

Strategic Development and Operational Delivery Committee

Planning Objective 5: Mental Health & CAMHS **Reporting Period: April 2024**

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 good progress across the service improvement portfolio:

- 111 Option 2 is operational 24/7. We are working with national colleagues to develop the service further in 2024/25 in line with national plans for 111 Option 2 Phase 2.
- Specialist Child and Adolescent Mental Health Services (SCAMHS) has made great progress in meeting targeted trajectories in respect of Part 1A & 1B and have achieved 80% in Quarter 4 2023/24 and are on track to maintain going into 2024/25.
- The outsourcing of diagnostic assessments for Autism Spectrum Disorder (ASD) is working well with 240 (children and young people (CYP)) and 247 (adult) diagnostic assessments undertaken in Year 1 of the contract.
- The new GP Cluster based Well-being Service is fully operational, with Well-being Practitioners based in each cluster area offering face to face therapeutic interventions.
- The newly commissioned MH&LD Third Sector Framework for early intervention and prevention services commenced in Quarter 1 2023/24. Services are now fully operational through an open access process ensuring that individuals can access support when they need it.
- The new service model for learning disabilities inpatient and community services under the Learning Disability Service Improvement Programme (LDSIP) are progressing. We are currently undertaking extensive coproduction and codesign with service users, carers/parents, staff and partners to inform the roles, functions and responsibilities. Improvement Cymru colleagues are supporting the programme ensuring that the new service model aligns with the LD National Strategic Action Plan.



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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		<p>In April, all service areas except LD 18 - 64 attained in excess of the 90% target for a valid Care and Treatment Plan (CTP).</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>April</th> </tr> </thead> <tbody> <tr> <td>Adult MH</td> <td>90%</td> <td>91.5%</td> </tr> <tr> <td>Older Adult Mental Health Service (OAMHS)</td> <td>90%</td> <td>94.6%</td> </tr> <tr> <td>LD 18 - 64</td> <td>90%</td> <td>84.0%</td> </tr> <tr> <td>LD 65+</td> <td>90%</td> <td>100.0%</td> </tr> <tr> <td>CAMHS</td> <td>90%</td> <td>93.5%</td> </tr> </tbody> </table>	Service Area	Target	April	Adult MH	90%	91.5%	Older Adult Mental Health Service (OAMHS)	90%	94.6%	LD 18 - 64	90%	84.0%	LD 65+	90%	100.0%	CAMHS	90%	93.5%	<p>Monthly meetings have been established with Local Authority leads to look at individual cases and agree joint reviews.</p> <p>Monthly monitoring and reporting has been established, managed through MH&LD Business Planning and Performance Assurance Group (BPPAG).</p>	<p>Person centred plans in place.</p> <p>Attainment of performance targets.</p> <p>Enhanced outcomes for individuals.</p>	<p>In Learning Disabilities there are some delays with Local Authority partners sharing the completed CTP when people with lived experience are reviewed, which can cause delays in validating numbers as CTP's are marked as non-compliant on Care Partner until it has been received.</p>
Service Area	Target	April																					
Adult MH	90%	91.5%																					
Older Adult Mental Health Service (OAMHS)	90%	94.6%																					
LD 18 - 64	90%	84.0%																					
LD 65+	90%	100.0%																					
CAMHS	90%	93.5%																					
Assessment Reports Sent Within 10 Working Days		<p>In April, Adult MH and OAMH have achieved 100% of the target to send Assessment Reports within 10 working days. (There is no requirement to measure this objective for LD and CAMHS).</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>April</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	April	Adult MH	100%	100%	OAMHS	100%	100%	<p>Monthly monitoring and reporting has been established, managed through MH&LD Business Planning and Performance Assurance Group (BPPAG).</p>	<p>Attainment of performance targets.</p> <p>Timelier access to services for individuals rereferring after discharge.</p>										
Service Area	Target	April																					
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 April, Adult Mental Health and Older Adult Mental Health have achieved 100% of the target to offer of Independent Mental Health Advocacy (IMHA). (There is no requirement to measure this objective for LD and CAMHS).</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>April</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	April	Adult MH	100%	100%	OAMHS	100%	100%	<p>Monthly monitoring and reporting has been established, managed through MH&LD Business Planning and Performance Assurance Group (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	April												
Adult MH	100%	100%												
OAMHS	100%	100%												
Gatekeeping by Crisis Teams During Admissions		<p>In April, all Crisis Teams have achieved 100% of the target to gatekeep assessments between 09.00AM – 09.00PM.</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>April</th> </tr> </thead> <tbody> <tr> <td>Crisis Teams</td> <td>95%</td> <td>100%</td> </tr> </tbody> </table>	Service Area	Target	April	Crisis Teams	95%	100%	<p>The twice daily Bed Conference meeting and the Out of Hours Clinical co-ordination team gate keep all admissions to ensure robust processes are in place for least restrictive practices including home treatment options.</p>	<p>Improved patient flow.</p> <p>Less restrictive treatment/support options considered.</p> <p>Improved outcomes for individuals including care at home.</p>				
Service Area	Target	April												
Crisis Teams	95%	100%												

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Medical Wait Times		<p>Psychiatrists have been working to prioritise the longest medical waits and are working with their respective administrative colleagues to further cleanse/prioritise the longest medical waiting times.</p> <p>Early returns on this work have indicated that several of those showing as waiting longer than 10 weeks have already been seen by a Registrar, one recorded in error, with several others discharged.</p>	<p>In Quarter 1 the medical service will undertake a cleansing exercise to clarify the current reported data versus the operational data as there appears to be a difference in what is being reported.</p> <p>Carmarthenshire have a new Psychiatrist assigned which will increase access.</p>	<p>Improved caseload management.</p> <p>Reduction in wait times.</p> <p>Improved performance.</p>	<p>There are a number of significant medical recruitment challenges, that further impact medical waiting times, especially in Community and Learning Disabilities. .</p> <p>These vacancies are in addition to the wider Multi-disciplinary Team (MDT) vacancies that also impact medical waiting times, especially where there is a need for an MDT/joint assessment process.</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 30 April 2024 the following therapies service areas had waiting lists > than 14 weeks:</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>April</th> </tr> </thead> <tbody> <tr> <td>Art Therapy</td> <td>49</td> </tr> <tr> <td>Occupational Therapy (LD)</td> <td>51</td> </tr> <tr> <td>Occupational Therapy (excl. LD)</td> <td>2</td> </tr> <tr> <td>Physiotherapy (LD)</td> <td>8</td> </tr> <tr> <td>Speech Therapy (LD)</td> <td>22</td> </tr> <tr> <td>Dietetics (Adult)</td> <td>2</td> </tr> <tr> <td>Dietetics (CAMHS)</td> <td>3</td> </tr> </tbody> </table> <p>Occupational Therapy (OT): targeted work has been undertaken for those waiting longer than. An additional OT has come into post in Ceredigion in April 2024.</p> <p>Speech Therapy have introduced a triage system for the increase in Dysphagia referrals, which enables more efficiency within current resources.</p> <p>The Art Therapist supports delivery through group intervention where appropriate. In the Integrated Psychological Therapy Service (IPTS), all individuals waiting for Art Therapy have been offered a therapeutic group intervention.</p>	Service Area	April	Art Therapy	49	Occupational Therapy (LD)	51	Occupational Therapy (excl. LD)	2	Physiotherapy (LD)	8	Speech Therapy (LD)	22	Dietetics (Adult)	2	Dietetics (CAMHS)	3	<p>Speech Therapy are currently undertaking a data cleanse as the waiting list numbers are not reflective of actuals.</p> <p>A new Art Therapy group is commencing in June 2024.</p>	<p>Improved waiting times.</p> <p>Earlier discharge times.</p> <p>Improved caseload management.</p> <p>Improved performance.</p>	<p>There are a number of highly complex Court of Protection cases in Ceredigion which OT capacity had to be diverted to cover. There is only one OT in each county, one of whom has reduced working hours to 3 days per week (Carmarthen) and another has just returned from long term sickness absence since September 2023.</p> <p>Speech Therapy waiting times have increased due to a number of vacancies and staff sickness. In the last 12 months there has been an increase in Dysphagia referrals, which are prioritised due to their urgent nature, meaning less urgent referrals wait longer.</p> <p>There is only one Art Therapist in IPTS which impacts capacity.</p>
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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		In April 2024, 164 calls were received by 111 Option 2, of this 86.4% were answered within two minutes.	<p>Call waiting times are monitored on a weekly basis.</p> <p>Peak call times are identified through call monitoring and staff rotas are adjusted monthly to meet demand.</p>	<p>Reduction on primary and secondary care Mental Health services.</p> <p>Access to support 24/7 or those in mental health crisis.</p> <p>Seamless referrals to partner agencies and other mental health services.</p>	<p>Introduction of Right Care, Right Person will likely increase call volume.</p> <p>We continue to work with the Joint Commissioning Committee to identify additional funding to manage anticipated increases in demand.</p>
10% increase in calls to the Professional Line		<p>In April 42 (1.9%) calls were received by the Professional Line.</p> <p>The Service has developed a local awareness raising campaign through targeted promotion of the Professional Line with identified professionals including GP's, Police, Local Authority and Third Sector.</p>	Regular promotion sessions have been scheduled throughout Q1 and Q2 with partner agencies to raise awareness and promote the Professional Line.	<p>Reduction in distress levels for individuals who received triage and assessment via 111 Option 2.</p>	

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		In April 2024 there was an increase of 168 calls (8.42%) to 111 Option 2 from the previous month, with a total of 2,164 calls received.	Develop local targeted marketing campaign across the region including social media, e-mail, posters etc.	Reduction on primary and secondary Mental Health services. Access to support 24/7 or those in mental health crisis.	
80% of callers to indicate a two point reduction in distress levels through the use of a Service User Distress Score (SUDS) tool pre and post triage/intervention		67.7% of callers who undertook a Subjective Units of Distress Scale (SUDs) reported a reduction of a minimum of two points in distress levels, with 31.5% reporting no change in distress levels. Staff training sessions have been developed to ensure consistent and appropriate use of the SUDs tool.	SUDs are monitored on a weekly basis to ensure that all calls have a measurable outcome score pre and post triage/intervention.	Seamless referrals to partner agencies and other mental health services. Reduction in distress levels for individuals who received triage and assessment via 111 Option 2.	Not all callers receive a 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>92.2% of CYP received a referral to assessment within 28 days in April 2024.</p> <p>Control measures continue including monthly performance management meetings.</p>	<p>Monthly improvement trajectories will continue to be monitored through the Integrated Performance and Assurance Report.</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 only been awarded until March 2025. If Welsh Government do not extend the funding the service will not be sustainable post March 2025.</p>
80% of CYP to receive treatment within 28 days of assessment		<p>91.5% of CYP received treatment within 28 days of assessment in April.</p> <p>Control measures continue including monthly performance management meetings.</p>	<p>Write to Welsh Government funders to ask for an early decision on future funding for the CYP Sanctuaries and CYP Alternative to Admission Hwb in order to plan services effectively.</p>	<p>Attainment of 80% Welsh Government target Part 1A and 1B.</p>	

Maintain performance standards for SCAMHS



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Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
7% of CYP accepted for intervention to be provided with Cognitive Behaviour Therapy (CBT)/Dialectical Behaviour Therapy (DBT) based group therapy		5.2% of CYP have begun CBT/DBT based group therapy in April/May 2024.	Monthly reviews have been established to identify CYP assessed for treatment that would be suitable to divert to CBT/DBT based group therapy.	Reduction in the number of referrals/wait times for SCAMHS. Increase in the number of School In Reach (SiR) consultations. Enhanced primary Mental Health support.	Revenue funding for the SiR has only been awarded until March 2025. If Welsh Government do not extend the funding the service will not be sustainable post March 2025. Group therapy sessions start and finish over different months therefore the attainment rate cannot be determined until CYP complete the cycle.
2% of CYP referred to Primary Mental Health to be redirected to School in Reach (SiR) consultations		In April 71 (7%) CYP were referred to School in Reach consultations. Monthly reviews have been established to identify CYP assessed for treatment that would be suitable to divert to SiR consultation.	Write to Welsh Government funders to ask for an early decision on future funding for SiR in order to plan services effectively.	Timelier access to interventions.	

Improving diagnostic interventions for 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 April 2024 14.5% of CYP were waiting less than 26 weeks for diagnostic assessment.</p> <p>Keeping in touch letters have been sent to all CYP on the waiting list, which includes signposting to community support.</p> <p>The service has received 378,000k non recurrent funding from Welsh Government via the Regional Partnership Board (RPB).</p>	<p>A data cleansing exercise is underway in Quarter 1 to cross reference waiting list numbers with those identified on the Welsh Patient Administration System (WPAS).</p> <p>Conclude recruitment of additional staff through RPB funding; 2 X Support Workers, 2 X Band 6 Practitioners.</p>	<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>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>	<p>Autism Spectrum Disorder performance continues to remain significantly challenging with increased demand and limited capacity.</p> <p>Recruitment into Clinical Psychology posts remains an issue.</p>
3% of CYP discharged from service		<p>31 CYP have been discharged from the service in April. 24 of whom completed assessments, 6 transferred out of area and 1 undertaking private diagnostic assessment.</p>	<p>Monthly meetings have been established with the Looked After Childrens (LAC) team to identify any CYP that have moved out of the area.</p>		

Improving diagnostic interventions for 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 have been established in all three Local Authority areas to provide advice, guidance, support and signposting for parents/carers.</p> <p>In April 2024 39 parents/carers attended advice hubs for support with areas such as toileting and sleep issues.</p>	<p>Develop communication campaign to target parents/carers of those currently on waiting list.</p>	<p>Direct support for emerging issues for parents/carers.</p> <p>Signposting to community services for additional support for parents/carers and CYP.</p>	
25% of outsourced diagnostic assessments completed		<p>The provider is on track to complete 35 diagnostic assessments in Quarter 1.</p> <p>91.2% of outsourced ASD assessments have resulted in a diagnosis.</p>	<p>Continue monthly contract monitoring meetings with the service and delivery partner continue, to manage referrals and evaluate effectiveness.</p>	<p>Improved performance to meet agreed trajectories.</p> <p>Timelier access to diagnostic assessment.</p>	<p>Funding for external provider is not sustainable and has been agreed outside of budget up until 31st March 2024.</p>



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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
Implement new service delivery model for Community Mental Health Centres (CMHCs), including Crisis Resolution Home Treatment (CRHTs) teams.		<p>An Organisational Change Process (OCP) has been undertaken with CMHC and CRHT staff on changes to the service delivery including changes to shift patterns and reduction in working days from seven days to five days.</p> <p>A new service specification was codesigned and has been widely consulted on with staff, service users and partner organisations.</p>	<p>Issue staff with 12 weeks notice of service changes, in line with OCP requirements.</p> <p>In Quarter 2 implement the new service model across all three Local Authority areas.</p>	<p>Consistent operational processes and procedures across all three Local Authority areas.</p> <p>Improved outcomes for individuals.</p> <p>Timelier access to assessment and treatment.</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>The Lead Nurse for Learning Disabilities has been successfully recruited to, with an expected start date in early June 2024.</p> <p>Improvement Cymru led staff workshops are due for completion in early June 2024.</p> <p>Co-production with people with lived experience, parents/carers and partner organisations are scheduled for completion in early June 2024.</p>	<p>Establish workstreams under the Steering Group to lead on the development of new clinical pathways for community and inpatient settings.</p> <p>Formalise feedback from co-production and staff engagement sessions to identify emerging themes, actions, issues and next steps.</p>	<p>Improved caseload management.</p> <p>Service efficiencies.</p> <p>Better utilisation of resources.</p> <p>Improved performance.</p> <p>Seamless pathway of care.</p> <p>Improved outcomes for individuals.</p> <p>Co-produced services.</p>	<p>There is a national shortage of Learning Disability Nurses which may impact planned recruitment for the new service model.</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.		The Service has been unable to achieve this objective in 2023/24. It had been hoped that this work could be progressed in 2024/25 however the closure of Ward 12 in Pembrokeshire has resulted in the Geriatricians being unable to meet to agree a plan/way forward. The Service will continue to support this objective, but its achievability lies with multi-agency partners and is not within the gift of the Service to control.			Recommendation to change this objective to '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' as outlined below.
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>A range of staff have been identified to undertake psychology informed training such as DBT, CBT and Eye Movement Desensitisation and Reprocessing (EMDR) to improve the skill mix and offer .</p> <p>Evidence base review completed for risk and intervention pathways. Psychology, OT and CMHT Manager have developed an outline plan for group therapies for CMHTs and Wards. This will be informed by the stepped care model.</p>	<p>Staff to commence psychology informed training in June 2024.</p> <p>Pathways for group interventions to be defined, documented, agreed and shared across services.</p>	<p>Increased capacity.</p> <p>Improved outcomes for individuals. Seamless access to services.</p> <p>Reduction in waiting times for psychological intervention.</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>A robust options appraisal has been undertaken which considers impact, risk and benefits to patients, staff, estates and partner organisations. This is scheduled for agreement by the multi-agency Steering Group in June 2024.</p> <p>A formal service change request has been approved by Llais, with a recommendation for an eight week Public Engagement to be undertaken on the proposed service changes.</p> <p>Formal engagement dates of October – December have been agreed with the Director of Communications.</p>	<p>Police led multi-agency workshop on S136 processes and procedures is scheduled for June 2024.</p> <p>Finalise communication plan and documentation for formal engagement.</p> <p>Public Board paper outlining the options appraisal and engagement processes is agended for September.</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>There is a risk that the implementation of 'Right Care, Right Person' will adversely affect S136 provisions, with current uncertainties about the specific changes and impacts on the existing systems.</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.
- **APPROVE** the change to the OAMH service objective due to the risks and issues highlighted within the report.



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