

# **Strategic Development and Operational Delivery Committee**

## **Planning Objective 5: Mental Health & CAMHS** **Reporting Period: January 2025**

**Executive Lead: Andrew Carruthers, Director of Operations**

**Reporting Officer: Liz Carroll, Director Mental Health and Learning  
Disabilities (MH&LD)**

# Overview

The Directorate continues to make progress against its planning objective:

- A proposal for a revised Learning Disabilities (LD) service model and staffing structure has been received and approved by the Executive Team and next steps have been outlined to progress to implementation. Improvement Cymru colleagues have supported its development, ensuring the model aligns with the LD National Strategic Action Plan.
- Plans for Inpatient Services including creation of a dedicated establishment to underpin Section 136 provision, have recently been agreed last year with the Exec Team (ET) to report to the Value and Sustainability (V&S) group and dependent on discussion with the Board. Development of this paper is being supported by workforce and nurse staffing colleagues with professional oversight of Executive Director of Nursing, Quality and Patient Experience.
- Demand for neurodevelopmental assessment and diagnosis for children, young people and adults has exponentially grown throughout 2024/25, significantly exceeding capacity of local services. Recent performance against waiting times targets has further deteriorated with increased referral rates. A detailed update is provided through a separate report (Appendix 1) to provide assurance on the services concerted efforts to expediate local plans for improvement alongside its engagement with the national neuro-divergent improvement programme.
- Specialist Child and Adolescent Mental Health Services (SCAMHS) have consistently achieved Part 1a and 1b compliance through 2024/25 to date.
- 111 Option 2 is operational 24/7. Its activity continues to be closely monitored and opportunities for further development of its functionality are being scoped.
- Older Adult Mental Health Service plans to upskill multi-disciplinary roles in psychologically informed approaches and embedding into practice is progressing well.
- Actions to address workforce challenges to improve therapy and medical waiting times continues. Gaps in medical workforce is a particular current risk with mitigations and actions in place.



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# **Mental Health Recovery Programme Optimisation**

# Secondary Objectives (Enablers to Primary Objectives)



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations																		
90% of patients have a valid Care and Treatment Plan (CTP)		<p>In December, all service areas have achieved the target of 90% of patients having a valid Care and Treatment Plan.</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>December</th> </tr> </thead> <tbody> <tr> <td>Adult Mental Health (MH)</td> <td>90%</td> <td>93.7%</td> </tr> <tr> <td>Older Adult MH (OAMHS)</td> <td>90%</td> <td>97.1%</td> </tr> <tr> <td>LD 18 - 64</td> <td>90%</td> <td>92.7%</td> </tr> <tr> <td>LD 65+</td> <td>90%</td> <td>100.0%</td> </tr> <tr> <td>CAMHS</td> <td>90%</td> <td>94.6%</td> </tr> </tbody> </table>	Service Area	Target	December	Adult Mental Health (MH)	90%	93.7%	Older Adult MH (OAMHS)	90%	97.1%	LD 18 - 64	90%	92.7%	LD 65+	90%	100.0%	CAMHS	90%	94.6%	Monthly monitoring and reporting continues through MH&LD Business Planning and Performance Assurance Group (BPPAG).	<p>Person centred plans in place.</p> <p>Attainment of performance targets.</p> <p>Enhanced outcomes for individuals.</p>	
Service Area	Target	December																					
Adult Mental Health (MH)	90%	93.7%																					
Older Adult MH (OAMHS)	90%	97.1%																					
LD 18 - 64	90%	92.7%																					
LD 65+	90%	100.0%																					
CAMHS	90%	94.6%																					
Assessment Reports Sent Within 10 Working Days		<p>In December, Adult MH and OAMH have achieved 100% of the target to send Assessment Reports within 10 working days. (No requirement to measure this objective for LD and CAMHS).</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>December</th> </tr> </thead> <tbody> <tr> <td>Adult MH</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>OAMHS</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Service Area	Target	December	Adult MH	100%	100%	OAMHS	100%	100%	Monthly monitoring and reporting is being maintained.	<p>Attainment of performance targets.</p> <p>Timelier access to services for individuals self-referring after discharge.</p>	The inability to recruit to administrative posts within the Directorate may impact on the timeliness of reports being sent.									
Service Area	Target	December																					
Adult MH	100%	100%																					
OAMHS	100%	100%																					

# Secondary Objectives (Enablers to Primary Objectives)



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100% of adult patients to receive an offer of Independent Mental Health Advocacy		<p>In December, all inpatient service areas achieved 100% of the target to offer of Independent Mental Health Advocacy (IMHA).</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>December</th> </tr> </thead> <tbody> <tr> <td>Adult MH</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>OAMHS</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>CAMHS</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Service Area	Target	December	Adult MH	100%	100%	OAMHS	100%	100%	CAMHS	100%	100%	<p>Monthly monitoring and reporting has been established, managed through BPPAG.</p> <p>Quarterly contract monitoring meetings with IMHA provider to manage referrals and evaluate effectiveness.</p>	<p>Improved experience of mental health services for individuals.</p> <p>Timelier and increased access to IMHA services.</p>	
Service Area	Target	December															
Adult MH	100%	100%															
OAMHS	100%	100%															
CAMHS	100%	100%															
Gatekeeping by Crisis Teams During Admissions		<p>In December, all Crisis Teams have achieved 100% of the target to gatekeep assessments between 9 am – 9 pm.</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>December</th> </tr> </thead> <tbody> <tr> <td>Crisis Teams</td> <td>95%</td> <td>100%</td> </tr> </tbody> </table>	Service Area	Target	December	Crisis Teams	95%	100%	<p>The twice daily Bed Conference meeting and the introduction of the Clinical Co-ordination team to increased hours of operation over seven days a week and 24 hours a day, ensures robust processes are in place for least restrictive practices including home treatment options.</p>	<p>Improved patient flow due to review to facilitate early discharge.</p> <p>Less restrictive treatment/support options considered.</p> <p>Improved outcomes for individuals including care at home.</p>							
Service Area	Target	December															
Crisis Teams	95%	100%															

# Secondary Objectives (Enablers to Primary Objectives)



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Medical Wait Times		<p>Psychiatrists continue to undertake the required review of the longest waiting times, to prioritise caseloads in collaboration with multi-disciplinary colleagues.</p> <p>Sector model of care implemented, including review of Community Mental Health Team (CMHT) boundaries to provide continuity across pathways and make most effective use of existing medical resource.</p> <p>Continuing participation in overseas recruitment programme for Psychiatry leading to recent offers made.</p> <p>Continuing development of Advanced Practice roles across MHLD services and introduction of Physician Associates.</p> <p>Securing of locum Consultants.</p>	<p>Continue with recruitment actions and onboarding of new recruits.</p> <p>Continue with development of non-medical roles to support new ways of working to improve effectiveness.</p>	<p>Improved caseload management.</p> <p>Reduction in wait times.</p> <p>Improved performance.</p>	<p>Risk held on MHLD directorate risk register in relation to service delivery and quality impacts as a result of medical workforce challenges. Specific risk and mitigating actions relating to current significant medical gap in Ceredigion county escalated and under scrutiny of Exec Team.</p>

# Secondary Objectives (Enablers to Primary Objectives)

Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations																
Reduction in Therapy Wait Times		<p>As at 31 December 2024 the following therapies service areas had waiting lists &gt; than 14 weeks:</p> <table border="1"> <thead> <tr> <th><u>Service Area</u></th> <th><u>December</u></th> </tr> </thead> <tbody> <tr> <td>Art Therapy</td> <td>37</td> </tr> <tr> <td>Occupational Therapy (LD)</td> <td>25</td> </tr> <tr> <td>Occupational Therapy (excl. LD)</td> <td>4</td> </tr> <tr> <td>Physiotherapy (LD)</td> <td>13</td> </tr> <tr> <td>Speech Therapy (LD)</td> <td>7</td> </tr> <tr> <td>Dietetics (Adult)</td> <td>0</td> </tr> <tr> <td>Dietetics (CAMHS)</td> <td>0</td> </tr> </tbody> </table>	<u>Service Area</u>	<u>December</u>	Art Therapy	37	Occupational Therapy (LD)	25	Occupational Therapy (excl. LD)	4	Physiotherapy (LD)	13	Speech Therapy (LD)	7	Dietetics (Adult)	0	Dietetics (CAMHS)	0	Plans to develop group approach for Art Therapy and explore placement provision for Art Therapist trainees within the service.	<p>Improved waiting times.</p> <p>Earlier discharge times.</p> <p>Improved caseload management.</p> <p>Improved performance.</p>	There is only one Art Therapist in Intensive Psychological Therapies Service (IPTS) which impacts capacity.
<u>Service Area</u>	<u>December</u>																				
Art Therapy	37																				
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Speech Therapy (LD)	7																				
Dietetics (Adult)	0																				
Dietetics (CAMHS)	0																				



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# Ministerial Priorities

# Maintain 111 Option 2 (all age Mental Health Single Point Of Contact) 24/7



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
80% calls answered within two minutes		83% of calls answered within two minutes in January 2025. This is a slight overall reduction, compared to August 2024 however remains above the expected target.	Two additional Band 5 Wellbeing Practitioner posts are onboarding since January 2025 following increased investment by Welsh Government to support increased activity.	Reduction on Primary and Secondary Care Mental Health services.  Access to support 24/7 or those in mental health crisis.  Seamless referrals to partner agencies and other mental health services.	No significant increase in call volume since the introduction of Right Care, Right Person.
10% increase in calls to the Professional Line		In January 2025, the Professional Line received 57 calls from professionals compared to 44 in August 2024. This accounts for 2.4% of the total calls during the period of January 2025 compared to 1.9% in August 2024.	Outreach work has been repeated with a number of third sector agencies to promote the use of 111#2 for support and/or advice for staff.		Work is underway with local education providers (Colleges and Universities) to promote the use of the service by their wellbeing teams

# Maintain 111 Option 2 (all age Mental Health Single Point Of Contact) 24/7



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
10% increase in call volume		January 2025 received 2347 calls, an increase of 66 from last report in August 2024.	Awaiting confirmation of additional monies for local advertising from Welsh Government/Joint Commissioning Committee.	Reduction on primary and secondary Mental Health services.  Access to support 24/7 for those in mental health crisis.  Seamless referrals to partner agencies and other mental health services.	The growth forecast for 2024/2025 is currently expected to be 26%. Month on month growth has slowed to an average of 2% per month, this is due to the local area being more aware of services and a natural plateau effect.
80% of callers to indicate a two point reduction in distress levels through the use of a SUDS tool pre and post triage/intervention		72% of callers asked reported a reduction in SUDs.  Staff continue to receive training and support to ensure consistent use of SUDs.	SUDs are monitored on a weekly basis to ensure that all calls have a measurable outcome score pre and post triage/intervention.	Reduction in distress levels for individuals who received triage and assessment via 111 Option 2.	Not all callers receive a Subjective Units of Distress Scale (SUDs) score due to presenting with high levels of distress.  Calls to the Professional Line and calls from family/carers do not undertake SUDs.

# Maintain performance standards for SCAMHS



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
80% of children and young people (CYP) to receive referral to assessment within 28 days		<p>90.3% of CYP received a referral to assessment within 28 days in December 2024.</p> <p>Control measures continue including monthly performance management meetings.</p>	<p>Monthly improvement trajectories for assessment to treatment (Part 1b) will continue to be monitored through the Integrated Performance and Assurance Report (IPAR).</p> <p>Regular monitoring of recruitment/skill mix with support from workforce colleagues is scheduled as business as usual.</p>	<p>Improved caseload management.</p> <p>Service efficiencies.</p> <p>Better utilisation of resources.</p> <p>Improved outcomes for CYP.</p>	<p>Revenue funding for the CYP Sanctuaries and CYP Alternative to Admission Hwb have now been awarded for an additional year, until March 2026.</p>
80% of CYP to receive treatment within 28 days of assessment		<p>98.3% of CYP received treatment within 28 days of assessment in December.</p> <p>Control measures continue including monthly performance management meetings.</p>		<p>Attainment of 80% Welsh Government target Part 1a and 1b.</p>	

# Improving diagnostic interventions for Autism Spectrum Disorder (ASD)



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
40% of CYP waiting less than 26 weeks for diagnostic assessment		<p>In December 2024 12.9% of CYP were waiting less than 26 weeks for diagnostic assessment.</p> <p>Appendix 1 details key achievements and proposed next steps.</p>	Please see separate Appendix 1.	<p>Timelier access to diagnostic assessment.</p> <p>Earlier identification of additional support needs in line with the Additional Learning Needs (ALN) Act.</p> <p>Improved educational attainment for CYP.</p>	<p>Autism Spectrum Disorder performance continues to remain significantly challenging with increased demand and limited capacity.</p> <p>Lack of ring-fenced recurring funding to meet demand.</p>
3% of CYP discharged from service		31 CYP have been discharged from the service in December with 15 positive diagnoses given.	Regular interface meetings have been established with the Looked After Children (LAC) team to cross reference waiting lists; CAMHS interface meetings and partnership working progressing well.	<p>Improved holistic/well-being outcomes for CYP and their families.</p> <p>Reduced demand on statutory services such as Mental Health, Learning Disability and Social Care services.</p>	

# Improving diagnostic interventions for Autism Spectrum Disorder (ASD)



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
40% appointments offered to parents/carers through the development of advice hubs		<p>Regular advice hubs established in all three Local Authority areas to provide advice, guidance, support and signposting for parents/carers.</p> <p>All-Age Neuro-Developmental services website developed.</p> <p>Two pre-diagnostic and one post-diagnostic workshop offered between September 2024 and February 2025.</p> <p>43 telephone consultations undertaken.</p>	Launch the All-Age Neuro-Developmental website.	<p>Direct support for emerging issues for parents/carers.</p> <p>Signposting to community services for additional support for parents/carers and CYP.</p>	Workshops stood down whilst outsourcing to third sector to avoid duplication and focus resources on reducing waiting lists.
25% of outsourced diagnostic assessments completed		The provider has completed 74% of the contracted number of cases and is on track to fulfil the contract of 446 assessments by March 2025. A further 282 referrals have been out-sourced to the same provider since January 2025, with anticipated completion date May 2025.	Monthly contract monitoring meetings with the service and delivery partner continue, to manage referrals and evaluate effectiveness.	<p>Improved performance to meet agreed trajectories.</p> <p>Timelier access to diagnostic assessment.</p>	Funding for external provider is not sustainable and has been agreed outside of budget up until 31 March 2025.



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## Wider Directorate Objectives

# Adult Mental Health



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
<p>Implement new service delivery model for Community Mental Health Teams, including Crisis Resolution Home Treatment (CRHTs) teams</p>		<p>Organisational Change Process (OCP) completed and implemented in September. CMHT staff in Ceredigion have returned to 5-day week working in line with all other CMHT areas, thereby giving more capacity for patient care within core working hours.</p> <p>OCP completed for CRHT staff who are now working one shift pattern (9.00 am – 9.30 pm), giving more shift capacity in the impacted teams.</p>		<p>Service specification has been approved and implemented. Staff are working well with this, alongside the co-occurring framework.</p>	

# Learning Disabilities



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Co-production of the new service model for inpatient care and enhanced community services		<p>Programme of staff and public engagement on service needs concluded.</p> <p>Lead Nurse for Learning Disabilities appointed to provide professional oversight and leadership of service improvement work.</p> <p>Quality Impact Assessment and Equality Impact Assessment completed.</p> <p>Clinical workstreams in place to finalise clinical pathways and Service Specification for community and inpatient settings.</p> <p>Proposal for revised Learning Disabilities service model and staffing structure, received and approved by Exec Team.</p>	<p>Workforce plan to be developed and implemented alongside financial review and approval of vacancies to be recruited to.</p> <p>Ratification of clinical pathways and service specifications.</p> <p>Forge increased links with universities to share service developments and opportunities within Hywel Dda to attract LD nurses post qualification.</p>	<p>Improved caseload management.</p> <p>Service efficiencies and better utilisation of resources.</p> <p>Improved performance.</p> <p>Seamless pathway of care.</p> <p>Improved outcomes for individuals.</p> <p>Improved Primary Care interventions</p>	<p>National shortage of Learning Disability Nurses may impact planned recruitment for the new service model, however proposed structure introduces roles at Bands 3 and 4 to support Registered Nurses, also giving a development pathway to 'grow our own' registered nurses/professionals.</p>

# Older Adult Mental Health



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Agree a holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care		Three Band 5 Low Intensity Psychotherapy Practitioners have been appointed/commenced, one per County (targeting OAMH Inpatient and CMHT Services).	Treatment Programme being drafted alongside evaluation framework.	Increased psychologically informed clinical practice capacity.  Access to services psychologically informed practice and psychotherapy for presentations unable to access treatment elsewhere.	Directorate financial savings reduces OAMH psychology posts mitigated by upskilling of wider workforce.
Improve psychologically informed assessment, formulation, treatment, and clinical risk management pathways for people experiencing functional mental ill health conditions associated with and manifesting in later life		<p>Completion of Eye Movement Desensitization and Reprocessing (EMDR) training (two Clinical Psychologists).</p> <p>Clinical / strategic leadership enhanced by promotion of two Principle Clinical Psychologists to Consultant Clinical Psychologist posts.</p> <p>Prioritisation of three Psychological Treatment Modalities (introductory level) for generic CMHT workforce. Health Education and Improvement Wales (HEIW) Funding secured/training applications in progress:  <b>Cognitive Behavioural Therapy</b> (Introductory Course): 23 OAMH CMHT Staff  <b>Solution Focused Brief Therapy:</b> 13 OAMH CMHT Staff  <b>Trauma Focused Cognitive Behavioural Therapy</b> (all ages): 13 OAMH CMHT Staff</p> <p>Roll-out of bespoke Clinical Risk Training, alongside suite of tools, commenced across OAMH</p>	<p>Arrangements for external EMDR supervision to be firmed up.</p> <p>Completion of training identified for OAMH CMHT staff and inpatients.</p> <p>Finalise and implement new clinical pathway for assessment, formulation and treatment (individual and group intervention).</p> <p>Commence data collection to enable monitoring and evaluation and continue to monitor waiting times.</p> <p>Undertake recruitment to current vacancy for Psychologist.</p>	<p>Leaning into capability to <u>treating</u> rather than just managing clinical risk.</p> <p>Improved patient/carer related outcomes with more sustainable recovery patterns.</p> <p>Reduction in waiting times for psychological intervention/therapy.</p>	

# Section 136 Provision



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Agree a new service model for S136 provision across all three Local Authority areas		<p>Multi-agency task and finish group formed to review Section 136 provision across Hywel Dda footprint.</p> <p>Review of Hywel Dda Section 136 activity and feedback/perceptions of service users and carers.</p> <p>Police led multi-agency workshop held to reflect on S136 processes and procedures.</p> <p>Scoping of options including costings and workforce implications.</p> <p>Completion of options appraisal undertaken through multi-agency task and finish group, to consider impact, risk and benefits to patients, staff and partner organisations and establish preferred option.</p> <p>Workforce model presented and approved by Exec Team within Inpatient Rightsizing proposal to progress to Value and Sustainability group.</p>	<p>Finalisation of multi-agency informed Quality Impact and Equality Impact Assessment.</p> <p>Develop, seek Board approval and implement engagement/consultation plan.</p> <p>Finalise proposal for presentation to board following engagement/consultation, to include detail on capital estate and workforce requirements following approval by Value and Sustainability group.</p>	<p>Streamlined S136 consultation processes.</p> <p>Service efficiencies.</p> <p>Improved outcomes for individuals.</p> <p>Appropriate estates in line with national guidance.</p>	<p>Competing priorities across stakeholder group in respect of the location of the S136 place of safety which requires negotiation to resolve.</p>



Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the MH&LD Directorates progress against its Planning Objective as presented, including the associated risks, issues and considerations for each service area as highlighted.
- **NOTE** that assurances and mitigations against each service area's objectives are being managed/scrutinised through Business Planning, Performance and Assurance Group and Quality, Safety and Experience Group and that Quarterly monitoring and reporting arrangements have been developed.



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