

Strategic Development and Operational Delivery Committee

Planning Objective 5: Mental Health and CAMHS **Reporting Period: October 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) consistently achieved Part 1a compliance in 2023/24 and finished 2023/24 achieving Part 1b also. For the first five months of 2024/25 Part 1a and 1b have continued to achieve compliance.
- 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 Mental Health and Learning Disability (MH&LD) Third Sector Framework for early intervention and prevention services commenced in Quarter (Q) 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) is 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 (CTP)		<p>In August the Learning Disabilities position improved but non-compliance is due to cases held by Local Authority which is being addressed. For CAMHS, 90% was marginally missed due to unplanned staff absence.</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>August</th> </tr> </thead> <tbody> <tr> <td>Adult MH</td> <td>90%</td> <td>98.0%</td> </tr> <tr> <td>Older Adult MH (OAMHS)</td> <td>90%</td> <td>97.6%</td> </tr> <tr> <td>LD 18 - 64</td> <td>90%</td> <td>86.0%</td> </tr> <tr> <td>LD 65+</td> <td>90%</td> <td>100.0%</td> </tr> <tr> <td>CAMHS</td> <td>90%</td> <td>89.8%</td> </tr> </tbody> </table>	Service Area	Target	August	Adult MH	90%	98.0%	Older Adult MH (OAMHS)	90%	97.6%	LD 18 - 64	90%	86.0%	LD 65+	90%	100.0%	CAMHS	90%	89.8%	<p>Monthly meetings established with LD and Local Authority leads to review cases and agree joint reviews, this is reflected in the 86.0% improved August position.</p> <p>For CAMHS 89.8% was due to temporary absence from work, now resolved.</p> <p>Monthly monitoring and reporting continues 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 LD some delays with Local Authority partners sharing the completed Care and Treatment Plans continue to cause delays in validating numbers as CTP's are marked as non-compliant on Welsh Patient Administration System (WPAS) until it has been received.</p>
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Adult MH	90%	98.0%																					
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LD 18 - 64	90%	86.0%																					
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CAMHS	90%	89.8%																					
Assessment Reports Sent Within 10 Working Days		<p>In August, Adult MH and Older Adult (OA) MH 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>August</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	August	Adult MH	100%	100%	OAMHS	100%	100%	<p>Monthly monitoring and reporting was established and an improvement to required compliance achieved for August 2024.</p>	<p>Attainment of performance targets.</p> <p>Timelier access to services for individuals self-referring after discharge.</p>	<p>The inability to recruit to administrative posts within the Directorate may impact on the timeliness of reports being sent.</p>									
Service Area	Target	August																					
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 August, OAMH achieved 100% of the target to offer of Independent Mental Health Advocacy (IMHA). (No requirement to measure this objective for LD and CAMHS).</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>August</th> </tr> </thead> <tbody> <tr> <td>Adult MH</td> <td>100%</td> <td>90%</td> </tr> <tr> <td>OAMHS</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Service Area	Target	August	Adult MH	100%	90%	OAMHS	100%	100%	<p>Monthly monitoring and reporting has been established, managed through BPPAG.</p> <p>Quarterly contract monitoring meetings with Independent Mental Health Advocate (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	August												
Adult MH	100%	90%												
OAMHS	100%	100%												
Gatekeeping by Crisis Teams During Admissions		<p>In August, all Crisis Teams have achieved 100% of the target to gatekeep assessments between 9.00am – 9.30 pm.</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Target</th> <th>August</th> </tr> </thead> <tbody> <tr> <td>Crisis Teams</td> <td>95%</td> <td>100%</td> </tr> </tbody> </table>	Service Area	Target	August	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 7 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	August												
Crisis Teams	95%	100%												

Secondary Objectives (Enablers to Primary Objectives)



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Medical Wait Times		Psychiatrists continue to undertake the required review of the longest waiting times, to prioritise caseloads in collaboration with administrative colleagues	<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>Two Adult MH Ceredigion Consultants leaving post in in Q3 which is likely to deteriorate waiting times. No current additional capacity internally and Medacs unable to secure Locum cover to date. Progressing adverts but this will not mitigate against the immediate workforce challenges. Both teams have significant legacy caseload position which despite requests and requirement to address remain challenging.</p> <p>Carmarthen Consultant on sick leave until at least end of October2024. Llanelli Consultant has been on sick leave for two weeks and soon to take period of annual leave. Both will impact on medical waiting times.</p>

Secondary Objectives (Enablers to Primary Objectives)

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Reduction in Therapy Wait Times		<p>As at 31 August 2024 the following therapies service areas had waiting lists > than 14 weeks:</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>August</th> </tr> </thead> <tbody> <tr> <td>Art Therapy</td> <td>37</td> </tr> <tr> <td>Occupational Therapy (LD)</td> <td>43</td> </tr> <tr> <td>Occupational Therapy (excl. LD)</td> <td>3</td> </tr> <tr> <td>Physiotherapy (LD)</td> <td>18</td> </tr> <tr> <td>Speech Therapy (LD)</td> <td>7</td> </tr> <tr> <td>Dietetics (Adult)</td> <td>10</td> </tr> <tr> <td>Dietetics (CAMHS)</td> <td>7</td> </tr> </tbody> </table> <p>There is an overall improvement in waiting lists month on month with Occupational Therapy (OT) and Speech and Language Therapy (SALT). There has been an increase in Physio referrals in Ceredigion.</p>	Service Area	August	Art Therapy	37	Occupational Therapy (LD)	43	Occupational Therapy (excl. LD)	3	Physiotherapy (LD)	18	Speech Therapy (LD)	7	Dietetics (Adult)	10	Dietetics (CAMHS)	7	Speech Therapy are currently undertaking a data cleanse as the waiting list numbers are not reflective of actuals.	<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. We are looking to increase session through adopting a group approach.
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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 August 2024, 2281 calls were received and 88.4% answered in two minutes, 82.1% in 30 seconds.	As a result of monitoring, Welsh Government recommended the funding of two additional Band 5 Wellbeing Practitioner posts due to 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.	Introduction of Right Care, Right Person will likely increase call volume.
10% increase in calls to the Professional Line		In August 2024 44 calls received by the professional line (1.9%). 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.	Regular promotion sessions have been scheduled for Q3 with partner agencies to raise awareness and promote the Professional Line.		

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		August 2024 there was an increase of 117 calls to 111 Option 2 from the previous month, with a total of 2,281 calls received.	Develop local targeted marketing campaign across the region including social media, e-mail, posters etc.	Reduction on Primary and Secondary Care 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: 38.3 No SUD undertaken 46.6 Unknown Calls 42.8 Third Party 14.6 Other reason 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 CYP to receive referral to assessment within 28 days		<p>90.2% of CYP received a referral to assessment within 28 days in August 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 (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>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>83.3% of CYP received treatment within 28 days of assessment in August.</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>Improved outcomes for CYP.</p> <p>Attainment of 80% Welsh Government target Part 1a and 1b.</p>	

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 August 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 Q1 to cross reference waiting list numbers with those identified on the Welsh Patient Administration System.</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>Autism Spectrum Disorder (ASD) 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>16 CYP have been discharged from the service in August with 11 positive diagnoses given.</p>	<p>Monthly meetings have been established with the Looked After Children (LAC) team to identify any CYP that have moved out of the area.</p>	<p>Reduced demand on statutory services such as Mental Health, Learning Disability and Social Care services.</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>Between May and August 2024, 48 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>	<p>Workshops stood down during school summer holidays to ensure efficiency.</p>
25% of outsourced diagnostic assessments completed		<p>The provider has completed 67% of the contracted number of cases and is on track to fulfil the contract of 445 assessments by March 2025. A further 89 referrals are due to be uploaded by the service by December 2024.</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 2025.</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 Teams (CMHTs), including Crisis Resolution Home Treatment (CRHTs) teams.		<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>The Lead Nurse for Learning Disabilities has commenced in post and is providing a professional oversight and required governance to progress the service improvement programme.</p> <p>Improvement Cymru led staff workshops were completed June 2024.</p>	<p>Established workstreams are underway and developing new clinical pathways and a Service Specification for community and inpatient settings.</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>There is a national shortage of Learning Disability Nurses which may impact planned recruitment for the new service model, However, more roles have been introduced to support Registered Nurses at Band 3 and 4, which will also give a development pathway to 'grow our own' registered nurses/professionals</p> <p>Links with Universities are being strengthened with a view to sharing developments and opportunities within Hywel Dda to attract nurses post qualification.</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		Pathways for group interventions agreed and being set up although delayed by limited psychology staffing resource. Once additional Band 5 staff are in post, this should hopefully progress further with regards to further developing and starting to run and evaluate this model for psychology.	Recruitment of B5 Psychology Assistants.	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>Two psychology staff due to complete Eye Movement Desensitisation & Reprocessing (EMDR) training this year..</p> <p>A number of CMHT staff have completed Part 1 Dialectical Behaviour Therapy (DBT) Essentials-Skills training, with Part 2 planned for later this year or early 2025.</p> <p>Staff training in other psychologically informed approaches have been requested via recent/current round of Health Education and Improvement Wales (HEIW) Postgraduate funding.</p> <p>Pathways for group interventions agreed and being set up but delayed by limited psychology staffing resource. Additional Band 5 staff due to come into post which should enable progress in developing, starting to run and evaluating this model.</p>	<p>Submitted request for EMDR supervision (unavailable within the HB) to enable trained practitioners to continue to practice safely (submitted & awaiting outcome).</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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Agree a new service model for S136 provision across all three Local Authority areas		An options appraisal has been undertaken which considers impact, risk and benefits to patients, staff, estates and partner organisations.	<p>Police led multi-agency workshop on S136 processes and procedures was held in June 2024.</p> <p>The Public Board paper was postponed due to the lack of availability of required stakeholders to progress the option appraisal work. To agree with key partners the preferred option.</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>	There are competing priorities from a variety of stakeholders in respect of the location of the S136 place of safety which will require negotiation to resolve.



The 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** potentially a change of the place of safety without the need for extensive consultation work.



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