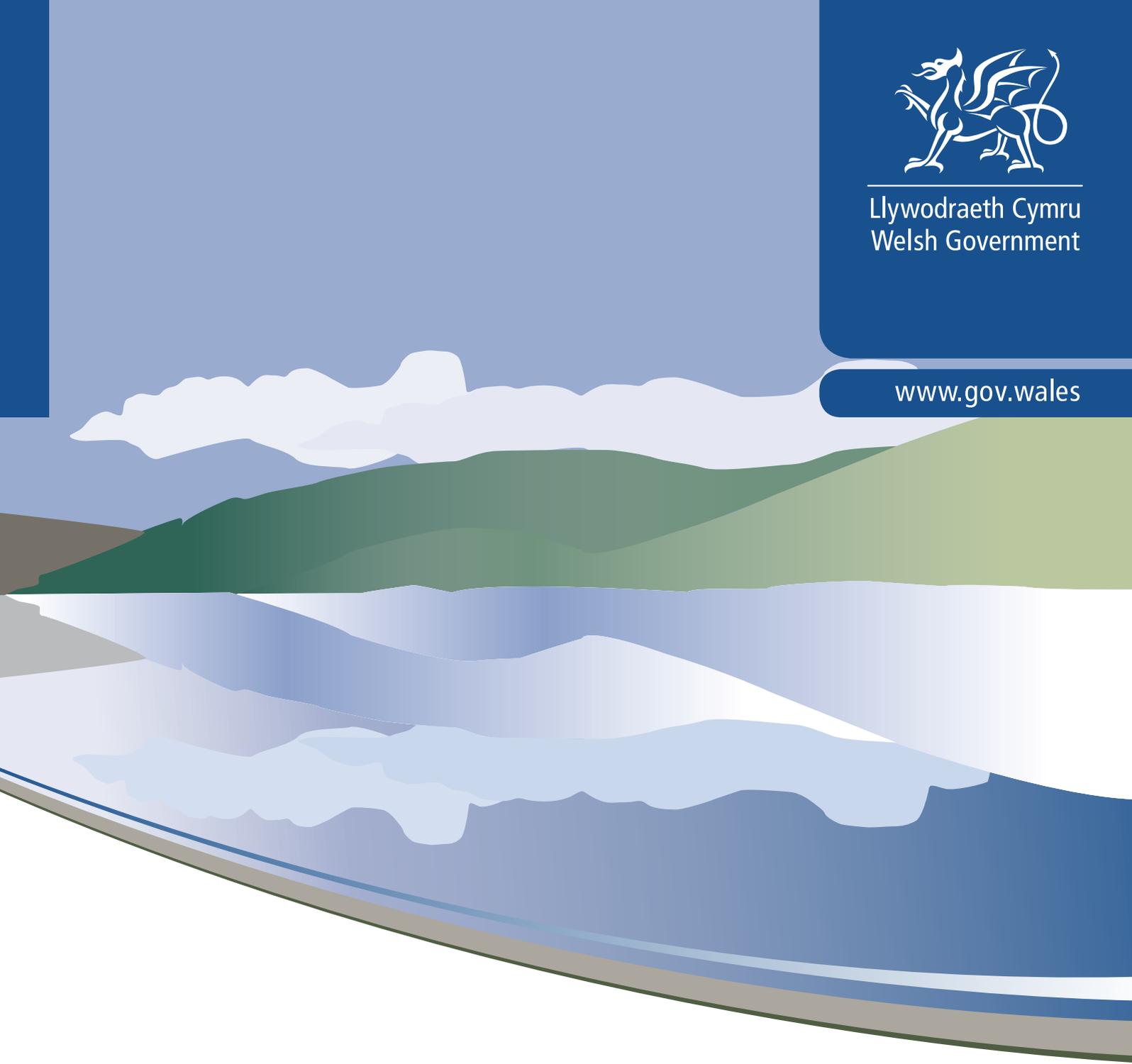




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# The Duty to Review Final Report Post-Legislative Assessment of the Mental Health (Wales) Measure 2010

## **Acknowledgements**

We would like to thank all those that have contributed to this report; in particular the health board and local authority leads, service users and carers, and third sector colleagues who have given their time to design the evaluation tools used in this review and shared their experiences. Special mention is made of Barbara Bowness, Public Health Wales, who died earlier this year and was a driving force in the implementation of Part 1 of the Measure and this review.

<b>Introduction</b>	<b>1</b>
The Measure Objectives	1
Basis of the report	2
Summary of Findings	4
Recommendations of the Duty to Review Final Report	5
<b>Part 1: Local Primary Mental Health Support Service</b>	<b>7</b>
Main Findings	7
Stock take of Compliance with Part 1	7
Analysis of Quantitative Performance Measures	9
Service User and GP Satisfaction Surveys	11
Third Sector Analysis and Surveys	12
Tier 0 Services	14
<b>Parts 2 and 3: Care Coordination, Care and Treatment Planning and the Assessment of Former Users of Secondary Mental Health Services</b>	<b>15</b>
Main Findings	15
Stock take of Compliance with Part 2	16
Stock take of Compliance with Part 3	17
Analysis of Quantitative Performance Measures	18
Service User Outcome Data	20
Third Sector Analysis	20
Service User Satisfaction Surveys and Audit	21
<b>Part 4: Mental Health Advocacy</b>	<b>24</b>
Main Findings	24
Stock take of Compliance with Part 4	24
Analysis of Quantitative Performance Measures	25
Third Sector Analysis and Surveys	26
<b>All Parts</b>	<b>27</b>
Assessment of value for money of the Mental Health (Wales) Measure 2010	27
Independent Research	33
Annex 1	37
Annex 2	41

## Introduction

The Mental Health (Wales) Measure 2010 (the Measure)<sup>1</sup> is a unique piece of legislation designed to provide a legal framework to improve mental health services in Wales. Implementation of the services required by the Measure began, on a phased basis, in January 2012.

Section 48 of the Measure places a duty on the Welsh Ministers to review specific sections of the Measure. The *Duty to Review Inception Report*<sup>2</sup> was produced in 2013 which described the process proposed to fulfil that function and comment more broadly upon the progress of implementation. The *Duty to Review Interim Report*<sup>3</sup> was published in April 2014 which noted the findings up to that date. This report is the *Duty to Review Final Report* and, in addition, to providing an overarching evaluation of the Measure, also fulfils the requirements of section 48.

Promoting and supporting emotional wellbeing and resilience, providing effective and helpful services at an early stage, as well as ensuring those in need of specialist services receive the highest quality of care and treatment, are central to the delivery of the Measure.

Embedding legal requirements into service provision and ensuring the vision underpinning it becomes a reality requires not only training and monitoring but leadership and a commitment to change. There is evidence of this commitment in every area in Wales.

Creating services which promote empowerment and choice, as well as supporting recovery and maximising independence, are essential to the future provision of mental health services in Wales. Recurrent funding of £5M per year is provided to health boards within the mental health ring fence to support the ongoing implementation of the Measure.

## The Measure Objectives

The primary intention of the Measure was to provide:

- a local primary mental health support service which could offer an assessment of an individual's mental health and, where appropriate, advice, information and/or treatment (Part 1)
- all individuals, who were receiving secondary mental health services, with a care coordinator and a proportionate and holistic care and treatment plan (Part 2)

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<sup>1</sup> <http://www.legislation.gov.uk/mwa/2010/7/contents>

<sup>2</sup> Inception Report at - <http://gov.wales/docs/dhss/publications/130408inceptionen.pdf>

<sup>3</sup> Interim Report at - <http://gov.wales/docs/dhss/publications/140331reporten.pdf>

- those discharged from secondary mental health services with the ability to request reassessment when they believe their mental health may be deteriorating by ensuring arrangements are in place to undertake those reassessments (Part 3) and
- extended statutory mental health advocacy from an Independent Mental Health Advocate (IMHA) beyond that required under the Mental Health Act 1983<sup>4</sup> (the MHA 1983) to include informal/voluntary patients as well as the majority of patients subject to the formal powers of that Act entitled to receive support (Part 4).

Subsequent to the making of the Measure in 2010, subordinate legislation was also made and additional guidance issued to support the implementation of the services required<sup>5</sup>. This included a *Code of Practice to Parts 2 and 3*<sup>6</sup> of the Measure, *National Service Model for local primary mental health support services*<sup>7</sup> and *Delivering the independent mental health advocacy service in Wales*<sup>8</sup>.

The Measure which lies at the heart of the current mental health strategy, *Together for Mental Health*<sup>9</sup> applies to all ages. Local *Together for Mental Health* plans must include how duties under the Measure will be fulfilled. Compliance with the Equality Act and the Welsh Language Standards are central to the provision of any services and these must be a primary consideration in both the design and review of services under the Measure.

## Basis of the report

Section 48 of the Measure places a duty on the Welsh Ministers to review the operation of the Measure for the purposes of publishing one or more reports within four years of commencement. The report(s) must be laid before the National Assembly for Wales.

The Explanatory Memorandum<sup>10</sup> to the Measure states:

‘Benefits for service users, their families and carers will consist of:

<sup>4</sup> The Mental Health Act 1983 at - <http://www.legislation.gov.uk/ukpga/2007/12/contents>

<sup>5</sup> Further details of subordinate information and guidance can be found at <http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en>

<sup>6</sup> [http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%20and%203%20of%20the%20Mental%20Health%20\(Wales\)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf](http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%20and%203%20of%20the%20Mental%20Health%20(Wales)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf)

<sup>7</sup> <http://gov.wales/docs/dhss/publications/110914mhnatservicemodelen.pdf>

<sup>8</sup> <http://gov.wales/topics/health/publications/health/guidance/advocacy/?lang=en>

<sup>9</sup> Together for Mental Health at - <http://wales.gov.uk/topics/health/publications/health/strategies/strategy/?lang=en>

<sup>10</sup> Explanatory memorandum to the Measure can be found at <http://www.assemblywales.org/bus-home/bus-guide-docs-pub/bus-business-documents/bus-business-documents-doc-laid.htm?act=dis&id=173836&ds=3/2010>

- improved access to services within primary and secondary care, measured for example by the number and range of primary mental health support services available and the number of service users assessed and treated within them
- improved experience for service users their families and carers, measured for example by increased satisfaction with services
- improved involvement of service users in decision making around their care and treatment, measured for example by improved satisfaction with care planning and engagement with advocacy services.

Benefits in the provision and use of services provided under the legislation will consist of an improved delivery of services within primary and secondary care and improved availability and accessibility of independent trained and dedicated advocacy services within mental health inpatient settings.

These benefits will be reviewed in a number of ways including:

- commissioned research into the use of primary and secondary mental health services
- commissioned research into the use, accessibility and delivery of advocacy services
- statistical returns and management information.

This review is not confined to assessing the specific sections of the Measure which are legally required but has drawn on information from a variety of sources including:

- task and finish groups convened from a range of stakeholders to consider specific issues
- independent commissioned research
- service user and general practitioner satisfaction surveys
- third sector surveys and comments
- compliance with the legal requirements of the Measure stock take inventories
- quantitative performance measures and
- the Health and Social Care Committee's post legislative scrutiny of the Measure recommendations.

## Summary of Findings

The Measure has provided both a framework and a focus for the improvement of mental health services in Wales. Its innovative approach to enshrining in law the services that people can expect has ensured mental health has become a priority in health boards and local authorities. Broad support for the principles and aims of the Measure and the opportunity to improve and develop services as well as formalise good practice has been widely expressed.

- The creation of LPMHSSs has meant over 80,000 people have received a holistic assessment of their mental health needs and over 42,000 people have received a therapeutic intervention since April 2013.
- Over 90% of those receiving LPMHSS have rated those services positively.
- Whilst it has not changed markedly since implementation, the demand for LPMHSS assessments and services remains significant.
- The knowledge and understanding of general practitioners and primary care staff in mental health is improving but further work is required.
- The development of open access community based groups (Tier 0 services) which assist people to manage their mental health problems has been widely welcomed.
- Initial service user satisfaction surveys reveal a significant majority of those receiving secondary mental health services are now aware of their entitlement to a CTP and a care coordinator and are more satisfied with the quality of their CTPs.
- Initial audit information suggests that that most plans reflected the view of those involved in the CTP had been sought and had considered the 8 areas of life.
- When service users have been involved in their CTPs they have reported improved outcomes.
- Accessibility to Part 3 reassessment remains variable though this is improving.
- The change in culture required to ensure the intention behind the Measure realised is becoming more evident across all areas in Wales.
- The provision of the expanded IMHA services has been reported by all stakeholders as a positive development including staff providing services and those receiving support.

- Information about the availability of IMHA services to ensure its accessibility for all eligible patients has improved and this work needs to continue.
- Overall the investment in the provision of the Measure is deemed to be value for money.

## **Recommendations of the Duty to Review Final Report**

- Regulations are amended to:
  - expand the list of health professionals registered with a regulated professional body able to undertake a local primary mental health support service (LPMHSS) assessment
  - expand the list of health professionals registered with a regulated professional body able to undertake the care coordination role
- Part 3 of the Measure is amended to:
  - ensure that there is no age limit upon those who can request a re-assessment of their mental health
  - extend the ability to request a re- assessment to people specified by the patient
- All health boards to report from 2016 upon the following in their annual reports on the local delivery of *Together for Mental Health*:
  - the findings from the LPMHSS and care and treatment planning (CTP) satisfaction surveys as well as the comprehensive CTP audit including compliance with the Welsh Language Standards
  - outcome measures for those that have received a LPMHSS therapeutic intervention
  - how information, and if relevant, training is provided to patients and GP's explaining:
    - the role and purpose of the LPMHSS and
    - how access to the service meets the requirements of the Welsh Language Standards and the Equality Act.
  - how patients discharged from secondary mental health services, and relevant other people, know about how, and understand their right, to request a reassessment
  - how the outcomes for individual patients who have received an IMHA service are demonstrated.

- A working group is convened to consider:
  - what further guidance is needed regarding the competency required to undertake the care co-ordination role and to develop that guidance for wider consideration and consultation
  - the form and content of CTP with a view to improving accessibility and applicability to all service user groups as well as considering any additions, for example, unmet needs, carer contribution and a review section, to the document
  - what further guidance about the interface between primary and secondary care is needed and to develop that guidance for wider consideration and consultation.
- The Direct Enhanced Services in relation to mental health for GPs is continued to support continuing education and service development in mental health and that the LPMHSS works to support this as much as possible.
- Data in relation to the LPMHSS waiting times for psychological interventions are routinely captured.
- Performance information about the timeliness of reassessment under Part 3 of the Measure is collected in line with standards set elsewhere.

## Part 1: Local Primary Mental Health Support Service

Part 1 of the Measure seeks to ensure that local primary mental health support services (LPMHSS) are able to assess an individual's mental health and, where appropriate, provide treatment of an individual's mental disorder within primary care. Both GPs and secondary mental health services can refer people to LPMHSS which are located within and alongside GP services. LPMHSS commenced on 1 October 2012.

### 1.1 Main findings

- The creation of LPMHSSs has meant over 80,000 people have received a holistic assessment of their mental health needs and over 42,000 people have received a therapeutic intervention since April 2013.
- In the surveys analysed over 90% of those receiving LPMHSS have rated those services positively.
- Whilst it has not changed markedly since implementation, the demand for LPMHSS assessments and services remains significant.
- The knowledge and understanding of general practitioners and primary care staff in mental health is improving but requires further work.
- The development of open access community based groups (Tier 0 services) which assist people to manage their mental health problems has been widely welcomed.
- Waiting times for some 1-1 interventions are to be addressed by the investment of £3.8M in improving access to psychological therapies, which includes £800,000 announced in for 2015/16 specifically to reduce waiting times for children and young people in LPMHSS.

### 1.2 Stock take of Compliance with Part 1

Within Part 1 there is a legal duty to review sections 2(1), 3(1), 4(1), 6(2), 7(2), 8(2), 9(2), 10(1), (2) and (3)<sup>11</sup>.

A stock take document was developed with health board Part 1 leads and their partners to assess compliance with legal requirements. This has been completed at regular intervals and relates to both the specific sections detailed above and broader expectations set out in the National Service Model<sup>12</sup>.

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<sup>11</sup> Mental Health(Wales)Measure 2010 at <http://www.legislation.gov.uk/mwa/2010/7/contents>

<sup>12</sup> National Service Model at - <http://wales.gov.uk/topics/health/publications/health/guidance/national/?lang=en>

The main findings are described below:

- All areas within Wales have jointly agreed schemes which describe the services provided at a primary care level. It was anticipated schemes would evolve over time as services developed and changed to reflect local need and the expansion of primary care interventions. Where schemes have been updated they have been amended to reflect such developments.
- All services, identified in schemes, are provided throughout the relevant health board area, as are the arrangements as to how the local mental health partners will secure the provision of LPMHSS. All health boards also set out the interventions available in their service.
- All LPMHSS accept referrals of persons receiving secondary mental health services or subject to specific sections of the Mental Health Act 1983 (as enabled by the Measure).
- All health boards and partners have a process for assuring the suitability of eligible persons<sup>13</sup> to undertake the primary mental health assessment role and all health boards have provided training for their staff in the provision of LPMHSS and have outcome measurements in place.
- Whilst all LPMHSS have embraced the guidelines in the National Service Model; there are differences in implementation. For example some areas undertake the majority of their assessments by telephone (though face to face contact is offered) and others are predominately face to face.

### 1.2.1 Additional Information

Since implementation, the eligibility criteria relating to which professionals are able to undertake LPMHSS assessments has been consistently raised. There has been a divergence of views, ranging from those who consider the current eligibility criteria (as laid down by the Regulations<sup>14</sup>) to offer appropriate assurance of the skills and competence of staff able to conduct primary mental health assessments; to those who consider that valuable staff resources (such as paediatric nurses and counsellors) are not being fully utilised because they cannot conduct LPMHSS assessments under the provisions of the Measure.

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<sup>13</sup> The Mental Health (Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments) (Wales) Regulations 2012 at - <http://www.legislation.gov.uk/wsi/2012/1305/part/3/made>

<sup>14</sup>The Mental Health (Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments) (Wales) Regulations 2012 at - <http://www.legislation.gov.uk/wsi/2012/1305/part/3/made>

A task and finish group was constituted to specifically consider this issue and it has recommended:

- **the regulations are amended to expand the list of health professionals registered with a regulated professional body able to undertake a LPMHSS assessment. Provisional changes to the regulations will be drawn up in 2016 and will be subject to formal consultation.**

LPMHSS must ensure there is an appropriate balance between those able to undertake the holistic LPMHSS assessment and those, such as counsellors, who have specialist skills to provide the therapeutic interventions that have been assessed as required. The provision of therapeutic interventions as well as advice, information and support by third sector colleagues and peers is to be encouraged.

### **1.3 Analysis of Quantitative Performance Measures**

One of the intentions of the Measure was to provide increased and timely services at a primary care level; quantitative information has therefore been required.

Health boards submit aggregated performance information to Welsh Government via data collection forms ratified by the Welsh Information Standards Board<sup>15</sup>.

Data collection systems across health boards and local authorities in Wales vary significantly, from paper based collation of information to comprehensive information technology systems. The quality of the information received from health boards has improved significantly over the past 2 years and specific data is now published on a 6 monthly basis on the “my local health services” website.<sup>16</sup>

Additional graphs and commentary reflecting the all-Wales position from April 2013 to September 2015 is provided at Annex 2. Unless otherwise specified, data is presented for each quarter.

#### **1.3.1 Waiting Times for Assessment**

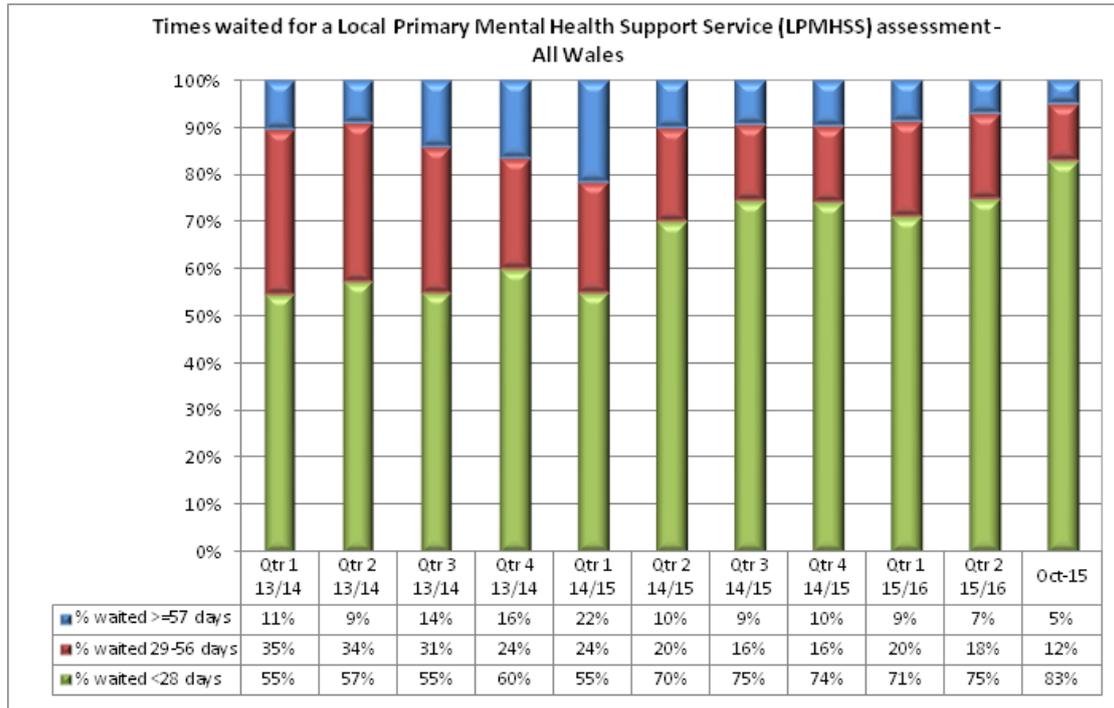
Since October 2013 the NHS Delivery Plan<sup>17</sup> target for assessment has been that 80% of individuals would be seen within 28 days. Between April 2013 and March 2014 on average 57% of people were seen for an assessment within 28 days. Between April 2014 and March 2015 the average was 68% and the average from April 2015 to September 2015 was 73%. As of October 2015 83% of service users were being seen within target.

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<sup>15</sup> Welsh Information Standards Board at - <http://www.wales.nhs.uk/sites3/home.cfm?orgid=1031>

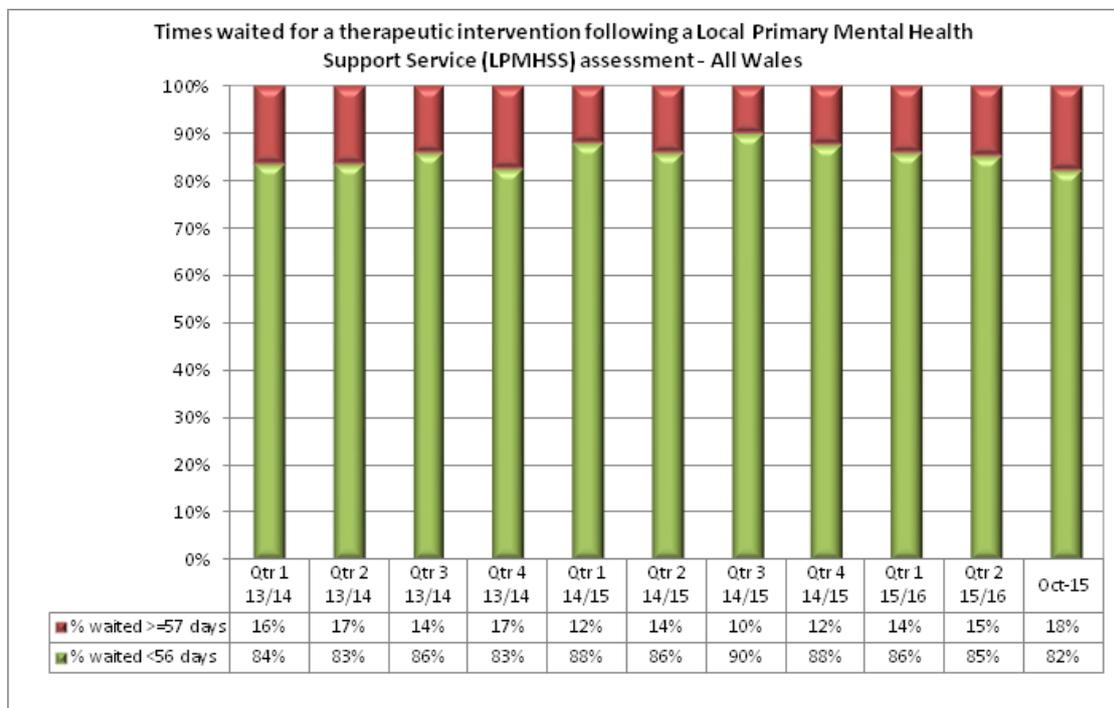
<sup>16</sup> <http://mylocalhealthservice.wales.gov.uk/#/en>

<sup>17</sup> NHS Wales delivery framework 2013-14 and future plans at-  
<http://wales.gov.uk/topics/health/publications/health/strategies/framework/?lang=en>



### 1.3.2 Waiting Times for Intervention

The NHS Delivery Plan target that 90% of persons should be seen in less than 56 days was reduced in October 2015. It is now a requirement that 80% of people will commence treatment within 28 days. The current average across Wales is 71%.



### 1.3.3 Additional Information

The Part 1 task and finish group was reconvened following the Health and Social Care Committee recommendations. Concern was expressed about the length of waiting lists in some places for certain types of one to one interventions. In the summer of 2015 a national plan to improve access for adults to psychological therapies in primary care and specialist mental health services was developed by the National Psychological Therapies Committee. Work to improve delivery of psychological therapies to children and young people is being addressed within the together for Children and Young People initiative. To support ongoing improvement in this area, it is recommended:

- **data in relation to the LPMHSS waiting times for psychological interventions are routinely captured.**

## 1.4 Service User and GP Satisfaction Surveys

As part of the qualitative evidence base for reviewing the Measure, health boards submit the outcomes of local surveys undertaken to assess satisfaction with LPMHSS services and to report upon service user satisfaction and GP satisfaction. The questions in these surveys were updated this year.

### 1.4.1 Service User Satisfaction

548 service user satisfaction questionnaires have been analysed. Of those on average over 90% of service users across Wales positively rated services (strongly agreed or agreed) across the 10 questions.

### 1.4.2 GP Satisfaction Results:

Health boards have sought the views of GPs on the LPMHSS. There was significant variation in response rates across Wales and therefore these results should be read with some caution. However, where GP's responded to the survey they indicated an overall improvement in their satisfaction with the service provided by LPMHSS.

The results of 253 surveys were analysed. On average over 74% of GPs across Wales positively rated services (strongly agreed or agreed) across the 8 questions.

It is recommended:

**All health boards report, from 2016, upon the findings of the LPMHSS satisfaction surveys in their annual reports on the local delivery of *Together for Mental Health*.**

### 1.4.3 Additional Information

The Part 1 reconvened task and finish group also considered how LPMHSS could and should be demonstrating the effectiveness of their service in relation to service user outcomes. It is recommended, all health boards report, from 2016, upon the following in their annual reports on the local delivery of *Together for Mental Health*:

- **outcomes measures for those that have received a LPMHSS therapeutic intervention**
- **the information provided to patients explaining the role and purpose of the LPMHSS and how to access the service meets the requirements of the Welsh Language Standards and the Equality Act.**

## 1.5 Third Sector Analysis and Surveys

Whilst the number of persons involved in the completion of the third sector surveys are relatively small and were not exclusively concerned with services provided under Part 1 of the Measure they add an additional qualitative perspective into the overall picture of primary care services.

### 1.5.1 Wales Mental Health in Primary Care (WaMH in PC) survey

In 2015 Wales Mental Health in Primary Care (a special interest group of the Royal College of GPs in Wales) published “Experiences of Delivering Primary Mental Health Care”<sup>18</sup>. It described the results of their 2014 Wales-wide survey of GPs and other primary care staff. The survey reported:

- GPs and primary care staff feel confident in relation to the early identification, assessment, diagnosis and treatment of people with mental health problems. However they express lower levels of confidence in relation to understanding, promoting and signposting for the social and economic factors relating to mental health and wellbeing.
- GPs and primary care staff have experienced an increase in the proportion of time spent on mental health related work and the majority found this work ‘difficult’ or ‘very difficult’.
- Respondents said that the top three barriers to successful delivery of primary mental health services were timely access to psychological therapies, timely access to secondary care services and service capacity.

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<sup>18</sup> [http://www.gofal.org.uk/uploads/Policy\\_documents/PMHSS/WaMH\\_in\\_PC\\_report\\_2015.pdf](http://www.gofal.org.uk/uploads/Policy_documents/PMHSS/WaMH_in_PC_report_2015.pdf)

### 1.5.2 Gofal service user satisfaction surveys

In 2015 Welsh mental health and wellbeing charity, Gofal, published “Snapshot 3”, a report based on the results of their third annual Wales-wide survey about patient experiences of primary mental health services. Over 800 people shared their views about the empathy and understanding demonstrated by professionals, treatment and support options offered to them, waiting times and the impact of primary mental health services on their mental health and wellbeing. The survey found that:

- Over 50% of respondents described their GP as ‘extremely’ or ‘very’ understanding and empathetic. 25% described their GP as only ‘slightly’ or ‘not at all’ understanding and empathetic.
- Most respondents were offered prescription medication.
- The proportions of respondents being offered advice and information, psychological therapies, books on prescription, physical activity and being signposted or referred to another service have increased.
- Waiting times for assessments and support services have decreased since the implementation of the Measure, but some people still feel they are waiting too long for talking therapies.

The combined recommendations of both reports are broadly to ensure that:

- support and advice for GPs and other primary care staff is prioritised
- waiting times for psychological therapies are further reduced and overall access is further improved
- information and treatment options for patients continue to improve
- outcomes for patients are measured to drive improvements
- GPs are involved as much as possible in the development of primary mental health schemes.

### 1.5.3 Additional information

Whilst the knowledge and understanding of GPs and practice staff about mental health and mental health services varies across Wales, there does appear to be an increase in the general level of awareness amongst primary care staff. However further work is needed. It is recommended all health boards report, from 2016, upon the following in their annual reports on the local delivery of *Together for Mental Health*.

- **the provision of general and specific information about the LPMHSS to GPs and other professionals regarding**
  - **the five core functions of the LPMHSS service**
  - **how to access LPMHSS**
  - **feedback regarding patient referrals and outcomes**

- **if relevant, how to access other parts of mental health services.**

There are considerable pressures on GPs to ensure they are up to date and trained in many areas of health. The Royal College of GPs has highlighted and indeed the WaMH in PC study confirms that a significant amount of their workload is related to mental health matters. It is therefore recommended:

- **The Direct Enhanced Services in relation to mental health for GPs is continued to support continuing education and service development in mental health and that the LPMHSS works to support this as much as possible.**

## **1.6 Tier 0 Services**

Largely as a result of the implementation of Part 1 of the Measure there has been a significant expansion in the availability of self referral psychological education programmes at a Tier 0. These are designed to promote both emotional wellbeing and to address commonly experienced difficulties such as anxiety and stress. LPMHSS across Wales have been instrumental in supporting the development of these services within the community which do not require a referral from a GP. They may equally be used as a resource to which people may be signposted by GPs, the LPMHSS itself and third sector organisations. In the case of GPs this may be a part of watchful waiting recommended within the NICE guidance stepped care approach to the treatment of mild to moderate anxiety and depression.

These open access courses and groups are becoming part of the changing face of mental health services in Wales. This principle and the practice of empowering individuals as equal partners to access support for their own health and wellbeing remains encouraging and fits with the vision of future health care in Wales.

## **Parts 2 and 3: Care Coordination, Care and Treatment Planning and the Assessment of Former Users of Secondary Mental Health Services**

Part 2 of the Measure seeks to ensure that all individuals accepted into secondary mental health services have a care co-ordinator and a care and treatment plan (CTP). Regulations define who can be a care co-ordinator and prescribe the wording of the CTP.

Part 3 of the Measure places a duty on secondary mental health services to assess eligible patients who have been discharged from those services. A Part 3 assessment does not require a referral by the patient's GP or other agencies allowing the patient to self-refer.

An eligible patient is a person over the age of 18 years who was in receipt of specialist mental health services within the previous three years. Where a person reaches the age of 18 and was in receipt of specialist child and adolescent mental health services within the three years prior to becoming 18 they become an eligible patient upon their 18<sup>th</sup> birthday.

Parts 2 and 3 of the Measure were commenced on 1 June 2012.

### **2.1 Main Findings**

- Initial service user satisfaction surveys reveal a significant majority of those receiving secondary mental health services are now aware of their entitlement to a CTP and a care coordinator and are more satisfied with the quality of their CTPs.
- Initial audit information suggests that most plans reflected the views of those involved in the CTP had been sought and had considered the 8 areas of life. When service users have been involved in the CTPs they have reported improved outcomes.
- Accessibility to Part 3 reassessment remains variable though this is improving.
- The change in culture required to ensure the intention behind the Measure is becoming more evident across all areas in Wales.
- Satisfaction and audit tools in combination with training for care coordinators and others must be used regularly to continue to drive up and focus on the quality of care and treatment planning.

## 2.2 Stock take of Compliance with Part 2

Within Part 2 there is a specific duty to review sections 10, 13(1), 16(1), 17(1), and 18(1) and (3)<sup>19</sup>. An inventory of compliance with the specific sections of Part 2 was developed with representatives from secondary mental health services.

The following is based on information submitted by health boards in October 2015:

- All areas confirmed they had a mechanism for receiving referrals from LPMHSS.
- Each health board area has a process for determining the suitability<sup>20</sup> of individual professionals able to undertake the care co-ordination role.
- Training is considered critical to ensuring competence and all areas have developed a care and treatment planning training process, for example a training package including:
  - an introduction to the requirements of the Measure
  - the role of the care co-ordinator
  - assessment and outcome focussed care planning
  - reviewing care and treatment plans
  - discharge from secondary mental health services.

### 2.2.1 Additional information

The potential to review the eligibility criteria relating to which professionals are able to undertake the care co-ordination role has been raised. A divergence of views has been expressed; essentially these are:

- keep existing criteria as laid down in Regulations;<sup>21</sup>
- expand those professional groups currently eligible to undertake the role (examples for inclusion are art therapists and paediatric nurses)
- and/or provide either further guidance or a change to the Regulations regarding the competency required to undertake the care co-ordination role.

A specific task and finish group was constituted to address these issues and it is recommended:

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<sup>19</sup> Mental Health(Wales)Measure 2010 at <http://www.legislation.gov.uk/mwa/2010/7/contents>

<sup>20</sup> The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011 at <http://www.legislation.gov.uk/wsi/2011/2942/schedule/2/made>

<sup>21</sup> The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011 at <http://www.legislation.gov.uk/wsi/2011/2942/schedule/2/made>

- **The regulations are amended to expand the list of health professionals registered with a regulated professional body able to undertake the care coordination role. Provisional changes to the regulations will be drawn up in 2016 and will be subject to formal consultation.**
- **A working group is convened in 2016 to consider what further guidance is needed regarding the competency required to undertake the care co-ordination role and to develop that guidance for wider consideration and consultation.**

The specific form and content of the CTP, as laid down in the legislation, has also been widely discussed. Its appropriateness has been challenged in terms of; the suitability of the language used within the document for some patients, it's over inclusivity and whether the legislation should require practitioners to address all 8 areas of life described within the form. The Part 2 task and finish group convened also considered these issues. The National Partnership Board's service user and carer forum have also recommended the inclusion of items within the CTP. It is recommended:

- **A working group is convened in 2016 to review the form and content of the CTP with a view to improving accessibility and applicability to all service user groups as well as considering any additions, for example, unmet needs, carer contribution and a review section, to the document.**

### **2.3 Stock take of compliance with Part 3**

Within Part 3 there is a requirement to review sections 19, 23(1) and (2), 25, 26(2) and 27(1) and (2)<sup>22</sup>. This stock take has provided information on the provision of services under this Part of the Measure.

All areas in Wales have confirmed that arrangements are in place:

- to ensure those discharged from services are aware of the process of re-accessing services should they need to in the future
- between the mental health providers to assess people who request reassessment under Part 3 as specified in section 19
- to ensure former service users have timely and appropriate reassessment of their mental health, as specified in section 26 and the Code of Practice and
- to ensure the assessment considers the need for secondary mental health services, community care services, housing or wellbeing services.

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<sup>22</sup> Mental Health(Wales)Measure 2010 at <http://www.legislation.gov.uk/mwa/2010/7/contents>

### 2.3.1 Additional information

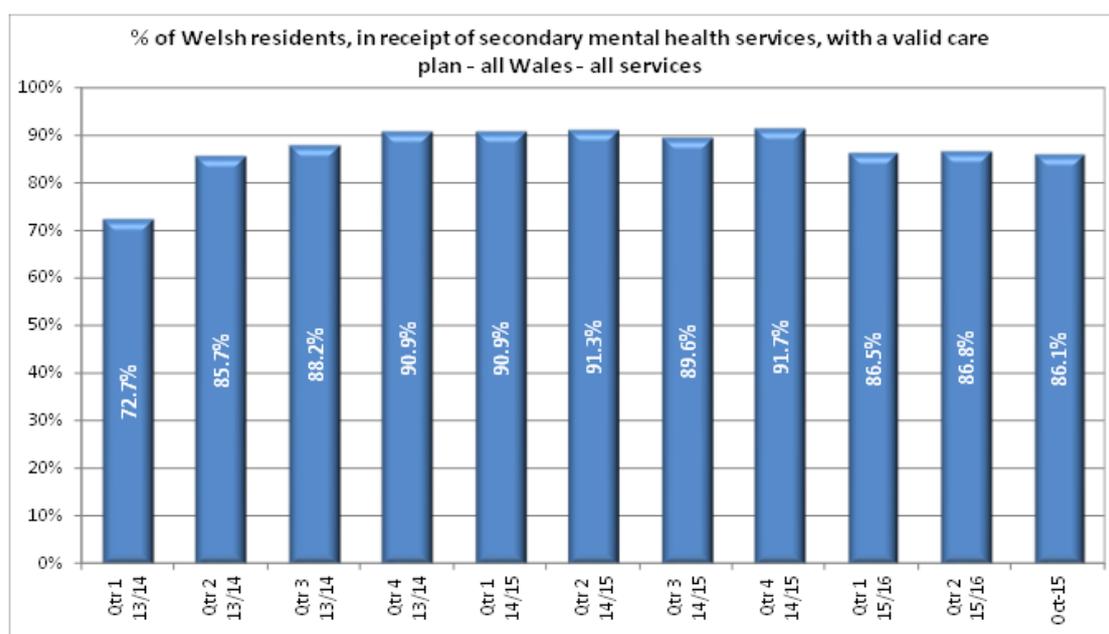
A task and finish group was convened to review the arrangements for assessment under Part 3 of the Measure. It considered the potential to expand existing Part 3 duties to cover people under the age of 18 and whether the duty should allow requests for assessment to be made by people other than the patient.

It is recommended:

- **Part 3 of the Measure is amended to ensure that there is no age limit upon those who can request a re-assessment of their mental health.**
- **Part 3 of the Measure is amended to extend the ability to request a re-assessment to people specified by the patient. Provisional changes will be drawn up in 2016 and will be subject to formal consultation.**

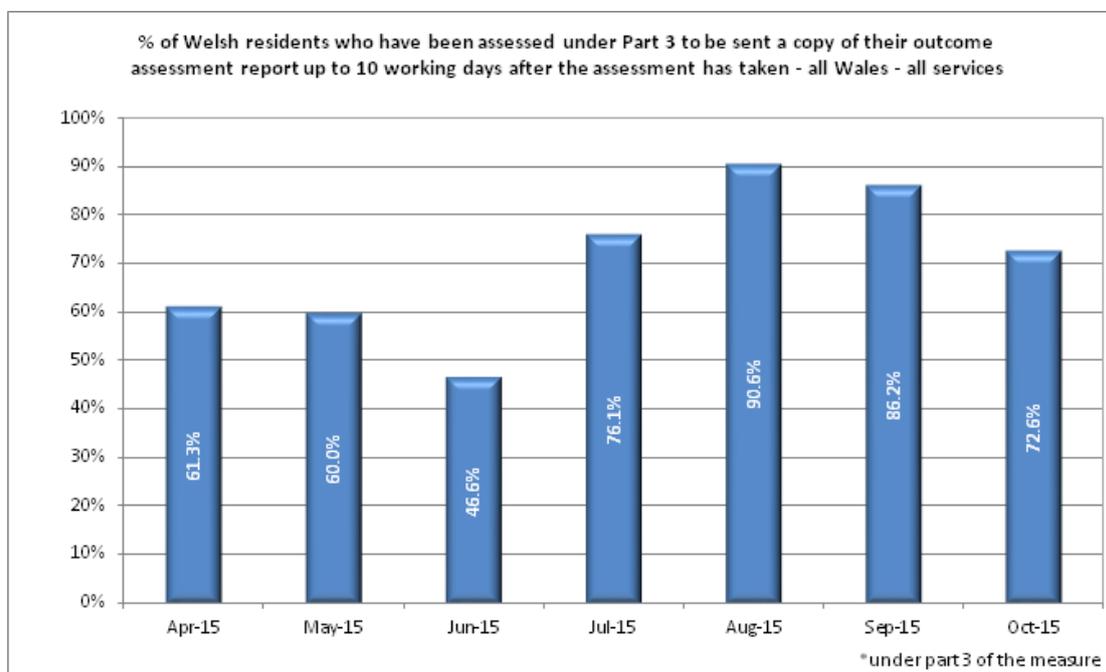
### 2.4 Analysis of Quantitative Performance Measures

Prior to the introduction of the Measure some quantitative information was collected regarding compliance with the guidelines set out under the Care Programme Approach<sup>23</sup>. The performance measures currently in place have built upon that work. The graphs and commentary which follow reflect the all-Wales position from April 2013 to September 2015, further detail can be found in annex 3.



<sup>23</sup> <http://www.nhs.uk/conditions/social-care-and-support-guide/pages/care-programme-approach.aspx>

The NHS Delivery Framework target is that 90% of individuals receiving secondary mental health services should have a valid care and treatment plan. **The current October position is 86.1% however it is important to note that with the exception of one health board, all health boards in Wales are meeting the delivery target.**



As part of the targets set under the Framework health boards are also asked to provide assurance that:

- individuals are reassessed in a timely manner as described in the Code of Practice to Parts 2 and 3 and
- a copy of a report to that individual is provided no later than 10 working days following the conclusion of the assessment in 100% of cases.

Since April 2015 data has been collected on the 10 working day target.

### 2.4.1 Additional information

A recovery and independence based model of intervention for those receiving shorter or longer term services is at the heart of the Measure. Supporting those that have been in receipt of services for a long time and who may now be discharged, with the safety net of re assessment, will need to be undertaken sensitively and on an individualised basis.

The process by which some patients have been discharged from secondary services has been commented upon. Some areas have well developed mechanisms for ensuring any potential discharge is thoroughly discussed with the service user, any carers or family and third sector organisations that may be involved. It is crucial that this process is both co-operative and well understood by all. The Part 3 task and finish group reconvened to consider the reassessment process. It is recommended:

- **All health boards report, from 2016, upon the following in their annual reports on the local delivery of *Together for Mental Health*:**
  - **how patients discharged from secondary mental health services, and relevant other people, know about and understand their right to request a reassessment**
  - **how patients discharged from secondary mental health services, and any other relevant people, know how to, and can easily request a reassessment**
- **The process of requesting a reassessment is shared with the service user's GP via the discharge documents.**

To support the target set under the Framework that individuals are reassessed in a timely manner as described in the Code of Practice to Parts 2 and 3; it is recommended:

- **Performance information about the timeliness of re-assessment is collected in line with standards set elsewhere.**

## **2.5 Service User Outcome Data**

Work is being undertaken by Public Health Wales 1000 Lives Improvement Service, the third sector and service users to produce service users' goal-based outcome measures which will allow service users to report their perception of the achievement of the outcomes agreed in their CTPs.

Piloting of these outcome measures took place in 2014. Rollout is taking place in some services across Wales where the current IT infrastructure allows. National roll out is, however, dependent on the implementation of the Welsh Common Community Informatics System<sup>24</sup> across all health boards. This is now being introduced on a phased basis across Wales.

## **2.6 Third Sector Analysis**

Welsh mental health charity, Hafal,<sup>25</sup> have found the quality and usefulness of Care and Treatment Plans is steadily improving. Some clients have told them that they now feel more involved in their own care and treatment, and now attend care plan reviews where they have the opportunity to become more involved. Such practice needs to be more widespread and systematic across the whole of Wales. Hafal have suggested further training for care co-ordinators would be helpful to ensure plans are more focused on achieving both short-term and long-term goals/outcomes.

<sup>24</sup> <http://www.wales.nhs.uk/nwis/page/66702>

<sup>25</sup> <http://www.hafal.org/>

Where people have been fully and genuinely involved in the planning and delivery of their own care and treatment planning Hafal have seen their confidence increase, leading to a therapeutic benefit and improved outcomes. This has been supported by their financial analysis of the marked benefits of care and treatment planning to individuals and the community more generally.<sup>26</sup>

Hafal also report they have found that since the introduction of the Measure, health boards have given an increased priority and focus to mental health services. In addition they report the Measure has led to more attention being given to the physical healthcare needs of people with a serious mental illness, and would like to see continuing improvements in the links between primary and secondary mental health support services.

### **2.6.1 Additional Information**

It has been suggested a number of people have been discharged to primary care simply in order that clinicians in secondary care do not have to complete a Care and Treatment Plan. The interface between primary care and secondary service has also been raised by clinicians, service users and third sector organisations. It is recommended:

- **A working group is convened in 2016 to consider what further guidance about the interface between primary and secondary care is needed and to develop that guidance for wider consideration and consultation.**

In the interim, however, it is essential that all clinicians are able to demonstrate their practice is both lawful and ethical. It is not possible for any member of staff to disregard their duties under the Measure because their individual views do not agree with any part of its legal requirements.

## **2.7 Service user satisfaction surveys and audit**

One of the most consistent comments received has been the variability within both the care planning process and in the quality of CTPs. Where it has been possible to deliver care co-ordination and CTPs in accordance with both the letter and spirit of the Code of Practice, service users and carers have reported high levels of satisfaction and good outcomes. To support the change in culture required to improve the quality of services two specific measures have been developed; service user satisfaction surveys and a comprehensive audit tool.

### **2.7.1 Service user CTP satisfaction surveys**

Taking a once for Wales approach, a service user satisfaction survey was developed by service users, carers, health boards and their partners, including the third sector.

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<sup>26</sup> <http://www.hafal.org/wp-content/uploads/2014/12/Hafal-prudent-healthcare-paper.pdf>

Although these surveys are now being used on a regular basis in all areas across Wales, data is not yet being collected consistently. However, as an example, analysis of data from over 200 service users from community mental health teams in one health board area has produced the following results:

- over 91% stated they had a CTP and an equivalent percentage knew their care co-ordinator
- 88% of people understood the purpose of their CTP
- 92% felt involved in the development of their CTP or were not involved because they chose not to be
- over 83% either had their families or carers involved in the development of their CTP or did not wish them to be
- 94% felt that staff involved in CTP were understanding/supportive
- 89% of service users were satisfied with their CTP and 88% felt their received care matched their CTP
- 54 % of people were offered their CTP in Welsh or language of their choice.

Of the feedback received to date other areas have produced similar indicative findings and whilst there is room for improvement it is clear a significant majority are now aware of their entitlement to a CTP and a care coordinator and are moreover satisfied with the quality of their CTPs.

It is recommended:

- **All services in Wales use the service user satisfaction survey and report the outcomes in their local *Together for Mental Health* Annual Report.**
- **All services ensure they are compliant with the Welsh Language Standards.**

### **2.7.2 Audit**

A comprehensive audit tool has been developed in order for health boards to improve their understanding of the quality of care and treatment plans against the requirement of the Code of Practice for Parts 2 and 3. It is reported, its use to date has already promoted an increased understanding of the Measure by individual clinicians as well as a method of promoting a culture of continuous improvement.

Initial findings from one health board indicate:

- 94% had a CTP
- in 64% of cases reviewed the CTP did or partially reflected the involvement of the carer if applicable
- 84% had identified relapse indicators and 81% reflected the view of those involved in the CTP had been sought

- in 83% of cases language or communication requirement were felt not to be applicable
- on average over 90% reflected that the 8 areas of life had been considered but a significant number of these were considered not applicable for example 44% in both work and occupation and education and training.

To continue to support health boards and individual practitioners in embracing the spirit of the Measure and that care plans are proportionate as well as holistic it is recommended:

- **All services in Wales use the comprehensive audit tool and all health boards report, from 2016, upon the findings in their annual reports on the local delivery of *Together for Mental Health*.**

## Part 4 Mental Health Advocacy

This Part of the Measure expands the scope of Independent Mental Health Advocacy (IMHA) to cover informal patients receiving treatment for their mental disorder and patients subject to sections of the Mental Health Act 1983 previously not covered by the IMHA regulations. It places a duty upon local health boards to expand the provision of these services.

### Main Findings

- The provision of the expanded IMHA services has been reported by all stakeholders as a positive development including staff providing services and those receiving support.
- Information about the availability of IMHA services to ensure its accessibility for all eligible patients has improved and this needs to continue

### 3.1 Stock take of Compliance with Part 4

Within Part 4 there is a specific duty to review section 130E (1) of the Mental Health Act 1983 as inserted by section 31 of the Measure.

All health boards in Wales have confirmed they have arrangements in place to ensure advocacy is available to qualifying patients. These have largely been developed using the National Commissioning Framework<sup>27</sup> to work towards increasing parity of services across Wales.

The Part 4 Commissioners meet on a regular basis to review their services and have developed effective working relationships with their providers. They have also arranged for providers to meet and share good practice.

Each health board has confirmed the IMHAs providing services meet the appointment requirements and this includes ensuring:

- adequate training/induction before practising as an IMHA and an expectation that all advocates will begin the specific advocacy qualification within specified time periods
- patients have been informed of their health board's duty to provide them with an advocacy service in a number of ways, including: providing relevant settings with promotional materials, organising awareness raising sessions and providing an e-learning module

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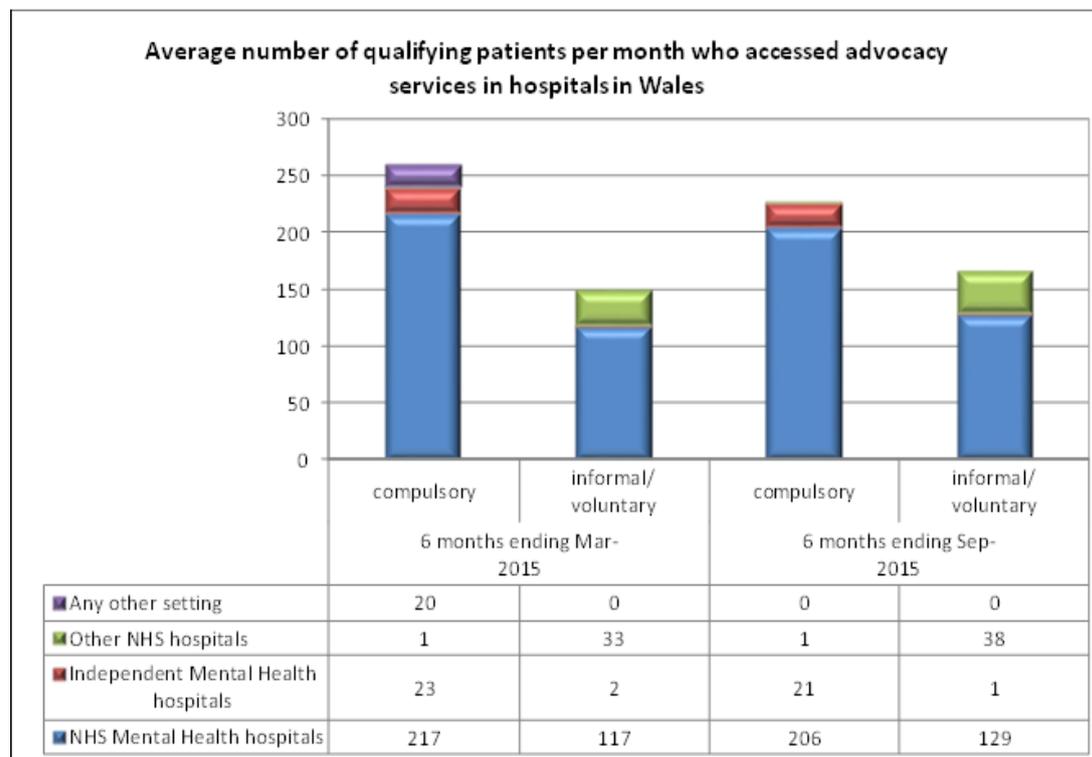
<sup>27</sup> Delivering the independent mental health advocacy service in Wales at <http://wales.gov.uk/topics/health/publications/health/guidance/advocacy/?lang=en>

- providing adequate translation services including Welsh and bilingual advocates, those trained in BSL and specific communication tools such as Talking Mats<sup>28</sup>
- advocacy awareness training being incorporated into mainstream Measure training and
- a texting service being available to CAMHS in-patients.

A task and finish group was convened to review the adequacy of the current arrangements to deliver independent mental health advocacy services under the extended duties within Part 4 of the Mental Health (Wales) Measure 2010. It is recommended:

- **The Mental Health Act (MHA) Code of Practice consultation informs the process for enabling access to IMHA services for those who lack the capacity to request contact.**
- **All health boards report from 2016 onwards upon the following in their annual reports on the local delivery of *Together for Mental Health*:**
  - **how the needs of all eligible will be met and**
  - **how awareness of the importance of referral to IMHA services among social care and general hospital staff is raised.**

### 3.2 Analysis of Quantitative Performance Measures



<sup>28</sup> <http://www.talkingmats.com/>

In the last 12 months an average of 404 people accessed IMHA services per month. During the course of the last 6 months, on average, 168 patients per months receive a service each month which was not available prior to the introduction of the Measure.

### 3.3 Third Sector Analysis and Surveys

The mental health charity Mind Cymru undertook a survey in 2014/15 focusing on the experience of two groups of patient; those in forensic mental health settings and children and adolescent in patients. As the numbers involved were relatively small, 137 patients were surveyed, some caution must be attached to these conclusions however, they found:

- Almost 80% of respondents rated their experience of the IMHA service as good or excellent.
- Almost 70% of participants reported information on Independent Mental Health Advocacy (including posters and leaflets) was available on wards, which was supported by researchers' observations.
- Almost 70 % of participants felt the support they received from an IMHA helped them put their point across.
- Accessing information on IMHA can be difficult in some hospitals and wards, 42% of participants who completed the survey felt that ward staff did not give enough information and explain advocacy well enough.

#### 3.3.1 Additional information

The Part 4 task and finish group was reconvened to consider how the quality of Independent Mental Health Advocacy services should be demonstrated; It is recommended:

- **All health boards report from 2016 onwards upon the following in their annual reports on the local delivery of *Together for Mental Health*:**
  - **what information is provided to explain Independent Mental Health Advocacy services to patients**
  - **that information is available and accessible to all relevant inpatients across the age rang**
  - **how the needs of those without capacity to instruct an advocate are met**
  - **how the outcomes for individual patients are demonstrated**
  - **the length of time patients are waiting to see an IMHA and what percentage were seen within five days of a request being made.**

## All Parts

### 4.1 Assessment of value for money of the Mental Health (Wales) Measure 2010

This section uses available data to assess the value for money of the Measure. It relies upon assumptions in some areas because accurate data collection tools were not in place prior to the implementation of the Measure. The assumptions are made explicit and the limitations of the approach are highlighted.

#### 4.1.1 Method

The assessment of value for money has been carried out over one financial year (2014/15). The Regulatory Impact Appraisal (RIA) developed for the Measure estimated there would be one-off set-up costs for the implementation of the Measure as well as recurring annual funding. The overall assessment of value for money is presented both with and without these costs. Set-up costs are obviously important; however, these should be spread over a number of years for a value for money assessment, as the work produced (such as guidance) is applicable over a longer time period than the one year in which the costs are incurred. Service user satisfaction data, whilst not outcomes in themselves have been presented in other sections of this report.

#### 4.1.2 Assessment of outcomes

To aid the assessment of value for money, an estimate has been made of the number of Quality Adjusted Life Years (QALYs) that services would need to produce to justify the expenditure. The QALY is a standard and an internationally recognised measure used to compare the clinical effectiveness of different therapies and programmes.

A QALY is a measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health<sup>29</sup>. QALYs are calculated by adjusting the estimated number of life-years an individual is expected to gain from an intervention for the expected quality of life in those years. Not all interventions will necessarily impact on the length of life, but they may have an impact on the quality of life remaining.<sup>30</sup>

#### 4.1.3 Valuing QALYs

The value to be placed on a QALY is the subject of debate. NICE uses QALYs as the measure of clinical effectiveness when undertaking Technology Appraisals of new treatments to determine their cost effectiveness. Generally, NICE uses a threshold of between £20,000 and £30,000 per QALY.

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<sup>29</sup> <https://www.nice.org.uk/glossary?letter=q>

<sup>30</sup> Hale J et al Moving from evaluation into economic evaluation: a health economics guide for health improvement programmes

Treatments producing QALYs at a higher cost than this are less likely to be recommended.<sup>31</sup> The Department of Health however has estimated that a QALY has a monetised value of £60,000.<sup>32</sup>

The Law Commission uses a modelling approach to estimate QALYs achieved from a change in legislation relating to Mental Capacity and Detention<sup>33</sup>. The Law Commission assumes that the change in the legislation would result in a small improvement to a person’s care across various dimensions of the EQ-5D scale<sup>34</sup>. They take a broad, conservative approach and assume a small benefit to the ‘usual activities’ dimension, with a change from some problems to no problems, resulting in a QALY gain of 0.036. This represents the smallest improvement in the QALY dimension yielding the smallest gain, thus resulting in a conservative estimate of benefits.

#### 4.1.4 Value for money assessment:

The Regulatory Impact Appraisal estimated one-off development costs to be approximately £1 million and recurring additional annual costs were £4.9 million annually (consisting of £3.5 million for Part 1 and £1.4 million for Part 4 ) between 2012 and 2015.

The tables below provide a summary of the costs and the outputs for each part of the Measure.

#### 4.1.5 Parts 2 and 3: Care coordination, care and treatment planning and the assessment of former users of secondary mental health services.

Aim:	Cost:	Benefits:	
		<i>Outputs:</i>	<i>Outcomes:</i>
<p><b>Part 2:</b></p> <p>Legal obligations on statutory service providers to appoint a care co-ordinator for persons receiving care in secondary mental health services.</p>	<p>Annual costs: No additional funding.</p>	<p>Between April 2014 and March 2015 there were on average 24,956 Welsh residents in receipt of secondary mental health services each month.</p>	<p>The Law Commission have estimated a net gain of 0.036 of a QALY per person whose care and treatment has been changed by legislation alone.</p>

<sup>31</sup> <https://www.nice.org.uk/news/blog/carrying-nice-over-the-threshold>

<sup>32</sup> Glover D. and Henderson J. (2010) Quantifying health impacts of government policies. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216003/dh\\_120108.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216003/dh_120108.pdf)

<sup>33</sup> Available at: [http://www.lawcom.gov.uk/wp-content/uploads/2015/08/cp222\\_mental\\_capacity\\_impact\\_assessment.pdf](http://www.lawcom.gov.uk/wp-content/uploads/2015/08/cp222_mental_capacity_impact_assessment.pdf)

<sup>34</sup> The EQ-5D scale is a self completed questionnaire that measures health outcomes across five dimensions; anxiety/depression, mobility, self-care, ability to perform usual activities and pain/discomfort. Three levels are presented for each dimension: no problems, some problems and major problems.

<p>The key function of the care coordinator will be to develop an outcome focussed care and treatment plan in conjunction with the service user and service provider(s). This will mean that all service users within secondary care have both a care coordinator and a care and treatment plan.</p>		<p>Performance information data suggests that 22,679 of those in need of a care and treatment plan have one that has been completed and/or reviewed within the last 12 months.</p>	<p>That approach also assumes that the benefits are realised by 30% of the eligible population to ensure a conservative approach to benefit estimation. If this approach were taken this would result in a QALY gain of 245 for Part 2 of the Measure.</p> <p>Dependent on the value given to 1 QALY, that is £20,000 - £60,000, an estimated monetary value of the benefit would range from <b>£4,900,000 to £14,700,000</b></p> <p>Hafal has provided case studies that demonstrate that good care and treatment can contribute to improved outcomes for service users as well as moving them to lower level (and lower cost) care.</p>
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<p><b>Part 3:</b></p> <p>Assessments of former users of secondary mental health services – assessment of individuals who have previously been in receipt of those services, but have subsequently been discharged, if the individual requests such an assessment. Part 3 aims to encourage safe and effective discharge, by providing individuals with a mechanism to swiftly re-access services should they be required again at a later stage.</p>		<p>During the period April 2014 – March 2015 1,288 people sought a reassessment by secondary mental health services,</p> <p>1,245 assessments were undertaken and 425 were accepted back into secondary mental health services.</p>	<p>If a QALY gain was just estimated for those able to re access services as a result of legislative change, that is, 425, a gain of 15.3 QALYs could be anticipated.</p> <p>An estimated monetary value of the benefit would range from <b>£306,000 to £918,000.</b></p>
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#### 4.1.6 Part 1: LPMHSS

Aim:	Cost:	Benefits:	
		<i>Outputs:</i>	<i>Outcomes</i>
<p>Create new obligations on local health boards and partners to arrange and deliver mental health services within primary care.</p>	<p>Annual costs: Welsh Government funding of £3.5M provided to local health boards annually.</p>	<p>April 2014 – March 2015</p> <p>Total no. referrals 49,939</p> <p>30,022 primary mental health assessments undertaken (service not available previously)</p> <p>16,483 interventions provided</p>	<p>If the same QALY gain as the estimate for a change in legislation was used as the estimate for just those who have received a therapeutic intervention that is 13,405, a gain of 483 QALY's could be anticipated.</p>

		<p>33,458 patients discharged from LPMHSS</p> <ul style="list-style-type: none"> <li>• 13,405 following therapeutic intervention by LPMHSS</li> <li>• 1,708 following referral to secondary mental health services</li> <li>• 15,388 following referral or signposting to other services</li> <li>• 2,957 following provision of information or advice.</li> </ul>	<p>Furthermore, a paper by the Centre for Economic Performance's Mental Health Policy group<sup>35</sup> argues that for depression and anxiety disorders, the typical short-term success rate for CBT is approximately 50%. If we apply this percentage to those discharged following a therapeutic intervention, the number of QALYs produced would be 242. An estimated monetary value of the benefit would range from <b>£4,840,000 to £14,520,000.</b></p>
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#### 4.1.7 Part 4: Independent Mental Health Advocacy

Aim:	Cost:	Benefits:	
		<i>Outputs:</i>	<i>Outcomes t</i>
<p><b>Part 4</b></p> <p>Compulsory patients: statutory provisions extended to include short-term sections</p>	<p>Additional one-off funding of £0.25 million was provided to enable LHBs to tender for new contracts.</p>	<p>LHBs have confirmed within their geographical area advocacy is provided in 100% of hospitals and 100% of IMHAs are trained to the required level.</p>	<p>If the same QALY gain was estimated for those who have received the extended IMHA service as the estimate for a change in</p>

<sup>35</sup> HOW MENTAL ILLNESS LOSES OUT IN THE NHS a report by The Centre for Economic Performance's Mental Health Policy Group Available at: <http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf>

<p>Informal patients: extended to patients receiving care and treatment in hospital but not subject to the 1983 Ac.</p>	<p>Annual costs: £1.4 million provided annually for Advocacy services.</p>	<p>On average 404 people accessed IMHA services per month between April 2014 and March 2015. Of these, 157 were patients that would not have received services prior to the introduction of the Measure.</p>	<p>legislation only that is 1884, a gain of 67.8 QALY's could be anticipated.</p> <p>An estimated monetary value of the benefit would range from <b>£1,356,000 to £4,068,000.</b></p>
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#### 4.1.8 Limitations / Issues to consider

##### *Amending annual cost estimate for LPMHSS:*

The recommended minimum ratio of LPMHSS practitioners is 1 per 20,000 of the population. Current average for Wales is 1.984, almost double the suggested ratio. This may be due at least in part, to some services having incorporated existing counselling services into their LPMHSS whereas in other areas such services remain separate. The cost of these additional resources has not been included in the above table but it could be said that the cost of LPMHSS is almost double that provided from central funding.

##### *Taking account of one-off costs:*

Training and development costs may be incurred at the start of a programme, but they will have a useful life longer than that first year. For example, an estimated £0.75 million was spent on a programme of change management for Parts 1, 2 and 3 of the Measure. To include these costs in the value for money assessment, the useful life of the training needs to be determined. It is assumed here that the training will remain relevant for a period of five years and therefore the cost of the programme can be spread over five years, giving an annual cost of £150,000.

One-off funding was provided to local health boards for tendering for new contracts for advocacy services. It is assumed that this development work would develop contracts for a period of three years. The equivalent annual cost of this expenditure would therefore be approximately £83,000.

#### **Conclusion**

Using the modelling described and a conservative estimate of the monetary value of the QALY gain associated with the introduction of the Measure it is suggested that the Measure does provide value for money.

## Independent Research

Opinion Research Services (ORS) was commissioned by Welsh Government in June 2013 to undertake qualitative research to support the Duty to Review the Mental Health (Wales) Measure 2010.

The study by ORS provides qualitative evidence on the views of 141 service users, 45 carers and 146 statutory, third sector and primary care practitioners on the implementation of Parts 1 to 4 of the Measure. The detailed findings are presented in four separate reports which will be published in 2016. An overall summary report has also been produced.

A brief summary of the key points for each part is included here:

### 4.2.1 Part 1

The requirements of the project in relation to Part 1 were to assess;

- i. the extent to which information, advice and other assistance to the primary care services is provided; their satisfaction with this and the LPMHS service overall and
- ii. to assess the extent to which information and advice about the services available to them is provided to service users and their carers; their satisfaction with this and the LPMHS service overall.

It is of note that it proved challenging for the researchers to engage with GP's in this study.

The researcher's findings were broadly in line with those described elsewhere in this report in that people who received timely assessments and appropriate interventions were very pleased with the service they received.

- 'Some were very good and exceeded expectations. When service users received therapy and support from the service which they felt contributed to improvements in their mental health they expressed satisfaction with the service.'

However,

- 'Others had little contact with the service and what they considered to be limited support or interventions which did not meet their needs. For these service users the service proved to be less satisfactory.'

Equally those GPs who had developed positive relationships with their LPMHSS were generally satisfied by the service they received. The general knowledge about mental health issues among GPs needs to continue to improve.

- 'Most of our GP practice participants said that the main way in which the LPMHSS was increasing understanding of mental health was through discussions with practice staff over individual patient cases. This was easiest where a member of the LPMHSS team was based for at least one day a week in the practice and/or where formal case meetings were held'.

And,

- 'Most of them said they had hoped to learn more about how to manage patients with mental illness: to have the ability to retain patients; reduce the number of referrals and treat patients without prescribing.'

#### 4.2.2 Part 2

The requirements of the qualitative research project for Part 2 were to assess the experience of service users, their carers and practitioners of the engagement and consultation process in the development, implementation and review of care and treatment plans. Particular attention was paid to comparisons with their previous experiences of care planning.

Where service users felt engaged in the process of care and treatment planning they were generally satisfied with the services they received.

- 'In the main, participants agreed that the eight areas of life were adequate for adult service users and many welcomed the introduction of the structured and holistic approach introduced by the CTP'
- 'the requirement under the Measure for care plans to focus on recovery and service user outcomes was generally welcomed by participants although they acknowledged that this required significant cultural change which would take some time to imbed in practice. The emphasis on recovery was not felt to be suitable or appropriate for all service users.'

Service users also identified practices that needed change and improvement for example:

- 'discharging service users for not attending appointments;
- making decisions about patients based only on their presenting symptoms rather than taking account of their notes, their lived experience and those of their carer;
- failing to treat service users as individuals;
- failing to work with carers in the interest of service users;
- not communicating with service users in their language of choice – including Welsh and
- the need for care coordinators to undertake training to change working practices in favour of involvement was mentioned by many.'

### 4.2.3 Part 3

With respect to Part 3 the requirements were: to report on the experiences of service users, their carers and practitioners in relation to the arrangements for assessment of former users of secondary mental health services. In general participants were supportive of the principles of Part 3. Service users commented that they were reassured at discharge that they would be able to re-access the service if needed. Participants had a range of experiences at discharge from secondary mental health services from

- ‘practitioners giving clear and full explanations in meetings with patients and then confirming these arrangements in discharge letters’

to the need to ensure

- ‘that all involved at discharge –practitioners as well as service users - are fully aware of the legal rights of the patient to self-referral and assessment.’

Equally participants reported differing experiences of securing a re-assessment from it being a straightforward process to one where there appeared to be barriers to timely assessment. They also stated:

- ‘As many people lack understanding or capacity when they fall ill, it was generally considered appropriate that referrals should be accepted from their carers or third sector support workers, with the individual’s consent and that the code of practice should be changed to allow this.’

The factors that influence service user participants satisfaction were:

- the approach and attitude of the assessors
- having the time to express themselves as well as feeling comfortable to do so,
- being taken seriously and being listened to.
- the professionalism and thoroughness of staff and
- when they were given hope or achieved an outcome with which they were satisfied.

### 4.2.4 Part 4

The requirements in relation to Part 4 were: to report on service users, their carers and practitioner experiences of expanded Independent Mental Health Advocacy (IMHA) services introduced under the Measure and to report on service users’ perceptions of the impact of the expansion of these services on their care.

Generally, service users said it was easy to get in touch with IMHAs and they were given enough time with them. Some received IMHA support under both detained status and informal status during their stay which was considered to be a positive change under the Measure.

Service user participants found out about the IMHA service in a number of ways: from nursing staff; other patients; via posters and leaflets or directly from advocates themselves. Most felt it should be easier to find out about the service and their legal entitlement to it and suggested that patients (and carers) should be informed of their entitlement at admission and throughout their hospital stay. More awareness training by health boards for hospital staff was called for particularly for staff within general and independent hospitals.

Service user participants all acknowledged that the IMHAs made a positive difference to their stays in hospital and particularly appreciated having an independent, professional person 'on their side'.

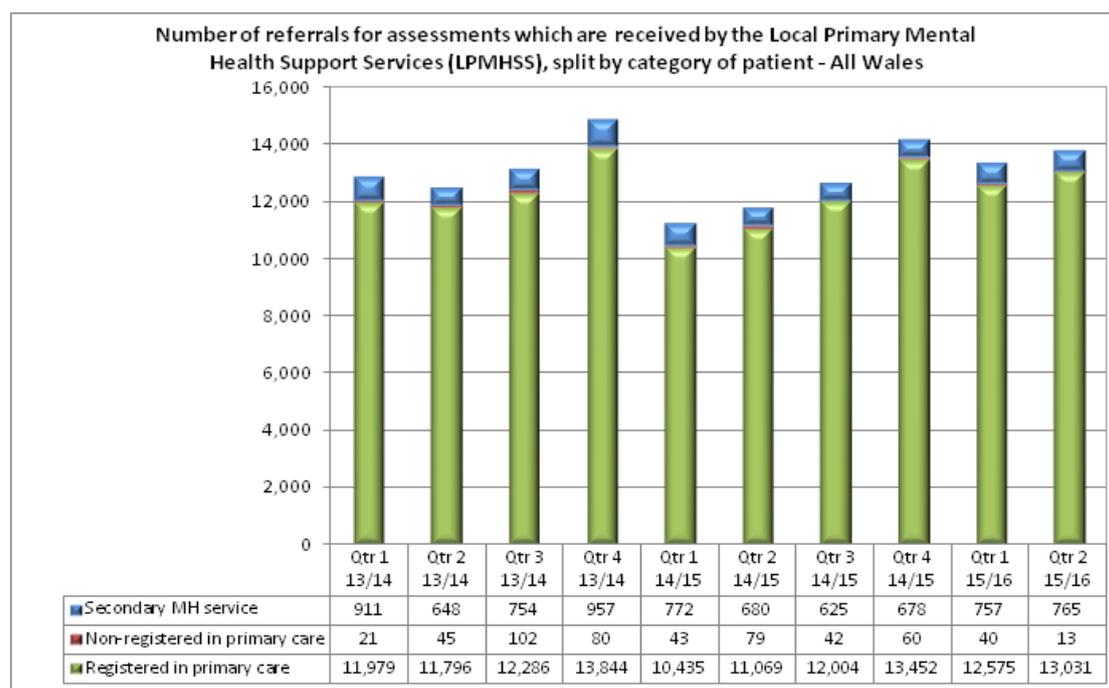
Participants highlighted various positive impacts from their involvement with IMHAs which ultimately made their hospital stays easier and the treatment more beneficial:

- Reassuring patients and lessening their anxiety, meaning they could settle and participate fully in hospital treatment;
- Answering their questions about hospital rules;
- Helping to improve patient / consultant relationships by advising the patient of how best to prepare and communicate and take more control of the relationship and treatment proposals;
- Improving self-esteem;
- Shortening the hospital stay and helping towards a sustained recovery;
- Reassuring carers that someone was on their relative's side and advocating on their behalf.

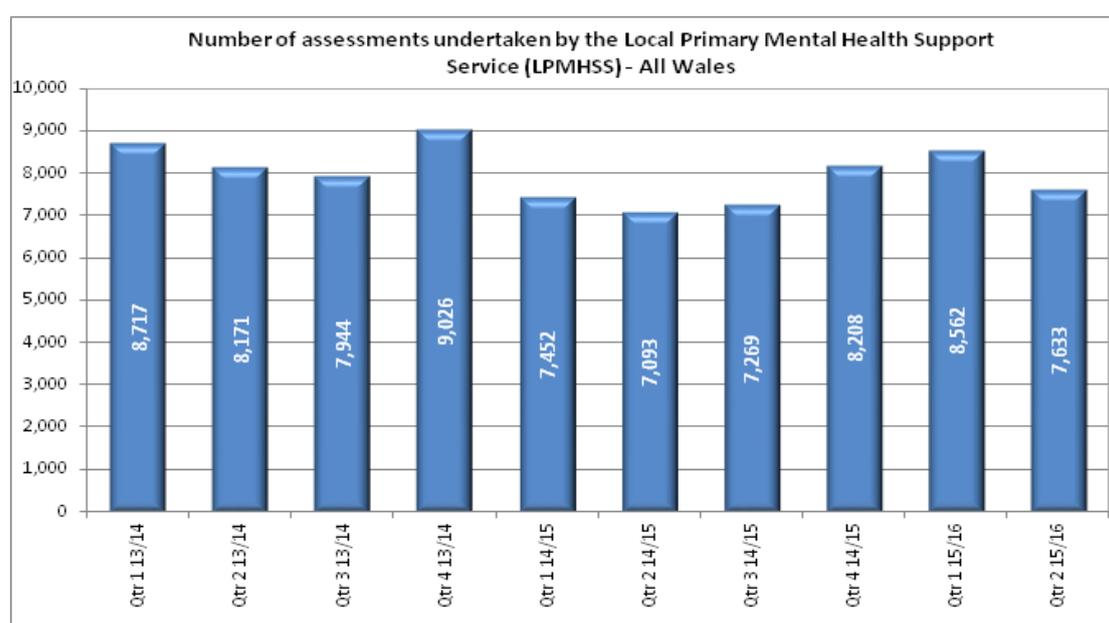
## Annex 1

### Number of referrals for a primary mental health assessment

The total number of referrals for a primary mental health assessment between April 2013 and September 2015 was 130,543 of which 122,471 related to registered patients in primary care, 525 to non-registered patients in primary care referred by their GP and 7,547 to secondary care patients. The average number of referrals per month across Wales is 4,351. This ranges from 3,560 per month to 5,285 per month.

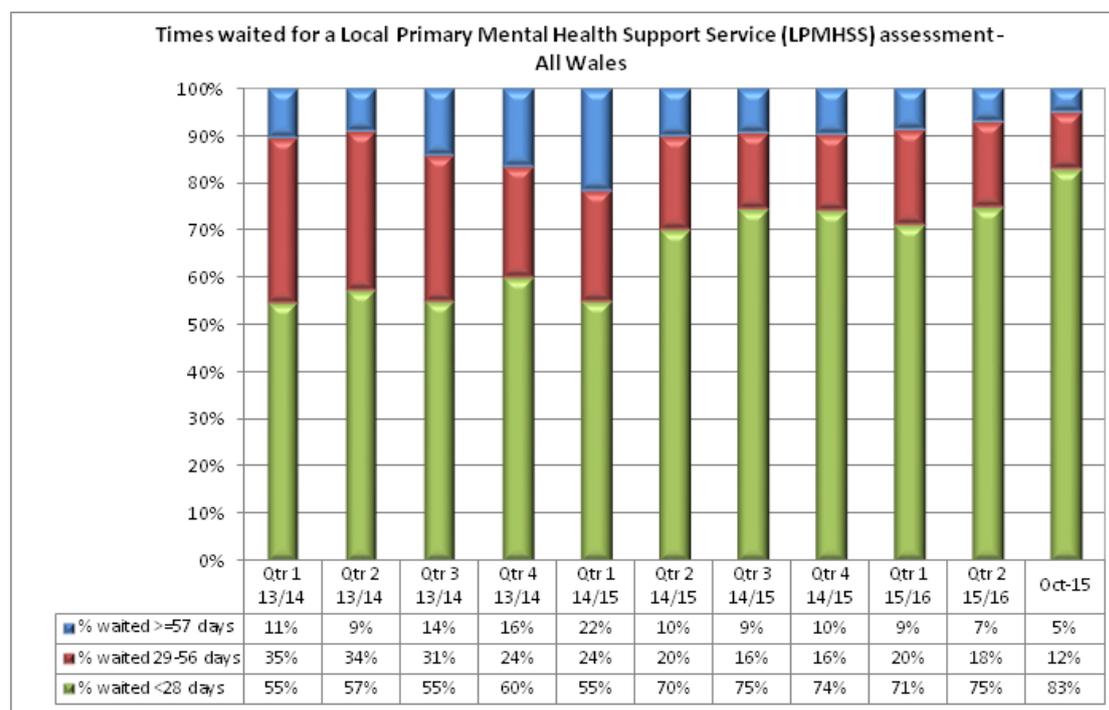


### Primary Mental Health Assessments



Between April 2013 and September 2015, 80,075 primary mental health assessments were undertaken (prior to the implementation of the Measure this service was not available). The number of assessments undertaken does not reflect the number of referrals received, as not all persons offered an assessment take up that offer. The average number of assessments per month is 2,669.

### Waiting Times for Primary Mental Health Assessment

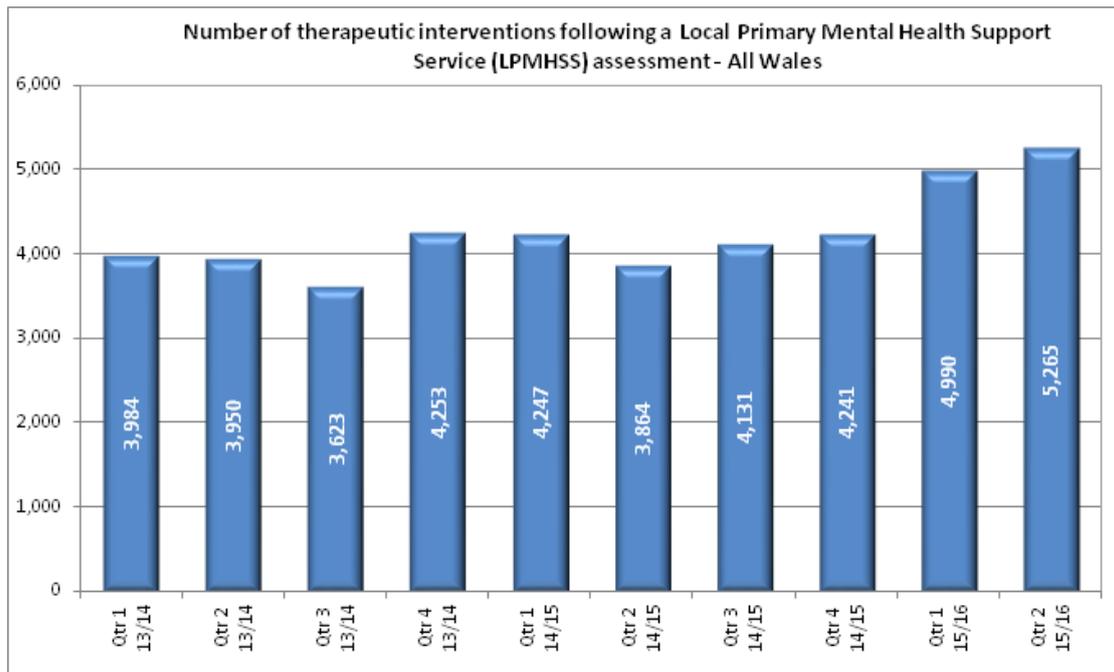


Since October 2013 the NHS Delivery Framework<sup>36</sup> target for assessment has been that 80% of individuals would be seen within 28 days. Between April 2013 and March 2014 on average 57% of people were seen for an assessment within 28 days, between April 2014 and March 2015 the average was 68% and the average from April 2015 to September 2015 was 73%. As of October 2015 83% of service users were being seen within the target time.

### Number of therapeutic interventions

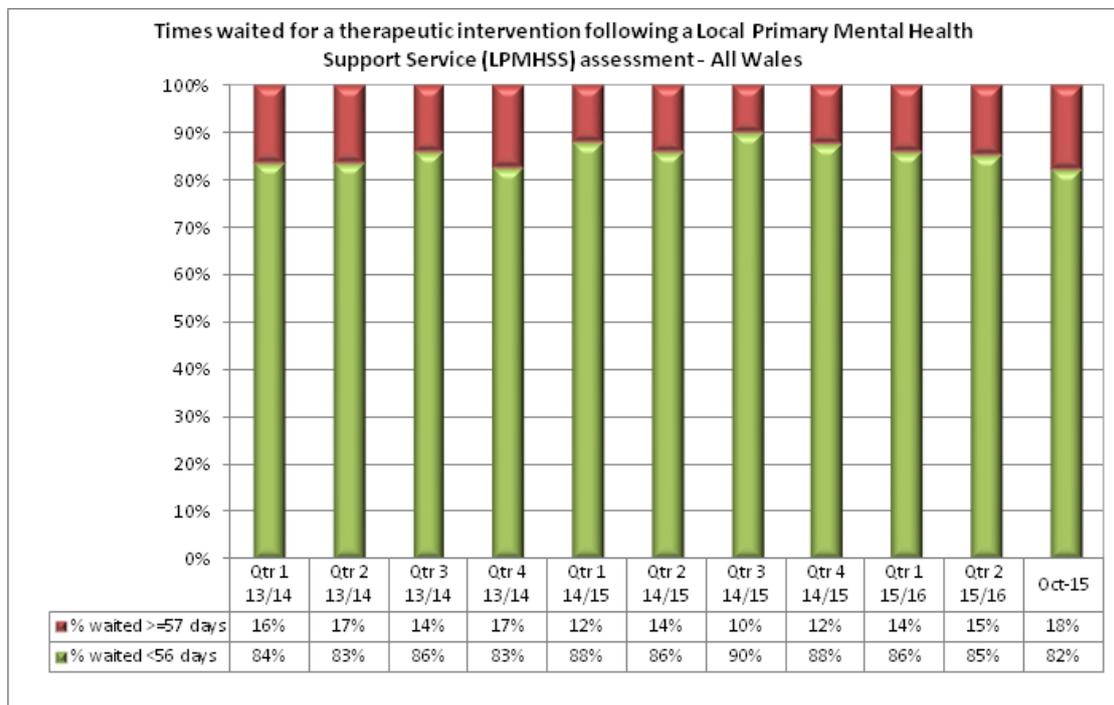
One of the main functions of the LPMHSS is to provide appropriate therapeutic interventions at an earlier stage than had previously been the case. The total number of interventions provided during the period April 2013 – September 2015 was 42,548, an average of 1,418 per month. There has been an increase of 52% since April 2013.

<sup>36</sup> NHS Wales delivery framework 2013-14 and future plans at- <http://wales.gov.uk/topics/health/publications/health/strategies/framework/?lang=en>



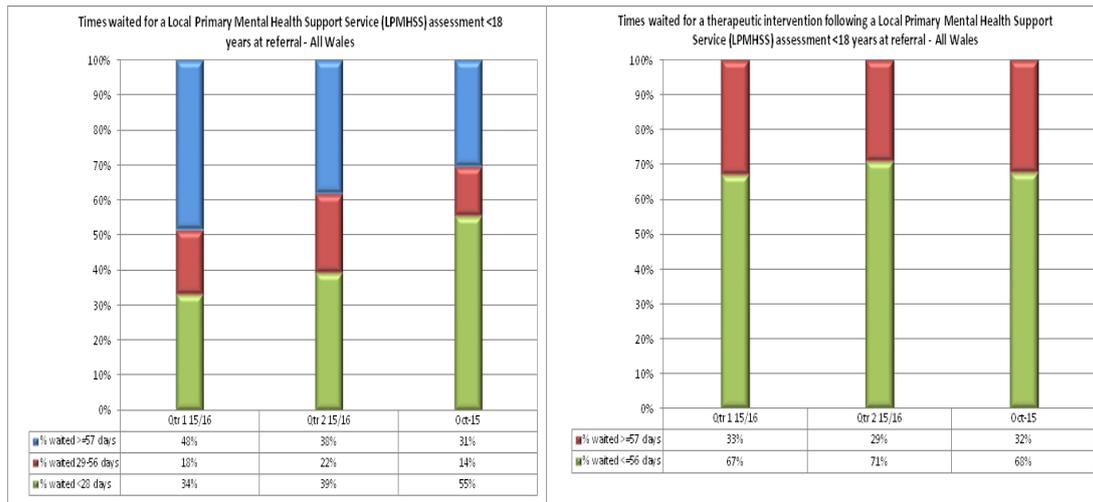
### Waiting Times for Intervention

The NHS Delivery Framework target that 90% of persons should be seen in less than 56 days was reduced in October 2015. It is now a requirement that 80% of people will be seen within 28 days.



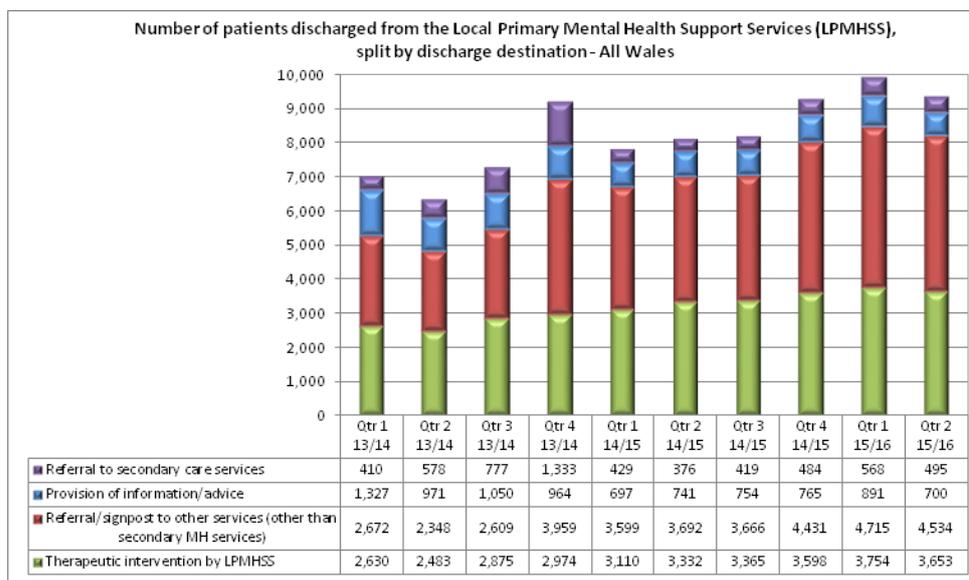
## Waiting times for children and young people

In line with the accepted recommendation of the Health and Social Care Committee post legislative scrutiny of the Measure, waiting time information for children and young people has been collected separately since April 2015. Whilst the quality of this data is improving it should still be treated with caution. £800,000 has been allocated on a recurrent basis to improve waiting times for children and young people in the LPMHSS.



## Patients discharged from LPMHSS

Between April 2013 and September 2015, 82,728 patients were discharged from LPMHSS across Wales. Of these, 31,774 (38 %) were discharged following a therapeutic intervention by the LPMHSS, 5,869 (7%) were discharged following referral to secondary mental health services, 36,225 (44%) were discharged following referral or signposting to other services and 8,860 (11%) were discharged following provision of information or advice.



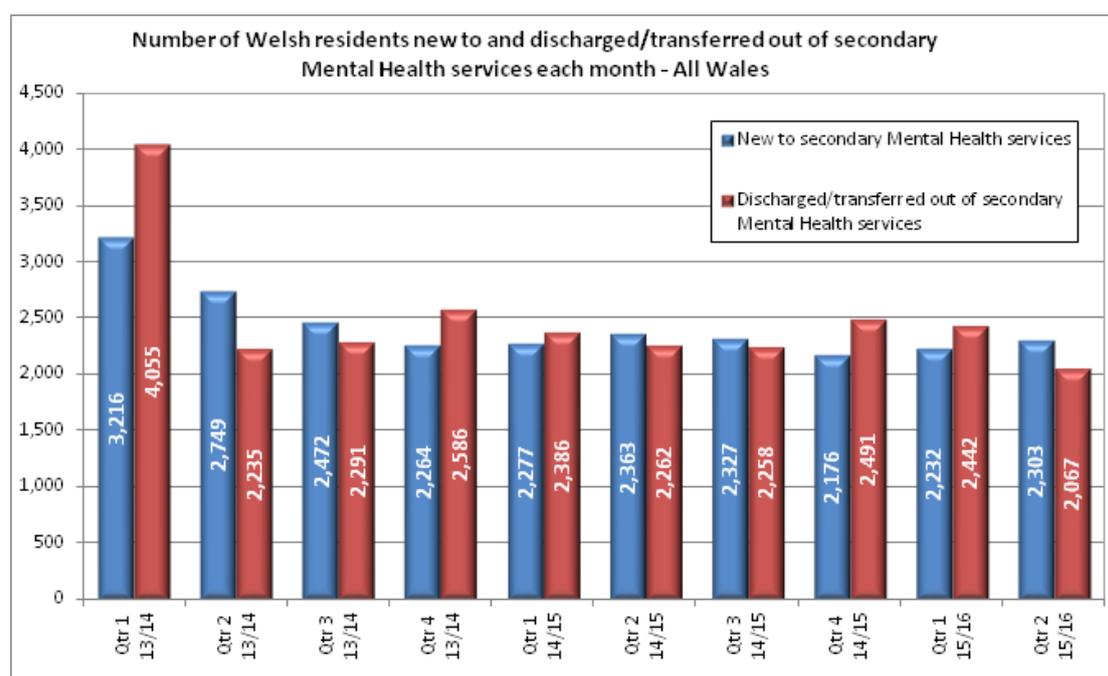
## Annex 2

### Care and Treatment Planning

Between April 2013 and October 2015 there were on average 24,767 Welsh residents in receipt of secondary mental health services each month. Of these, between 568 and 1,277 patients (average 805) were new to services each month.

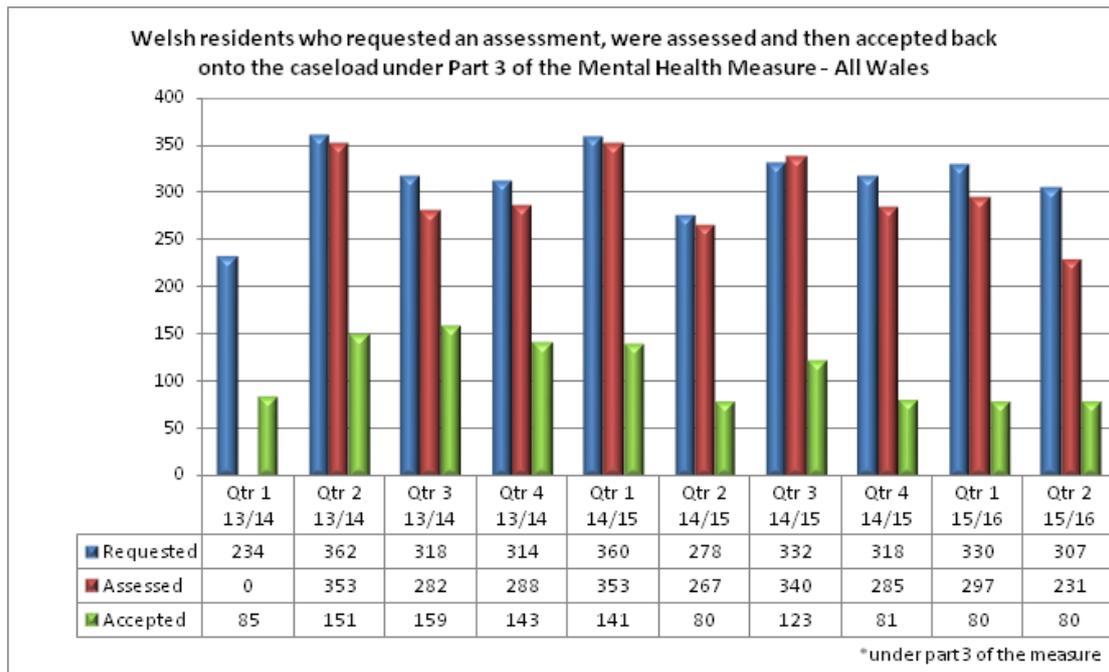
With the safety net of Part 3 of the Measure (patients discharged from secondary mental health services can seek direct reaccess for assessment within three years of discharge). It was expected that there would be more confidence (for both professionals and service users) to support discharge from secondary mental health services. On average 3,061 patients have been discharged from secondary mental health services each month.

Since the implementation of Parts 2 and 3 of the Measure, certain patient's care has been transferred to primary care (for example those receiving a yearly memory clinic service) or formally discharged to primary care (for example those being seen on a biannual or yearly basis by one practitioner).



### Numbers of assessments undertaken and numbers accepted back into services

Information regarding the number of Part 3 assessments and their outcomes are collected by means of monthly returns that give aggregate data on the number of requests for assessment; the number of Part 3 assessments undertaken and the number of service users accepted into secondary mental health services. This is reflected in the table below:



During the period April 2013 – September 2015, 3,153 people sought a reassessment by secondary mental health services, 2,696 assessments were undertaken and 1,123 people were accepted back into secondary mental health services.