



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 March 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health & Learning Disabilities Progress Update on Planning Objective 5G
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Liz Carroll, Director Mental Health & Learning Disabilities

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update on the Health Board's Planning Objective 5G, which is to implement the remaining elements of Transforming Mental Health and to develop and implement a Transforming Learning Disabilities strategy in line with 'Improving Care, Improving Lives' over the next 3 years. Planning Objective 5G also includes the development and implementation of a plan for Transforming Specialist Child and Adolescent Mental Health services, Autistic Spectrum Disorder services and Attention Deficit Hyperactivity Disorder services.

Cefndir / Background

The Mental Health & Learning Disabilities Directorate is committed to its ambitious co-produced programmes of transformation across all service areas, commencing with the changes to the adult mental health service, older adult mental health service and learning disabilities service. Alongside this we are focused on developing an integrated all age Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder service.

Service objectives and priorities focus on progressive models of care, aimed at improving community resilience and enablement through choice, self-direction and control; providing opportunities to move away from traditional services such as hospital and residential care.

The delivery of our planning objectives relies on engagement with the wider systems that support individuals with mental health and learning disabilities; therefore, our service initiatives are underpinned by a partnership approach to ensure sustainable delivery. The Directorate's planning objectives are designed, managed and delivered across acute, primary care, children's and community services to ensure a focus on early intervention. All service objectives have been developed in line with national and local guidance, priorities and directives.

## **Asesiad / Assessment**

### **Adult Mental Health Services**

Adult Mental Health (AMH) Services is continuing to implement its Transforming Mental Health (TMH) programme of change, with aspects of the strategy aligned to TMH such as 7-day services, Community Mental Health Centres, Alternative 136 and Third Sector Tier 0/1 prevention services being accelerated at pace during the COVID-19 pandemic, in order to provide extended and more efficient and accessible Mental Health services.

The co-location of all of our Crisis Resolution Home Treatment Teams (CRHTs) and Community Mental Health Teams (CMHTs) has taken place, to deliver intensive home treatment or a community assessment. This extended service allows for increased access to the team for service users and for staff to work more flexibly in line with social distancing requirements. To fully implement this arrangement across all 3 Local Authority areas we are currently undertaking an Organisational Change Process (OCP) with all affected staff, which is due to end in April 2022. In line with these changes, we have developed new service specifications for the Community Mental Health Centres (CMHC) and CMHT's which have been engaged on with staff, service users, carers and partner organisations. There will be a phased implementation with services being provided 7 days a week from 09.00am - 5.00pm from May 2022.

During the pandemic, the S136 Place of Safety was centralised to Bryngofal Ward, Llanelli and this arrangement has continued. The Alternative Place of Safety in Ceredigion and Pembrokeshire are now both operational 24/7. There were some initial challenges for staff and service users with regard to the centralised Place of Safety, which have improved since the services in Ceredigion and Pembrokeshire have been established.

A Mental Health Liaison Service is in development across the four District General Hospital (DGH) sites, with Carmarthen identified as the lead DGH site, as there is a Consultant Psychiatrist in post. The operational development of this service continues as we integrate Adult Mental Health into our existing Older Adult Liaison Service, to provide a single cross-age/speciality liaison team for adult, older adult and learning disability individuals. An Advanced Nurse Practitioner (ANP) has been appointed in Carmarthenshire alongside 2 Senior Nurses in Pembrokeshire and Ceredigion. The service is being supported by our Crisis teams to ensure that Liaison services are available across 4 DGH sites. This service is included in the current OCP to enable the Older Adult Liaison staff to work 24/7, with a new service specification currently being developed which will be engaged on with staff, service users, carers and partner organisations during February 2022.

At the onset of the pandemic, in-patient services were reviewed in line with 'red' and 'green' infection control procedures, which resulted in a reduction in bed numbers. These requirements are now no longer needed; however, inpatient services will continue with reduced bed numbers as our community services have progressed over the past 12 months, in line with the TMH agenda. A twice daily 7 day a week Bed Management meeting has been established to manage potential admissions, leave and discharges from the wards. Multi-agency membership includes in-patient, community and medical staff alongside St. John's Ambulance, Local Authority partners and Police when required. This partnership approach ensures robust care and treatment planning for our patients on the wards or at home. These revised operational arrangements have resulted in reduced length of stays in our in-patient wards and improved our position with regard to bed occupancy, which has negated the use of surge beds and out of area admissions.

AMH services have been working with Welsh Government (WG) to implement a pilot for an all-age Mental Health Single Point of Contact (SPOC) via the national 111 service. This is a regional pilot in conjunction with Swansea Bay University Health Board and Aneurin Bevan Health Board. The structure of the service means that local care is provided by locality-based teams via the national number, which was highlighted as a service need during the TMH consultation. We successfully recruited a range of MH Practitioners and administrative staff through the Bank Staff system, with the pilot going live in January 2021, operating on weekend nights only. Following the success of the pilot, WG provided recurrent Crisis Care funding in May 2021 for all Health Boards to develop substantive MH SPOC services. We have successfully recruited a Clinical Lead, a Service Co-ordinator and a number of MH Practitioners. Interviews for Well-being Practitioners and additional MH Practitioners are scheduled for March 2022. We have incrementally increased operational hours over the past 12 months and are currently providing services Monday to Thursday 18.30 – 22.30 and Friday 18.00 to midnight on Sunday. A phased approach to implementation is being planned for March and April 2022, with the service scheduled to be operational 24/7 from May 2022. Hywel Dda UHB will be one of the first Health Boards in Wales to offer this service 24/7 and we are currently developing a targeted marketing campaign with our Communications Department.

In May 2021 WG provided funding to pilot a 6 month MH conveyance scheme to support service user flow to and from inpatient settings, which has recently been extended until March 2022. The service has been operational since 1<sup>st</sup> May 2021 and is being provided by St. Johns Cymru, with 1 full time vehicle with a 2 person crew from 10.00am – 10.00pm 7 days per week. Outside of these hours (10.00pm – 10.00am) there is an on-call system in place. This service has greatly reduced demand on NHS and partnership organisations' staff time in having to provide transport, with over 300 conveyances being undertaken in the first 9 months. WG are currently agreeing sustainable funding for this, with a national procurement exercise expected to take place in the next 6 months.

In line with our commitment to provide out of hours crisis care AMH has extended its pilot provision of Sanctuary and Hospitality Bed services which are now available Thursday to Sunday in Carmarthenshire and Pembrokeshire. Further to this, we are working with Hafal to provide services in Ceredigion with an expected go live date of March 2022. All 3 services have been extended until 31<sup>st</sup> March 2023, in line with the planned recommissioning of our Third Sector services and will be reviewed as part of this process to determine future service provision needs.

All service development and improvement initiatives are planned and delivered in a co-produced way with partner organisations, Third Sector, service users, carers and individuals with lived experience informing new service models and outcomes. We are currently undertaking a review into the changes delivered in AMH services over the past year, which is being undertaken by an independent consultant. This is to ensure that the intended TMH outcomes are being delivered and to understand the staff experience of the organisational changes. Whilst we have acted consistently with the TMH agenda, we want to learn from what we have done to inform future service design. The review has been delayed due to the COVID-19 pandemic, but we now have a revised completion date of March 2022.

### Older Adult Mental Health

Older Adult Mental Health (OAMH) services are focussed on sharing clinical expertise and improving care pathway interfaces with AMH, West Wales Dementia Well-being Pathway, acute hospital sites, Primary Care, GP Clusters and Community Resource Teams. In line with this, we are exploring opportunities to develop a collaborative care model on 4 designated beds in Enlli Ward in Bronglais DGH, with the focus on those with Dementia and co-morbid stabilised

long-term conditions. The pandemic has delayed the anticipated 2021/22 implementation date as the designated beds were required for surge capacity due to systemic pressures. However, we are progressing with the planning stage and the project scope and admission criteria are being discussed in line with a shared care approach. We will be progressing this work in the new financial year with implementation anticipated by March 2023.

The impact of the COVID-19 pandemic and Social Distancing measures has placed greater demands on our Memory Assessment Services (MAS). Currently, service demand is outweighing capacity, which has resulted in significant waiting lists in breach of WG referral to diagnosis 12-week targets. As a result, WG provided dedicated funding for MAS in 2021/22. In line with this, the service undertook a lean service analysis to review capacity and capability. Key areas for improvement were identified, including pre-diagnostic assessment capacity and post diagnostic treatment, to link with named wrap-around support (Dementia Well-being Connector). The funding has enabled the expansion of current services with a multi-disciplinary staffing model which will enhance pre-diagnostic assessment and diagnostic capacity against current and projected demand, reducing current waiting lists in line with WG targets. Additional ANP's (non-medical prescriber) in each Local Authority area will provide dedicated operational leadership and work to improve diagnostic and prescribing capacity. Additional Occupational Therapists will enable post diagnostic intervention. A new MAS service specification is currently being developed, which has been slightly delayed to service pressures arising from the pandemic, with an expected completion in early 2023.

OAMH is engaging with the Regional Partnership Board (RPB) and West Wales Care Partnership on the development of the Dementia Well-being Strategy and pathway. Throughout 2022/23 the focus will be on implementing the 'All Wales Dementia Care Pathway of Standards' including evaluating and measuring compliance and outcomes. Dementia Well-being Teams (DWT) fulfil critical sections of the Pathway, integrating with acute hospitals, generic community services and care homes. This includes the Admiral Nurse Service which is embedded in CRT's in each of the 7 localities. We have expanded our DWT's to enable the British Psychology Society recommended stepped-care and person-centred wrap-around support in all 4 DGH's, Primary Care, Local Authority and Third Sector partners. Modelling for a stepped care pilot project working with 16 care homes has been completed in collaboration with partners. 2 additional posts have been recruited to support the roll out of the pilot, which commenced in March 2022. Following implementation, an evaluation will be undertaken by the RPB prior to rolling out the model across the Health Board footprint. Work is taking place to expand our Third Sector commissioned Dementia Co-ordinators to provide additional baseline wrap-around for individuals living with Dementia and their carers which will commence in April 2022. This additionality will support us to meet the requirements of the Dementia Action Plan recommendations and the recently published Dementia Standards.

Due to competing priorities with MAS service developments, we have revised the timescales for the development of the CMHC service specification work. This will now be undertaken in early 2023 as it will require an OCP for staff to enable 7 day a week working, in line with the AMH TMH programme. A dedicated Business Manager and Data Analyst were appointed in February 2022 to support this process going forward.

We are working with AMH colleagues to consolidate transition guidelines and develop appropriate clinical pathways between the services. In line with this, we have developed a Memorandum of Understanding which outlines the circumstances and processes for transitioning care from one service to the other, which is currently being piloted.

## Specialist-Child and Adolescent Mental Health Services

Specialist-Child and Adolescent Mental Health Services (S-CAMHS) are focussed on the development and expansion of the workforce through increasing skills and competencies to improve emotional resilience in children and young people (CYP). In line with this, we have successfully developed a Looked After Children service which has been embedded within social services in all 3 Local Authority areas. The CAMHS Crisis team is now operational 24/7 with a range of additional skilled practitioners coming into post in 2021/22. We have further expanded our Psychological Therapy Service and are able to offer a range of evidenced based therapeutic interventions to our CYP.

All Peri-natal posts within the multi-disciplinary team (MDT) have been recruited into and strong links have been established with Local Authorities and Third Sector. In line with this, we have established an MDT Steering Group to oversee the implementation of this work and to ensure that the recommendations of the national Peri-natal Group are prioritised locally. We are currently developing proposals to develop Infant Peri-natal services through sustainable WG Service Improvement Funding (SIF) in 2022/23. We are continuing to work towards attaining the Royal College of Psychiatry (RCP) standards accreditation, which is linked to development of the Infant Peri-natal team.

A review of Primary Care Mental Health Services for CYP has been undertaken. In line with the development of the new School In-Reach programme we have mapped out a robust service model in collaboration with partner organisations. An MDT Steering Group has been established to oversee the development and implementation of the programme. A project manager has been appointed to provide support and co-ordinate the implementation plan and map training needs across the 3 Local Authority areas.

S-CAMHS continues to work collaboratively with AMH colleagues to develop robust transition processes for our CYP, with a Transition Lead appointed to act as the link with AMH and provide training and advice to colleagues. This work is being supported by a Peer Support Worker to ensure that evidence of lived experience is reflected in the process.

In line with the All-Wales recommendations on Eating Disorder Services, recruitment has commenced to establish a dedicated CAMHS Eating Disorder service, which will be aligned to the Adult Tier 3 service. The Service Lead took up post in March alongside 3 specialist staff. With recruitment ongoing to fill the remaining posts. It is anticipated that the service will be fully operational by July 2022.

We are continuing to expand the provision of Early Intervention in Psychosis (EIP) services in line with the national leads. We are in the process of establishing a Steering Group which will meet in May and will be responsible for overseeing the local implementation of the RCP national standards and ensure self-assessment against the EIP maturity matrix. The Service has already begun the self-assessment work which will be completed over the coming months.

S-CAMHS is working with partners through the RPB to further strengthen care and support arrangements for children with emotional and mental health needs by becoming early adopters of the national Early Help and Support Framework which is being implemented as part of the Together for Children and Young People (TCYP) programme. This work is fundamental in helping services address the recommendations within the Children's Commissioner's report. Alongside this, a regional scheme has been approved by the RPB to provide safe accommodation and preventative, person-centred support for children with complex, high end emotional and behavioural needs to prevent escalation to/facilitate de-escalation from secure or inpatient care, including bringing children and young people currently placed out of county

and out of region back into West Wales. This work is being managed by the CYP Board of the RPB, who are currently agreeing capital requirements and implementation timescales.

### Learning Disabilities Service

Through the development of the Learning Disabilities Service Improvement Programme (LDSIPG), the service is focussed on developing a speciality healthcare provision which meets demand and ensures the workforce is more appropriately skilled and managed. The LDSIP is aligned with the WG 'Improving Care, Improving Lives' programme, with clear links between local and national objectives and priority areas.

The programme is being developed and implemented in line with the requirements of the West Wales Learning Disability Charter which calls for individuals with learning disabilities to be involved in making decisions about their health and the services they receive. This ensures that the wishes and needs of individuals are at the heart of the LD service improvement agenda. Co-production is managed and assured by the Learning Disability Dream Team with further governance provided by the multi-agency Regional Improving Lives Partnership.

The service redesign includes the development of a progressive and robust operational, strategic and professional plan for the service as a whole, to enable future growth and development. Work on the LDSIP commenced in 2021/22 with 3 main workstreams established as follows:

#### Patient Flow

A key element of the LDSIP is to review the long-term hospital environments to ensure that patients are moved on to less restrictive settings. Good progress has been made in this area with successful move on from Bro Myrddin and Ty Bryn.

In September 2020 Ty Bryn was repurposed as an Assessment & Treatment Unit, due to increased demand for services as a consequence of the withdrawal of some community-based services due to the COVID-19 pandemic.

In September 2021 the Directorate made the decision to close Ty Bryn Assessment & Treatment Unit to new admissions. This was due to the high acuity of patients in the unit, difficulty in maintaining qualified staffing levels, alongside some environmental concerns. A memorandum was sent within the organisation and to Local Authorities to this effect. On October 1<sup>st</sup> 2022, a Directorate Professionals' meetings was held to consider these risks, and to agree contingency plans to mitigate risk and expedite discharge of the 3 patients. Following this, 2 patients were discharged to community placements and 1 to a MH ward.

Ty Bryn was closed on 5<sup>th</sup> November 2021 for refurbishment to bring the building up to standards. All staff have been temporarily redeployed to support acuity in MH wards; and to support the vaccination programme, with a targeted approach for individuals with a learning disability, providing the necessary reasonable adjustment.

During this period Health Inspectorate Wales (HIW) HIW conducted a virtual inspection of the Unit on 1<sup>st</sup> November 2021 in line with COVID-19 compliance. The inspection highlighted concerns on the infrastructure of the building and lack of an up-to-date Fire Risk Assessment. A specific concern was raised on the acuity of an individual service user and the impact on staff and risk of injury due to this individual's behaviour. The significance of these concerns required an immediate assurance plan, which was submitted to HIW and approved.

Reflecting on the HIW report, it is clear the findings were consistent with the risk assessments that the Directorate had undertaken through September and October 2021. All the issues identified had clear plans for mitigation and resolution in place that may have provided additional assurance to the inspectors. As part of the learning from this process and report, the Directorate have taken steps to ensure visible leadership in units such as Ty Bryn has been enhanced to ensure similar issues would be identified and escalated even earlier in the future. Also, a revised process for managing the responses to any future HIW reports has been put in place which will ensure Senior Directorate Management and Executive Director sign off all documentation submitted as part of and in response to any future inspection process.

The former Ty Bryn site will house the new Learning Disability Resolution and Intervention Unit (LDIRU) which is currently being developed. The redevelopment of the site requires significant estates work, which is scheduled for completion in July/August 2022.

The 3 bedded LDIRU unit will provide specialist assessment and interventions to those with a moderate to severe learning disability and an associated condition such as Autistic Spectrum Disorder, severe and enduring behaviours that challenge and/or complex mental health needs. The Learning Disability Outreach Team (LDOT) is being redeveloped to establish a flexible and adaptable workforce which will provide assertive outreach. This model of early intervention will support people in crisis to remain in their own homes for longer and avoid unnecessary hospital admissions. In line with this, new workforce requirements are being evaluated and additional support will be provided to the former Ty Bryn staff for training and development.

One of the underlying principles of 'Improving Care, Improving Lives' is to enable people with a learning disability to live well and as independently as possible – at home or close to home. Recognising that a hospital bed is not a home, we are exploring the long-term sustainability of our continuing care residential services. This work will be undertaken as part of the LDSIP and current service models will be reviewed against WG recommendations. This will be fully engaged on with service users, carers and partner organisations to ensure that local service needs are taken into account against the national objectives. The anticipated implementation date for the new service delivery model is March 2023.

The Health Action Team (HAT) has expanded the role of Health Facilitators to maximise the numbers of annual health checks undertaken to meet the WG target of 75%. The Facilitators also provide an acute liaison service to individuals with a learning disability who are admitted to hospital and assist healthcare professionals in making reasonable adjustments for their needs.

#### Community Team Learning Disability Service (CTLD) Workforce Skill Mix

A demand and capacity review of the CTLD has taken place, which has underpinned the development of a new service specification, and includes the staffing capabilities and establishments required to deliver the new models of care ensuring a flexible and adaptable workforce.

The service modelling requirements agreed as part of the LDSIP will require staff consultation through an OCP, this will include LDOT, CTLD and residential units. A schedule has been agreed to commence the OCP with an anticipated start date of October 2022, with new service models being implemented from April 2023 which includes timescales to recruit to new posts. As part of this, new service specifications are being developed for LDIRU, LDOT, CTLD, HAT; all of which are being engaged on with service users, carers, staff and partner organisations.

#### Pathways

All learning disability clinical pathways are being redesigned in line with the new ways of working and new models of care being developed through the LDSIP including epilepsy,

Dementia, behaviours that challenge, physical health and transition etc. A specific Learning Disability Inpatient Pathway is currently being tested for LD patient admission to an AMH bed, which will ensure reasonable adjustments are made for LD patients when they require access to a MH bed. This will be reviewed over the coming months before wider consultation.

LD services are experiencing workforce challenges with the recruitment and retention of nursing staff, particularly with an aging workforce. The planned restructure of services will help to mitigate this through succession planning which will encompass clear progression routes for staff development. This includes the introduction of new ANP posts to compliment and provide further leadership to the medical workforce.

In June 2021, the Specialist Epilepsy Psychiatric Consultant in Neurology Services left the service. This post provides specialist support for individuals with a learning disability and epilepsy. Neurology services has been unable to recruit a substantive Consultant, despite a widespread recruitment campaign. Consequently, a locum Consultant was appointed in LD in February which will enable the Clinical Lead to support the review of priority patients and ensure that all have Care & Treatment Plans (CTP). The Clinical Audit Team will be undertaking an audit of CTP and Risk Assessments in April 2022 to assure compliance and quality.

The service has been working with Neurology colleagues to implement a plan to ensure patient safety and maintain service provision as follows:

- A mapping exercise has been undertaken, categorising the current caseload in order of prioritisation.
- Patients with simple seizure patterns who are well maintained on anti-epileptic medication are monitored by LD nurses who have access to a Consultant for basic advice on management of epilepsy and preventative medication.
- The Long-Term Conditions Team worked with the service to develop an Epilepsy Nurse role with a specialist interest in LD. The purpose of the role is to support Neurology clinics and to provide additional expertise for individuals attending clinics.
- The specialist nurse took up post in January 2022 and is currently reviewing priority cases and linking with GPs. Follow up is provided with a letter advising where any further Neurology support/referral is required.

All affected service users and carers have been made aware of the current situation and of the new processes which have been implemented. Named contact details for the service have been provided to all patients to allay any concerns.

The Director of Operations, on behalf of the Chief Executive, has commissioned an independent review of the service to ensure all urgent matters of concern are identified and addressed, as well as to support the development of a medium-term improvement plan for the service going forward. The process will engage with patients, carers, families, staff and key stakeholders in identifying the baseline assessment of the current service and the medium term plan for improvement. It is being undertaken by a national expert in Learning Disabilities and Epilepsy, Professor Rohit Shankhar. Professor Shankhar will be joined for the review by Paula Hopes, Head of Nursing for Learning Disabilities at Swansea Bay University Health Board, to ensure a multi-disciplinary perspective of the service and its future development. The initial report on any urgent matters of concern arising from the baseline assessment will be complete by August/September 2022 at the latest.

### Autism Spectrum Disorder Service

All vacant posts within the Autism Spectrum Disorder (ASD) service have been recruited to, with additional posts being temporarily funded by the Directorate to help reduce waiting lists. A Service Delivery Manager has been appointed to work with the Head of Service to align CYP and adult ASD services, which will ensure consistency and parity. Further to this, a highly specialist Clinical Psychologist focussing on CYP with LD co-morbidity has been appointed. We are contributing to the national ASD demand and capacity review being undertaken by WG, which includes the development of standards and attainable targets. In order to meet waiting list demand which currently stands at 1717, we are working with finance and procurement colleagues to commission external assessments over a 3-year period from 2022/23.

Work is progressing on the recruitment of the Integrated Autism Service (IAS) workforce, with 1.4 WTE Health Care Support Workers recruited. The appointment of a new Team Lead and a highly specialist Clinical Psychologist is progressing. We are working with Local Authority partners to embed and expand IAS across agencies through a planned recruitment campaign in late 2022/23.

Currently CYP with learning disabilities and additional learning needs are not seen within specialist secondary care, as this is an adults-only model. To address this, the Directorate is working with Community Paediatric Services to develop a through-age service which will ensure seamless transition, including the development of an integrated model of care through Positive Behaviour Support. A collaborative proposal has been submitted to the Regional Integration Fund to provide resources across all 3 LA's. This area of work will align to the Health Board's CYP Working Group.

### Adult Attention Deficit Hyperactivity Disorder Service

The adult Attention Deficit Hyperactivity Disorder (ADHD) Service is still in development and therefore has limited capacity. WG are currently working on providing service-specific guidance and performance expectations in relation to waiting lists, which will likely come into effect from 2023/24. However, to address our legacy position, the Directorate has provided additional resources to recruit staff to undertake waiting list initiatives, including assessment and initial treatment options. In February 3 ADHD Nurses and 3 Admin workers came into post and are currently going through induction.

The additional staff are currently working to develop waiting list initiatives to address the backlog and meet continuing high demand. Initial discussions have taken place with Primary Care colleagues to develop enhanced arrangements with GPs to provide ongoing monitoring. Alongside this, the service is assessing demand and capacity to inform future models of care and to develop a business case for a sustainable service by March 2023. This will be underpinned by the development of a new service specification based on National Institute for Health and Care Excellence (NICE) guidelines and emerging good practice examples.

### Commissioned Services

The Directorate currently spends approximately £1.4 million (core budget) per annum through Service Level Agreements (SLAs) with approximately 20 Third Sector organisations to deliver a range of early intervention and prevention mental health and well-being services to support our population. We have developed a robust procurement/commissioning framework with procurement colleagues, whereby services will be awarded new 3-year SLAs by 31<sup>st</sup> December 2022. This timeline reflects the complexity of the process and the need to support the sector appropriately to prepare for the procurement exercise. The Framework will allow

MH&LD services to work collaboratively with organisations, partners, service users and carers to develop new service specifications, encouraging fresh approaches and innovation.

### Service User & Carer Feedback

The Directorate prioritises service user and carer feedback across all service areas. Capturing the experience of those who use our services enables us to identify areas for improvement and to highlight and share best practice.

Services work in liaison with the Patient Experience Team to ensure that service user and carer feedback is captured via a range of mechanisms and mediums and that it is accessible, meaningful and purposeful. However, it should be noted that there can be barriers in engaging carers and service users in the feedback process, due to the nature and severity of their illness. In particular, some service users do not want to revisit their experiences once they have recovered. Service areas ensure that all feedback is acted upon within relevant timescales to maximise service improvement.

We currently capture feedback through the following mechanisms:

- Complaints
- Compliments
- Putting things right
- Care and treatment planning, Part 2 (training). Reflection on how care is delivered is provided by carers and individuals with lived experience
- Independent Mental Health Advocacy service
- Patient journeys
- Healthy ward checks which include lay person observations help us to ensure dignified person-centred care
- Patient experience (QR codes) are currently used in in-patient settings, Mental Health conveyance service and Third Sector commissioned services. From April 2022 this will be rolled out to other service areas including Integrated Psychological Therapies Service (IPTS), community services and out of area placements

In line with the Health Board wide roll out of the Civica (All Wales) system, we are working with Patient Experience colleagues to transfer all service user and carer feedback initiatives to the Friends and Family Test from April 2022. This will provide for a more robust corporate overview and bring us in line with other service areas.

### Service and Estates Strategy MH Services

As noted above, there are wide ranging service initiatives which are important for the Health Board to progress without delay. We are aware that in delivering these, there are critical challenges around the Estate which are restricting progress in achieving some of these goals. Across the Health Board (all services) there is currently a backlog maintenance total in the region of £82m. We are managing this through a number of strategies, including fully prioritised Discretionary Capital Programme investments, together with more strategic Major Capital investments delivered via the Major Infrastructure Programme Case already endorsed by Welsh Government, and previously presented to the Board.

In terms of MH&LD services, many of the estates challenges involve lack of space and appropriate accommodation, with others relating to condition of buildings and the need for capital investment/new leases of properties in the private sector. Examples of these can be seen at the Preseli Unit in WGH; however, there are many others that require a strategic decision and investment programme.

In moving this forward, the requirement will be for the Health Board to review current service and estate strategies and to ensure that the future clinical direction is fully supported by a simultaneous review and investment strategy within the Estate supporting MH&LD services. This will set out the capital and potentially revenue solutions to a range of clinical needs and capture the disposal of any existing Estate necessary to achieve these goals.

### Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** progress against Planning Objective 5G across MH&LD in 2021/22;
- **NOTE** the risks and mitigations highlighted.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	All risks managed through the MHL D Risk Register apply.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6. Individual Care 5. Timely Care 5.1 Timely Access 6.1 Planning Care to Promote Independence
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>• Substance Misuse Delivery Plan 2019 - 2022</li> <li>• Crisis Care Concordat National Action Plan 2019 - 2022</li> <li>• Together for Mental Health Delivery Plan 2019 - 2022</li> <li>• Dementia Action Plan Wales 2018-22</li> <li>• All Wales Dementia Standards March 2021</li> <li>• West Wales Dementia Strategy 2021</li> <li>• West Wales Carers Strategy 2020 - 2025</li> <li>• Improving Care, Improving Lives – National Care Review of Learning Disabilities Feb 2020</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>• Matrics Cymru: Guidance for Delivery of Evidenced Based Psychological Therapies in Wales 2017</li> <li>• Matrics Plant: Guidance for Delivery of Psychological Interventions for Children and Young People</li> <li>• Wales Psychological Therapy Plan for the Delivery of Cymru Matrics Cymru – The National Plan 2018</li> </ul>
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<p>Strategy &amp; Planning Committee  Business Planning, Performance &amp; Assurance Group  Regional Improving Lives Partnership  Crisis Care Concordat Group  Quality, Safety and Experience Group  Mental Health Legislation Assurance Committee  Stakeholder Reference Group  CHC Planning Committee  CHC Executive Committee  Partnership Forum  Local Mental Health Partnership Board  Professional Forums (including Medical Staff Committee)  Integrated Services Board (WWHSCP)  Mid Wales Healthcare Collaborative Board (MWHCC)  Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council Scrutiny Committees</p>

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not applicable.
<b>Gweithlu:</b> <b>Workforce:</b>	All Organisational Change Processes across the Directorate are supported by HR and Workforce and OD colleagues, with Trade Unions consulted as part of the process.
<b>Risg:</b> <b>Risk:</b>	Risk Registers are maintained and managed as part of the project management processes for all areas of service change. Red rated individual risks are escalated to the Directorate's Risk Register when appropriate.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable.
<b>Enw Da:</b> <b>Reputational:</b>	Not applicable.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Full EQIA's have been undertaken for all policy and service change initiatives across the Directorate.