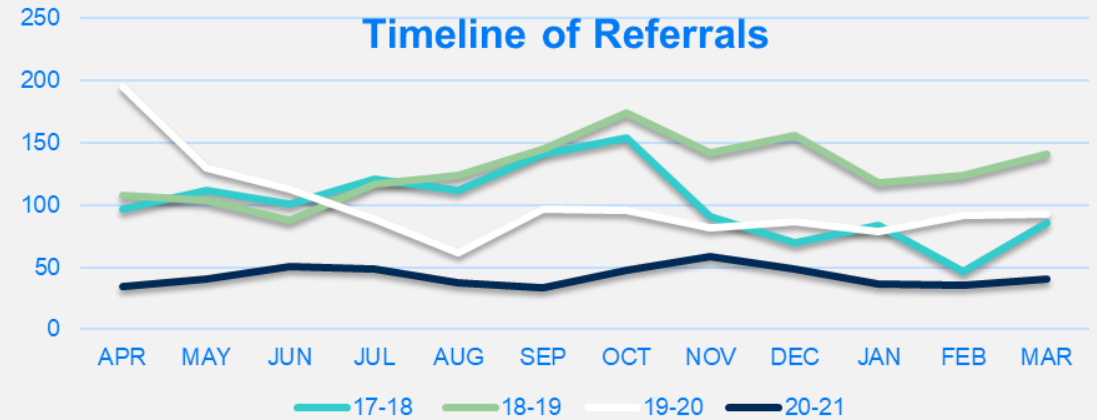
POSITION STATEMENT: INTEGRATED PSYCHOLOGICAL THERAPIES SERVICE

	Jan-21	Feb-21	Mar-21	Apr-21
1 to 11 weeks	128	117	130	139
12 to 17 weeks	55	57	49	50
18 to 25 weeks	49	54	57	53
26 to 35 weeks	79	61	59	72
36 to 51 weeks	190	159	133	106
52 weeks or >	289	291	318	318
Totals	790	739	746	738
Totals over 26 weeks	558	511	510	496



**POSITION
STATEMENT:**

**INTEGRATED
PSYCHOLOGICAL
THERAPIES SERVICE**



Referrals: 49 (Carms – 23 / Cered – 14 / Pembs – 12)

Accepted: 41 (Carms – 17 / Cered – 13 / Pembs – 11)

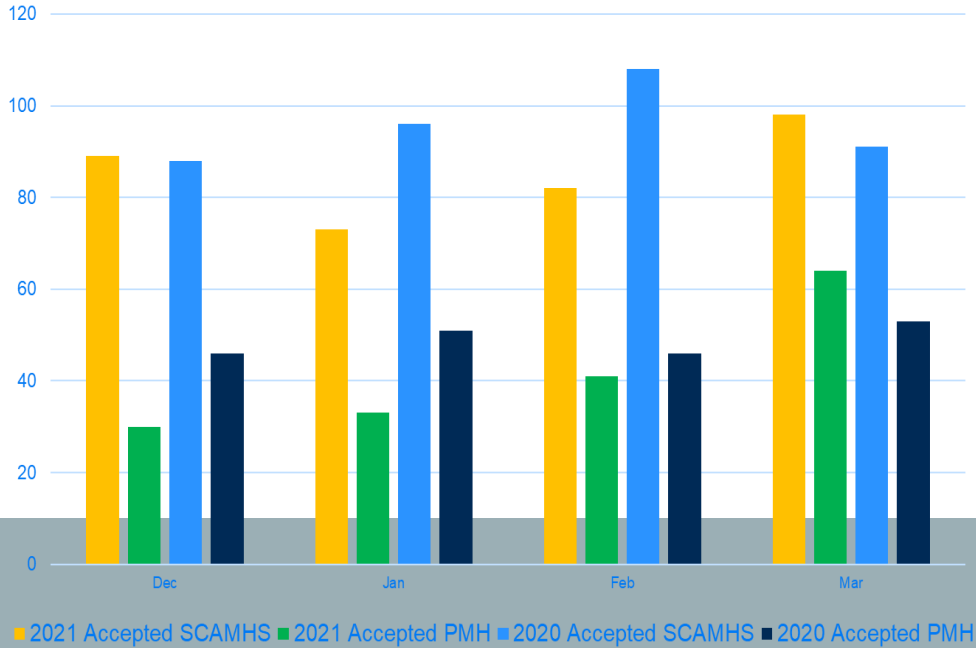
Signposted: 08 (Carms – 06 / Cered – 01 / Pembs – 01)

POSITION STATEMENT:

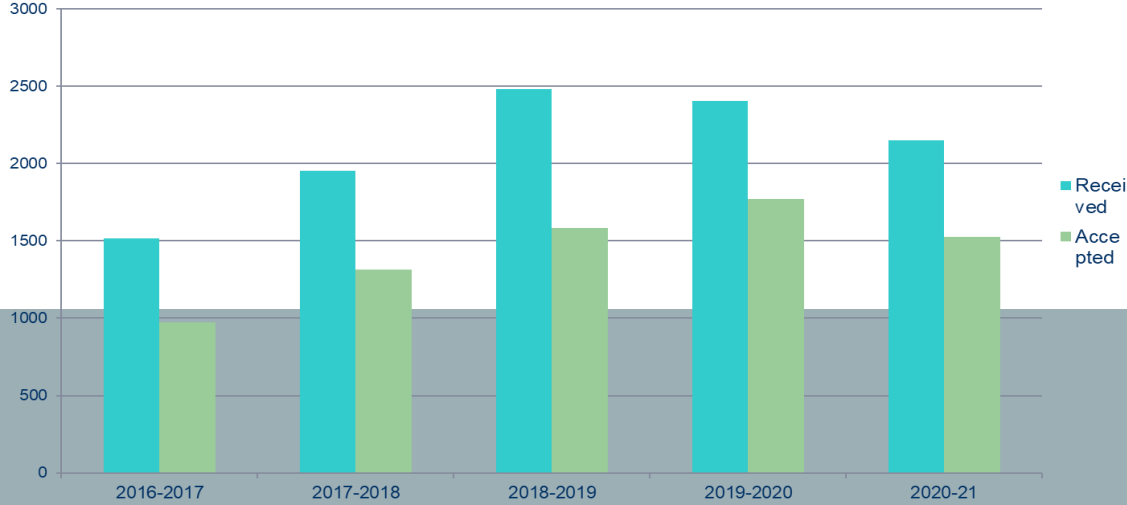
**SPECIALIST- CHILD AND
ADOLESCENT MENTAL
HEALTH SERVICE**

- COVID-19 impact for CYP is now having significant impact on demand for mental health services
- HDUHB has the 3RD highest increase in all referrals
- 26% spike in referrals in March 2021 compared to 2020 across Wales
- Increased acuity in presentations especially for Eating Disorders and anxiety
- Demand is reflected across Wales
- Partnership Intervention Waiting List (PIWL) – 150 children and young people (CYP) across health board area : from 10+ cases in Llanelli to 70+ cases in Carmarthen
- Average wait is 5 months (longest wait of 52 weeks – specific case anomaly)
- PIWL includes CYP Eating Disorder clients
- No waiting list for Tier 3 Adult Eating Disorders

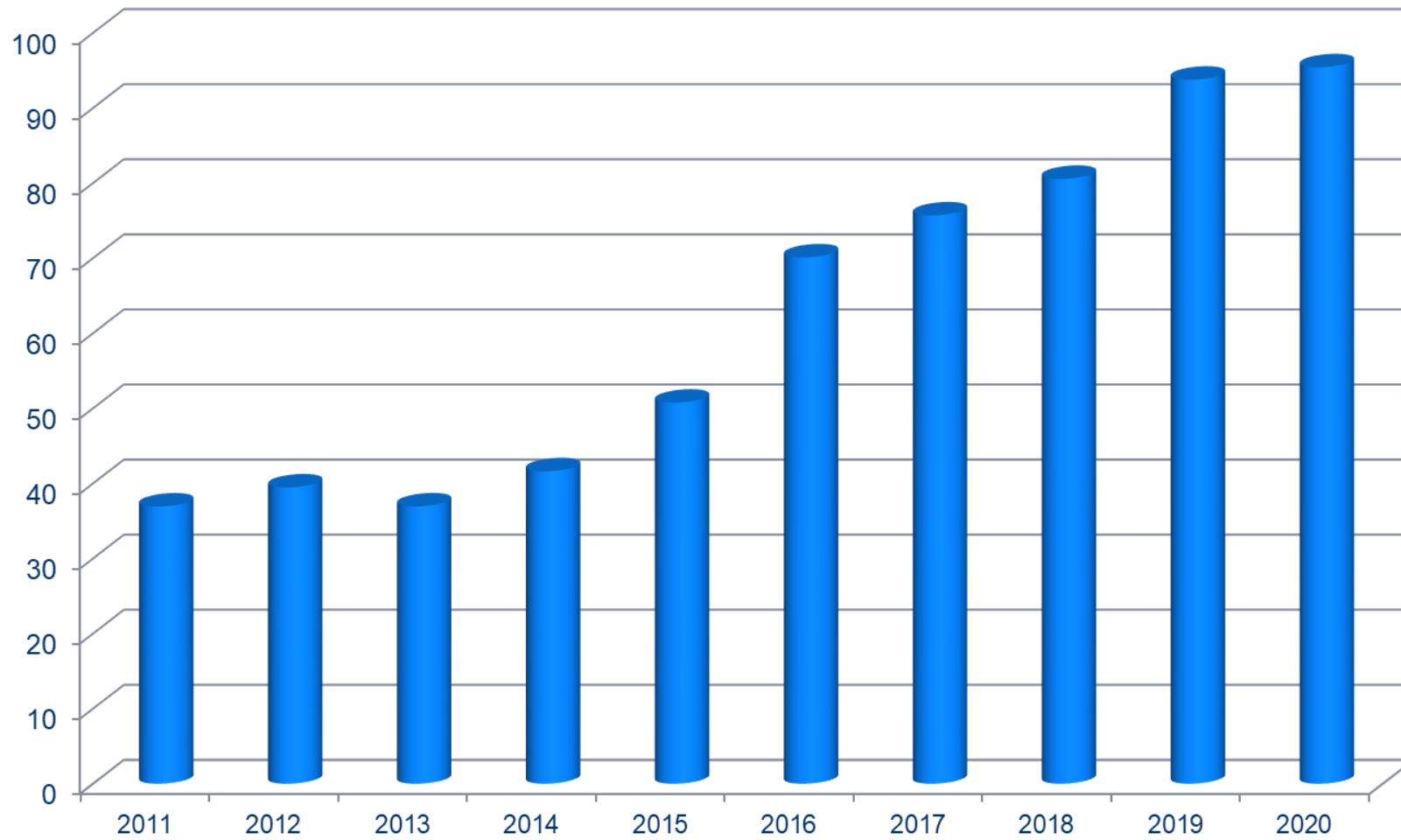
POSITION STATEMENT:
SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (S-CAMHS)



SCAMHS REFERRALS RECEIVED & ACCEPTED

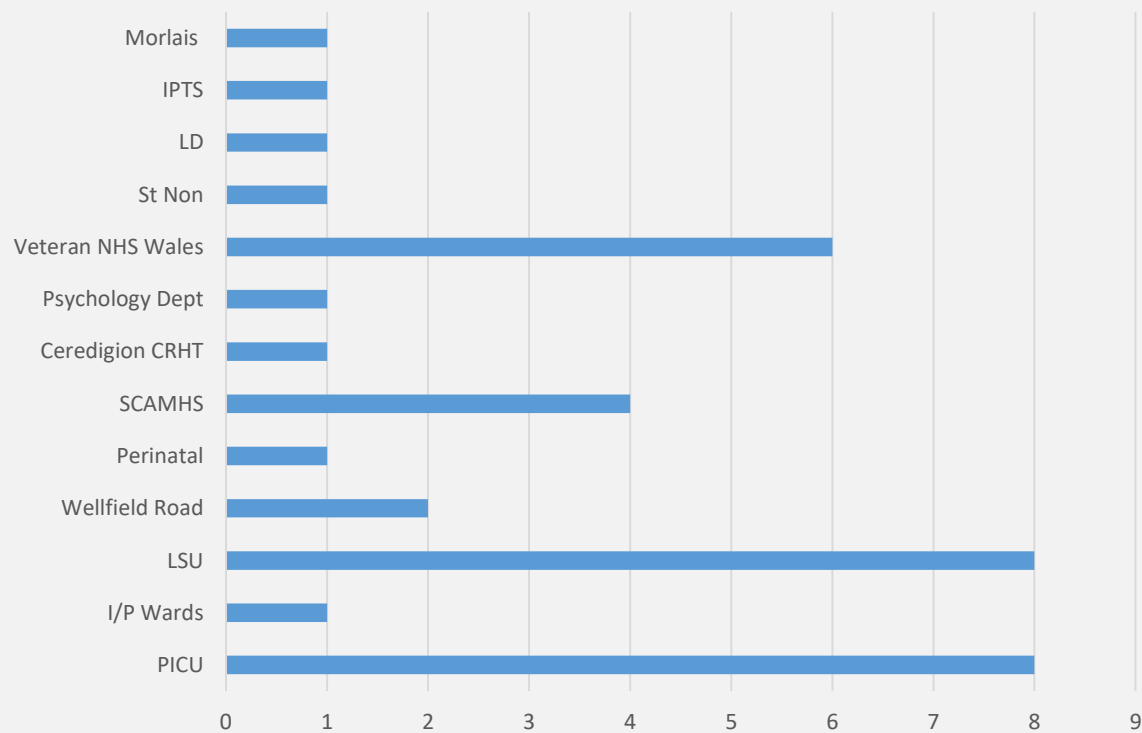


S-CAMHS STAFFING WTE

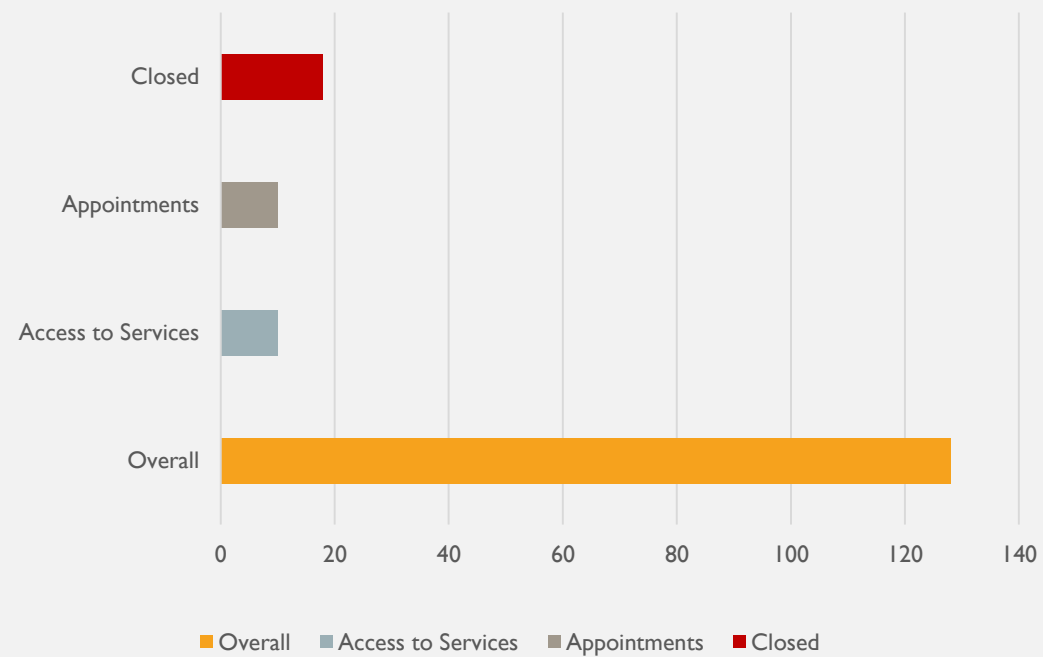


COMPLIMENTS AND CONCERNS

Compliments received in Apr-21



Complaints from April 2020 - March 2021



POSITION STATEMENT:

EXTERNAL REPORTING
INSPECTIONS (DU/HIW)

S-CAMHS

Delivery Unit: All Wales Assurance Review of Primary Care Child and Adolescent Mental Health Services: Review of under 18's LPMHSS (March 2019)

- No outstanding actions

Healthcare Inspectorate Wales: Thematic Report: How are healthcare services meeting the needs of young people?

- 9 outstanding actions – all relate to development of transition pathway from S-CAMHS to Adult mental health services
- Transition Lead was appointed early 2020.
- Redeployed to support Covid-19 response.
- The Lead has now returned to post and a workplan has been established to meet the actions and all are on track to be completed by September 2021.

Sara Rees

Assistant Director of
Nursing, Mental
Health & Learning
Disabilities