

The Mental Health (Wales) Measure (Part 1) 2010

West Wales Mental Health Partnership Agreement Between Hywel Dda Health Board, Carmarthenshire, Pembrokeshire and Ceredigion County Councils

FOR LOCAL PRIMARY MENTAL HEALTH SUPPORT SERVICES (LPMHSS)

For the populations of

Carmarthenshire, Pembrokeshire and Ceredigion

September 2012
Final Version

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1. INTRODUCTION

This document sets out a joint Regional Scheme for the development and implementation of Primary Mental Health Support Services (PMHSS) under **Section 2, Part 1 of the Mental Health (Wales) Measure 2010** (the Measure) and the **Mental Health (Regional Provisions) (Wales) Regulations 2012**

This is a formal agreement between partner organisations as identified below for the purpose of this Scheme that provides a framework for the planning of PMHSS. It is not an operational plan.

The Scheme is informed by the National Service Model for Local Primary Mental Health Support Services (WG August 2011). The LPMHSS will build upon existing services that are currently provided within our communities, to enable timely access to evidence based support, care and interventions. The Scheme will ensure that:

- Support will be provided on a continuum ranging from health promotion / education to structured interventions, which will prevent escalation, promote recovery and increase resilience, underpinned by good communication, respect and a philosophy of empowerment.
- Partner organisations work in collaboration to ensure that services are inclusive, non-discriminatory and accessible to all communities, taking into account the diversity of the local population.
- We adopt a mixed economy approach to the provision of care and support.
- LPMHSS are able to discharge the 5 key functions set out in the Measure; which are specific to the role of the LPMHSS Team:
 - i. Comprehensive Primary mental health assessments (Core 10)
 - ii. Treatments / short term interventions (High and Low Intensity interventions)
 - iii. Provision of information and advice to individuals and carers (sign posting)
 - iv. Provision of support and advice to professionals
 - v. Supporting onward referral and co-ordination

The Scheme forms **part** of a whole system approach to the delivery of integrated mental health care working in conjunction with the provision of care and treatments plans (in Part 2), the right of former users of secondary mental health services to request re-access to secondary care (in Part 3) and all in-patients having access Independent Mental Health Advocacy (in Part 4).

2. PARTNERSHIP ARRANGEMENTS

As set out in Schedule 2 of The Mental Health (Regional Provision)(Wales) Regulations 2012 the Part One Scheme for the Hywel Dda region, local mental health partners to this scheme with responsibility to provide the joint services are:

- Hywel Dda Health Board
- Carmarthenshire County Council
- Pembrokeshire County Council
- Ceredigion County Council

The Scheme will include services from all partner organizations to support the delivery of primary care mental health services. A range of third sector organisations will be involved in the provision of services and may be commissioned to deliver services to users of primary care services. Hywel Dda Health Board will deliver the Local Primary Mental Health Support Service

within the region on behalf of the partners. The scheme will operate with local primary care practitioners to provide support for their services. Planning for the implementation of the Joint Scheme is currently led by the MH Measure Implementation Group which has representation from all partners and will report to the Joint Strategic Board for Mental Health Services as shown in the governance diagram in section 10 (figure 2).

3. PURPOSE / SCOPE OF THE SCHEME

Section 2 of the measure identifies the treatment from LPMHSS, secures the provision of LPMHSS, identifies the partners and the extent of their responsibilities and clarifies the position re referrals from secondary care.

The purpose of the Hywel Dda region's Part One Scheme is to ensure the provision of the following services as follows:

- Comprehensive mental health assessments for individuals who have first been seen by their GP, but for whom the GP considers a more detailed assessment is required (in some cases individuals may be referred to LPMHSS by secondary services to provide short term work.
- Treatment, through the provision of short term interventions either individually or through group work if the need has been identified during assessment. Such treatment may include a range of psychological therapies including guided self-help, psycho-educational group courses, bibliotherapy and cognitive behavioural therapy.
- Provision of information and advice to primary care staff, clients and their carers to enable improvement, safe management and care of people with mental health problems
- Supporting onward referral and co-ordinating next steps where this is deemed appropriate for the client
- Referrals into LPMHSS from secondary care will be accepted following discussion and agreement by the team leads
- Will identify other options for GPs to consider in the management of their patients with mental health conditions.

4. VISION

Our vision is to ensure that all persons who experience mental distress have access to timely and sensitive support, assessment and treatment that is evidence based and addresses their needs effectively. All partner organisations will work together to ensure that there are a variety of support services available, focused on promoting good mental health and well-being and preventing mental distress.

5. ROLES AND RESPONSIBILITIES OF PARTNERS

Section 2(3) and 2(4) of the measure require this scheme to outline what extent each of the partners within the Hywel Dda Scheme will be responsible for providing local primary mental health support services.

The responsibility for providing local primary mental health support services within the region will lie with Hywel Dda Health Board.

The Health Board will work with Local Authority partners who will be responsible for provision of a wide range of community services such as social care, education, employment and information, advice and accommodation services.

The Third Sector will continue to provide a wide range of generic support services.

The partners will work together, building upon existing services and seeking to strengthen and improve specific and generic support services including debt counseling, groups that grow, education, volunteering and advocacy services.

General Practitioners will remain responsible for providing services to patients registered to their practice. The LPMHSS will not supplant but will support and enhance the range of services available to clients in primary care.

Clinical responsibility for the patient will be shared between the GP and the LPMHSS in respect of referrals into the service from the GP

6. ELIGIBILITY FOR ASSESSMENT BY LPMHSS

The service will accept referrals for people with a relevant clinical condition as set out in the National Service Model paragraph 3.4. The local primary mental health support services will be available for individuals of all ages, from children and young people to older adults. The Measure does not allow for self-referral to local primary mental health support services.

Referrals can only be made by:

- The GP with whom the individual is registered ; or
- A GP with whom the individual is not registered, but the individual is either described in regulations: mental health (primary care and the eligibility to conduct assessments (Wales) regulation 2012); or Regulation 3(1) states this would include persons from vulnerable groups such as asylum seekers, homeless persons, gypsies and travelers, prisoners migrant workers and students. Regulation 3(1) also enables a primary care provider to refer persons who are not registered with his or her practice to refer persons who are registered with another provider of primary medical services (or equivalent services) whether in Wales or elsewhere: or
- A person working in secondary mental health services in respect of an individual subject to the provisions of the Mental Health Act 1983, or in receipt of secondary mental health services, but only if the local joint scheme prescribes that such individuals are eligible, and the person making the referral is eligible to do so (as set out in the joint scheme)

Referrals will include individuals of any age who present with any form of common and/or stable severe and enduring mental health problem, regardless of whether that individual may also be experiencing any co-occurring condition such as a learning disability or a substance misuse problem. Individuals subject to 117 of the Mental Health Act 1983 may also be referred to the service provide they are eligible via the referral route outlined above. Under this scheme referrals may be made in respect of all the categories of individuals set out in section 8:1 of the Mental Health (Wales) Measure. Care co-ordinators (as defined in the Mental Health Care Co-ordination and Care and Treatment Planning 2011 regulations) are eligible to refer to the LPMHSS.

The target maximum waiting time between referral by a primary care practitioner and the assessment being carried out by the local primary mental health support services will be 28

calendar days. Waiting times for assessment will be calculated from the date that the referral arrives in the local primary mental health support service.

There will be regular reviews of referral protocols to ensure that they remain relevant to local need, and that the skills of the Local Primary Mental Health Support Services staff are being used appropriately.

7. EQUALITY

There is substantial national evidence that an individual's characteristics may contribute to the mental health issue experienced by them. The Equality Act 2010 and the associated Public Sector Equality Duties Wales establish a significant improvement in relation to the equalities agenda. The partners are committed to undertaking an equality impact assessment on the LPMHSS Scheme.

The Mental Health (Wales) Measure 2010 will assist regional partners to explore and jointly align the key objectives within their respective Strategic Equality Plans to ensure the equality agenda are considered and addressed.

8. PROVISION OF SERVICES IN ENGLISH AND WELSH

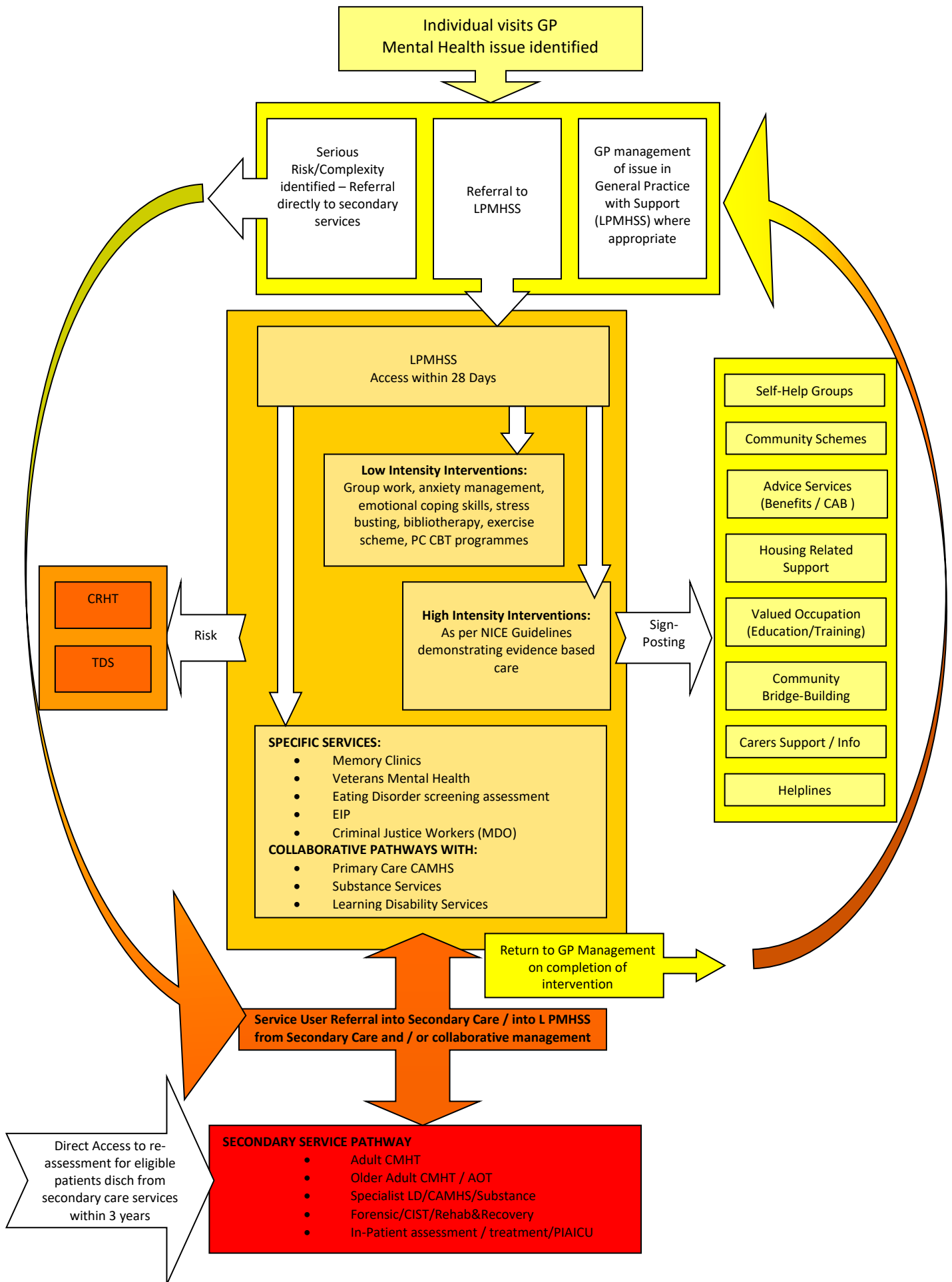
- Under the Welsh Language Act each partner organisation has published a Welsh Language Scheme which ensures that services are available through the medium of Welsh.

9. REFERRAL PATHWAY

Figure 1 below provides an overview of the pathway that a service user will follow into and out of the Primary Care Mental Health Support Service:

- recognition of problem
- consultation with GP
- watchful waiting by GP
- discussion with PCMH team worker for advice/joint working
- referral to match needs
- assessment, treatment and discharge back to GP

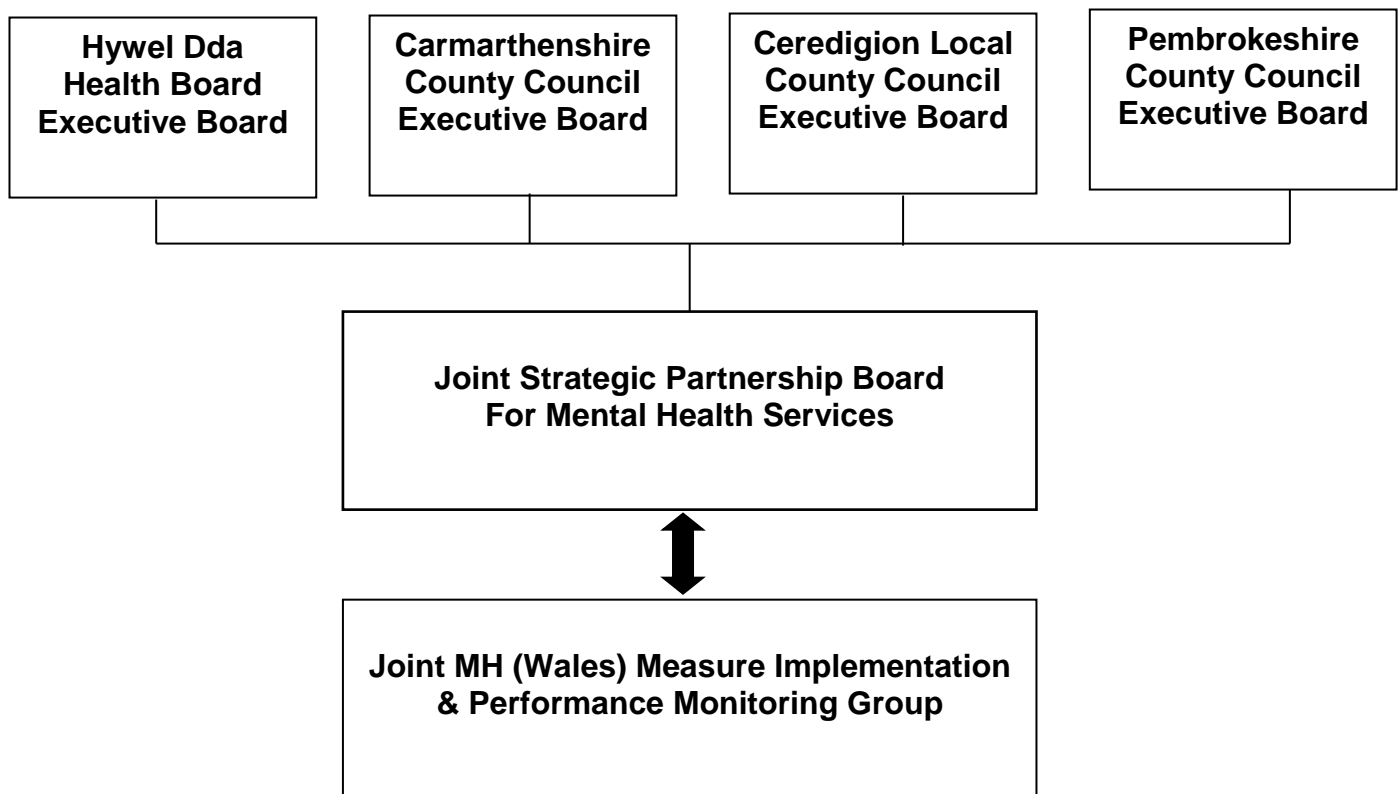
FIGURE 1 – REFERRAL PATHWAY



10. GOVERNANCE ARRANGEMENT FOR THE JOINT SCHEME

The Regional Scheme will be reviewed formally 6 months following its implementation from 1st October 2012. Figure 2 below shows the governance arrangement for managing the performance of the LPMHSS and delivery of the regional scheme.

Figure 2: Governance arrangement for the joint Scheme



11. WHERE SERVICES ARE TO BE PROVIDED

- The central tenet of the LPMHSS is that these will operate within or alongside existing GP practices.
- LPMHSS will operate from a variety of locations within the community; within GP practices and along-side GPs and other primary care professionals.
- The LPMHSS should sit as close to Primary Care/General Practitioners as possible, both physically and in terms of how the service functions in practice.
- There will be a regular and ongoing working dialogue between LPMHSS staff and Primary Care staff regarding clinical care and how the service is performing more generally.

Hywel Dda Health Board will reconfigure services to build on existing services in order to provide both low and high intensity interventions. There will be a robust service management arrangement in place with accredited supervision to support the development of practitioners whilst they train to deliver high intensity interventions including CBT. Practitioners for delivering low intensity services will be recruited and trained in order to provide mental health assessments, guided self-help and to deliver psycho-educational courses, thus increasing the capacity within the service to its full potential.

Under part 1 in accordance with section 41 of the Mental Health (Wales) Measure 2010 local mental health partners may provide staff, goods, services accommodation or other resources to each other. A local partner (partner 1) may supply to the other partner (partner 2) information -

- a) That partner 1 has obtained through it's work under part one.
- b) In relation to a client that has been seen under part one that will be or is currently being seen by partner 2

12. COMPONENTS OF THE MODEL

The primary mental health service will incorporate the functions currently undertaken by:

- First Access Team/Primary Care Mental Health Teams
- Memory Clinic
- CAMHS Primary Mental Health Teams
- Aspects of CMHTs / CTLDs
- Primary Care Counsellors
- Psychology
- Therapeutic Day Service
- Crisis Assessment (CRHT)
- MDO Court Diversion Scheme

There will be robust pathways and links with Community Resource Teams, West Wales Substance Misuse Service (WWSMS), Specialist Learning Disability Services, CAMHS and Third Sector Services. Collaboration with services provided currently by secondary care and all partners will be essential for individuals to access a range of interventions.

The local PMHSS will offer a portfolio of evidence-based, time limited interventions appropriate to individual clinical need to treat common mental health problems in all age groups including those with co-existing diagnoses / difficulties. The interventions available will include a mix of guided self-help, group work and individual therapy. These interventions will include counselling (CBT), a range of psychological therapies, including cognitive behavioural therapy and solution focussed therapy, stress management, family work, behavioural or social interventions and education.

Services will be reviewed and reconfigured to meet rising demand whilst users of secondary services will be able to access short term interventions by the LPMHSS they will remain subject to care and treatment planning whilst in secondary care.

Therefore the following interventions are provided by the Hywel Dda PMHSS and may be undertaken from a range of providers including the third sector:

- Guided self-help,
- Use of PC based CBT interventions e.g. Living Life to the Full, Serenity, the Book Prescription Scheme
- Provision of information about mental health difficulties and how to address them via a range of sources e.g. leaflets, books in local libraries, the internet, DVDs etc.
- Psycho-educational courses for groups of clients, with similar difficulties likely to benefit from being provided with concepts and ideas to understand and cope with their problems e.g. Anxiety Management, Anger Management, Depression, Etc. These will be run to meet the needs of the clients presenting to the service at any particular time, and should be presented as educational courses and run in venues close to the population (e.g. local schools, churches or local health authority venues)

- CBT for anxiety and/or depression, or other problematic debilitating emotional distress.
- EMDR for single incident trauma.
- Solution focused therapy.
- Time-limited primary care counseling (CBT).
- Consultation by Secondary Care Specialists
- Extended assessment

Memory Clinics (MCs) will be part of the PMHSS - in line with guidance within 1000 lives Plus, Memory Clinics will:

- Provide a rapid assessment following referral to the memory assessment service.
- Provide verbal and written feedback on diagnosis within an agreed timeframe from initial referral, to include relevant information, guidance re future planning, appropriate interventions, need for repeat assessments.
- Discuss potential interventions on offer to promote adjustment and adaptation and promote social networks. If dementia has been diagnosed the Alzheimer's Society and carers' organisations may be contacted for support.

The Primary Care CAMHS service has been operating in all areas of Hywel Dda LHB for a number of years and will be included in the scheme. The service currently provides screening, triage, advice and information, bibliotherapy, support, onward referral, liaison, signposting, Joint working with: Health visitors, social workers, Local Education Authority, GPs, teachers, schools, colleges, voluntary sector.

People who access these services will not be eligible for care and treatment planning and will not be able to request treatment under part three of the measure.

13. TREATMENT / INTERVENTIONS

All interventions are recovery-focused, with clear expected outcomes, and are underpinned and quality assured by evidence-based approaches, which will commence with a thorough assessment of each individual, delivered by suitably skilled trained staff who are clinically supervised on a regular basis. One to one hi intensity treatment should last for between 6-10 sessions in most cases. The interventions agreed support individual self-management, health promotion and prevention of deterioration.

An integrated, whole system approach is used to ensure the effective delivery of all mental health services. Welsh Government guidance has previously stated the need to develop seamless services which would best be delivered through the use of a 'tiered' or 'stepped' approach.

Hywel Dda Health Board delivers a tiered model of care which allocates appropriate resources to ensure that expertise and interventions are least intrusive, match complexity of need and should minimize the necessity of multiple assessments of an individual. Excellent communication and liaison between each tier is paramount. To provide the best level of support and care services will be seamless, fluid and delivered in a supportive and integrated way. It is envisaged that many of the services/interventions available previously only to individuals in receipt of secondary care will be available for those whose care is managed by their GP where this is appropriate.

FIGURE 3 – TIERED MODEL

TIER 4

Services for Children & Young People with the most serious problems inc. day units, highly specialised out patient teams / in-patient units.
Adult Mental Health highly specialist in-patient, high secure and residential services.

TIER 3

CAMHS services usually provided by a multi-disciplinary team/service in a community mental health clinic offering specialised services for those with severe, complex & persistent disorders. Adult Mental Health specialist in-patient services e.g. low and medium secure care, specialist community teams

TIER 2

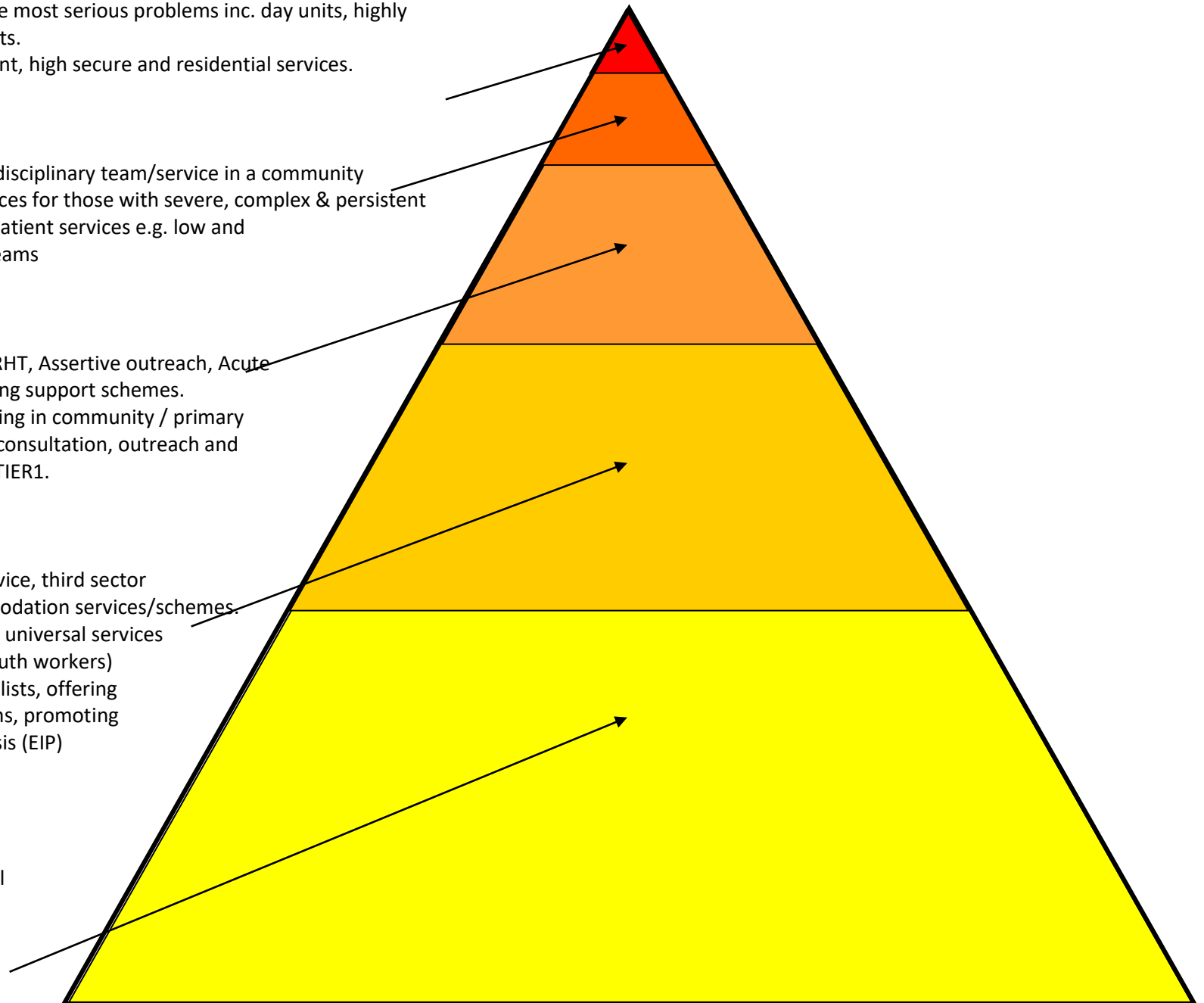
Adult Community Mental Health including CRHT, Assertive outreach, Acute in-patient care, supported residential / housing support schemes.
CAMHS services provided by specialists working in community / primary care settings in uni-disciplinary way offering consultation, outreach and assessments and training to practitioners at TIER1.

TIER 1

The Primary Care Mental Health Support Service, third sector services, low support & mainstream accommodation services/schemes.
Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers) who are not necessarily mental health specialists, offering advice and treatment for less severe problems, promoting mental health and early intervention psychosis (EIP) and referral on to more specialised services.

TIER 0

Foundation Tier – Self-help resources, mental health promotion / education, local community resources and support.



14. DISCHARGE

Discharge from the PMHSS will occur at the point when no further intervention is required. This may be due to:

- Completion of treatment
- Signposting to other services
- Referral to secondary mental health services
- Service user no longer wishes to use the service

When treatment is completed a discharge summary should be made in the individual's notes within the primary care setting and the GP informed. A comprehensive assessment will need to accompany referrals to secondary care.

15. PERFORMANCE MANAGEMENT OF LPMHSS

Within Hywel Dda region the FACE system will be employed initially to monitor the key performance indicators and outcomes. Discussions are being held to introduce a national system that will benchmark performance and outcomes across Wales. There is a requirement from the Welsh Government to provide information on:

Discussions are being held to introduce a national system that will benchmark performance and outcomes measures across Wales. There is a requirement from the Welsh Assembly to provide information on

- Waiting times for assessment by LPMHSS (in calendar days) against target of 28 calendar days
- Waiting times from assessment for interventions where indicated (in calendar days)
- Number of practitioners in post at the census date per 20,000 population (all ages)
- The number of completed interventions (i.e. individual episodes, to include treatment, education, referral or information)

While services are informally integrated and in some instances co-located, there are no plans to formally integrate these any further at this stage. Therefore PMHSS will be delivered through aligned management arrangements, with each element of the PMHSS being accountable to the lead or delegate / responsible organisation, usually following the source of funding for the service and will be reviewed in line with the National Service Model paragraph 4.7

Arrangements are in place to ensure that services required from the third sector partners will be procured through an integrated commissioning approach.

16. GOVERNANCE OF LPMHSS

Patients remain under the normal care of their GP whilst in the Primary Care Mental Health Support Service. Practitioners and therapists working within the service who provide assessment and/or interventions to the patient/service user will be accountable for their well-being while in receipt of services.

17. PROMOTING THE LOCAL PRIMARY MENTAL HEALTH SUPPORT SERVICES

Local primary care mental health services across Wales will be explained within an information leaflet being developed by Welsh Government.

In Hywel Dda the service is already being promoted by the implementation lead within all GP practices.

18. JOINT WORKING ARRANGEMENTS

a. Details of partnership arrangements

The Mental Health Measure places a legal duty on all partner organisations to collaborate with one another to plan and develop the services that form part of the LPMHSS at a regional level across the 3 counties of the Hywel Dda Health community. Hywel Dda Health Board has a strong foundation of working in partnership with Local Authorities and Voluntary sector organisations across Pembrokeshire, Carmarthenshire and Ceredigion. All statutory partner organisations in the region contribute to key strategic partnerships across the three counties.

- This Joint Scheme is based on a formal Partnership Agreement of the aforementioned four organizations, which has been approved by their respective executive boards, and signed by the chief executive (or delegated) officer. As such, each partner organization is legally accountable for the successful delivery of the Scheme.
- A Joint Strategic Board for Mental Health Services will be established, comprising the Executive Officers with the lead responsibility for mental health services from each part organisation to oversee the delivery of the Scheme.

b. Management arrangements for the LPMHSS

The LPMHSS will be managed by the Hywel Dda Health Board and co-ordinated monthly through the Measure Implementation Group which has representation from the Local Health Board and each of the Local Authorities. Performance of the service will be reported quarterly to the Joint Strategic Board.

c. Funding

Resources for the delivery of the Scheme will be based on the principle of equity through a per capita funding model based on geographical population and taking into account the associated current dedicated funding for Primary Mental Health Services.

Section 41 of the Measure states that local mental health partners may, for the purposes of their functions under Part 1, provide staff, goods services accommodation or other resources to each other and may establish a pooled fund. A pooled fund is defined as a fund which is made up of contributions by the local mental health partners which may be used towards expenditure incurred in the discharge of functions under Part 1. Section 41 also states that the local health partners may, if they think fit, exercise any of their functions under Part 1 jointly. There are no plans at present to establish a pooled fund for this purpose.

Funding of LPMHSS will be managed by the Hywel Dda Health Board. Funding will include monies allocated by Welsh Government for the purpose of delivering Part 1 of the Mental Health (Wales) Measure. Existing resources allocated to the Primary Care Mental Health Team will also be used to ensure the provision of a comprehensive service.

d. Governance

Governance arrangements for the delivery of the Scheme, as described in section 10 above will be monitored by the Joint Strategic Board and the Joint Measure Implementation Group.

In relation to information sharing Section 42 of the Measure provides that local mental health partners may supply another partner with information obtained in the discharge of

its functions under part 1 of the Measure and which relates to an individual for whom the local primary mental health support services are being, or might be the other partner, where this information is not prevented from being disclosed by any other Measure, Act of Parliament or Act of the National Assembly of Wales.

In order to facilitate timely and appropriate information exchange between partner organisations that will be required for the successful delivery of the Scheme, an Information Sharing Protocol (ISP) between all partner organisations, specifying the details will be established, in line with the requirements Data Protection Act (1998).

e. Dispute resolution

In the event of a dispute all parties to the agreement will use reasonable endeavors to resolve the matter. Where this is not possible the matter will be referred to the Executive Boards of respective partner organisations for brokering a resolution.

19. ARRANGEMENTS FOR REVIEWING THE SCHEME

This regional Scheme for the delivery of the LPMHSS has been approved for implementation from 1st October 2012 for a period of 6 months. All partners have agreed that the Scheme will be reviewed after this period to ensure the detailed arrangements for the delivery of the Scheme are fit for purpose for the future.

Section 48 (3) of the Measure places a duty on Welsh Ministers to review the operation of Part 1 schemes within 4 years of their commencement. The Scheme will be regularly monitored for outcomes and quality from its inception and the partners will contribute to whatever review process Welsh ministers undertake.

The Hywel Dda region has an existing structure for developing the Mental Health Measure implementation plan, engaging all partners and stakeholders. The Measure Implementation Group will develop into a monitoring group once the service is implemented in October 2012 and will oversee the review programme for the scheme.

20. ARRANGEMENTS FOR ALTERING THE SCHEME

The review, development and progress of the Scheme will be monitored by Joint Strategic Board for Mental Health Services and the Joint Measure Implementation Group. The Joint Strategic Board will consider the outcome of the review and make recommendations for altering the scheme to partner organisations.

Where a review of the Scheme has identified the need to alter the Hywel Dda region Part 1 scheme, the proposed alterations will be presented to the Joint Strategic Board and the local Mental Health Joint Planning Groups and (where relevant) the local Children and Young People's Partnerships for agreement before being presented to the existing Health Board structures, before a revised and updated scheme is provided to Welsh Government.

All future reviews of the Scheme will be subject to this approach.

21. CONCLUSION

This joint Scheme sets out the aims and objectives of the Local Primary Mental Health Support Service for region comprising Hywel Dda HB and the 3 local authorities (Carmarthenshire, Pembrokeshire and Ceredigion).

Part 1 of the Mental Health Measure is intended to increase access to psychological therapies and improve the way in which people are provided with mental health support and interventions in a timely manner.

The implementation of the new service does bring with it challenges, however there are also opportunities to change and improve mental health service provision for the population across Hywel Dda Health Board region.

SIGNATORIES TO THIS PARTNERSHIP AGREEMENT

ON BEHALF OF THE HYWEL DDA HEALTH BOARD

SIGNED: _____ **DATE:**

DESIGNATION:

ON BEHALF OF THE CARMARTHENSHIRE COUNTY COUNCIL

SIGNED: _____ **DATE:**

DESIGNATION:

ON BEHALF OF THE PEMBROKESHIRE COUNTY COUNCIL

SIGNED: _____ **DATE:**

DESIGNATION:

ON BEHALF OF THE CEREDIGION COUNTY COUNCIL

SIGNED: _____ **DATE:**

DESIGNATION:
