



### Planning Objective 4C: Mental Health Recovery Plan

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• Reporting Period: October 2023 – December 2023



#### **Overview**



Planning Objective 4C is to develop a recovery plan for Mental Health (MH), neurodevelopmental (ND) and child and adolescent mental health services (CAMHS) to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues.

#### Aligns to Ministerial Priorities:

- Development and maintenance of 111 Option 2 (all age Mental Health Single Point Of Contact) 24/7
- Recover waiting time performance to performance framework standards for Specialist Child and Adolescence Mental Health Services (SCAMHS) Part 1 assessment and intervention
- Recover waiting time performance to performance framework standards for all age Local Primary Mental Health Support Services (LPMHSS) assessment and intervention

Wider planning objectives take into account national and local guidance, priorities and directives. These objectives are supported by more detailed action plans where appropriate, including:

- Annual Plan (Hywel Dda University Health Board (HDdUHB))
- Service Framework for the Treatment of People with a co-occurring Mental Health and Substance Misuse Problems 2015
- Together for Mental Health Delivery Plan 2012
- Dementia Action Plan Wales 2018 2022 All Wales Dementia Standards March 2021
- West Wales Dementia Strategy 2021



# **Specialist Child & Adolescence Mental Health Services** (SCAMHS)



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues &
					Considerations
Undertake a demand and capacity		A range of staff have attended/booked to	Regular monitoring of	Improved caseload	
review against service need. Report		attend demand and capacity training delivered	recruitment/skill mix with support	management.	
monthly through Heads of Service		by the Delivery Unit.	from workforce colleagues are		
meeting. Continue to review training			scheduled as business as usual.	Service efficiencies.	
needs against workforce skill mix.		Staff have been identified and booked on			
		therapies training via Health Education and	Regular meetings with Welsh	Better utilisation of	
		Improvement Wales additional funding.	Government (WG) and the	resources.	
			Delivery Unit are scheduled for		
		Monthly improvement trajectories are	Quarter (Q) 4 in line with	Improved performance.	
		continually monitored through the Integrated	Enhanced Monitoring procedures.		
		Performance and Assurance Report.		Attainment of 80% WG	
				target Part 1A and 1B.	
Work collaboratively with Regional		A funding proposal has been developed with	Funding proposal will be	Universal early intervention	If the Health Board is
Partnership Board colleagues to seek		Regional Partnership Board colleagues to agree	considered by Regional	and prevention services.	unable to secure
sustainable funding for Kooth on-line		a four-way sustainable funding model for Kooth	Partnership Board colleagues in		sustainable funding
counselling platform. Ensure staff have		to provide universal online support services for	Q4.	319 Children and young	through the Regional
adequate digital resources to		children and young people.		people (CYP) accessing the	Partnership Board we will
efficiently and effectively manage				service in Q3.	likely have to
service demand.					decommission Kooth in
				64% of CYP have achieved	March 2024.
				goal-based outcomes in Q3.	





Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
In line with the 'No Wrong Door' approach		The strategic work on 'No wrong door'	Discussions to take place with partners	Will provide care closer	
Specialist Child and Adolescent Mental		is being led by Regional Partnership	to explore options for multi-agency	to home.	
Health Services will work with multi-agency		Board colleagues and timelines are	panels.		
referral panels to agree community		subject to a regional agenda. Work is		Streamlined access to	
interventions to reduce the demand on		ongoing to scope possible models for	Meetings have been scheduled for Q4	services.	
secondary care services and mitigate		multi-agency referral panels/pathways.	for Regional Partnership Board Leads to		
against waiting lists. Clarify how the			consider how a regional	Reduced costs for	
Specialist Child and Adolescent Mental			model/approach could work across all	complex needs though	
Health Services Primary Mental Health			agencies.	a regional approach.	
Service structure aligns with the Measure.					
Continue quarterly meetings with Delivery		This is ongoing with regular meetings	Continue with scheduled meetings and	Attainment of 80% WG	Risk of harm to children and
Unit colleagues. Monthly reporting and monitoring via Integrated Performance		scheduled across all quarters.	reporting mechanisms in Q4.	target Part 1A and 1B.	young people due to the internal waiting lists in
Assurance Report. Monthly returns to		The service continues to monitor the		Improved performance.	_
Welsh Government.		waiting lists internally.		P = 22 P = 2	Adolescent Mental Health
		,			Services (SCAMHS) for
					therapeutic intervention. This
					is caused by vacancies,
					demand outstripping capacity
					and estates not fit for
					purpose.
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#### **SCAMHS Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Establish 24/7 Children and		The service is fully operational since Q2.	Work with the national	Timelier discharge for	Revenue funding for
Young People alternative to			team to finalise national	children and young people	staff has only been
hospital/Discharge Lounge		All pathways and referral criteria are working effectively.	outcome measures and	with mental health crisis	awarded until March
in Carmarthen, linked to			Key Performance	from Accident and	2025. If Welsh
Crisis Assessment &			Indicators.	Emergency (A&E) and	Government do not
Treatment Teams.		The national team is currently agreeing national outcome and Key		inpatient settings.	extend the funding
		Performance Indicators measures as other Health Boards bring their	Consult on draft service		the service will not
		services on line. A draft service specification is in its final stages and	specification with partner	Reduction in the numbers of	be sustainable post
		scheduled for consultation in Q4.	agencies and stakeholders.	children and young people attending A&E with mental	March 2025.
				health crisis.	
				Reduction in the numbers of	
				CYP requiring inpatient beds	
				due to mental health crisis.	
Develop two Youth Worker		Both sanctuary services have been operational since Q1, with robust	Ongoing contract	Early intervention and	Revenue funding for
led children and young		contract monitoring processes in place.	monitoring of performance	prevention for children and	children and young
people Sanctuaries in			including Key Performance	young people in mental	people Sanctuaries
Pembrokeshire and			Indicators and outcome	health crisis.	has only been
Ceredigion.			measures.		awarded until March
				Reduction in mental health	2025. If Welsh
			End of year service review	crisis escalation for children	Government do not
			in Q4.	and young people.	extend the funding
					the services will not
					be sustainable post
  25					March 2025.



#### **SCAMHS Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Achieve and implement the Royal College of Psychiatrists Standards for Perinatal Mental Health.		Work continues to achieve the Royal College of Psychiatrists Standards. Projected target to have implemented the Standards by 2025.	This work will be ongoing throughout 2024/25.	Attainment of Royal College of Psychiatrists accreditation for Perinatal mental health services.	
Further strengthen the workforce and the		Successful recruitment campaigns in 2023/24 means that the majority of	Continual monitoring of workforce capacity and	Improved caseload management.	
capacity within the restructured Crisis &		vacant posts have been recruited into.	demand in place.	Service efficiencies.	
Assessment Teams to meet the increased acuity and demand.			Job descriptions are being routinely reviewed to ensure they are attractive to	Better utilisation of resources.  Improved performance.	
and demand.			prospective applicants.	Attainment of 80% WG target Part 1A and 1B.	
Attain accreditation with Royal College of Physicians standards for Early Intervention in Psychosis.		Work continues to achieve the Royal College of Physicians Standards. Projected target to have implemented Standards by 2025.	This work will be ongoing throughout 2024/25.	Attainment of Royal College of Physicians accreditation for Early Intervention in Psychosis services.	
Implement all new service developments following Welsh Government		Successful recruitment to the Avoidant Restrictive Food Intake Disorder multi-disciplinary Team	Development of service specification and developing pathways with other service	Increased access to Eating Disorder Services, within the 4-week standard.	
funding ie Eating Disorder service.		through Service Improvement Funding.	areas.	Improved outcomes as indicated by sustained recovery and reduction in relapse.	
   <del> </del>				Reduced need for inpatient admissions and long-term stays.	

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# **111 Option 2**



<b>Key Objectives</b>	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Communications and engagement activity to transfer to national team in line with a targeted national advertisement campaign.		A targeted local marketing campaign has been developed to include radio, social media and newspapers etc which will run throughout Q3 and Q4.	Emergency, Minor Injury Unit and General Practitioners colleagues to agree baseline mental health presentation data and tracking of 111 Option	mental health crisis.	Delay to national communications campaign due to another Health Board being unable to provide 111 Option 2 until later in 2023.  Introduction of Right Care, Right Person will likely increase call volume. Working with National Collaborative Commissioning Unit to identify additional funding and changes to service delivery and reporting.  Alternative to Adastra system has been delayed.
Establish monitoring processes to capture national minimum data set and local targets.		Service delivery is reviewed weekly against national minimum data set. All targets achieved in Q3.  The national team is currently reviewing staffing models across all Health Board areas to identify areas of good practice and areas for improvement. To conclude in Q4.  Demand and capacity is reviewed monthly in line with staff rota requirements. This will be monitored in line with the national communications campaign.		services.	Working with National Collaborative Commissioning Unit to identify a potential solution through Microsoft Teams.



### **Adult Mental Health**



	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Develop and implement a robust co-occurring Mental Health and Substance Misuse Framework and Pathways.	The Co-occurring Substance Misuse Framework has been adopted by relevant service areas.  Dedicated training has been developed and rolled out alongside the Framework.	The Framework and pathways will be reviewed in 2024/25. extending to include CYP.	Improved pathways for people with complex needs to ensure timelier access to assessment and treatment.  Holistic services provided through a coordinated multiagency approach.	
Embed and review co- occurring Nurse roles within high demand co- occurring areas.	Authority area:  Joint working is being ensured through the establishment of regular Clinical Liaison Groups within each county, which facilitates discussions and agrees actions for complex cases.	Awaiting decision from Area Planning Board (APB) on the early release of additional funding from 2024/25 to enable further recruitment.  The Clinical Liaison Groups will be reviewed in 2024/25.	Strengthen co-occurring work across multi agency partners.  Specialist input provided for dual diagnosis individuals.	



#### **Adult Mental Health Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Review demand and capacity of Community Mental Health Centres (CMHC's) and Community Mental Health Teams (CMHT's) to ensure appropriate staff numbers in respective areas.		A review of boundaries has been undertaken to identify efficiencies and manage caseloads equitably.  A new Sector Model of Care has been developed aligned to proposed changes in boundary areas which will be implemented in Q4.	Implement new Sector Model of Care.	Seamless care provided from community to inpatient settings through a single consultant.	
Develop and implement service specification for new ways of working across CMHC's and CMHT's, inclusive of Crisis Resolution and Home Treatment Teams (CRHTs).		Service specification was finalised in Q3.  Delay due to changes required from review of seven day working as an action from Annual Recovery Plan work.	Engage on draft service specification, including five day working with staff and stakeholders.  Sign off of final version of Service Specification in Q4.  Commence Organisational Change Process for affected staff in Q4.	Consistent operational processes and procedures across all three Local Authority areas.	An Organisational Change Process will be required for Gorwelion Community Mental Health Centre to reduce from seven day working to five in line with Annual Recovery Plan recommendations.



# **Integrated Psychological Therapy Services & Local Primary Mental Health Support Service**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Introduce text messaging service for appointment reminders to mitigate Do Not Attends (DNAs) and increase attendance.		Following the introduction of a pilot text messaging reminder service in Integrated Psychological Therapy Services and Local Primary Mental Health Support Service, the service has now been extended to all Primary Mental Health Service areas.	DNA rates will be consistently monitored as part of business as usual.  Further develop text service to include signposting to additional services/support including 111 Option 2 and Third Sector.  Add in additional function in text messaging service to include hyperlinks for outcome measures/satisfaction questionnaires etc.	The pilot project showed a reduction of 80% in Do Not Attend rates.	
Introduce additional evidence-based group interventions as appropriately identified through the review, utilising community venues to increase uptake.		Following the success of the pilot group intervention project additional groups were held in Q3 in Llanelli, Carmarthenshire, Neyland and Aberystwyth.  Currently training additional staff to plan further group interventions in Q4.  500 letters have been sent out to those on waiting lists to offer group interventions. Currently collating responses to plan for Q4 sessions.	Work with Third Sectors and community organisations to identify suitable venues that can be utilised for group work.	150 individuals have successfully completed group interventions.  75 individuals have been discharged	It has been difficult to secure community venues to run groups. Current cohorts are accessing services online. There is a risk that some clients may not be able to engage due to the requirement to use IT.



# Integrated Psychological Therapy Services & Local Primary Mental Health Support Service Cont.



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Monitor the demand and capacity of the service to reduce waiting lists and maximise capacity by monitoring and implementing performance improvements such as job Planning, caseload reviews, waiting list reviews.		Review of performance improvement strategies including job planning, caseload reviews, waiting list reviews etc, are now business as usual.  The externally provided Eye Movement Desensitisation and Reprocessing therapy continues to be monitored monthly.  One-off therapy session to provide individuals with resilience skills to help them to self-manage while they await individual therapy continues to be offered.	Continue to monitor demand and capacity in line with staff skill mix.  Continue to contact monitor Movement Desensitization and Reprocessing (EMDRO external contract in line with Eye EMDR waiting lists.  Continue to review and monitor caseloads through supervision process.  A mail shot to all individuals waiting over 26 weeks for therapy will be offered a group intervention.	44 individuals have successfully completed eight sessions each of Eye Movement Desensitization and Reprocessing.	Inability to deliver psychology assessments and psychotherapeutic interventions due to inability to recruit to qualified psychologist vacancies, due to national shortage.
Service reporting on maintained trajectories to move to business as usual.		The service has continued to demonstrate improved compliance with improving trajectories and is on track to reach full compliance for Part 1 by end of Q4.	Compliance with trajectories is continually monitored through Integrated Planning Assurance Report (IPAR) and reported monthly.  Planned increase in group interventions.	Reduction in waiting times for assessment and treatment.	



# Integrated Psychological Therapy Services & Local Primary Mental Health Support Service Cont.



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
mplement a new work		The GP Cluster based Well-being Service has been fully recruited	Develop a draft Service	Early intervention and	
tream of Psychological		to and is now fully operational, offering face to face brief	Specification and share	prevention.	
Wellbeing Practitioners		interventions cross all GP Cluster areas.	with partners for		
o further improve links			engagement in Q4.	Reduced demand on	
etween GP clusters,		Referrals processes have been agreed via 111 Option 2.		primary mental health	
ocal Primary Mental			Planned awareness	services.	
Health Support Services			services with partners		
LPMHSS) and other			and internal service		
Mental Health services.			areas to highlight		
			benefits of service.		
Work in partnership with		A Partnership Agreement in respect of Mental Health (Wales)	Undertake review of	Seamless referral	
Primary Care and internal		Measure (Part 1) has been developed and shared with partners	joint assessments with	process.	
ervices to improve		for consultation.	Community Mental	ľ	
efficiencies in referral			Health Teams to identify		
processes.		In line with the Delivery Unit's All Wales review of Psychological	best practise and areas		
		Therapy services additional work is being undertaken to adapt	for improvement.		
		and enhance services to be fully inclusive for Older Adult Mental			
		Health clients. The service has identified and developed	Finalise Partnership		
		resources for adaptations and reasonable adjustments, including	Agreement and sign off.		
		staff training.			



#### **Older Adult Mental Health**



<b>Key Objectives</b>	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Review clinical pathways for		This action is now complete with an SBAR taken through Quality	Any subsequent monitoring	Timelier access to	
older adults experiencing		Safety and Experience Assurance Group.	will be undertaken through	assessment and	
mental health crisis in later			business as usual.	treatment.	
life to assure equality of					
service with working age					
adults.					
Explore alternative		Some work has been undertaken to identify urgent and	To develop draft plans to	Timelier access	Some issues in agreeing Health
pathways (holistic multi-		unscheduled care pathways for people living with Dementia	move from discovery and	to assessment	Board wide pathways as each
agency and		experiencing acute frailty episodes across all three Health and	design principles with	and treatment.	Local Authority is trialling
multidisciplinary) for people		Local Authority (LA) areas, however in order to fully complete	Health and LA colleagues to		different approaches, with
and their carers living with		work will need to be undertaken.	pilot a phase of an		differing local focuses.
dementia and acute-frailty			alternative pathway		
distress.		Meetings have taken place with respective service delivery	practices within the		
		managers and project leads in all three Health and LAs e.g.	2024/25 financial year.		
		Proactive Care pilot in Carmarthenshire.			
		Currently identifying processes to integrate best practice			
		Dementia Care expertise into established and developing			
		pathways. Technically this action has been completed, however,			
		due to service being open to further collaboration, next steps			
		can now be considered for the next financial year.			



#### **Older Adult Mental Health Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Improve psychological assessment, treatment, and clinical risk management pathways for people experiencing functional mental ill health conditions associated with and manifesting in later life.		The service has reviewed the Local Primary Mental Health Support Services and the Integrated Psychological Therapy Service pathways and made recommendations for reasonable adjustments to enable older people easier access.  Psychologists are picking up internal clinical cases delivering psychological treatment. Improved pathway.  Some CMHT staff have been identified to undertake psychology treatment modalities.	Undertake functional data collection for community services to enable a holistic picture.	Improved pathways for access to assessment and treatment.	Capacity remains challenging with increasing referral rates.
Agree a holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care.		While there has been a strong commitment from geriatricians to support this it has been difficult to schedule meetings in the summer due to geriatrician's operational pressures and leave. Unfortunately, operational pressures have remained over winter, and it has been agreed to move this on until the next financial year.	Schedule design meeting to define and test the model for Q4.  Agree revised timescales for pilot in 2024/25.	Improved pathways for access to assessment and treatment.	Clinical capacity to support the design and implementation of the pilot phase will be challenging to due to service pressures as staffing issues.



#### **Older Adult Mental Health Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Integrate the Dementia Wellbeing Teams into a single Dementia Wellbeing Service networked across the region to simplify access, assessment and intervention for people living with dementia, unpaid and paid carers/professionals alike.		New service specifications for the Memory Assessment Service and the Dementia Well-being Service have been engaged on and signed off through internal governance processes.  The new Service Delivery Manager for Dementia Well-being Services came into post in Q3. Following her induction, she will focus on delivering the delivery of the regional Dementia Well-being Strategy.  The service has reviewed and made recommendations/reasonable adjustments on a number of internal pathways to enable easier access for older adults including Integrated Psychological Therapy Services and Local Primary Mental Health Support Services, Co-occurring Substance Misuse Services and Health Psychology.	_	Increased capacity. Improved outcomes for individuals. Seamless access to services.	Considerations
Improve access to psychological therapies for people experiencing functional mental health needs in later life.		Workforce readiness: Practice Transformation sessions to facilitate and change practice of Community Psychiatric Nurses to deliver more psychologically informed practice and psychotherapeutic treatments will now be undertaken next year.  All identified staff are currently undertaking therapies training through Health Education and Improvement Wales funding. This will be completed by Q4.	Identified clinical staff to undertake therapies training through Health Education and Improvement Wales (HEIW) prior to March 2024.  Identify respective job descriptions and move into recruitment processes.	Improved access to therapies.  Reduction in waiting times for psychological intervention.	



## **Commissioning**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Develop commissioning principles to define the commissioning role and operational roles based on the recommendations of the National Collaborative Commissioning Unit (NCCU) review.		The report has identified a number of cross cutting themes and actions which need to be considered alongside other audit/action plans across the Directorate.  In line with this, we are working with the Values Based Health Care team to streamline responses and actions.	Following the outcome of the work being undertaken by the Values Based Health Care team responsible clinicians will be identified to lead respective workstreams to take forward key actions.	Commissioning principles actions will lead to improvements in commissioning arrangements which will increase outcomes for individuals in placements.	Completion and implementation of the Action Plan requires directorate wide involvement and commitment from senior clinicians to progress, therefore operational pressures may affect capacity to deliver within the agreed timeframes.
Pilot revised joint funding request process and roll out based on findings.		Following the development of a regional joint funding request process developed through the West Wales Care Partnership (WWCP).  A pilot project between Carmarthenshire Local Authority and Carmarthenshire Community Team for Learning Disability to trial joint funding request processes has commenced in Q3.	Review of pilot project in Q4, to include guidance and pathway flow.  Discussions taking place with Pembrokeshire County Council to agree a pilot initiative to commence in Q1 2024/25.	Reduction in decision making process/time to make funding decisions on complex needs cases.	Improvements in joint funding requests require robust multidisciplinary team (MDT) decision making and joint LA and Health commitment to resolve issues, which are oftentimes complex and require extended periods of time.



## **Commissioning Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Undertake the		Regional working continues to work well with	Work is underway to establish a	Will enable individuals to	One of the main issues in achieving the savings
Regional		regional processes agreed on jointly worked	Complex Needs pilot in		target is the lack of availability of council
Progression		cases. Following a regional presentation in	·	•	accommodation eg there are 15 individuals that
Project, with the		November Regional Improvement Funding has	been funded via the Housing		could step down into independent accommodation
aim of achieving		been approved into 2024/25.	Support Grant.	More independent settings	however there are no suitable/available Local
financial savings				will lead to improved long-	Authority housing options.
target of £1.2		Current savings projection against the target £1.2		term outcomes for	
million.		million remains at £600,000.		individuals.	Regional Improvement Funding expectation is that
					projects will be sustainable and mainstreamed
		Band 5 Occupational Therapist rotation			within five years therefore a financial exit strategy
		commenced in November 2023.			is required.
Engage with		Following the Market Stability Report the	Regional workshops have been	The outcome of the	
Regional partners		Regional Partnership Board have commissioned	planned for Q4 to consider the	regional commissioning	
and Health teams		Oxford Brookes to undertake a regional	outcomes of the capacity report	capacity work will inform	
to develop new		commissioning capacity report.	to identify actions and next	regional commissioning	
service models.			steps.	intentions and	
		A Carmarthenshire Accommodation and		requirements leading to	
		Efficiency Project Group has been established to		increased capacity across	
		support the development of new services		partner agencies.	
		initiatives. Reviewing.			



#### **Substance Misuse**



<b>Key Objectives</b>	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues &
					Considerations
Develop additional		Monitoring and reviewing of the Co-occurring Substance Misuse	Agree plans to extend the new	Improved pathways for	
services and		Framework has been agreed through the Co-occurring Board,	Framework to include children	people with complex needs	
implement pathways		reporting into the Area Planning Board.	and young people, Police,	to ensure timelier access to	
to meet the needs of			Probation services and Third	assessment and treatment.	
those with complex		Work continues on the national Co-occurring Substance Misuse Action	Sector partners.		
needs where		Plan.		Holistic services provided	
substance misuse is a			Following Welsh Government	through a coordinated	
factor, alongside		The newly established Alcohol Related Brain Damage working group	approval undertake	multi-agency approach.	
regional partners.		continues to oversee pathway development and resource	recruitment for the proposed		
		requirements.	Band 7 Clinical Lead post.		
		Following a review of service needs it has been agreed to amend the			
		previously agreed funding for a Complex Needs Caseworker post to a			
		Band 7 Clinical Lead in Alcohol Related Brain Damage. Proposals are			
		currently with Welsh Government for approval.			



#### **Substance Misuse Cont.**



<b>Key Objectives</b>	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Further develop and		Advanced Nurse Practitioner/Nurse Prescriber	Home Office inspection for	Timelier access to	Until Home Office have approved the
embed the new		posts have been successfully recruited into, coming	•	treatment/medications.	applications arrangements for
prescribing model to		into post in Q3.	application scheduled for Q4.	,	controlled drug storage, licenses
ensure that clinical		·			continue to be interim.
governance, pathways,		Controlled Drug Storage License applications have			
processes and estate		been submitted. Interim arrangements continue			The Llanelli North Dock capital
are in place to support		with shared space made available in Brynmair Clinic			development has been delayed due to
the new staffing		to enable Buvidal prescribing.			planning consent issues. Awaiting
structure.		·			confirmation on whether the Area
					Planning Board will appeal the
					planning decision.
Improve and		Following the review of service user feedback and	Regular monitoring of service	Feedback will be reviewed	
implement		outcome measures new processes have been	user feedback and outcomes	and monitored to ensure that	
arrangements for		developed within the Community Drug and Alcohol	measures has been	services align to service user	
service user feedback,		Team.	established and will become	expectations and needs.	
individual outcomes			business as usual.		
monitoring and		The Commissioning Team is currently developing			
reporting.		similar processes.	Plan to extend to wider		
			commissioning arrangement.		
			Embed service user feedback		
			in the review process to		
			ensure consistency.		



### **Autism Spectrum Disorder**



<b>Key Objectives</b>	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Work collaboratively		Work on the Neurodevelopmental 3-year Improvement Plan	Finalise action plan and agree	Streamlined access to	Autism Spectrum
with Welsh		continues.	next steps with the Delivery	services.	Disorder (ASD)
Government to			Unit.		performance
implement the		Work continues with Regional Partnership Board colleagues to		Improved performance to	continues to remain
recommendations of		develop regional integrated plans to meet the Code of		meet agreed trajectories.	significantly
the Welsh Government		Practice and implement new service initiatives.			challenging with
Neurodevelopmental					increased demand
review.		All Wales Delivery Unit review of Neurodevelopmental			and limited capacity.
		services has been published. The service is currently working			
		up an action plan in response to the report			
		recommendations, which will need to be agreed with the			
		Delivery Unit.			
In line with the		Review of clinical and administrative processes has been	Ongoing Plan Do Act Study	Streamlined access	Recruitment into
anticipated		undertaken in both services.	(PDSA) cycle to ensure seamless	to services.	Clinical Psychology
recommendations of			and efficient processes are in		posts remains an
the review develop		Work has begun to further develop pre and post diagnostic	place.	Improved performance to	issue.
ways to deliver timely		support in Integrated Autism Service (IAS) and introduced in		meet agreed trajectories.	
multi-disciplinary		Adult Attention Deficit Hyperactivity Disorder (ADHD) .	Regular supervisions are		
assessments and			scheduled which manage		
interventions across		Work has begun to explore ways to align Adult ADHD and IAS	caseload allocations and waiting		
the age range.		services and Children's ADHD and Neurodevelopmental (ND)	list monitoring.		
		service. Including the development of <5's integrated pathway			
		between Children's ND and Child Health.	Regular job planning scheduled		
			for clinical and support staff.		
25			Finalise <5's integrated pathway.		



### **Autism Spectrum Disorder Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations
Secure additional funding to increase workforce to meet demand capacity imbalance from Welsh Government Neurodivergence Improvement Funding.		Successfully awarded £297, 000 through the Neurodivergence Improvement Fund monies of 297,000K (non-recurrent) has been allocated to the Health Board.  The recruitment process has commenced with new starters expected in Q4.	Recruit to new posts once funding has been granted.	Increased capacity.  Improved performance to meet agreed trajectories.	Funding is for 12 months which will make it difficult to recruit applicants on short term contracts.
Work with procured private providers to deliver timelier assessments to reduce excessive waiting times.		Both contracts (Adult and CYP) have been in place since Q1 and both are meeting their agreed targets and outcomes.	meetings to manage referrals and evaluate	140 CYP Autism Assessments have been undertaken in year.  147 CYP Adult Autism Assessments have been undertaken in year.	Funding for both contracts is not sustainable and has been agreed outside of budget.
Work with the Delivery Unit to agree realistic trajectories to meet national targets.		All Wales Delivery Unit review of Neurodevelopmental services has been published. The service is currently working up an action plan in response to the report recommendations, which will need to be agreed with the Delivery Unit.	Continue with routine internal monitoring processes established to monitor waiting lists.	Improved performance to meet agreed trajectories.	Current demand continues to outweigh capacity, which is severely impacting on performance targets.



### **Learning Disabilites & Inpatients**



<b>Key Objectives</b>	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues &
					Considerations
		Learning Disab	ilities		
Co-production of		The multi-agency programme group continues to meet bi-monthly to	Process mapping of all pathways	Improved caseload	
the new service		oversee the service redesign. Carers and people with lived experience	is being supported by	management.	
model for		have been identified from all three Local Authority areas to become	Improvement Cymru.	management.	
inpatient care		members.	Workshops have been extended	Service efficiencies	
and enhanced			into Q4.		
community		Co-production workshops have taken place across all three Local		Better utilisation of	
services.		Authority areas, this has now been extended into Q4 to enable more	Begin recruitment for Lead	resources.	
		detailed engagement with individuals with complex needs and their	Nurse for Learning Disabilities.		
		carers.		Improved performance.	
		A new job description of a Lead Nurse for Learning Disabilities has been	Service Specification will be		
		developed and is currently going through Job Evaluation.	finalised in Q1 2024/25		
			following extended engagement		
			and coproduction.		
Undertake an		Following the development of the new service specification including,	Following agreement to extend		There is a national shortage
Organisational		pathway redesign, roles and functions etc an Organisational Change	co-production and		of Learning Disability
Change Process		Process will be undertaken with all affected staff, including those	Organisational Change Process		Nurses which may impact
for staff working		supporting the Learning Disability bed on adult inpatient wards.	will be undertaken in Q4/Q1.		planned recruitment for
in new ways to			This has been rescheduled due		new service model.
support the			to in year financial pressures.		
model.					



### **Learning Disabilites & Inpatients Cont.**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues & Considerations					
	Inpatient Services									
Develop and implement service specification for acute wards.		Following approval to integrate Learning Disability inpatient services within Adult inpatients, an integrated service specification is in development.  The Learning Disability pathway element is being supported by Improvement Cymru, with development workshops extended from Q3 through to the end of Q4.	Finalise service specification and engage with stakeholders.	Seamless pathway of care.  Improved admission procedures.  Improved processes and procedures.  Earlier discharge times.	Demand on inpatient beds continues to remain high, with surge beds being used occasionally to ease pressures when needed.  Inpatient Services continue to be impacted by a lack of registered nurses to safely staff wards, exacerbated by staff sickness, maternity leave and difficulties with recruitment.					
Develop the assessment and treatment pathways for inpatient care.		Assessment and treatment pathways will be developed in line with the overarching service specification as outlined above.	Establishment of clinically led workstreams scheduled to commence in Q4.							



# **Psychology**



Key Objectives	Status	Key Achievements	Next Steps	Outcomes	Risks/Issues &
					Considerations
Strengthen the professional leadership		The new Professional Lead came into post in Q3. He is	Re-establish the Psychological Therapies Multi-	Leadership and	
of psychology ensuring governance,		currently completing an extensive induction across all	agency Meeting, which was stood down in	governance to	
supporting consultant psychologists and		service areas.	2023/24.	psychology	
psychological therapy leads, and provide				services across	
professional input and advice to		The Consultant Psychologists monthly meetings have		the age range.	
directorate strategy and operational		been re-established.			
delivery.					
Improve vacancy position and		Work has been undertaken with South Wales Clinical	Agree plan to further support the retention of	Improved	
sustainability plan for the future		Psychology Training course to agree the process for the	Assistant Psychologists post qualification, so that	workforce	
including finalising plans for 'Grow your		2024 Grow Your Own intake. This will see three places	Grow Your Own is one strand of a wider strategy,	retention and	
own' workforce and exploring new roles.		prioritised for HDdUHB employees. Additionally, we	e.g. recruiting Assistants who leave to take up	recruitment.	
		will offer placements to three additional trainees	Training places on other courses in the UK to		
		under the regional model, giving us a throughput of six	return to HDdUHB upon qualification.		
		trainees.			
			Consider Clinical Associate Applied Psychologist as		
		Annex 21 has been applied to recent Band 8B adverts	potential solution in some areas at Band 7. Next		
		resulting in successful appointment to two posts in	intake will be January 2025.		
		MHLD in the Q3.			
Enable gaps in the psychology		Annual Recovery Plan action to review financial	Following budget reconfiguration longer term	Improved access	
establishment of input into critical areas		establishments is still ongoing with a revised	sustainable workforce planning will be undertaken.		
of mental health to be remedied with		completion date of Q4.		therapies	
specific input and through evaluation of				(assessment and	
outcomes plan for more sustainable		Professional Lead working with Operational colleagues		treatment) all	
establishment.		and Consultants in each Speciality area to review		ages.	
		existing vacancies and consider alternative workforce			
04/25		models. Particular focus on Older Adult, Forensic and			
2 4/25		Adult Mental Health.			







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.
- 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 Assurance Group and that Quarterly monitoring and reporting arrangements have been developed.