



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 July 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health & Learning Disabilities Assurance Report
<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 assurance to the Board on MH&LD performance targets. The report also includes updates on specific areas of service delivery which was requested following the MH&LD Strategic Objective Update report taken to Board in March 2022.

#### Cefndir / Background

A detailed Performance Assurance report was presented at Board Seminar on 16<sup>th</sup> June 2022, a summary of which is provided within this report. Following an update report on the Directorate's Strategic Objectives at Public Board on 31<sup>st</sup> March 2022, Members requested further information on a number of key areas including:

- Progress against Transforming Mental Health objectives
- Update on the implementation of the Welsh Patient Administration System
- Patient related outcome measures and experiences
- Assurance on quality and risk for those waiting for services

#### Asesiad / Assessment

##### Performance Assurance

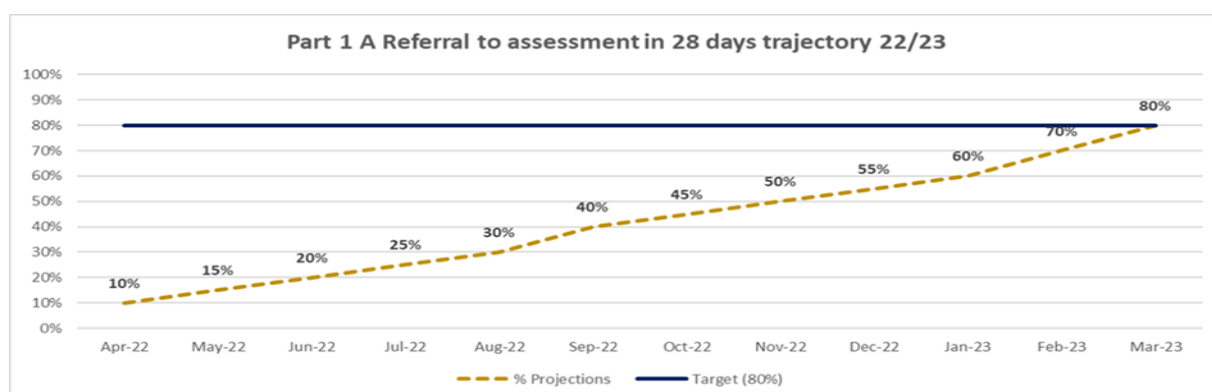
As we emerge from the COVID-19 pandemic, MH&LD services are experiencing significant staffing and accommodation pressures; which, coupled with increased referrals for some services and increases in acuity for service user groups, are placing a strain on the service. These pressures are impacting on service users who, as a result, are having to wait longer for access to services. The following provides a summary of agreed trajectories for our high-pressure performance targets. Please see Appendix 1 for detailed Performance Assurance Report, which includes information on performance, trajectories and benchmarking across our Welsh Government (WG) targets.

## Specialist Child and Adolescent Mental Health Services (SCAMHS)

- Part 1A Referral to assessment in 28 days

The Welsh Government (WG) target for Part 1A referral to assessment in 28 days for children and young people (CYP) is 80%. we have been consistently in breach of this target, with April returns again showing a downward trend at 4.7%. As at April 2022, there are 21 CYP waiting more than 28 days, with 59 CYP waiting less than 28 days.

*Table 1 Trajectory referral to assessment in 28 days (CYP)*

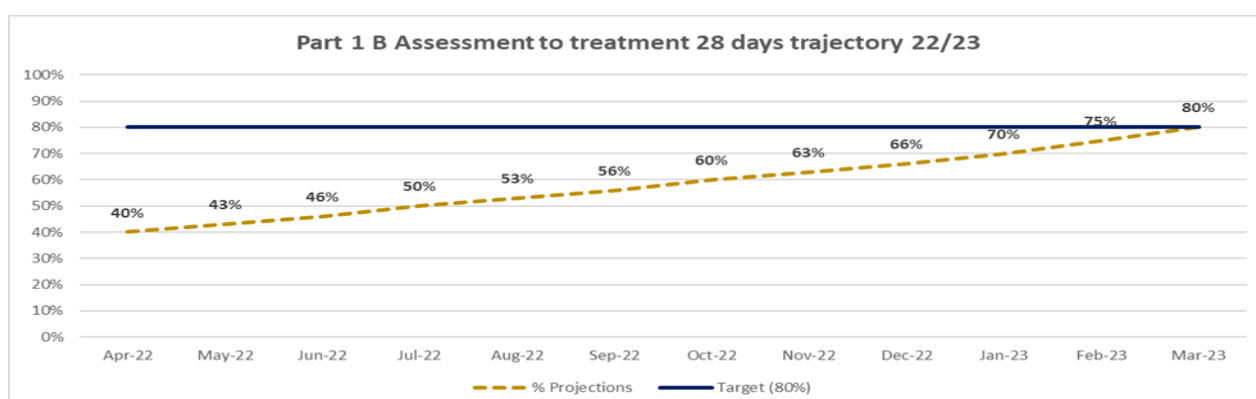


As can be seen in Table 1 above, the service is working towards an agreed trajectory for Part 1A for recovery to 40% by September 2022, with a view to achieving the 80% national target by March 2023; this will be in line with new staff coming into post which will reduce the current backlog. We are on target to meet the trajectory with May's performance demonstrating improved compliance at 33.7 %.

- Part 1B Assessment to treatment in 28 days

The WG target for Part 1B assessment to treatment in 28 days for CYP is 80%. we have been consistently in breach of this target. With April returns again showing a downward trend at 50%, January 27.8%, February 40% and March 37.5%.

*Table 2 Trajectory Assessment to treatment in 28 days (CYP)*



The service is currently working towards an agreed trajectory for Part 1B for recovery to 56% by September 2022, with a view to achieving the 80% national target by March 2023; this will be in line with new staff coming into post which will reduce the current backlog. Trajectory is on target with May's performance demonstrating improved compliance 46.15%.

In response to our underperformance for SCAMHS, monthly meetings with Senior Managers, the SCAMHS Data Analyst and the NHS Delivery Unit have been established to report on service developments and trajectories. We are working to identify areas of best practice from other Health Boards to apply any learning locally to improve our position.

The agreed trajectories up until March 2023 are part of a targeted recovery plan agreed with our Performance Team colleagues, which will require 12 months to implement due to recruitment processes and service challenges, with staff vacancies and retention already impacting on our ability to meet the targets. In the interim, we have been working with the Health Board Bank service to mitigate staffing issues, however the specialist staff required for SCAMHS are not always available through the bank system.

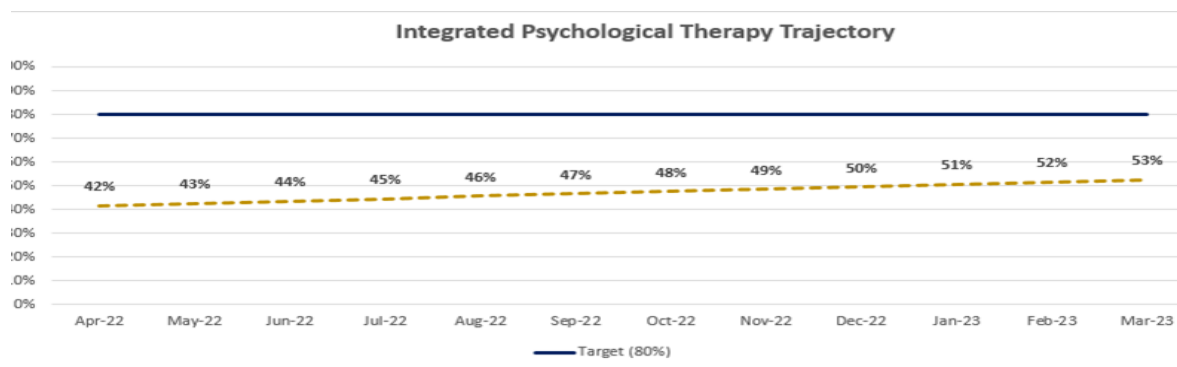
### Integrated Psychological Therapy Service

- % adults waiting less than 26 weeks to start a psychological therapy

The WG target for adults waiting less than 26 weeks to start a psychological therapy is 80%. During 2021 we have been unable to meet this target. From August to September 2021, we attained between 32% to 39.5%, with improvements from October to March 2022 of between 42% to 43.6%. In March 2022, we attained 43.6%, with April figures showing a slight decrease to 41.6%.

As of April 2022, 347 service users were waiting less than 26 weeks to start a psychological therapy. 488 are waiting more than 26 weeks, of which 260 were waiting more than 52 weeks. Turnover of waiting lists is impacted by differing client presentations and modality interventions, with the shortest average package of intervention being 8 weeks and the longest being 3 years with weekly appointments.

*Table 3 Trajectory Adults waiting less than 26 weeks to start a psychological therapy*



Based on last year's performance the current service trajectory as shown in Table 3 is to increase by at least 1% each month. Since February 2022 we have achieved an increase of 1.5%. While small, this does reflect some stability, however it is difficult to provide exact trajectories due to the complexities of presentations. It is difficult to quantify exact capacity and demand, due to therapists delivering more than one therapeutic intervention, based on the types of clients on a caseload which can impact the numbers delivered. For example, a Dialectical Behaviour Therapy (DBT) therapist can only see 4 clients per week, due to the emotional pressure placed on the therapist, which means that modelling potential demand for psychological interventions is complex and not an exact science.

We have recently implemented evidence based therapeutic group interventions, with initial feedback being positive. We are evaluating the initiative prior to rolling out further to ensure the evidence base. However, initial feedback from some service users is that they prefer one-to-

one interventions rather than the group sessions. A risk to maintaining the trajectory will be the reluctance of group uptake, at which point this should be classed as a reasonable offer, as being an evidence-based intervention, it should have the same outcome as a one-to-one appointment. We are exploring this with WG; however, this needs to be agreed on an individual basis based on a Risk Assessment, which is time consuming.

### Autistic Spectrum Disorder Services

- % of children and young people waiting less than 26 weeks to start a neurodevelopmental assessment

From April 2021 – March 2022 our performance has consistently wavered between 24.2% and 29.8%, which is consistent with the previous year's performance. In March 2022, we achieved 22.3% against the measure, with April returns showing a slight improvement at 24.8%. (For the purposes of this report, we have separated the CYP Autism Spectrum Disorder (ASD) performance information from CYP Attention Deficit Hyperactivity Disorder (ADHD) data, as this is operationally managed by Childrens Services).

Due to the significant waiting lists for Adult and SCAMHS ASD services, we are unable to agree a realistic trajectory at this time. Issues with staff recruitment and retention have played a significant role in the lack of capacity within the service to meet these targets; this has been further compounded by issues with Estates and IT infrastructure. Despite additional staff being recruited to help tackle the waiting list; with current resources and in order to comply with NICE best practice guidance, the service only has capacity to complete an average of 40 diagnostic assessments per month, which – with the current average referral rate of 87 per month – means that we are not in a position to agree a trajectory.

WG have recently undertaken a demand and capacity review of Neuro-developmental Services across Wales, with the findings expected in Summer 2022. It is anticipated that this report will bring additional investment to services to strengthen capacity and ensure that we can comply with the newly implemented legislation on the delivery of autism services.

### Quality & Safety

There are a number of risks associated with individuals waiting for services. Respective service areas manage these risks in line with the Directorate's Risk Management Policy. The following provides further information on the risk of harm to those waiting for our high-pressure service areas, as well as the mitigations which have been put in place to manage these risks.

- S-CAMHS Primary Mental Health Services Waiting List

This risk is assessed as low, which is consistent with the services acceptance criteria as being low risk of harm to self/others. However, as with all service users waiting for a service, there is some risk of deterioration and escalation in terms of mental health needs. In line with this the service has agreed the following mitigations:

- Families are sent an acceptance letter after they are offered an intervention post-assessment. This contains advice as to how to contact the service and access Kooth online counselling and other self-management apps and resources.
- All CYP and families on our waiting list receive a phone call within 28 days of their assessment to review their needs and provide signposting and self-management advice.
- Those waiting more than 28 days, receive a further review/check in phone call for every four weeks they are waiting for their intervention to start.

- CYP who appear at greater risk of escalation at the point of assessment are expedited for interventions within 28 days in accordance with clinical need.

- ASD Services

The risk of harm for those waiting for ASD services centres on needs not being appropriately identified, which can lead to profound social, emotional and mental health consequences for both CYP and adults. The Code of practice stipulates that services should be providing support for people who are awaiting assessment, with Integrated Autism Service (IAS) fulfilling this role. CYP who are waiting to access services are offered a telephone advice service.

We are currently developing a procurement exercise to outsource assessment and treatment to address our waiting lists in both Adult and CYP ASD services. With a planned implementation date of October 2022, services will be procured (depending on provider uptake) until 31st March 2025, with a minimum of 150 individual diagnostic assessments per year being undertaken.

- Integrated Psychological Therapies Service (IPTs)

Those waiting for services relating to Part 1 of the measure are deemed low risk, however those waiting for Part 2 of the measure are a higher risk due to presenting with more complex modalities. The following mitigations have been put in place:

- On receipt of referral all service users are sent information on signposting options that they can access while waiting. Service contact details are also issued to support further enquiries.
- All service users are supported to access SilverCloud which is an online service that provides evidence-based well-being and mental interventions.
- Group therapy sessions are being piloted to target those on the waiting list, with initial feedback being positive. We are evaluating the initiative prior to rolling out further to ensure the evidence base.
- A leaflet has been co-produced with service users which provides useful information which may be of benefit to clients this was produced jointly with a service representative.
- All service users waiting more than 26 weeks are issued with keeping in contact letters.

## **Transforming Mental Health**

Aspects of the strategy aligned to Transforming Mental Health (TMH) have been accelerated at pace during the Pandemic, in order to provide extended and more efficient Mental Health services. We have developed a service model which provides access to a continuum of services over a 24-hour period. More efficient ways of working have been introduced in our Community Mental Health Centres (CMHCs), which is enabling us to meet routine appointment times of 28 days, alongside new community focussed service models which support recovery and resilience.

An update against the service initiatives highlighted through the consultation are summarised below. Please see Appendix 2 for detailed progress against the TMH Implementation Plan.

- 24/7 Community Mental Health Centres

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 have undertaken an Organisational Change Process with all affected staff to enable 7 day a week working. There will be a phased implementation with services being provided 7 days a week from 09.00am - 5.00pm from October 2022. In line with this, we have developed new service specifications for the CMHC, which are currently being finalised following engagement with staff, service users and partner agencies.

Additional services have been established to provide a compendium of services which are available 24/7, including the Mental Health Liaison Service, was initiated in response to the pandemic; however, this has now been established as a standalone team within the Directorate and now provides support across the age range. The Service is available 24/7 and is easily contactable, with a single referral form developed for all departments and wards within the District General Hospitals and Community Hospitals to request a mental health assessment for a patient. This development 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.

The Out of Hours Clinical Co-ordinator Service works across the Directorate and provides a specialist clinical role to advise Crisis Resolution Teams (CRTs) in respect of complex gate keeping assessments. The service acts as the point of contact for advice on any clinical issues and for S136 consultation by the Police. The Clinical Leads are advised on all potential admissions and provide support and advice on any in-patient discharge out of hours to the health Board, Local Authority, WAST and Police, liaising with Out of Hours services across all three local authority areas.

- Alternative Place of Safety

During the Pandemic, the S136 Place of Safety was centralised to Bryngofal Ward, Llanelli and this arrangement has continued due to its success. Alternative Places of Safety have been developed in Ceredigion and Pembrokeshire and are now both operational 24/7. While there were some initial challenges for staff and service users with regard to the centralised Place of Safety which has improved since the services in Ceredigion and Pembrokeshire's have been established.

- Centralised Assessment & Treatment Units

It has now been agreed that developing standalone assessment and treatment wards is too prescriptive. This model will have access to medical staff on the ward to provide care when needed. It will ensure that individuals do not need to travel unnecessarily as they will not have to attend a particular site to access the service through dedicated pathways. Alternatively, it has been agreed that establishing assessment and treatment pathways on inpatients wards which are nursing lead will be more beneficial for service users. Work is planned for later this year to develop the integrated assessment and treatment pathways cross the service.

- Mental Health Single Point of Contact

Through the consultation process the need for a local Mental Health Single Point of Contact (MH SPOC) was agreed, however in early 2021 WG announced their intention to implement a national MH SPOC through the 111 telephone service. Hywel Dda were invited to be a pathfinder for the development of the national service and were able to shape the service model, helping to ensure that local care is provided by locality based across the Health Board footprint, which is in keeping with the recommendations of the consultation. Following the

success of the pilot WG provided recurrent funding to all Health Boards in September 2021 through the Mental Health Service Improvement Fund, to establish the service 24/7. These monies enabled us to recruit a range of Band 5 Well-being Practitioners and Band 6 Mental Health (MH) Practitioners alongside a Band 7 Clinical Lead and Band 5 Service Co-ordinator.

Following several months of piloting the service Hywel Dda is now the first Health Board in Wales to launch the service publicly. Since 20<sup>th</sup> June the service is available 7 days a week from 09.00am to 11.30pm. It is available to any individual of any age residing within the Health Board footprint of Ceredigion, Carmarthenshire and Pembrokeshire. This includes anyone visiting the area, including those who may be homeless or living in temporary accommodation. It is an open access all age telephone triage service which is accessed via the national 111 call line, by selecting Option 2. To date there has been very positive feedback from service users and partner agencies such as GP and Police colleagues. There will be a phased approach to 24/7 operating hours throughout the summer period as additional staff are recruited and onboarded.

- Programme Business Case – Capital Requirements

As the requirements for the service have now changed from actual buildings to the development of pathways for our assessment and treatment services, the Directorate have reviewed the requirements for a WG Programme Business Case (PBC) with our Strategic Planning colleagues. It has been agreed that the Directorate no longer require a PBC. In line with A Healthier Mid and West Wales: Our Future Generations Living Well, services will concentrate on developing the community pathways as set out earlier. Alongside this we are working with other Health Board capital initiatives such as the Aberystwyth Integrated Care Centre, which includes service scoping for the Gorwelion CMHC, IPTS, Community Drug and Alcohol Teams and Older Adult Mental Health Services. Alongside this the new Urgent and Planned Care Hospital PBC includes provision for MH services. Given the current financial climate it is unlikely WG will approve an interim PBC for MH services when these requirements also included in the new hospital PBC.

### **Service User Outcomes**

The Directorate prioritises capturing service user and carer outcomes across all service areas, which helps us to identify the progress of care, support and treatment based on service user and carer experiences. The Directorate uses a range of Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) tools specific to the service area and intervention. These tools are in line with Evidence Based Healthcare and Value Based Healthcare, as outcome measures provide credible and reliable justification for treatment and determining quality of care.

Improvement Cymru have identified a number of tools which have been agreed for consistent use across Wales. These have been agreed as they can be used across multiple settings, are easy to use and are available in Welsh. The following table provides an overview of some of the tools in use across the Directorate:



**Table 4 WG PROMS & PREMS Measures**

Improvement In My Wellbeing	
Adults	Children and Young Adults
Clinical Outcomes in Routine Evaluation (CORE)	Young Person's Clinical Outcomes in Routine Evaluation (YP CORE)
Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS)	Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)
Recovery of Quality of Life (ReQoL)	Strengths and Difficulties Questionnaire
Being able to Set My Own Goals and Aspirations	
Adults	Children and Young Adults
Goal Based Outcomes (GBOs)	Goal Based Outcomes (GBOs)
Social Services and Wellbeing Care and Support Plan 10 Point Scale	Social Services and Wellbeing Care and Support Plan 10 Point Scale
Recovery Star	
Goal Attainment Scaling (GAS)	

Within IPTS a range of PROMS and PREMS tools are used to support the provision of psychological therapies. All interventions have clear outcomes to improve the experience and well-being of service users. Clinicians currently use CORE-OM at the beginning and end of individual therapies. This is a 34-item generic measure of psychological distress, which is pan-theoretical and pan-diagnostic. A recent review of outcomes within IPTS indicates that the psychological therapy provided is effective, with the low rate of negative outcomes reporting evidencing that the interventions offered are safe. The service has also co-produced a range of qualitative outcome measures with service users, which we have implemented across our group interventions.

SCAMHS utilise various measures depending on service user need such as Strengths Difficulties Questionnaire (SDQ), Goal Based Outcomes (GBOs) and Young Person CORE. A service evaluation was undertaken in April 2021 to capture the experiences of service users and parents/carers across SCAMHS. The results showed a high proportion of service users' satisfaction and compliments to the service. With feedback highlighting key areas of recommendations for future practice.

Our Learning Disability services utilise the Health Equalities Framework (HEF), which is an outcomes framework based on the determinants of health inequalities. This tool enables services to agree and measure outcomes with people with learning disabilities. Assessments are undertaken in intervention planning, with reassessments undertaken post-intervention, to determine the impact.



Over the past 6 months the Directorate has been working with Improvement Cymru to train staff on the use of outcome measures as part of the Welsh Government mental health and learning disability core data set programme. This is a critical and valuable piece of work which will be effective in demonstrating patient reported outcomes and patient reported experiences as described in Welsh Government's National Clinical Framework: A Learning Health and Care System as well as the actions in the Together for Mental Health Delivery Plan.

68 teams across the Directorate have been identified to take part in the training, with over 50% completed so far. The remaining teams will undertake training over the coming months. From July Improvement Cymru are providing targeted Learning Disability outcomes training in line with requirements of the HEF. Plans have been agreed to integrate this training within the Electronic Staff Record (ESR) to enable all new staff members to partake.

In line with the Improvement Cymru training schedule, we plan to undertake a review of our use of PROMS and PREMS across the Directorate in Quarter 4. This will enable us to assess the quality of care provided across the range of interventions and identify any areas or improvement and celebrate best practice.

### **Welsh Patient Administration System**

Phases 1 and 2 of the Directorate's migration from Mental Health Patient Administration System (MH PAS) to the Welsh Patient Administration System (WPAS) commenced in November 2019 and involved the data migration of all elements previously held on MH PAS. The exercise was completed with the reinstatement of all statutory performance reporting from April 2021 supported through the central Health Board Informatics team.

The following key priority areas have been identified:

- Integrated Psychological Therapies Service (IPTs)
- Integrated Autism Service (CAMHS Neurodevelopmental Team, Adult Integrated Autism Service)
- OAMH Memory Assessment Service (MAS) (including pathways for Admiral Nursing Team, Dementia Wellbeing Community/Acute Teams)

Significant progress has been made against these priority areas over the past 6 months, with completion of this work within the agreed 12-month timeframe currently on target.

The successful implementation of WPAS across the Directorate is essential in managing our performance and developing realistic trajectories across all of our waiting lists, as WPAS is a key enabler in ensuring that data is accurate across all reportable areas. The integrated WPAS system allows the full patient pathway across all services to be accessible to those involved in the individuals care, whether for physical and/or mental health needs. It highlights the involvement of other services, demographic data, central recording of key alerts such as allergies, vulnerability, next of kin, legal status etc. Reporting functionality is contained within corporate Informatics structures which gives access to robust validation and submission arrangements and links to other clinical systems such as Welsh Clinical Portal, Information Reporting Intelligence System (IRIS) and Welsh Admin Portal (WAP).

While Integrated Psychological Therapies is the only service to go live at this point, once the reporting is structured correctly it will enable an easier overview of waiting lists and provide the ability to drill down into live data. The migration also supports governance, providing an audit trail for referral management. The validity of the information inputted into the system will be subject to routine data quality processes which will improve the quality over time.

## Argymhelliad / Recommendation

The Board is asked to:

- **CONSIDER** progress against the MH&LD performance and trajectory metrics;
- **CONSIDER** progress against the TMH programme and implementation of WPAS;
- **NOTE** any risks and mitigations highlighted.

### Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 5.1 Timely Access 6. Individual care 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 Cynllunio Planning Objectives	5G_21 Transforming MH and LD implementation
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><li>• Matrics Cymru: Guidance for Delivery of Evidenced Based Psychological Therapies in Wales 2017</li></ul>
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	<ul style="list-style-type: none"> <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.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Mental Health Legislation Committee Quality, Safety and Experience Group

<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>	The Directorate maintains a Risk Register for all service areas.
<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.

## Appendices

Appendix 1 Performance Assurance Report

Appendix 2 Transforming Mental Health Implementation Plan Update



## SEMINAR BWRDD BOARD SEMINAR

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	16 June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	MH&LD Performance Assurance Report
<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 assurance to the Board on MH&LD performance targets. We are required to report to Welsh Government on a range of metrics in line with the Mental Health (Wales) Measure 2010. Following declines in some of these performance measures, the Directorate has worked with the Performance Team to investigate the data in order to gather evidence to gain a better understanding of the key issues, along with identifying actions required to address these.

As we emerge from the pandemic MH&LD services are experiencing significant staffing and accommodation pressures, which coupled with increased referrals for some services and increases in acuity for service user groups are putting a strain on the service. These pressures are impacting on service users who as a result are having to wait longer for access to services.

#### Cefndir / Background

In order to standardise our reporting, the Directorate has been working with Performance Team colleagues to implement the Integrated Performance Assurance Report (IPAR) across all reportable service areas. We are working towards being able to report all relevant metrics through the IPAR, however the success of this is dependent upon the implementation of the Welsh Patient Administration System (WPAS) in each service area.

Further to this, the Directorate has been working to implement 'Improving Together', which aims to empower teams to improve quality and performance by setting key improvement measures aligned to service area vision. The visualisation of key data sets including improvement measures through the development of a dedicated dashboard and the addition of regular team huddles will help drive decision-making in a collaborative way.

We are currently piloting this approach in our Integrated Psychological Therapy Services (IPTs), which is helping us to standardise reporting, enabling us to provide a high-level overview of the current situation and key improvement actions. In line with this we have

developed a mock dashboard in order to agree which features and metrics need to be included, which is attached at *Appendix 1* for information.

Moving forward we have identified further areas to develop reporting in line with the requirements of the Measure. We are currently agreeing an implementation plan to roll out 'Improving Together' across the Directorate, however the timescales of this will be determined by the successful implementation of WPAS, which will be a key enabler in ensuring that data is accurate across all reportable areas.

Further work is required to understand how benchmarking position against other health Boards in Wales. We are being supported by the NHS Delivery Unit to identify areas of best practice and implement any learning that can help us to improve our position and improve our trajectories.

### Asesiad / Assessment

The Mental Health (Wales) Measure 2010 (the Measure) ensures that mental health services focus more appropriately on people's individual needs. It has four main Parts (Parts 5 and 6 are essentially administrative areas), with each part placing legal duties on Health Boards and Local Authorities to improve service delivery. For the purpose of this report, we are focussing on Part 1 through to Part 4:

- Part 1 seeks to ensure more mental health services are available within primary care
- Part 2 gives all people who receive secondary mental health services the right to have Care and Treatment Plan
- Part 3 gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services
- Part 4 offers every in-patient access to the help of an independent mental health advocate

The following is an assessment of our performance against Part 1 through to Part 4 of the Measure where applicable. Where available key metrics including performance, benchmarking and trajectories are included for SCAMHS, Adult Mental Health, Integrated Psychological Therapies and Learning Disabilities.

Please note that benchmarking information for Wales is only available up until February 2022, while the performance dashboard informational graphs runs to March 2022. April performance figures have been included in the narrative.

The following key applies to benchmarking data:

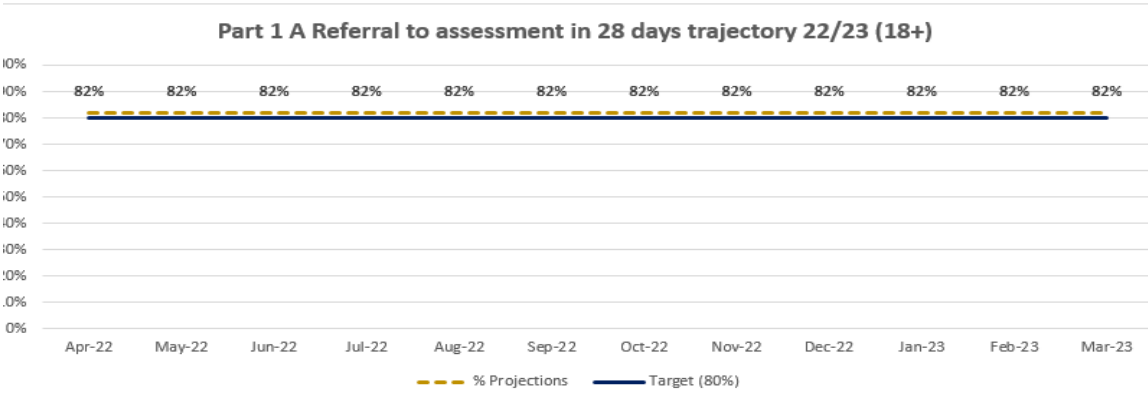
- SBU: Swansea Bay University Health Board
- AB: Aneurin Bevan Health Board
- C&V: Cardiff & Vale health Board
- Powys: Powys Teaching Health Board
- BCU: Betsi Cadwaladr University Health Board
- CTM: Cwm Taf Morgannwg

**Local Primary Mental Health Support Services (Adult 18 – 64)**

- Part 1, A Referral to assessment in 28 days**

The Welsh Government (WG) target for referral to assessment in 28 days for Local Primary Mental Health Support Services (LPMHSS) adults (18+) is 80%.

*Table 1 Performance referral to assessment in 28 days (adult), April 2021 – March 2022*

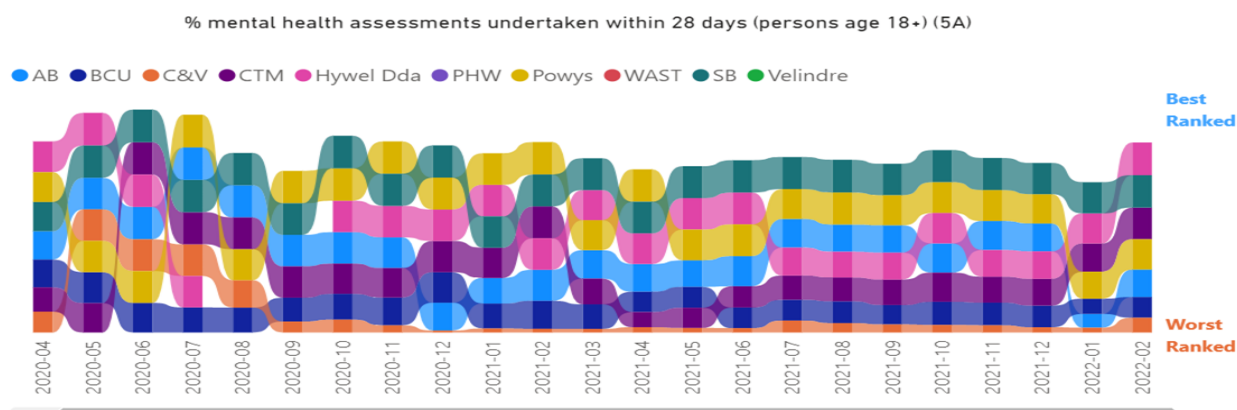


As can be seen in Table 1 we have consistently exceeded the 80% target from April to July 2021 and again from September 2021 to March 2022. While dashboard information is unavailable April, our in-house data shows consistency with a rate of 84.5%. In August 2021 we breached the target at 79.3%, which can be attributed to recruitment and sickness levels in one particular team, including administrative and clinical staff. During this period the service was carrying 5 WTE vacancies of which 4 have been filled, with onboarding due for completion by end of July. In addition, we have recruited 2 WTE Team Leaders who came into post in May. We will not see the improvement in capacity from the recruitment of these posts until October 2022.

Since the amalgamation of Integrated Psychology Therapy Service (IPTs) and LPMHSS in March 2021 a full review of the service has been undertaken. This includes the standardisation of practice across the 3 Local Authority areas to ensure equity of provision. Work is ongoing as we continue to improve our processes.

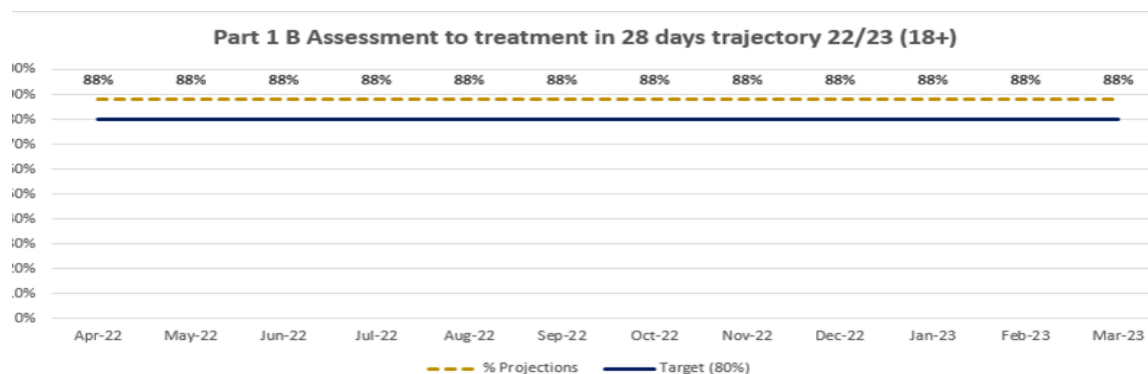
To manage demand, we are piloting group therapeutic interventions in LPMHSS, which we are evaluating to determine the evidence of the outcome prior to rolling out further. Our aim is to develop a compendium of group interventions which we can offer through LPMHSS. Following this, service users will be able to self-refer for low level interventions, which will prevent their mental health deteriorating, requiring less high intensive interventions further on.

*Table 2 Benchmarking (Wales) referral to assessment in 28 days (adult 18+), April 2021 – February 2022*



As can be seen from Table 2 as at February 2022, Hywel Dda ranked 1<sup>st</sup> in Wales at 100% for referral to assessment in 28 days (adult), in comparison SBU ranked second at 99.1%, CTM 96.8%, Powys 92.6%, AB 84.4%, BCU 63.1% and C&V 45.2%. Since April 2021 we have ranked 4<sup>th</sup> in Wales for 5 months, 3<sup>rd</sup> for 2 months and 2<sup>nd</sup> for 3 months.

*Table 3 Trajectory referral to assessment in 28 days (adult 18+), April 2022 – March 2023*



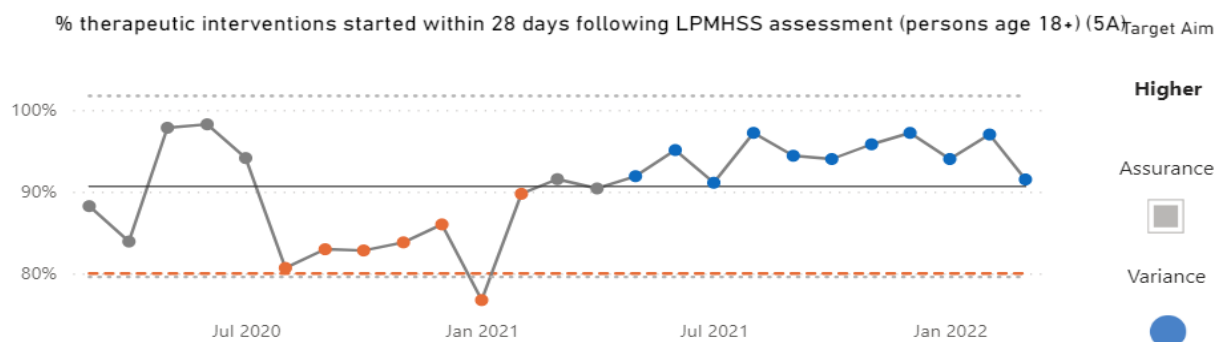
Based on our previous performance against this metric in 2020/21 and 2021/22 we have agreed a continuing stable trajectory of 82% until March 2023 as shown in Table 3. This assumes that current recruitment and sickness levels remain stable during this period. A risk to maintaining the trajectory will be the reluctance of group uptake, at which point this should be classed as a reasonable offer, as being an evidence-based intervention, it should have the same outcome as a one-to-one appointment. We are exploring this with WG; however, this needs to be agreed on an individual basis based on a Risk Assessment which is time consuming.

- Part 1, B Assessment to treatment in 28 days**

The WG target for assessment to treatment in 28 days for adults (18+) is 80%.

*Table 4 Performance assessment to treatment in 28 days (adult 18+), April 2021 – March 2022*





As shown in Table 4 since April 2021 we have consistently achieved more than 90% against the target, with an average return of 94% over the year. In-house data for April has reduced slightly to 88.4%, although this is still in excess of the 80% target. This can be attributed to the recruitment and sickness levels in the service which were discussed in Part 1A.

**Table 5 Benchmarking (Wales) assessment to treatment in 28 days (adults 18+), April 2021 – February 2022**

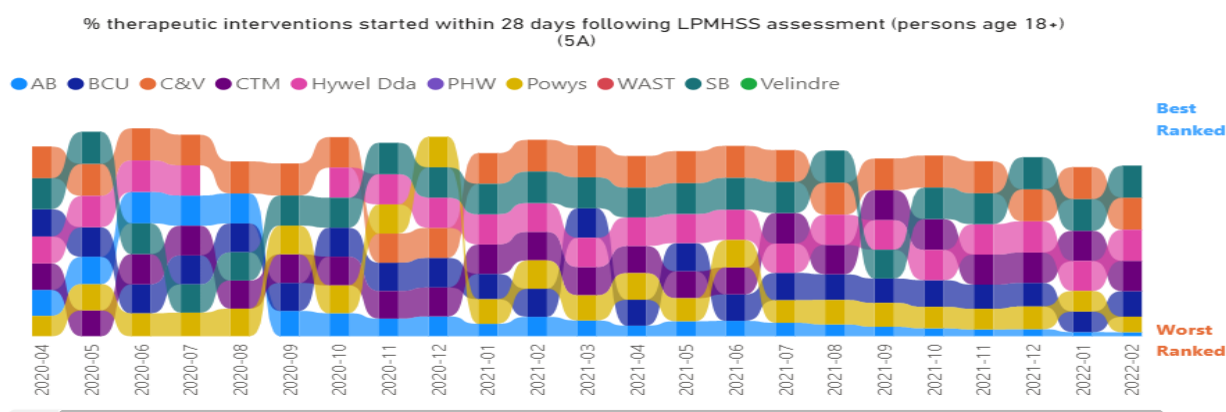
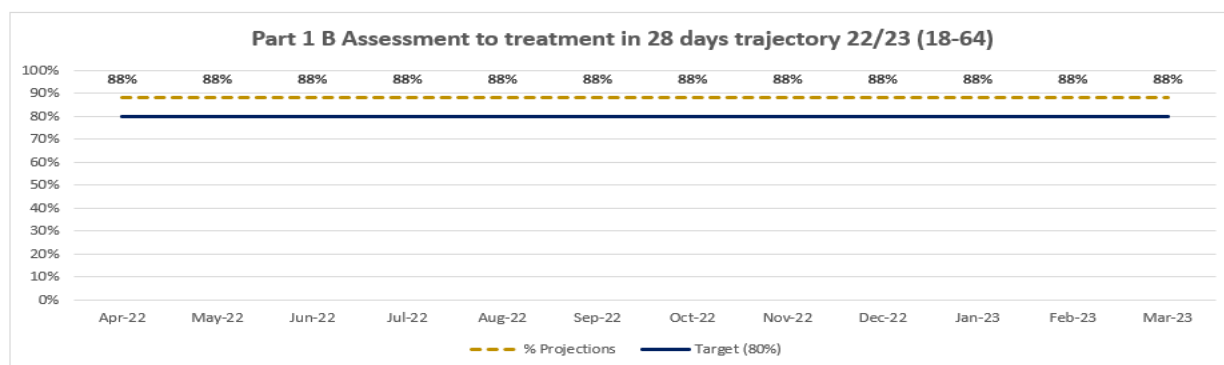


Table 5 shows that in February 2022, Hywel Dda ranked 3<sup>rd</sup> at 97%, SBU and C&V held joint first at 100%, CTM at 94.6%, BCU at 79.5%, Powys at 48.5% and AB at 12.2%. Since April 2021, we have ranked 3<sup>rd</sup> in Wales for 8 months and 4<sup>th</sup> for 3 months.

**Table 6 Trajectory assessment to treatment in 28 days (adults 18+), April 2022 – March 2023**

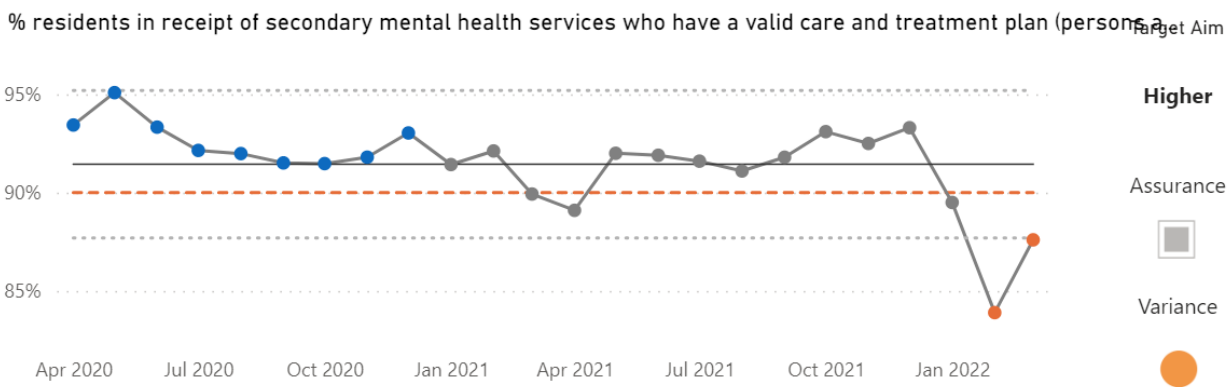


Based on our previous performance against this metric in 2020/21 and 2021/22 we have agreed a continuing stable trajectory of 88% until March 2023 as shown in Table 6, again this assumes that current recruitment and sickness levels remain stable.

• **Part 2, % of adults (18+) with a valid care and treatment plan**

The WG target for the percentage of adults (18+) with a valid care and treatment plan (CTP) is 90%.

Table 7 Performance adults (18+) with a valid CTP, April 2021 – March 2022



As Table 7 shows from May to December 2021, we consistently attained between 90% and 93%, however since January there has been a downward trend in breach of the target with January at 88.9%, February 82.5% and March 87.2%. In-house data for April reports a continued breach at 87.4%.

Recruitment issues due to the high number of vacancies and sickness rates over the past quarter has impacted on staff availability to undertake CTPs within the agreed timescales. To mitigate this in the interim, we have employed 2 agency staff to support the service to provide patient care and improve our compliance. Longer term we have posts out to advert for Partitioners within the teams, however over the past 12 months we are not receiving the small numbers of applicants for these types of posts, which is an ongoing challenge, making it difficult to sustain some trajectories. The Heads of Service and Senior Nurse Managers are currently monitoring the target for respective clinical areas. We have identified 2 areas where compliance is low and have developed action plans to improve the position. Alongside this the Business Manager is supporting Team Managers to identify forthcoming CTP reviews and ensure that plans are in place to undertake these, which will improve our trajectory going forward and maintain areas with high returns.

Table 8 Benchmarking (Wales) % Adults (18+) with a valid CTP

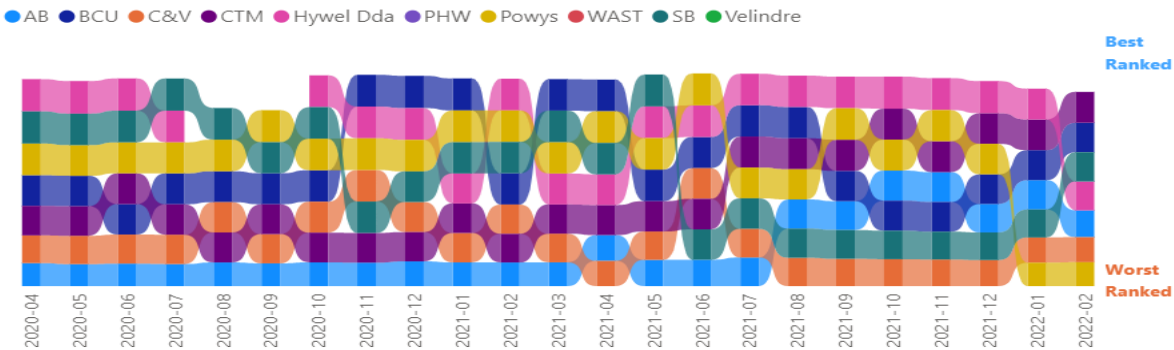
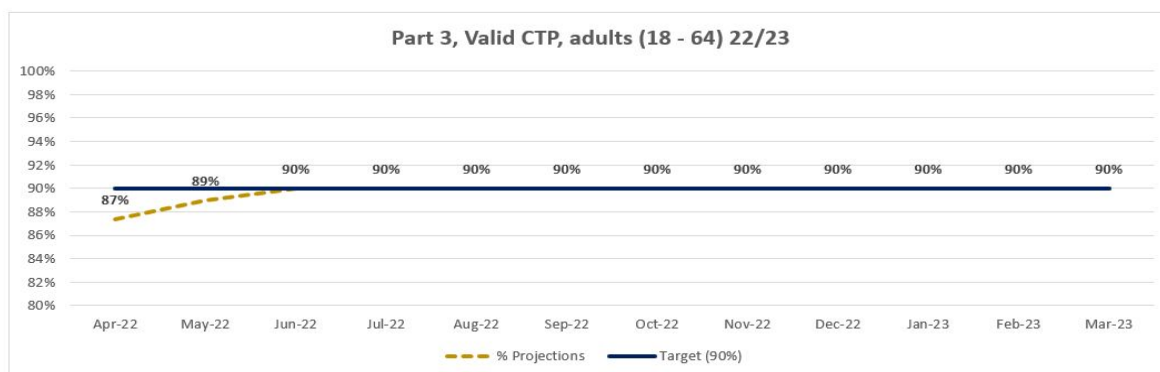


Table 8 shows that in February 2022, Hywel Dda ranked fourth across Wales at 83.9%, CTM were first at 89.6%, BCU 85.5%, SBU 84.9%, AB 77.8%, C&V 72.88% and Powys 69.4%, which highlights that no Health Board in Wales met the metric in February. Since April 2021 we have ranked 1st in Wales for 6 months, second for 2 months and fourth for 2 months.

*Table 9 Trajectory Adults (18+) with a valid CTP, April 2022 – March 2023*

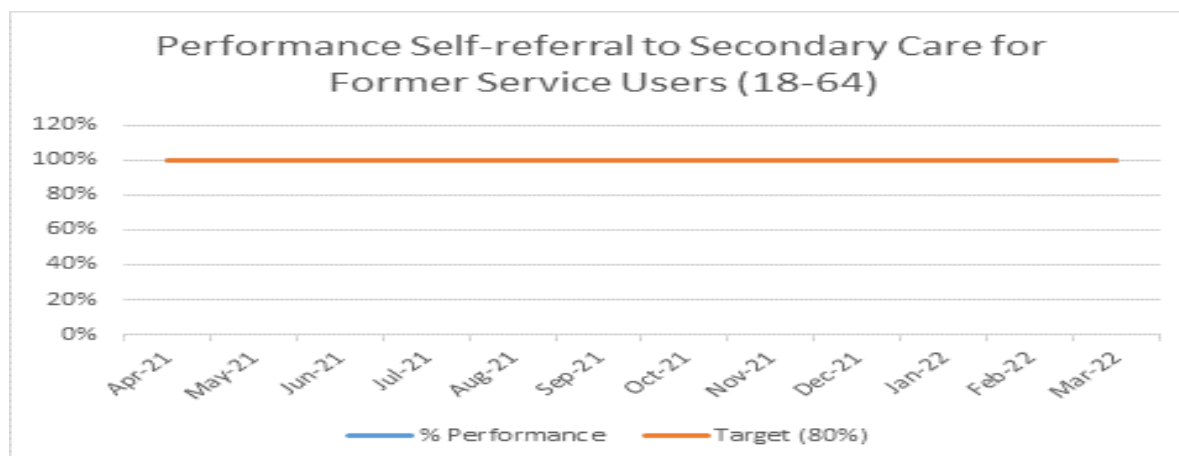


Based on our previous performance against this metric in 2020/21 and 2021/22 and the recent mitigations we have introduced to the service we have agreed a trajectory to bring us within target by June 2022 as shown in Table 3.

### Part 3, Self-referral to Secondary Care for Former Service Users

The WG target for individuals to be re-assessed in a timely manner, with a copy of a report provided to them no later than 10 working days is 100%.

*Table 10 Performance Self-referral to Secondary Care for Former Service Users (18 - 64)*

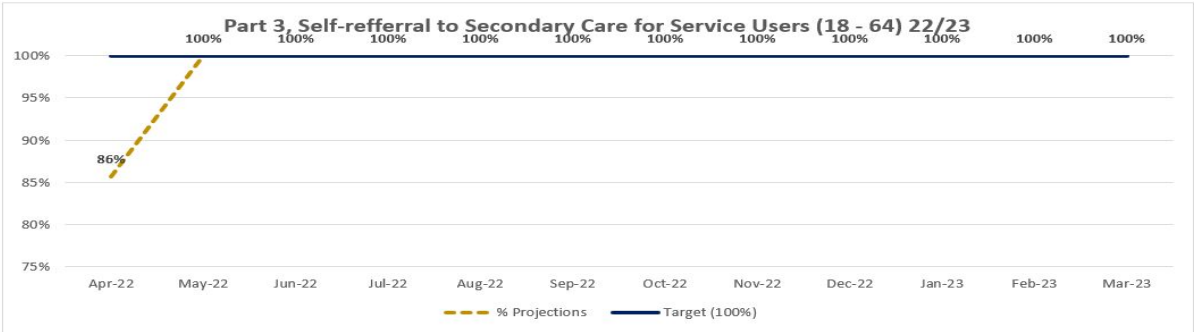


Between April 2021 to March 2022, we have consistently achieved 100%, however returns for April have decreased to 87.5%, again this is attributed to the current staffing and sickness levels in the service as highlighted in Part 2.

Going forward we are going to alter how we gather data for the metric because the number of re-referrals under Part 3 remained low. We are now collecting data on the number of patients who are referred by GPs, and are eligible under Part 3. Prior to April this element remained reported. There is no benchmarking information available on this metric, however these improved data collection processes will enable more robust scrutiny on this with GP colleagues.

Please note there have no self-referrals to secondary care in the past 12 months for adults aged 65+.

Table 11 Trajectory Self-referral to Secondary Care for Former Service Users (18 - 64)

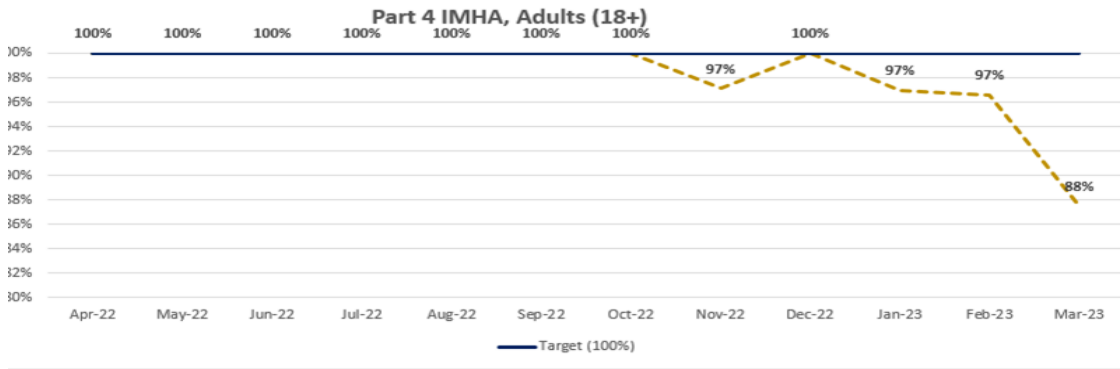


Based on our previous performance against this metric in 2020/21 and 2021/22 and the recent changes to our data collection processes we have agreed a trajectory to bring us back within target by May 2022 as highlighted in the table above.

- **Part 4, Independent Mental Health Advocacy offers every in-patient access to the help of an independent mental health advocate**

The WG target on offering every in-patient access to an independent mental health advocate is 100%, however there is currently no requirement to report on this therefore it is considered a local target.

Table 12 Performance IMHA (18 - 64)



Between April and October 2021, we consistently achieved 100% against the metric, however since November this has not been stable with returns of 87% to 97%, with in-house data for April at 90.6%. Interrogation of the data shows that this downward trend is down to the IMHA offer not being captured on the system during the administration process, even though the offer was made.

IMHA services were recently procured nationally and the incumbent provider Advocacy West Wales were successful in securing the contract to provide services to Hywel Dda residents. To mitigate against any administrative issues in not putting the offer on the system, as part of their quarterly monitoring returns, we have included Part 4 as an outcome measure going forward. While there is no benchmarking data available for this measure, we have introduced an audit

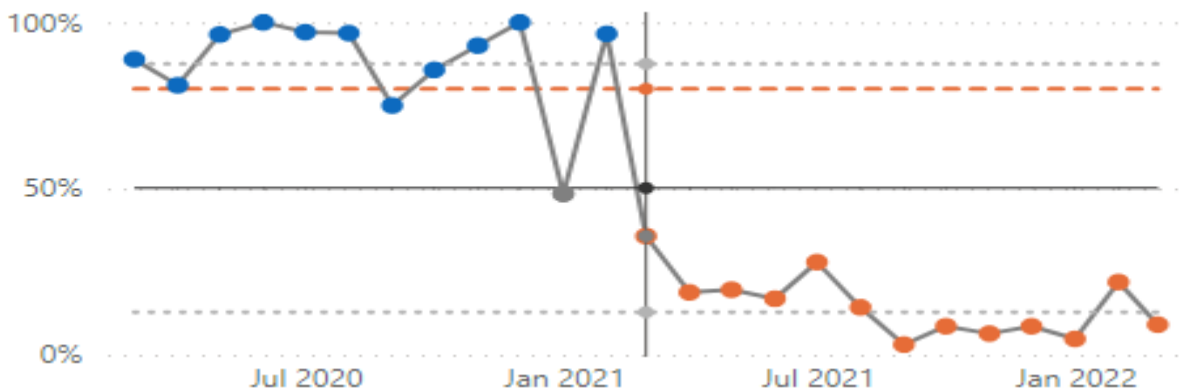
report in line with the new service objectives which will provide more meaningful outcomes and patient narrative to continue to ensure our compliance with the metric.

**SCAMHS**

- Part 1A Referral to assessment in 28 days**

The WG target for Part 1A referral to assessment in 28 days for CYP is 80%.

Table 13 Performance Part 1A referral to assessment in 28 days (CYP)



From April 2021 as shown in Table 13 we have been consistently in beach of this target. With April returns again showing a downward trend at 4.7%.

Table 14 Benchmarking (Wales) referral to assessment in 28 days (CYP)

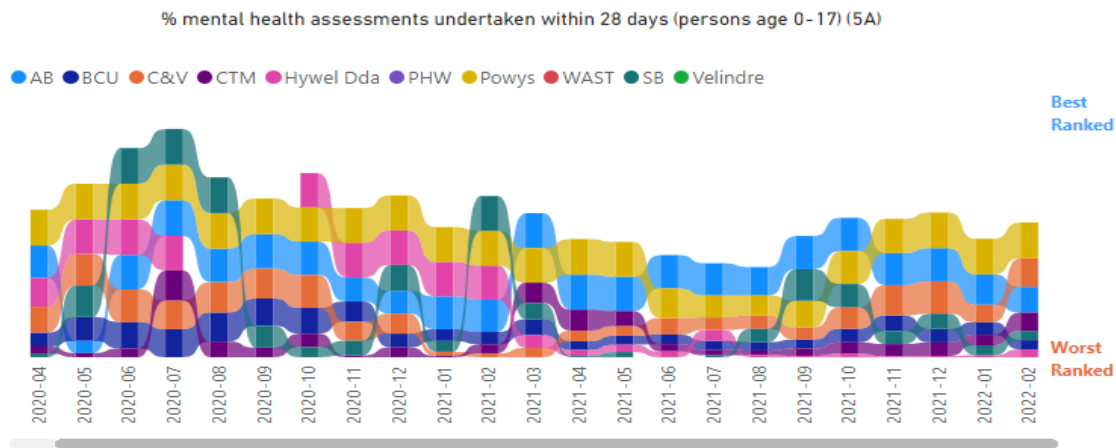


Table 14 shows that in February 2022, Hywel Dda ranked 7<sup>th</sup> in Wales at 21.9%, BCU at 26.1%, SBU at 26.2%, CTM at 51.1%, AB at 72.2%, C&V at 80.7% and Powys at 100%. Since April 2021 we have ranked 4<sup>th</sup> in Wales once, sixth for 3 months and seventh 7 times. This shows that we are consistently underperforming against other Health Boards in this metric.

**Table 15 Referral to assessment waiting list, (CYP) April 2022**

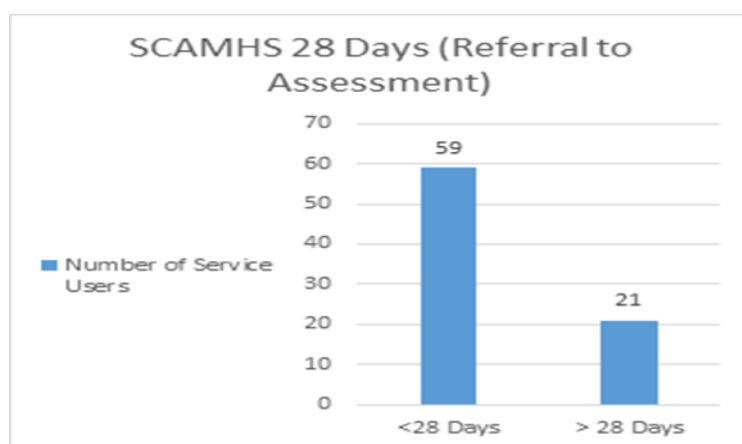
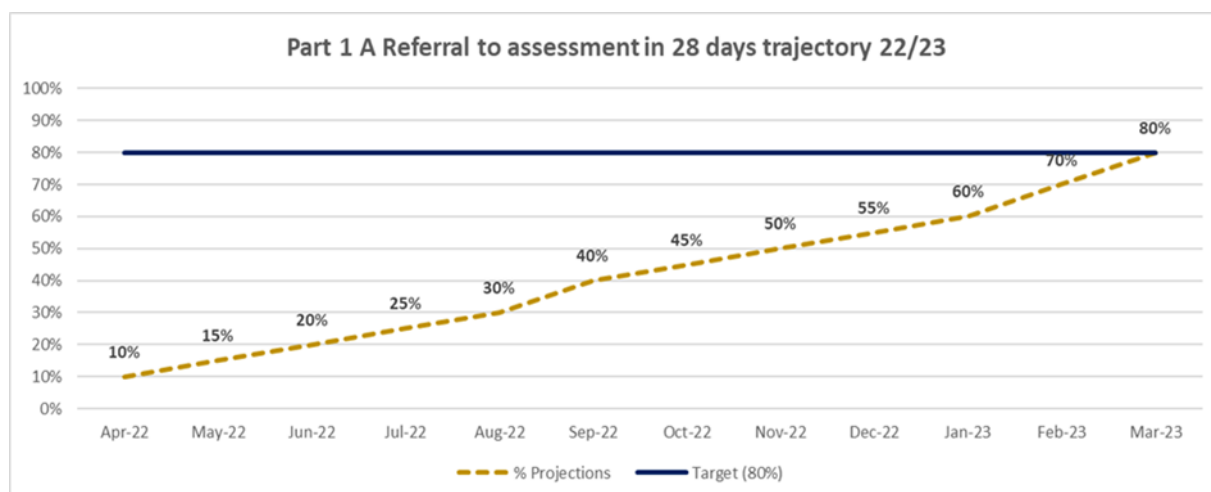


Table 15 above highlights the number of CYP waiting for SCAMHS referral to assessment against the 28-day target as of April 2022. There are currently 21 CYP waiting more than 28 days, with 59 CYP waiting less than 28 days.

**Table 16 Trajectory referral to assessment in 28 days (CYP)**

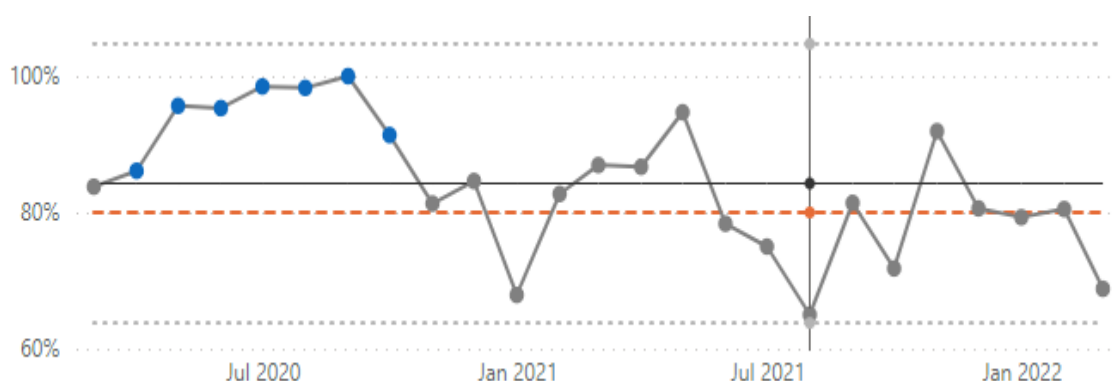


The service is currently working towards an agreed trajectory for Part 1A for recovery to 40% by September 2022, with a view to achieving the 80% national target by March 2023, this will be in line with new staff coming into post which will reduce the current backlog.

- **Part 1B Assessment to treatment in 28 days**

The WG target for Part 1B assessment to treatment in 28 days for CYP is 80%.

Table 17 Performance Part 1B assessment to treatment in 28 days (CYP)



From April 2021 as shown in Table 17 we have been consistently in beach of this target. With April returns again showing a downward trend at 50%, which is an improvement on the last quarter figures of January 27.8%, February 40% and March 37.5%.

Table 18 Benchmarking (Wales) assessment to treatment in 28 days (CYP)

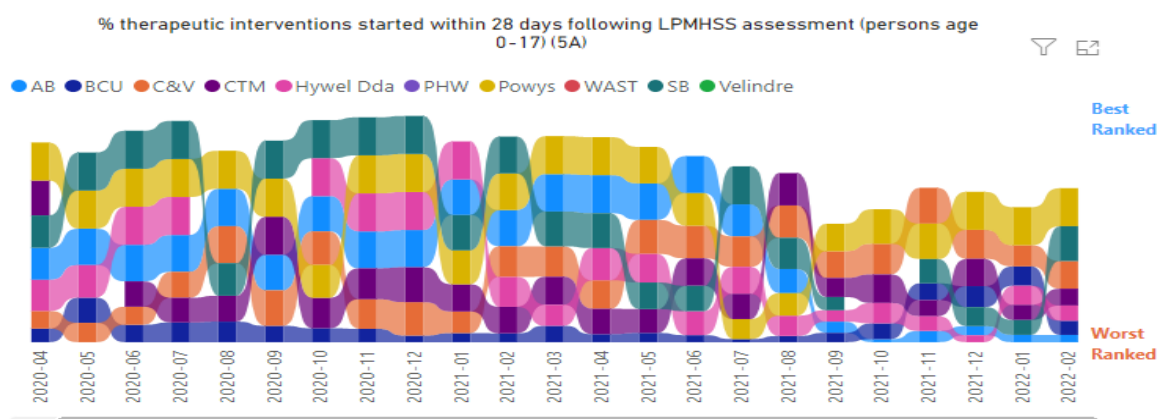
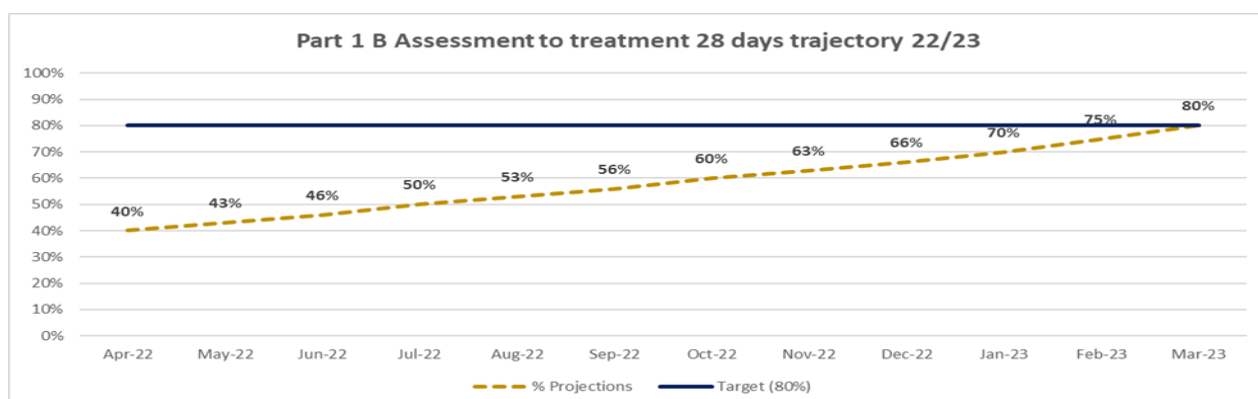


Table 18 shows that in January 2022, Hywel Dda ranked 5th in Wales at 40%, AB at 19.1%, BCU at 37.3%, CTM at 44.3%, C&V at 72.7%, SBU at 91.5% and Powys at 100%. Since April 2021 we have ranked 4th in Wales for 5 months, fifth for 2 months, sixth for 3 months and seventh once. This highlights there is poor performance against this metric across all Health Boards in Wales.

Table 19 Trajectory Assessment to treatment in 28 days (CYP)





The service is currently working towards an agreed trajectory for Part 1B for recovery to 56% by September 2022, with a view to achieving the 80% national target by March 2023, this will be in line with new staff coming into post which will reduce the current backlog.

As can be seen from the data represented in the tables for Part 1A and Part 1B above on performance and benchmarking there are continued pressures within the service. Social isolation for CYP due to the pandemic has resulted in more complex presentations, which in turn has increased levels of acuity, which has significantly impacted on our ability to meet the 80% targets as these require higher level of support from staff. We are still feeling the effect of school closures and reduced Local Authority services during the pandemic which limited our ability to see CYP and in turn increased demand for service.

In response to our underperformance monthly meetings with Senior Managers, the SCAMHS Data Analyst and the NHS Delivery Unit have been established to report on service developments and trajectories. We are working to identify areas of best practice from other Health Boards to apply any learning locally to improve our position.

The agreed trajectories up until March 2023 are part of a targeted recovery plan agreed with our Performance Team colleagues, which will require 12 months to implement due to recruitment processes and service challenges, with staff vacancies and retention already impacting on our ability to meet the targets. In the interim we have been working with the Health Board Bank service to mitigate staffing issues, however the specialist staff required for SCAMHS are not always available through the bank system.

We have recently undertaken a recruitment exercise for vacant and additional posts, which resulted in the successful appointment of 3 WTE Mental Health Practitioners in Primary Mental Health (PMH) and 3 WTE Mental Health Practitioners in SCAMHS. With the onboarding process the service will not see the impact of this increased capacity until August 2022. The additional recruitment of staff will enable the provision of additional sessions (8 sessions per clinician per week). In line with this, a training needs analysis will be undertaken to ensure that all staff have the requisite skills to undertake assessments and interventions required to meet the measure. We have also implemented 7 day working, however uptake is limited due to current staffing pressures.

We are currently reviewing the number of Did Not Attend (DNA) appointments, which is impacting on our ability to meet the measures because in line with our DNA policy all no shows are offered another appointment. If there is a consistent nonattendance the clinician must undertake a Risk Assessment and inform the referrer which impacts capacity further. On current systems it is difficult to capture DNA data, however the introduction of WPAS will mean that we can capture this information routinely. Alongside other service areas we are investigating ways to improve DNA rates including the use of SMS messaging services.

The Service introduced evidence based therapeutic group interventions based on NICE guidelines, unfortunately service users are favouring the intervention, preferring one to one appointments, which has resulted in lower uptake of group sessions, placing further reliance on individual appointments, resulting in longer caseloads. If a service user does take up the offer of a group intervention, they remain on the waiting list. We are currently exploring with other Health Boards and WG to identify whether it is a reasonable action to discharge if they refuse the offer of a group intervention.

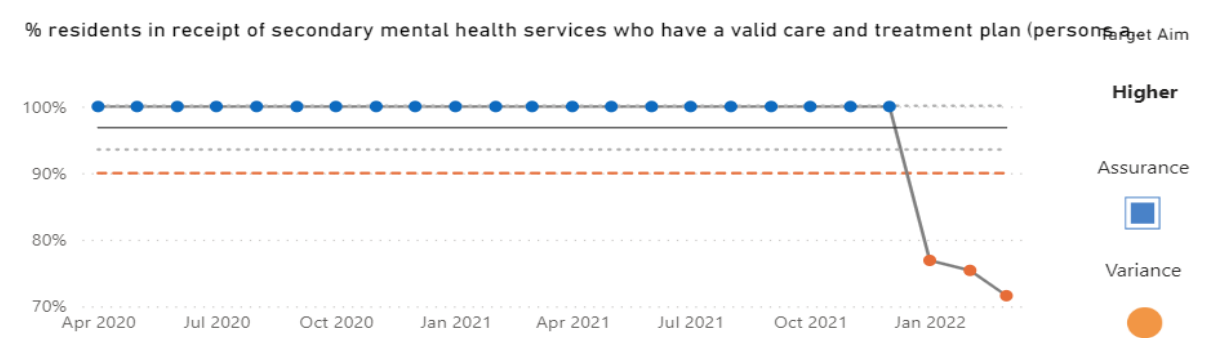
In January 2021, the Service commissioned an external provider Kooth to provide digital online counselling which is offered to all referrals who do not meet threshold criteria and those who are on the waiting list. This contract has now been extended until 31<sup>st</sup> March 2023 and has

recently been rolled out to GP's and School Nurses in order to prevent referrals where appropriate. Alongside this we are currently reviewing our use of other digital platforms to increase capacity. We are in discussions with Silver Cloud to explore options to introduce self-referral for CYP in Hywel Dda.

• **Part 2, % of children and young people with a valid care and treatment plan**

The WG target for the percentage of children and young people (CYP) with a valid care and treatment plan (CTP) is 90%. In March 2022, the service was in breach at 71.6% which remained the same in April 2022.

Table 20 Performance % of children and young people with a valid care and treatment plan



As can be seen in Table 7 from April to December 2021 we consistently attained 100% against the target. The last quarter has seen a consistent breach with January at 76.9%, February 75.5% and March 71.6%.

Table 21 Benchmarking (Wales) % of children and young people with a valid care and treatment plan

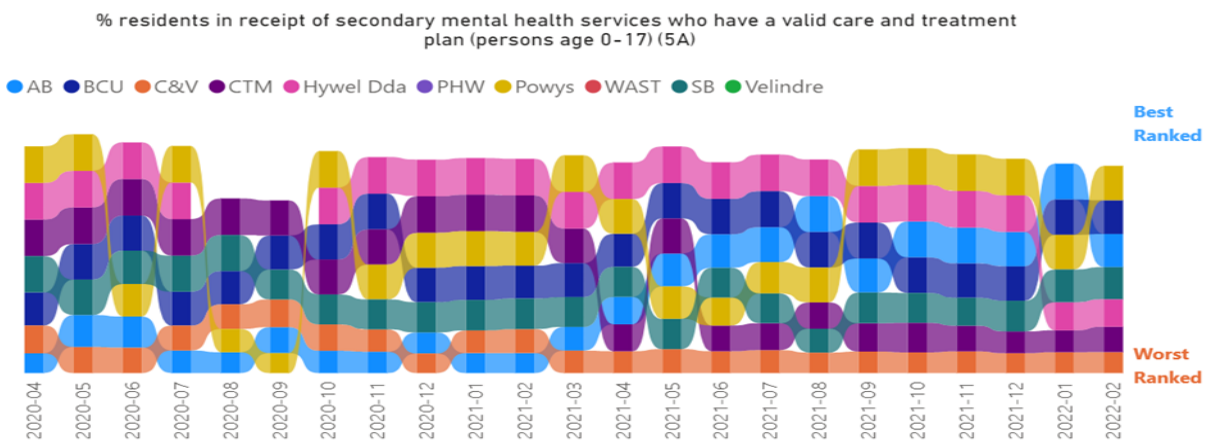
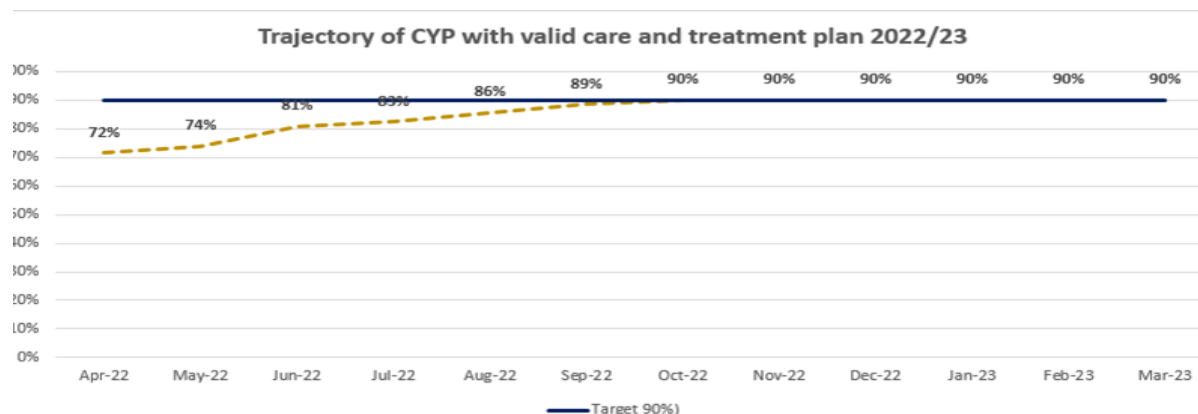


Table 21 shows that in February 2022, Hywel Dda ranked fifth across Wales at 75.5%, C&V at 54.7%, AB at 90.6%, BCU at 92.3.4%, CTM at 69.2%, Powys at 93.9% and SBU at 87.5%. Since April 2021 we ranked 1st for 9 months and fifth for 2 months.

Table 22 Trajectory CYP with a valid care and treatment plan



The Service has agreed a steady trajectory to meet the 90% target by October 2022. Work has begun with practitioners to improve data quality in line with a recent data cleanse exercise. To ensure continued performance improvement a service review (including caseloads) is taking place in June 2022 which will ensure all outstanding CTPs are actioned and updated.

Recruitment into current vacant posts will bring additional capacity for care coordination (CTP) and. Increased awareness of undertaking CTPs will be actioned through training within the service, which will ensure that new staff are aware of this expectation.

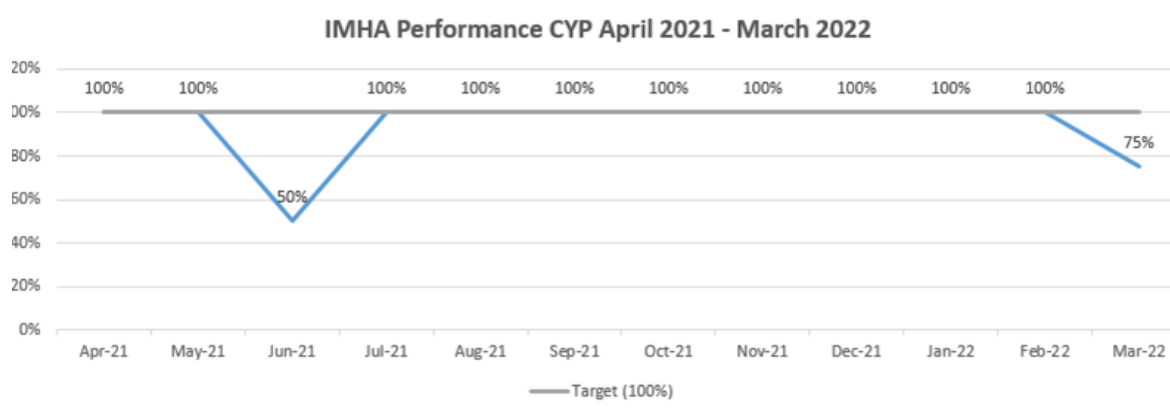
- **Part 3, Self-referral to Secondary Care for Former Service Users**

While Part 3 of the measure is applicable to SCAMHS, we do not have any returns on the metric as usually young people on CTP are in the service until discharged at 18 or transitioned to adult services.

- **Part 4, Independent Mental Health Advocacy offers every in-patient access to the help of an independent mental health advocate**

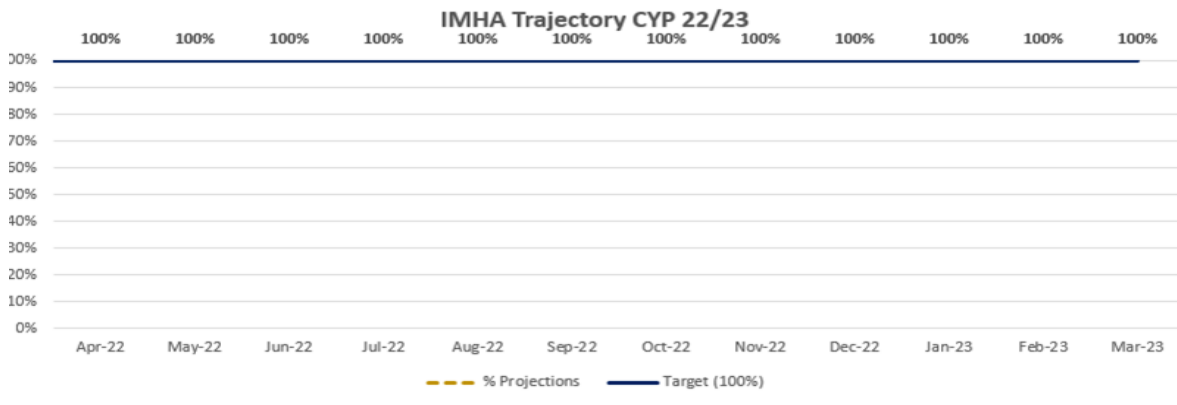
The WG target on offering every in-patient access to an independent mental health advocate is 100%, however there is currently no requirement to report on this therefore it is considered a local target.

Table 23 Performance IMHA (CYP)



Between July 2021 to February 2022, we consistently achieved 100% against the metric, however in March this dropped to 75%, with in-house data for April at 100%. Interrogation of the data shows this was due to the IMHA offer not being captured on the system during the administration process, even though the offer was made.

Table 24 Trajectory IMHA CYP



Based on the previous performance in 2021/22 we have agreed a stable trajectory of 100% up until March 2023.

IMHA services were recently procured nationally and the incumbent provider Advocacy West Wales were successful in securing the contract to provide services to Hywel Dda residents. To mitigate against any administrative issues in not putting the offer on the system, as part of their quarterly monitoring returns, we have included Part 4 as an outcome measure going forward. While there is no benchmarking data available for this measure, we have introduced an audit report in line with the new service objectives which will provide more meaningful outcomes and patient narrative to continue to ensure our compliance with the metric.

Neuro Developmental Services

- % of children and young people waiting less than 26 weeks to start a neurodevelopmental assessment

The WG target for the percentage of CYP waiting less than 26 weeks to start a neurodevelopmental assessment is 80%. (Please note that this data includes ADHD data which is operationally managed by Childrens Services as it is a combined target for WG.)

Table 25 Performance % of children and young people waiting less than 26 weeks to start a neurodevelopmental assessment

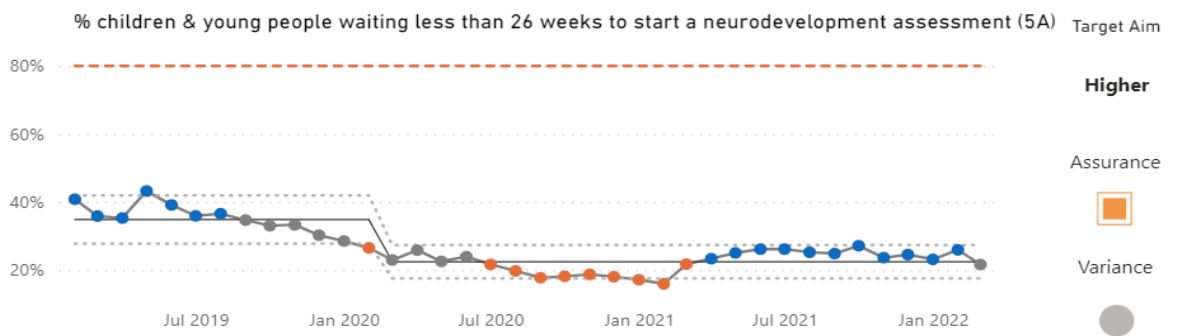


Table 25 above shows that we have consistently been in breach of this target over the past 12 months and beyond into April 2019, with returns for 2021/22 ranging from 22% to 29.7%. (ADHD performance for CYP at April 2022 is 17.1%, which is consistent with 2021/22 data which ranges from 12.3% to 20.4%).

Table 26 Benchmarking (Wales) % of children and young people waiting less than 26 weeks to start a neurodevelopmental assessment

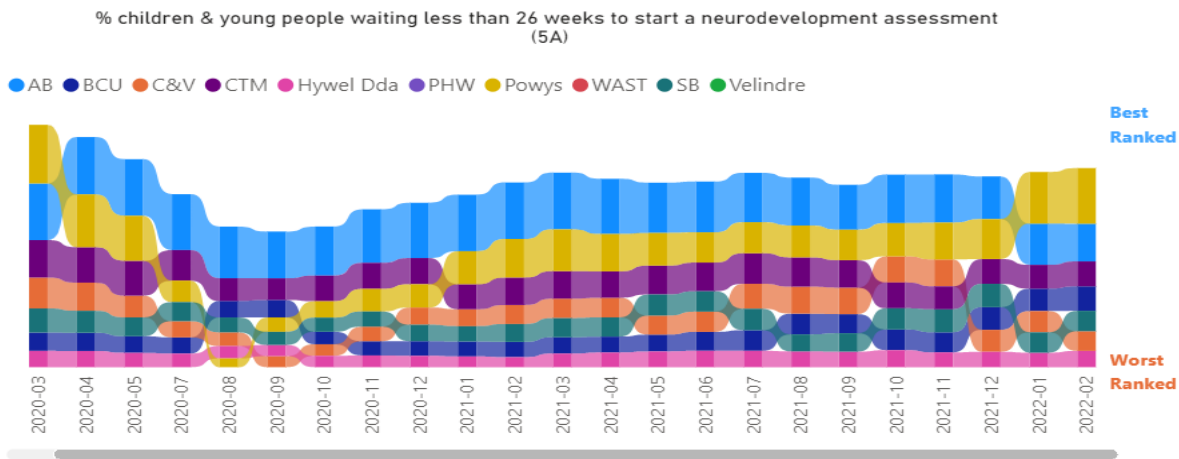
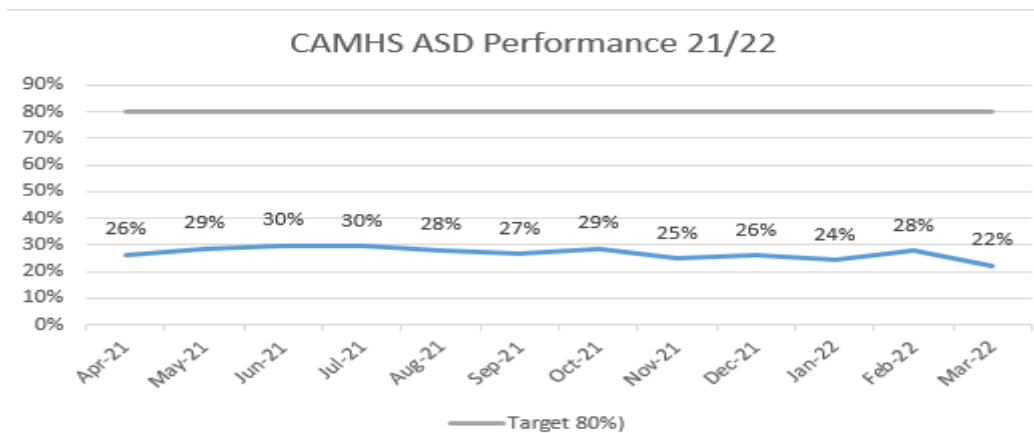


Table 26 shows that in February 2022, Hywel Dda ranked seventh across Wales at 25.9%, Powys at 88.7%, AB at 60.1%, CTM at 39.7%, BCU at 39%, SBU at 32.5% and C&V at 31.4%. Since April 2021, we have consistently ranked the lowest in Wales. (Please note that this data includes ADHD data which is operationally managed by Childrens Services as it is a combined target for WG.)

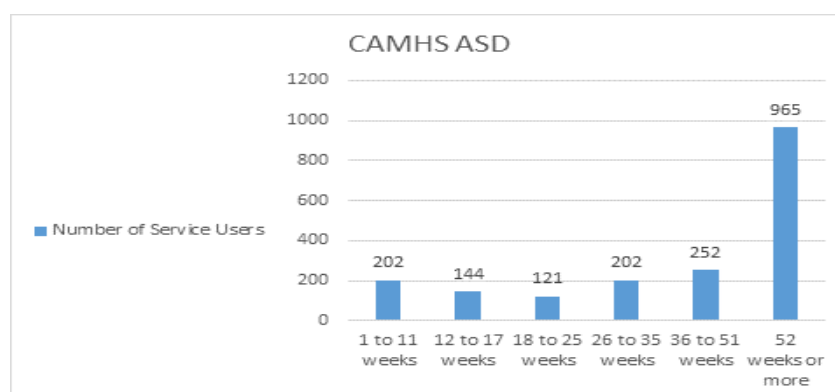
For the purposes of this report, we have separated the CYP ASD performance information.

Table 27 Performance SCAMHS ASD



In March 2022, we had achieved 22.3% against the measure, with April returns showing a slight improvement at 24.8%. From April 2021 – March 2022 our performance has consistently wavered between 24.2% and 29.8%, which again is consistent with the previous years reporting.

**Table 28 CYP ASD Waiting List**

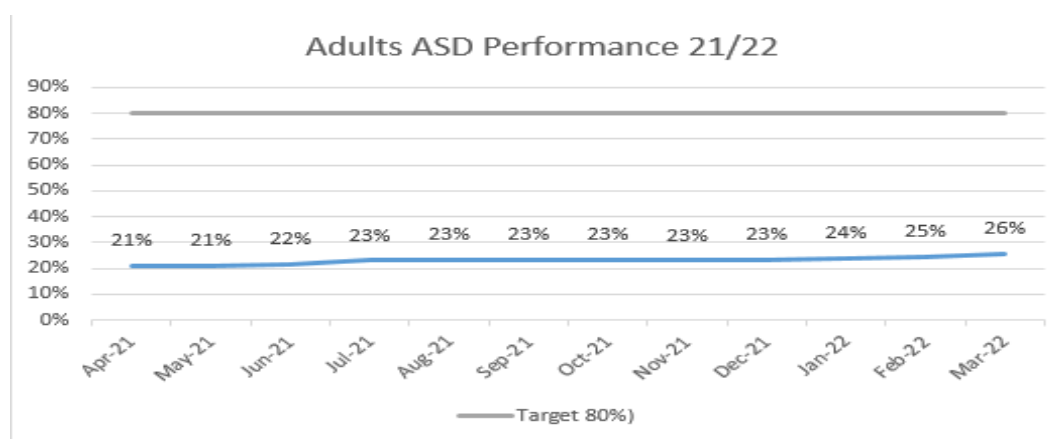


As can be seen in Table 28 there are 467 CYP waiting less than 26 weeks to start an assessment, with a total of 965 waiting more than 52 weeks. The current waiting list stands at 1,886 with wait times of 3 years. Demand for assessment is increasing year on year, ranging from an average of 26 referrals per month in 2016 to 87 referrals per month in March 2022. While systems are in place to expedite those with the greatest clinical need, this can be at the expense of those already on the waiting list who will wait longer as a result.

- **% of adults waiting less than 26 weeks to start an ASD assessment**

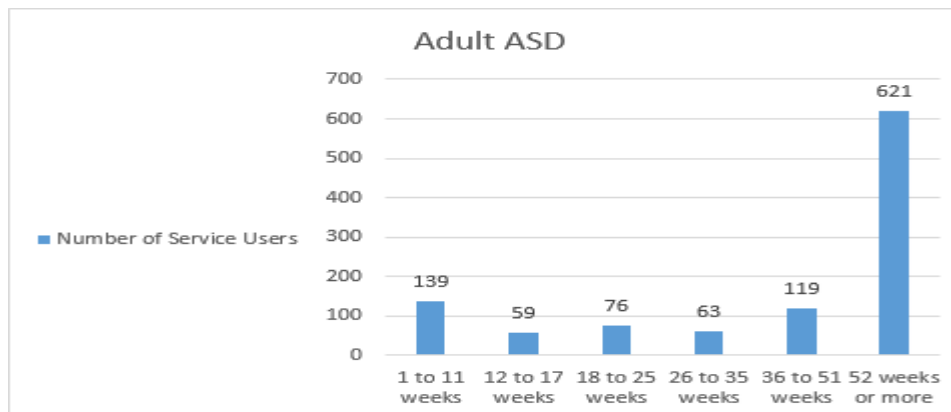
The target for adults waiting less than 26 weeks to start an ASD assessment is 80%, however this is a local target as it is not reportable to WG.

**Table 29 Performance adults waiting less than 26 weeks to start an ASD assessment**



In March 2022, we had attained 25.5% against the measure, with April in-house data showing a slight drop to 24.5%, which is consistent with the previous years reporting of between 21.15 and 25.6%.

Table 30 ASD Waiting Times Adults



Benchmarking information is unavailable for the target but we do know that many other Health Boards in Wales have seen exponential demand for assessment. Current waiting list stand at 1077, with estimated waiting times of up to 4 years. There are currently 274 waiting less than 26 weeks, with 621 waiting more than 52 weeks.

Due to the significant waiting lists, for Adult and SCAMHS ASD services, we are unable to agree a realistic trajectory at this time. Issues with staff recruitment and retention has played a significant role in the lack of capacity within the service to meet these targets, this has been further compounded by issues with Estates and IT infrastructure. Despite additional staff being recruited to help tackle the waiting list, with current resources and in order to comply with NICE best practice guidance, we only have capacity to complete an average of 40 diagnostic assessments per month, which with the current average referral rate of 87 per month means that we are not in a position to agree a trajectory.

WG have recently undertaken a demand and capacity review of Neuro-developmental Services across Wales, with the findings expected in June 2022. It is anticipated that this report will bring additional investment to services to strengthen capacity and ensure that we can comply with the newly implemented legislation on the delivery of autism services.

We are currently developing a procurement exercise to outsource assessment and treatment to address our waiting list in both Adult and CYP ASD services. With a planned implementation date of October 2022, services will be procured (depending on provider uptake) until 31st March 2025, with a minimum of 150 individual diagnostic assessments per year being undertaken.

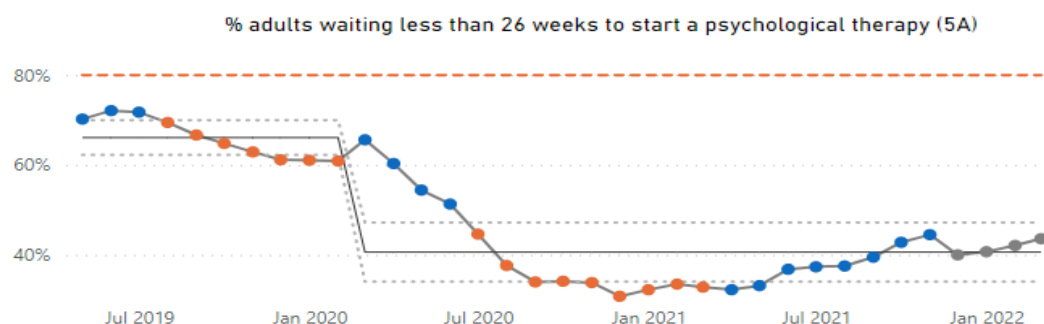
**Integrated Psychological Therapy Service**

- **% adults waiting less than 26 weeks to start a psychological therapy**

The WG target for adults waiting less than 26 weeks to start a psychological therapy is 80%.

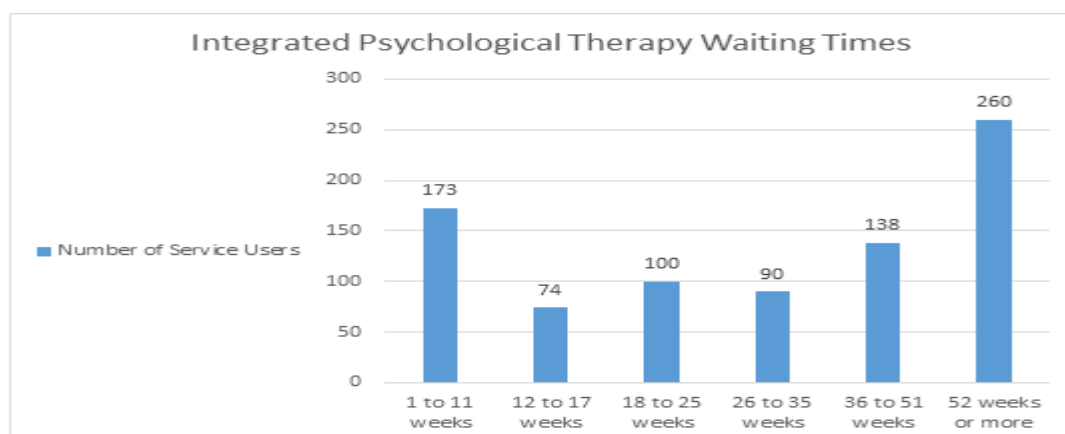


**Table 31 Performance adults waiting less than 26 weeks to start a psychological therapy**



In March 2022, we attained 43.6%, with April figures showing a slight decrease to 41.6%. From August to September 2021, we attained between 32% to 39.5%, with improvements from October to March 2022 with between 42% to 43.6%.

**Table 32 Waiting list adults waiting less than 26 weeks to start a psychological therapy**

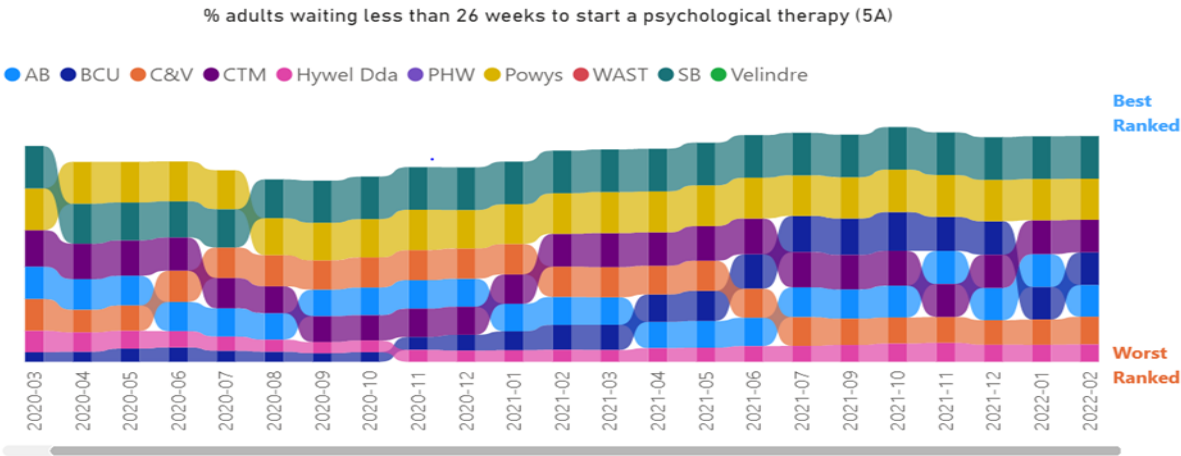


As of April 2022, 347 service users were waiting less than 26 weeks to start a psychological therapy. 488 are waiting more than 26 weeks, of which 260 were waiting more than 52 weeks.

Turnover of waiting lists is impacted by differing client presentations and modality interventions, with the shortest average package of intervention being 8 weeks and the longest being 3 years with weekly appointments. Waiting List validation exercises are being undertaken, but unless clinically approved no discharges can be made, as the nature of some client's reasons for therapy may mean they decline due to their vulnerability which is not clinically safe.

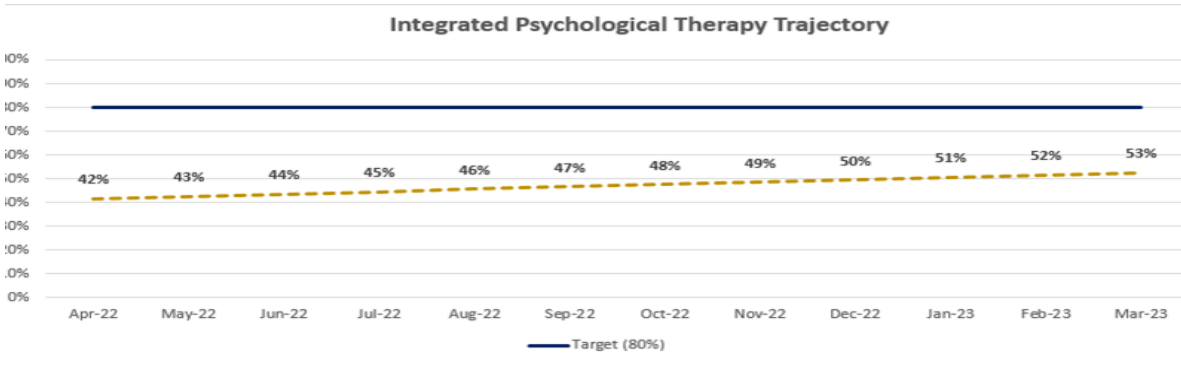
Demand continues to outweigh capacity with 123 referrals accepted since February with only 73 discharges. Further to this, Did Not Attend (DNA) rates remain high which impacts on capacity to deliver, with 22% of all appointments since February being DNA. We are planning to introduce an SMS text reminder service later this year, however due to the nature of service users' mental health, it can be difficult to enforce attendance.

**Table 33 Benchmarking (Wales) % Adults waiting less than 26 weeks to start a psychological therapy**



In February 2022, Hywel Dda ranked 7<sup>th</sup> at 47.8%, C&V at 65%, AB at 74.6%, BCU at 76.4%, CTM at 76.6%, Powys at 96.3% and SBU at 100%. Since April we have ranked 7<sup>th</sup> across Wales for the financial year.

**Table 34 Trajectory Adults waiting less than 26 weeks to start a psychological therapy**



Based on last year's performance the current service trajectory as shown in Table 34 is to increase by at least 1% each month. Since February 2022 we have achieved an increase of 1.5%. While small this does reflect some stability, however it is difficult to provide exact trajectories due to the complexities of presentations. It is difficult to quantify exact capacity and demand due to therapists delivering more than one therapeutic intervention, based on the types of clients on a caseload which can impact the numbers delivered. For example, a DBT therapist can only see 4 clients per week, due to the emotional pressure placed on the therapist, which means that modelling potential demand for psychological interventions is complex and not an exact science.

The NHS Delivery Unit are planning an All-Wales review on this benchmark, which will help us to understand consistency and variation across Wales and clarify data inclusion and exclusion criteria against performance targets, this will help to highlight areas of good practice and identify challenges.

The Service has implemented a range of performance tasks such as job planning, waiting list reviews and the ongoing review of referral screening processes to aid demand and capacity planning. Where posts are difficult or recruit to, we are scoping other suitable solutions.

Following the development of full patient pathway assessment and intervention documentation the WPAS was introduced in the service in April 2022. In the coming months, once all data has been migrated and staff are fully trained and competent, this system will enable us to scrutinise and monitor our waiting lists more effectively.

To improve our performance, we have recently implemented evidence based therapeutic group interventions, with initial feedback being positive. We are evaluating the initiative prior to rolling out further to ensure the evidence base. However initial feedback from some service users is that they prefer one-to-one interventions rather than the group sessions. A risk to maintaining the trajectory will be the reluctance of group uptake, at which point this should be classed as a reasonable offer, as being an evidence-based intervention, it should have the same outcome as a one-to-one appointment. We are exploring this with WG; however, this needs to be agreed on an individual basis based on a Risk Assessment which is time consuming.

Our aim is to develop a compendium of group interventions which we can offer through IPTS. In time we plan for service users to be able to self-refer for low level interventions, which will prevent their mental health deteriorating, requiring less high intensive interventions further on.

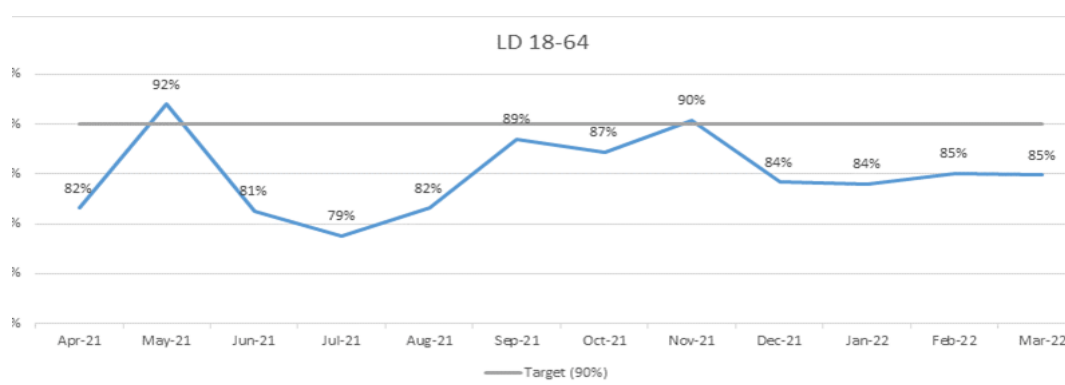
We are currently developing a procurement exercise to outsource Cognitive Behavioural Therapy assessment and treatment to address our waiting list. With a planned implementation date of October 2022, services will be procured (depending on provider uptake) until 31<sup>st</sup> March 2025, with a minimum of 100 individual diagnostic assessments per year.

## Learning Disabilities

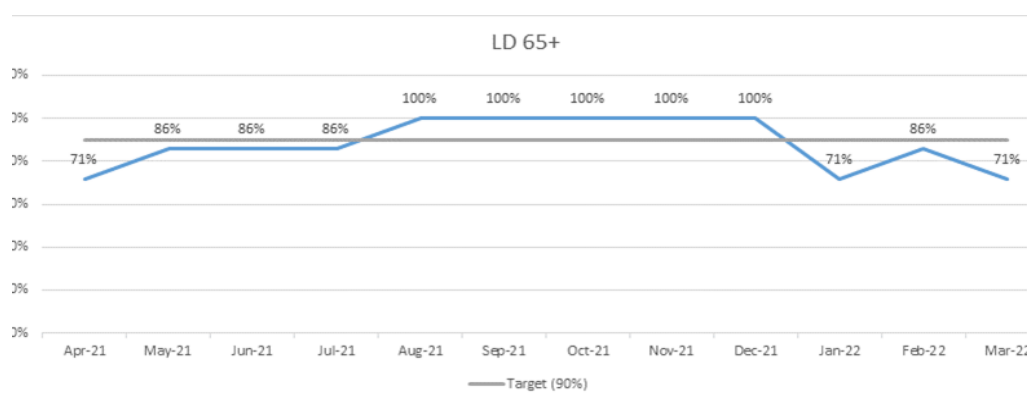
- **Part 2, % of adults (LD) with a valid care and treatment plan**

The WG target for adults with a Learning Disability (LD) with a valid CTP is 90%, for those aged 18-64 and those aged 65+.

*Table 35 Performance Part 2, % of adults (LD) with a valid care and treatment plan (18 – 64)*



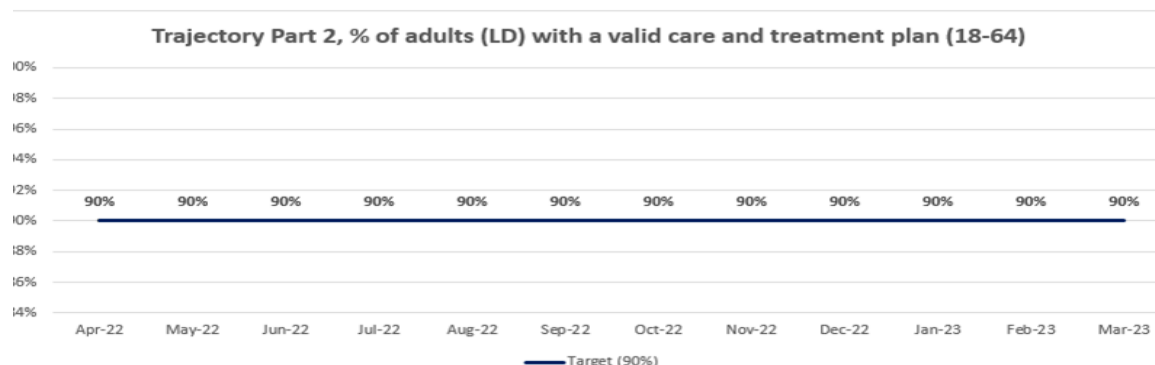
**Table 36 Performance Part 2, % of adults (LD) with a valid care and treatment plan (64+)**



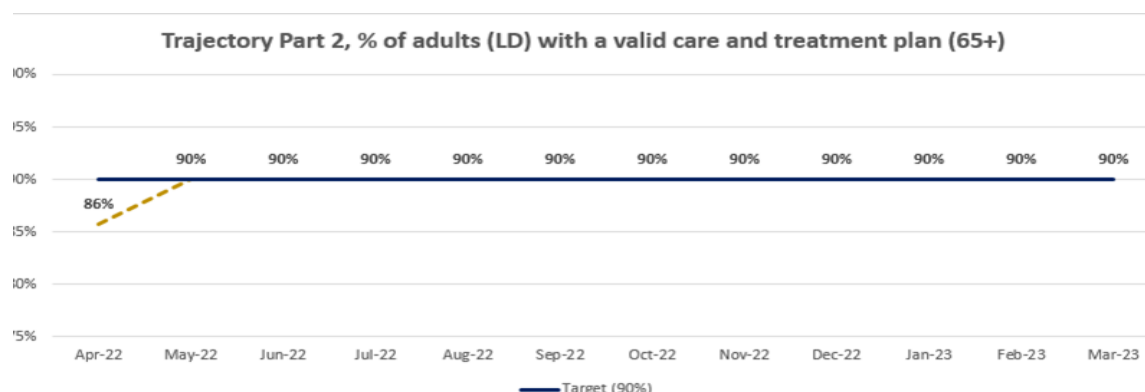
As at March 2022, we achieved 84.9% for those with LD (18 – 64), with April figures showing an improvement with 92.6%. For those aged 65+ March returns were at 71.4%, with April improving at 85.7%. From August to December, we attained 100%, while averaging 85% for the remaining months of the year.

The shortfalls in attaining the targets for both age groups is due to staff shortages in Pembrokeshire, which has impacted on the number of valid CTPs that were undertaken. This is primarily due to reduced nursing establishment numbers and long-term sickness within the team.

**Table 37 Trajectory Part 2, % of adults (LD) with a valid care and treatment plan (18 – 64)**



**Table 38 Trajectory Part 2, % of adults (LD) with a valid care and treatment plan (64+)**



In order to ensure an improved trajectory as set out in Table 37 and Table 38 we have established regular meetings with Service Managers across the 3 Local Authority areas to discuss issues and ensure systems and processes are in place to manage the metric. Recent recruitment will ensure that our compliance improves by July to 90%.



### **Key risks and issues**

There are a number of key risks and issues which are impacting on our capacity to deliver against certain metrics which are set out below.

- **Recruitment**

Recruitment remains an area for concern with 221.4 Whole Time Equivalent (WTE) vacancies across the Directorate as of March 2022, which equates to 17% of the establishment. There were 106.1 WTE posts active on TRAC, while there were 97.2 WTE awaiting onboarding.

*Table 39 Staff Turnover & Sickness*

Staff turnover (W.T.E.)~			Staff sickness		
	MH&LD	Hywel Dda		MH&LD	Hywel Dda
	Jan '21	7.9%		Jan '21	5.8%
	Jan '22	9.6%		Jan '22	6.4%

As can be seen from Table 39 we experienced reduced capacity throughout the pandemic due to staff sickness and staff self-isolating. While MH&LD sickness levels are above the health board average this is in line with other HBs in Wales along with higher rates of staff turnover being seen in recent months.

*Table 40 Staffing Vacancies*

Main staff group	W.T.E. establishment	W.T.E. vacancies	% posts vacant
Allied health professionals	71.6	20.5	29%
Medical	66.6	17.9	27%
Add professional & scientific	91.2	19.0	21%
Nursing	526.7	94.4	18%
Additional clinical services	376.3	50.7	13%
Admin and clerical	145.4	15.5	11%

Table 40 highlights that there have been difficulties in recruiting to some role types including professional/admin/clerical roles, with a recognised national shortage of registered mental health practitioners. Administrative vacancies stand at 11% which can impact on clinical capacity as they have to cover off some clerical tasks without this support.

To mitigate this, services are working with HR colleagues to undertake targeted recruitment campaigns for a number of disciplines including medical and psychology posts. Where appropriate and available bank, agency and locum staff are utilised, with 27.8 WTE engaged to

backfill vacancies and sickness in February 22. We have also introduced 7 day working across a number of service areas.

- **Welsh Patient Administration System/Digital**

Phases 1 and 2 of the Directorate's migration from Mental Health PAS to WPAS commenced in November 2019 and involved the data migration of all elements previously held on MH PAS. The exercise was completed with the reinstatement of all statutory performance reporting from April 2021 supported through the central Health Board Informatics team.

Since that time, work has continued and focussed on the following priority areas which remain reliant on locally held data collection processes but which remain subject to high levels of scrutiny.

- Integrated Psychological Therapies Service (IPTS)
- Integrated Autism Service (CAMHS Neurodevelopmental Team, Adult Integrated Autism Service)
- OAMH Memory Assessment Service (MAS) (including pathways for Admiral Nursing Team, Dementia Wellbeing Community/Acute Teams)

Significant progress has been made on these priority areas over the past 6 months, completion of this work within the agreed 12-month timeframe is currently on target.

We are currently agreeing which of our remaining service areas will be progressed. Services currently not migrated include Liaison Team, Psychology – all services, Community team contacts (CMHT/CLTD) – all ages/professions, Perinatal, Eating Disorders – all ages, Adult ADHD, CDAT, Veterans Service, Forensic Team, LD Health Action Team.

The successful implementation of WPAS across the Directorate is essential in managing our performance and developing realistic trajectories across all of our waiting lists, as WPAS is key enabler in ensuring that data is accurate across all reportable areas.

Further to this we are working with Digital Team colleagues to further improve our digital capability by improved use of tools such as Office365 and MS Teams and increasing the provision of IT equipment such as laptops and mobile devices to improve mobility and the reintroduction of IP and cloud telephony. In line with this an overview of the Directorates digital transformation plans is attached as *Appendix 2* for information.

- **Estates**

There are wide ranging service initiatives which are important for the HB to progress without delay. We are all aware that in delivering these there are critical challenges around the Estate, which is restricting progress to achieve these goals. Across the HB (all services) we currently have 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 building condition and the need for Capital investment/new leases of properties in the private sector. Examples of these can be seen at Preseli Unit in WGH but there are many others that require a strategic decision and investment

programme. A workshop with Senior Managers and Property and Estates colleagues took place in May, from which a scoping document is being developed to capture current estate/capacity/condition and suitability in order to develop an estates strategy for the Directorate in line with the service needs.

### Argymhelliad / Recommendation

Board Members are asked to:

- Consider the progress against the MH&LD performance metrics
- Note any risks and mitigations highlighted

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
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 Cynllunio Planning Objectives	1A NHS Delivery Framework targets 5R_22 Digital Inclusion 5G_21 Transforming MH and LD implementation Choose an item.
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> </ul>
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	<ul style="list-style-type: none"> <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> <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:	Not applicable.
Partïon/ Pwyllgorau yr ymgynghorwyd â nhw cyn Seminar Bwrdd: Parties/ Committees consulted prior to Board Seminar:	Business Planning, Performance & Assurance Committee Mental Health Legislation Assurance Committee Quality, Safety and Experience Group

<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>	The Directorate maintains a Risk Register for all areas.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable.

<b>Enw Da: Reputational:</b>	Not applicable.
<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	Full EQIA's have been undertaken for all policy and service change initiatives across the Directorate.

## Appendices

### *Appendix 1*

#### MH&LD Mock Performance Dashboard



MH&LD Perfomance  
Dashboard Example.p

### *Appendix 2*

#### Digital offering MH&LD Directorate

## Appendix 2 Transforming Mental Health Implementation Update

Identified Model (within parameters of the consultation)	Progress
<p><b>Centralised Assessment Units (CAU):</b> Open 24/7 and providing 14 assessment beds and 2 dedicated S136 beds, to enable short term admission and early care planning.</p>	<p>Inpatient services are available 24/7. A Mental Health Liaison Service was initiated in response to the pandemic; however, this has now been established as a standalone team within the Directorate and now provides support across the age range. The Service is available 24/7 and is easily contactable, with a single referral form developed for all departments and wards within the District General Hospitals and Community Hospitals to request a mental health assessment for a patient.</p> <p>An Out of Hours Clinical Co-ordinator Service has been developed to work across the Directorate and provides a specialist clinical role to advise CRTs in respect of complex gate keeping assessments. The service acts as the point of contact for advice on any clinical issues and for S136 consultation by the Police. The Clinical Leads are advised of all potential admissions and provide support and advice on any in-patient discharge out of hours to the health Board, Local Authority, WAST and Police, liaising with Out of Hours services across all 3 local authority areas. Support is also provided to in-patient staff to manage any staffing requirements, liaising with the second on call as appropriate.</p> <p>During the Pandemic, the S136 Place of Safety was centralised to Bryngofal Ward, Llanelli and this arrangement has continued due to its effectiveness. Alternative Places of Safety have now been established in Ceredigion and Pembrokeshire, and both are now both operational 24/7. A dedicated S136 service for children and young people operates out of Morlais Ward which will continue due to need.</p> <p>A twice daily multi-agency Bed Conference has been established to manage potential admissions as well as leave or discharges from our wards. These revised operational arrangements have resulted in reduced length of stays in our in-patient wards and an improved our position with regard to bed occupancy. In line with this, St. Caradog Ward will now need to remain open as it has been evidenced that we cannot manage inpatient services in Llanelli and Carmarthen without this service. 29 hospital beds is not realistic in terms of need as we require the current 32 beds in order to be able provide safe and effective services and meet demand.</p> <p>Therefore, there is no longer a requirement for a capital ask to develop a standalone assessment suite. Alternatively, St. Caradog Ward and Morlais Ward will require refurbishment to improve the environment in respect of providing clinical care. The scoping for this work is currently being undertaken with</p>

	<p>Property &amp; Estates colleagues as part of a Directorate wide exercise to capture current estate capacity/condition and suitability in order to develop an estates strategy in line with the service needs.</p>
<p><b>Centralised Treatment Units (CTU):</b> Open 24/7 and providing 15 beds, with connections to community services to enable early care planning.</p>	<p>In line with providing care closer to home it has been agreed that a standalone treatment suite is no longer the most appropriate option for centralised treatment services. It is also felt that a treatment ward is actually too prescriptive.</p> <p>Alternatively, it has been agreed to establish assessment pathways on inpatient wards which are nursing lead. This model will have access to medical staff on the ward to provide care when needed. It will ensure that individuals do not need to travel unnecessarily as they will not have to attend a particular site to access the service through dedicated pathways. In preparation for the development for this pathway we have reduced beds in Bryngofal ward.</p> <p>This change in delivery model will not require a capital requirement through a PBC, instead the requirement is to refurbish Bryngofal Ward which will be scoped as part of a Directorate wide exercise to capture current estate capacity/condition and suitability in order to develop an estates strategy in line with the service needs.</p>
<p><b>Development of Community Mental Health Centres (CMHC) in each county (24/7):</b> Enables integrated services to provide greater accessibility and earlier intervention in a warm, welcoming non-clinical environment. There will be one in each county operating 24/7, providing 12 crisis and recovery beds in total across the system.</p>	<p>The co-location of all of our Crisis Resolution Home Treatment Teams (CRHTs) and CMHT's has taken place. To fully implement this arrangement, we have undertaken an Organisational Change Process (OCP) with affected staff to allow for 7 day a week working and to enable more flexible and efficient ways of working. There will be a phased implementation to 7 day working with services being operational Monday to Sunday from 09.00am – 5.00pm from October 2022. We will look to implement further phased operating times in line with service needs.</p> <p>There are 4 CMHCs based across the 3 Local Authority areas as follows; Wellfield Road based in Carmarthen, Gorwelion based in Aberystwyth, Bro Cerwyn based in Pembrokeshire and Brynmair based in Llanelli. Alongside this there are 3 CMHTs: Hafan Hedd in South Ceredigion, Swn Y Gwynt in Ammanford and Havenway in South Pembrokeshire.</p> <p>Significant estates work was carried out on Gorwelion in 2019 and this has ensured that the building is for purpose. CMHC in Haverfordwest now operates from Brocerwyn, with a like for like service provided in Gorwelion. Wellfield Road CMHC is now a colocated service, which we do not want to interrupt as it could undermine what this the service has achieved.</p> <p>We have commissioned 3 Sanctuary Services, one in Haverfordwest, one in Llanelli and one in Aberystwyth which operate from 6.00pm – 2.00am Thursday through Friday. Feedback from service users and staff highlighted that CMHCs</p>

	<p>were not the most appropriate setting for Hospitality Beds as these services are therapeutic led and not clinical. If Hospitality beds are housed within CMHCs it would mean that they would be subject to HIW regulations which would go against the therapeutic model, therefore it was agreed that Hospitality Bed services would be best suited to being community based and managed by the Third sector. In line with this, we have been piloting 3 Hospitality Bed services over the last 12 months which are situated and managed alongside existing Sanctuary Services.</p> <p>The services currently provided out of Aberystwyth are scoped within the proposals for the new Aberystwyth Integrated Care Centre facility. The revised capital ask is for refurbishment costs Llanelli CMHC, the Bro Cerwyn site and Wellfield Road. This does not require WG capital input and will be scoped as part of a Directorate wide estates strategy work.</p>
<p><b>Single Point of Contact (SPoC):</b> Available 24/7.</p>	<p>In early 2021 WG announced their intention to implement a national MH SPOC through the 111 telephone service. Hywel Dda were invited to be a pathfinder for the development of the national service and were able to shape the service model, helping to ensure that local care is provided by locality based across the Health Board footprint, which is in keeping with the recommendations of the consultation. Following the success of the pilot WG provided recurrent funding to all Health Boards in September 2021 through the Mental Health Service Improvement Fund, to establish the service 24/7. These monies enabled us to recruit a range of Band 5 Well-being Practitioners and Band 6 Mental Health (MH) Practitioners alongside a Band 7 Clinical Lead and Band 5 Service Co-ordinator.</p> <p>Hywel Dda are the first Health Board in Wales to launch the national Mental Health Single Point of Contact. It is an open access all age telephone triage service which is accessed via the national 111 call line, by selecting Option 2. Since 20<sup>th</sup> June the service is available 7 days a week from 09.00am to 11.30pm. This is an open access service available to any individual of any age residing within the Health Board footprint of Ceredigion, Carmarthenshire and Pembrokeshire. There will be a phased approach to 24/7 operating hours throughout the summer period as additional staff are recruited.</p> <p>A secondary Professional Line is currently being established through a local telephone number, which will provide mental health advice on assessment and triage to a wide range of professionals such as GP's, Police, WAST, 111 service, Accident &amp; Emergency (A&amp;E) Local Authority, Third Sector and other health professionals.</p> <p>The service is based across 2 sites: in Llanelli the service is situated with the MH Liaison Service and the second site is based with the 111 service in Whitybush General Hospital, Haverfordwest. As a result, no further capital requirements are needed to support the MH SPOC service.</p>

<p><b>Tudor House:</b> To complete the development of the Central Assessment Unit (CAU) and the Central Treatment Unit (CTU) additional office space will be required. Need to be provided.</p>	<p>During the pandemic the Covid Hub operated out of Tudor House. As the requirement for CAU and CTU has now changed from a building-based model to a pathway model the need for Tudor House to house administration staff there is no longer required. However, given the current estate need across the Directorate discussions are taking place to agree the suitability of Tudor House to provide much needed additional clinical space for SCAMHS and IPTS.</p>
<p><b>ECT:</b> The ECT department would need to be relocated next to the Central Treatment Unit (CTU).</p>	<p>Given that the CTU model will now be a pathway model and that ECT services will mainly be accessed by individuals accessing the CTU it has been agreed that the ECT service will be better placed in Bryngofal. This is in line with best practice (ECTAS) guidance that stipulates that ECT services should be based on a General Hospital site.</p> <p>Therefore, the capital requirement for relocating the ECT will be picked up alongside the capital requirements scoping exercise as part of a Directorate wide exercise to capture current estate capacity/condition and suitability in order to develop an estates strategy in line with the service needs.</p>
<p><b>Recommissioning of Third Sector support services.</b></p>	<p>At the time of the consultation the Directorate currently spent 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. Through TMH it was agreed that these SLAs would be recommissioned through a full procurement exercise.</p> <p>In line with this all SLAs were reviewed for service delivery, performance and value for money in 2019. The pandemic delayed the planned procurement, with all SLAs were extended until March 2023 to allow for a robust recommissioning exercise. Since then, the Directorate has increased its core funding for these services to 2.5 million per annum through dedicated recurrent WG monies to increase Third Sector services in response to the growing need or community MH support services as a result of the pandemic.</p> <p>The procurement exercise began in June 2022, with several engagement events undertaken with service users, carers and providers in order to co-produce a future service model for Tier 0/1 Third Sector Mental Health services. Contract award dates are planned for December 2022, with new service implementation from 1<sup>st</sup> April 2023 to allow sufficient time for providers to establish new services.</p>
<p><b>Transport Solutions</b></p>	<p>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 up until March 2022. The service has been operational since 1st May 2021 and is being provided by St. Johns Cymru, with 1 full time</p>



	<p>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 NHS and partnership organisations staff time in having to provide transport, with over 300 conveyances being undertaken in the first 9 months. WG have recently agreeing sustainable funding for this, with a national procurement exercise expected to take place in the next 6 months. Adult MH services are helping to shape the future provision of this service as part of the procurement exercise in terms of types of vehicles and on call hours etc.</p>
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