



Llywodraeth Cymru  
Welsh Government

[www.cymru.gov.uk](http://www.cymru.gov.uk)



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



<b>Introduction</b>	<b>2</b>
The Measure Objectives	2
Summary of Findings	3
<b>Part 1: Local Primary Mental Health Support Service</b>	<b>5</b>
Main Findings	5
Stock take of Compliance with Part 1	5
Quantitative Analysis of Performance Measures	6
Service User, Carer and GP Satisfaction Surveys	10
Third Sector Analysis and Surveys	12
Additional information	13
Foundation level/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
Quantitative Analysis of Performance Measures	17
Service User Outcome Data	20
Third Sector Analysis and Surveys	20
Additional Information	21
<b>Part 4: Mental Health Advocacy</b>	<b>23</b>
Main Findings	23
Stock take of Compliance with Part 4	23
Quantitative Analysis of Performance Measures	24
Third Sector Analysis and Surveys	25
Additional Information	25
<b>All Parts</b>	<b>27</b>
Delivery Unit	27
Health Inspectorate Wales	27
Independent Commissioned Research	28
Task and Finish Groups	29
<b>Practice Examples</b>	<b>30</b>
<b>Annex 1</b>	<b>36</b>
<b>Annex 2</b>	<b>38</b>

## Introduction

The Mental Health (Wales) Measure 2010 (the Measure) 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. An Inception Report<sup>1</sup> was produced in 2013 which described the process proposed to fulfil that function and to also comment more broadly upon the progress of implementation.

This interim report is primarily designed to note the findings to date. It will contribute to the final report, for presentation to the National Assembly for Wales, which will be published prior to January 2016.

As with any new legislation some time is required for both the legal requirements to become embedded into service provision and for the vision underpinning it to become a reality.

Creating services which embody empowerment and choice, as well as supporting recovery and maximising independence, are essential to creating a respectful society that both values, and celebrates, our differences and the contribution of all.

Encouraging emotional wellbeing, placing the importance of mental health on a par with physical health, 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.

Fulfilling the vision of the Measure has presented challenges in some areas and this document has been designed to both share progress across Wales and give practice examples of how some areas have been able to meet those challenges.

## The Measure Objectives

The intention of the Measure was to provide:

- Local Primary Mental Health Support Services at an earlier stage than was previously the case in many parts of Wales, by providing an assessment of an individual's mental health and, where appropriate, advice, information and/or treatment for that individual (Part 1);
- that all individuals accepted into secondary mental health services would have a care coordinator and a proportionate and holistic Care and Treatment Plan (Part 2);

---

<sup>1</sup> Inception Report at - <http://wales.gov.uk/topics/health/publications/health/reports/inception-report/?lang=en>

- 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>2</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>3</sup>. The Measure, which lies at the heart of the current mental health strategy, *Together for Mental Health*<sup>4</sup> applies to all ages and all groups of society across Wales.

## Summary of Findings

The vision and intention behind the Measure is widely seen as a positive and progressive development in the provision of mental health services with:

*“many people expressing enthusiasm, even passion, for the Measure and a commitment to ensuring its success:*

*An intelligent use of legislation ... the most innovative introduction since the creation of CMHTs.*

*The Measure has driven us to put integrated systems together. In the past care coordinators were not identifiable.*

*The benefits of codes of practice under the Measure in terms of making referral pathways clearer; ensuring consistency and providing accountability for care planning as well as imposing deadlines for assessment and treatment was also considered to be helpful.*

*It has been reported through implementation of the Measure, services have been encouraged to review management practices, innovate and review outcomes, and to continuously adapt their practices. To this end, multi-disciplinary and cross organisation implementation groups, forums and sub groups have been established for review and for planning mental health services at regional level. The challenge remains how to deliver the Measure as a standard whilst also meeting local needs.”<sup>5</sup>*

---

<sup>2</sup> The Mental Health Act 1983 at - <http://www.legislation.gov.uk/ukpga/2007/12/contents>

<sup>3</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>4</sup> Together for Mental Health at - <http://wales.gov.uk/topics/health/publications/health/strategies/strategy/?lang=en>

<sup>5</sup> ORS Scoping Study report due for publication

Broad support for the principles and aims of the Measure and the opportunity to improve and develop services and formalise good practice has been widely expressed. However the pace of change required has presented services in some areas with challenges. Whilst the same legislation and guidance applies across Wales, local need and the previous configuration of services have influenced the implementation of the Measure.

The progress to date and future considerations are outlined below:

- Local Primary Mental Health Support Services (LPMHSS) are being provided across Wales. There will be a need to achieve an effective balance between assessments and the capacity to undertake timely interventions alongside the other primary mental health functions such as; onward referral, provision of information to patients, carers and primary care staff as well as support for primary care practitioners;
- LPMHSS have also been instrumental in supporting the development of services within the community which do not require a referral from a GP. 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 to access support for their own health and wellbeing is encouraging and fits with the vision of future health care in Wales;
- Care and Treatment Plans (CTP) are in place for the majority of people who require them. It will be essential that all those involved in the creation of CTPs are supported to ensure the quality of those plans and the interventions needed to implement them. This will be evaluated by service users, service providers and independent bodies;
- Clear communication processes between primary and secondary services are critical to ensure no service users fall through 'the gap'. It is also essential that those discharged from secondary mental health services and others involved in supporting them are aware of the discharge plan and local processes to exercise their right to ask for a reassessment;
- The provision of the expanded IMHA service has been reported across the board as a positive development from the perspective of both staff providing services and those receiving support. The collation of information regarding service user's and carer's satisfaction with these services will also need to inform the final Duty to Review Report.

Embedding the principles and vision of the Measure into day to day practice will continue to demand effective leadership and the continued improvement in communication between all levels of service provision.

# Part 1: Local Primary Mental Health Support Service

*'Local Primary Mental Health Support Services will be beneficial not only in supporting individuals to remain in primary care where they will receive appropriate and effective assessment and treatment, but also in reducing referrals to secondary care, and in improving the knowledge base within GP practices on managing mental ill-health.'*<sup>6</sup>

Implementation of Local Primary Mental Health Support Services (LPMHSS) commenced on 1 October 2012.

## 1.1 Main findings

- All Local Health Boards and their partners report they are compliant with the duty to review legal requirements of Part 1 of the Measure.
- There have been over 38,000 referrals for assessment to the new LPMHSS within a 9 month period across Wales, suggesting a significant uptake and demand for the service.
- It will be crucial LPMHSSs work to achieve a balance between the provision of appropriate and timely interventions as well as undertaking assessments.
- The majority of those that have received LPMHSS have positively rated the service they have received.
- Foundation/Tier 0 level services are providing open access community based groups which empower individuals to get support at an early stage
- There is some concern that certain practitioners are not able to undertake assessments.
- Work to support GPs and primary care staff in both understanding and developing knowledge of mental health issues and access to specialist advice remains a priority.
- A clear interface and communication process between primary and secondary services is critical to ensure no service users fall through the 'gap'.

## 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>7</sup>.

A stock take document was developed with Local Health Board (LHB) Part 1 leads and their partners in each area to assess compliance with the legal requirements. The stock take related to both the specific sections detailed above and broader expectations set out in the National Service Model<sup>8</sup>. The main findings are described below:

---

<sup>6</sup> Explanatory Memorandum to Measure 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>

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

<sup>8</sup> National Service Model at - <http://wales.gov.uk/topics/health/publications/health/guidance/national/?lang=en>

- All areas within Wales have developed jointly agreed schemes which describe the services which will be provided at a primary care level.
- All services identified in schemes are provided throughout the relevant LHB area, as are the arrangements as to how the local mental health partners will secure the provision of LPMHSS. All LHBs also set out the treatments available in their service. See Practice Example 1.
- 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 have a process for assuring the suitability of eligible persons<sup>9</sup> to undertake the Primary Mental Health assessment role and all LHBs have provided training for their staff in the provision of LPMHSS and have outcome measurements in place. See Practice Example 2.
- Whilst all LPMHSS have largely embraced the guidelines in the National Service Model; there are differences in implementation, some areas undertake the majority of their assessments by telephone and others predominately face to face. See Practice Example 3.

### 1.3 Quantitative Analysis of Performance Measures

Quantitative information has been sought, particularly in relation to waiting times and outcomes, given that one of the intentions of the Measure was to provide these services in a more timely manner than had previously been the case.

All LHBs submit aggregated performance information to Welsh Government on all 4 Parts of the Measure on a monthly basis via data collection forms ratified by the Welsh Information Standards Board<sup>10</sup>.

Data collection systems across LHBs and Local Authorities in Wales vary significantly from paper based collation of information to comprehensive Information Technology systems and the information contained in this report should therefore be read with a degree of caution. Work is ongoing to improve data quality.

The graphs and commentary which follow reflect the all-Wales position from April to December 2013 and build on the information set out in a performance document<sup>11</sup> produced in December 2013 which commented on compliance from April 2013 to September 2013.

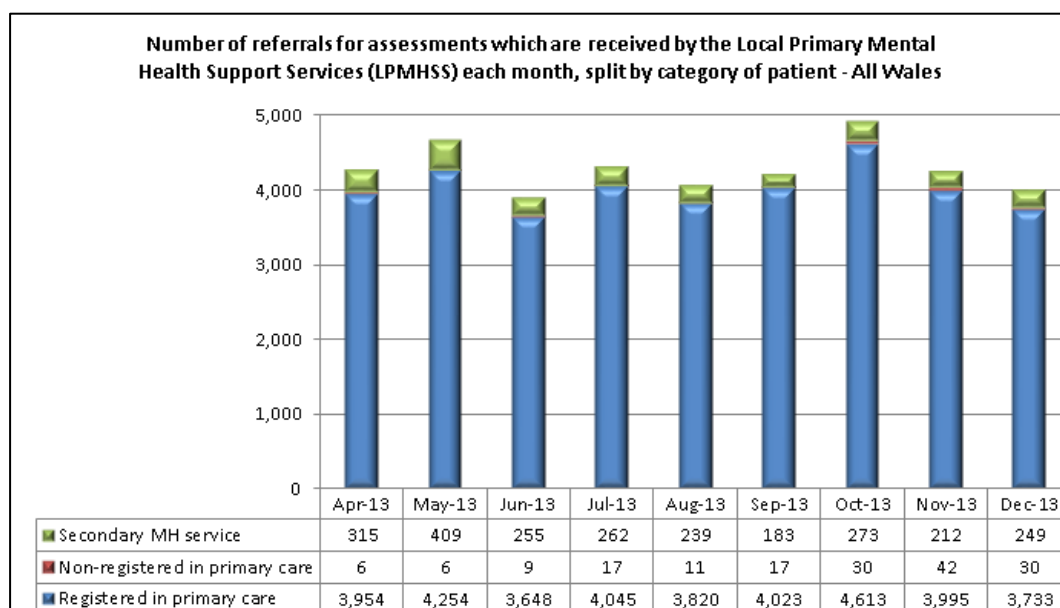
<sup>9</sup> The Mental Health (Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments) (Wales) Regulations 2012 at - <http://www.legislation.gov.uk/wsi/2012/1305/part/3/made>

<sup>10</sup> Welsh Information Standards Board at - <http://www.wales.nhs.uk/sites3/home.cfm?orgid=1031>

<sup>11</sup> Mental Health (Wales) Measure 2010 - Performance data at - <http://wales.gov.uk/topics/health/publications/health/reports/performance/?lang=en>

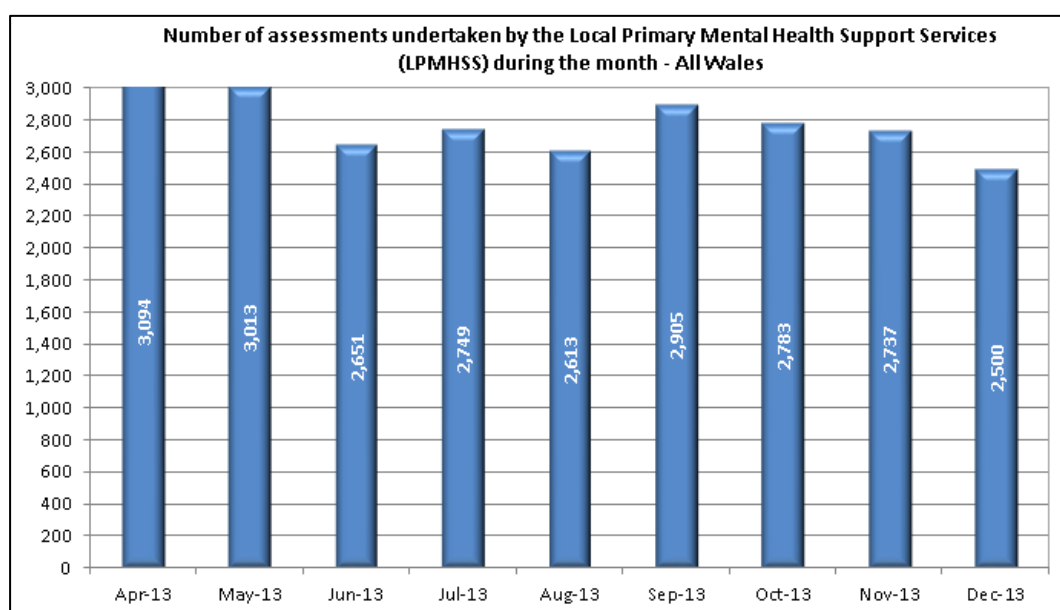


### 1.3.1 Number of referrals for a primary mental health assessment



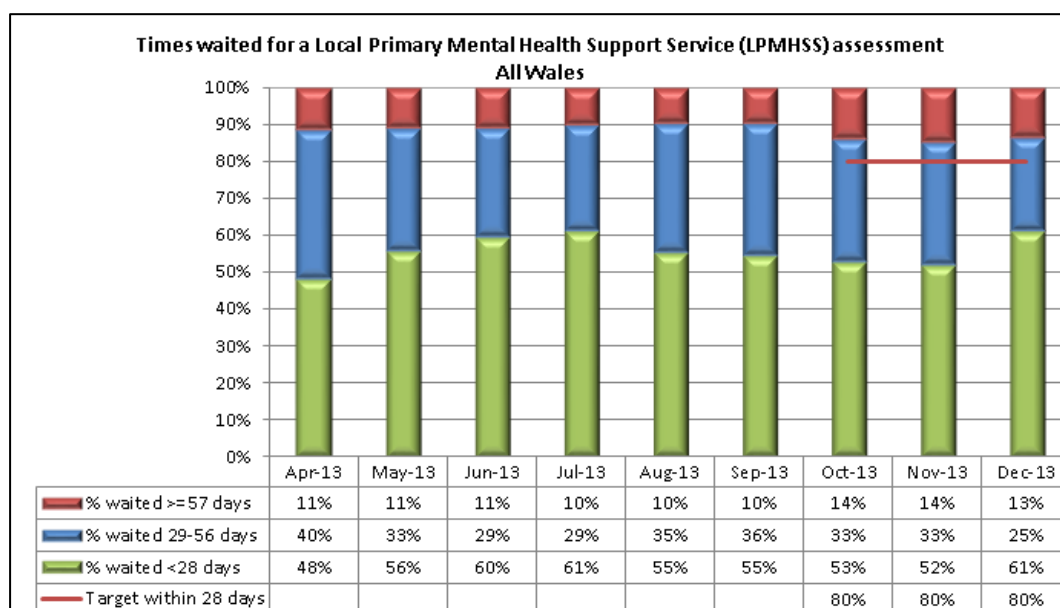
The total number of referrals for a primary mental health assessment between April and December 2013 was 38,650 of which 36,085 related to registered patients in primary care, 168 to non-registered patients in primary care and 2,397 to secondary care patients. Recent meetings with Local Health Boards have identified some local variations in how referrals to LPMHSS are managed (e.g. through a single point of access or directly to the team) and such issues will be addressed in the new data collection proformas due to be distributed in April 2014.

### 1.3.2 Primary Mental Health Assessments



Between April and December 2013, 25,045 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. In some parts of Wales the number of persons who do not attend is having an impact upon the ability of services to offer timely assessments and LHBs are developing different approaches to address this challenge.

### 1.3.3 Waiting Times for Primary Mental Health Assessment



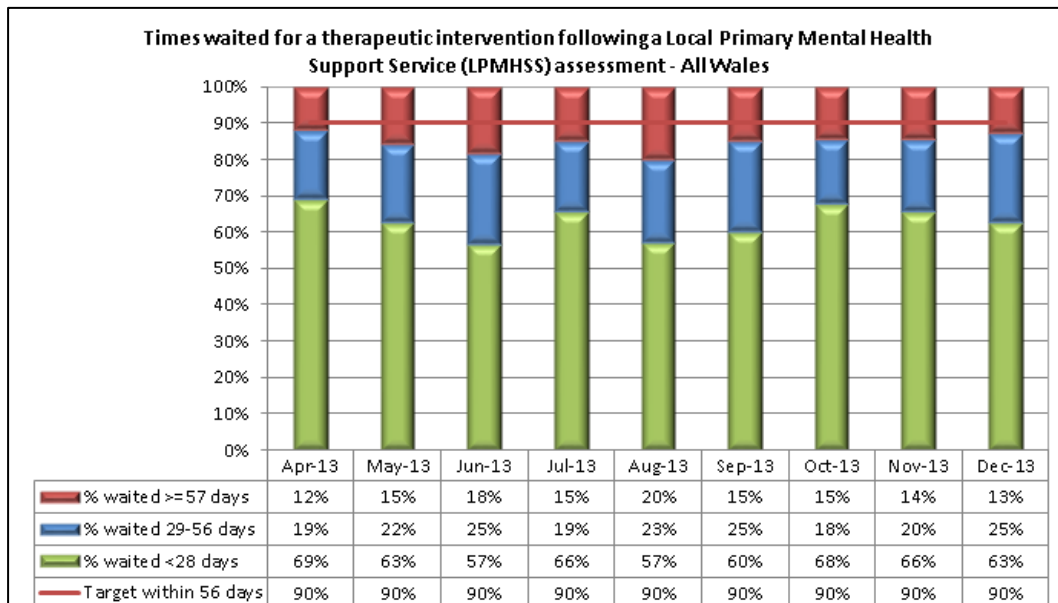
Between April and December 2013 a total of 25,045 primary mental health assessments were undertaken (average 2,783 per month). The above graph shows that the number of patients being assessed within 56 days of referral was fairly constant at 85% -91%, against the NHS Delivery Plan<sup>12</sup> target of 80%. This target was reduced to 28 days in October 2013 and performance against this target improved to 61% by December 2013.

LHBs are working to achieve an effective balance between assessments and capacity to undertake timely interventions alongside the other primary mental health functions (onward referral, provision of information to patients, carers and primary care staff and support for primary care practitioners) required under the Measure.

### 1.3.4 Waiting Times for Intervention

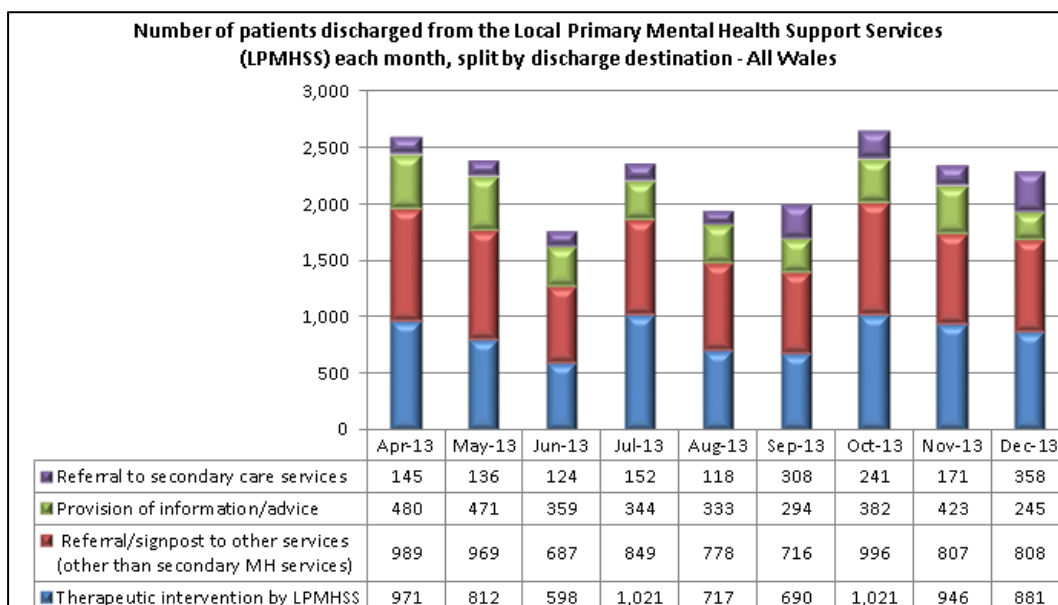
One of the main functions of the LPMHSS is to provide appropriate therapeutic interventions at an earlier stage than had previously been the case. The total number of interventions provided during the period April – December 2013 was 11,930, an average of 1,326 per month. The current NHS Delivery Plan target is that 90% of persons should be seen in less than 56 days and performance between April and December 2013 ranged from 80% - 88%.

<sup>12</sup> NHS Wales delivery framework 2013-14 and future plans at-  
<http://wales.gov.uk/topics/health/publications/health/strategies/framework/?lang=en>



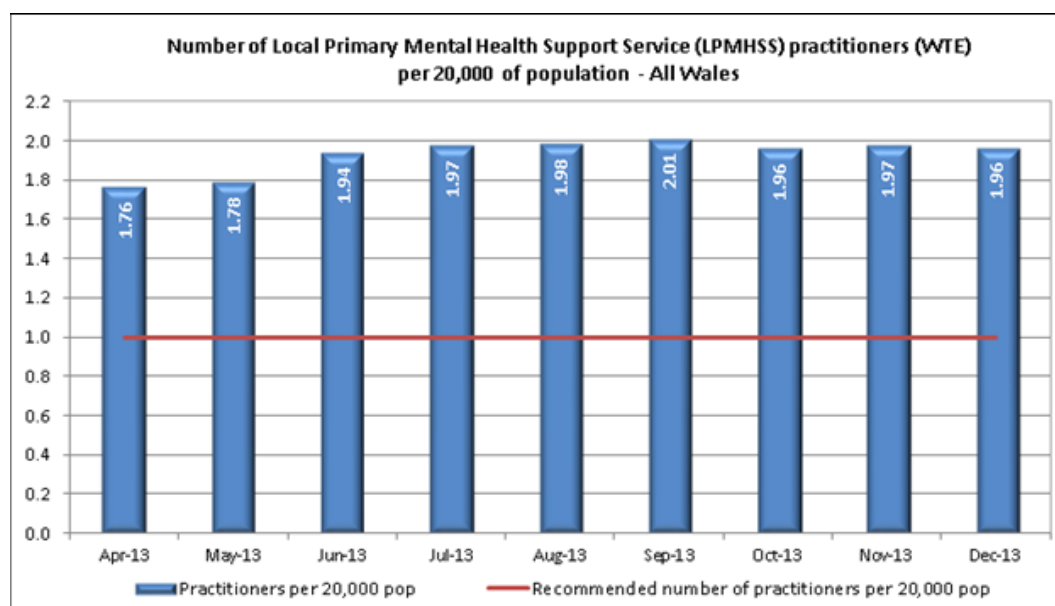
### 1.3.5 Patients discharged from LPMHSS

Between April and December 2013, 20,340 patients were discharged from LPMHSS across Wales. Of these, 7,657 (38%) were discharged following a therapeutic intervention by the LPMHSS, 1,753 (9%) were discharged following referral to secondary mental health services, 7,599 (37%) were discharged following referral or signposting to other services and 3,331 (16%) were discharged following provision of information or advice.



### 1.3.6 Number of Local Primary Mental Health Support Service Practitioners

The recommended minimum ratio of LPMHSS practitioners is 1 per 20,000 of the population<sup>13</sup>. In Dec 2013 there were 300.4 whole time equivalent practitioners involved in delivering the LPMHSS, ranging from 0.56 to 3.71 per 20,000 of the population. The current average for Wales is 1.96, almost double the suggested ratio. This variation 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



### 1.4 Service User, Carer and GP Satisfaction Surveys

As part of the qualitative evidence base for reviewing the Measure LHBs are asked to provide Welsh Government with the results of local surveys undertaken to assess satisfaction with LPMHSS services and to report upon: service user satisfaction; carer satisfaction and GP satisfaction.

#### 1.4.1 Service User Satisfaction

519 service users returned the service users satisfaction questionnaire which can be found at Annex 1. The questionnaire can be used in all LPMHSS, including services provided to children. On average 94.2% of service users across Wales positively rated services (strongly agreed or partly agreed) across the 10 questions.

Service users also had an opportunity to comment on what was good about their care, what needed improving and any other comments. Some examples are given below:

<sup>13</sup> National Service Model at - <http://wales.gov.uk/topics/health/publications/health/guidance/national/?lang=en>

**What was good**

- *It was an opportunity to talk about my problems and find ways of coping.*
- *I wasn't judged and felt that I was listened too and understood.*
- *I now feel more in control. I feel I can look forward and more positively.*
- *The course was led by a very informative person, was delivered well and helped me gain coping strategies for when my moods become low. I felt very comfortable speaking about my problems and questions I had were answered well.*
- *Before I was involved with the service I only felt like half a person and lost my independence, but now I feel more confident and got my life back. Thanks to you.*

**What needed improving**

- *Not enough time in appointments to discuss everything. Longer appointments please.*
- *More one to one therapies – groups are not suitable for everyone.*

**Other comments**

- *I couldn't rearrange my appointment to a more convenient time because there was only some available one day a week.*

**1.4.2 GP Satisfaction Results:**

LHBs have sought the views of GPs on the LPMHSS. The GP satisfaction questionnaire can be found at Annex 2. There was significant variation in response rates across Wales and therefore these results should be read with some caution.

The results of 127 surveys were analysed. On Average 71.1% of GPs across Wales positively rated services (strongly agreed or partly agreed) across the 8 questions.

**What was good**

- *Good communication.*
- *Approachable clinician.*
- *Practice based service is accessible.*
- *High quality, consistent service.*
- *Easy referral system.*
- *Positive response in dealing with complex patients.*
- *Clear guidance for patients and colleagues.*
- *Patients value being able to see a practitioner in the surgery.*

**What needed improving**

- *Waiting times are far too long.*
- *There is an unmet need in terms of Cognitive Behavioural Therapy provision.*
- *More services needed for eating disorders.*
- *Too many unfilled appointments in the surgery...high DNA rate.*

**Other comments**

- *Communication can always be improved.*

### **1.4.3 Carer Satisfaction results**

To date there has been very limited feedback from carers, possibly because of the nature of the work at primary care level, and LHBs are looking to find alternate ways of seeking carer satisfaction to inform future reports.

## **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 concerned not only with services provided under Part 1 of the Measure they do add an additional qualitative perspective into the overall emerging picture of primary care services.

### **1.5.1 Wales Network for Mental Health in Primary Care <sup>14</sup> (WaMH in PC) surveys**

WaMH in PC undertook a survey of primary care staff prior to the implementation of Part 1 of the Measure. A further survey of mental health issues in primary care will be available during February – March 2014. The survey will seek views on:

- how effective the new LPMHSSs have been for primary care staff and their patients;
- any concerns with regards governance issues, waiting times, communication, and access to psychotherapeutic interventions, quality and appropriateness of the new services.

### **1.5.2 Gofal<sup>15</sup> service user satisfaction surveys**

Gofal has undertaken two surveys about people's experiences of primary mental health services. The first took place in October 2012, just before the implementation of Part 1 of the Measure, with over 1000 respondents. The second took place in October 2013, with over 800 respondents. Gofal have reported that a comparison of the results revealed:

- A small increase in the proportion of respondents reporting that their GP was 'extremely' or 'very' understanding and empathetic.
- Increases in the proportions of respondents offered: advice and information; a further mental health assessment; psychological therapies and/or a referral or signposting to another organisation or service.
- Small increases in the proportions of respondents waiting less than 4 weeks for assessments and less than 2 months for support services.
- There were a number of common complaints with regards to staff attitudes, lack of alternatives to medication and lengthy waiting times for psychological therapies.

---

<sup>14</sup> Wales Mental Health in Primary Care at - <http://www.wamhinpc.org.uk/>

<sup>15</sup> Gofal- <http://www.gofal.org.uk>

## 1.6 Additional Information

As part of the ongoing process of seeking feedback upon the implementation of the Measure to date, organisations, teams and individuals were invited to contribute additional information to inform this interim report.

Four main areas have been commented on:

1. The eligibility criteria relating to which professionals are able to undertake LPMHSS assessments has been consistently raised. There is a divergence of views, ranging from those who consider the current eligibility criteria (as laid down by the Regulations<sup>16</sup>) to offer appropriate assurance of the skills and competence of staff able to conduct primary mental health assessment; to those who consider that valuable staff resources (such as Children's Nurses and Counsellors) are not being fully utilised because they cannot conduct assessments under the provisions of the Measure. A task and finish group has been constituted to specifically consider this issue.
2. Whilst the legislation and guidance applies on an all Wales basis, the local configuration of LPMHSS detailed under the Part 1 schemes vary across Wales, both in terms of their coverage and type of intervention. Where relationships and the service are well developed, the overall view of services tends to be more positive. Where this has not been the case, or long waiting lists continue for one to one interventions, services are more poorly perceived. The emphasis going forward for LHBs and their partners will be the need to ensure both timely and effective services that focus on outcomes for service users.
3. The knowledge and understanding of GPs and practice staff is also consistently raised as an issue that makes the most difference to service users. Those GPs who are well informed about mental health and mental health services are perceived as providing the best services for their patients. Whilst this knowledge and understanding seems to vary across Wales, there does appear to be an increase in the general level of awareness amongst primary care staff. Supporting GPs and practice staff will be a critical part of the work in the next 18 months of implementation.
4. Service users and third sector organisations have suggested some 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. Consideration will need to be given whether further central guidance is needed to address these interface issues and to ensure mental health services are both proportionate to individual need and are outcome focused.

---

<sup>16</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>

## 1.7 Foundation Level/Tier 0 Services

Largely as a result of the implementation of Part 1 of the Measure there has been a significant growth in the development of self referral services at a Foundation/Tier 0 level. 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.

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 to access support for their own health and wellbeing is encouraging and fits with the vision of future health care in Wales. See Practice Examples 4 and 5.



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

*“It is anticipated establishing statutory requirements via the Measure will embed the principles of the Care Programme Approach within Wales and help deliver improved services to users of those services. It is also anticipated that statutory care and treatment planning will lead to the greater involvement of service users in decisions which are made in relation to their care and treatment, and better outcomes for them.*

*In addition, the design and delivery of care and treatment plans will foster more cohesive, focussed and effective cross-discipline working amongst mental health and social care professionals in delivering services.*

*Discharge from specialist care (such as secondary mental health services) is regarded as a key outcome of the recovery model within mental health, the aim of which is to regain good mental health and achieve a better quality of life for the individual. Part 3 therefore aims to encourage safe and effective discharge, by providing individuals with a mechanism to swiftly re-access services should these be required again at a later stage.”<sup>17</sup>*

A Code of Practice<sup>18</sup> to Parts 2 and 3 of the Measure has been produced to support their implementation which began in June 2012. These Parts of the Measure were a response to requests from service users and their carers for more holistic care plans to consider all the aspects of their lives that impact upon their mental wellbeing and their ability to be as independent as possible.

### 2.1 Main Findings

- All Local Health Boards and their partners report they are compliant with the duty to review legal requirements of Part 2 and 3 of the Measure.
- Performance information data suggests that 89.8% of those in need of a care and treatment plan have one that has been completed and/or reviewed within the last 12 months.
- Many of those in older adult, learning disability and child and adolescent mental health services did not previously have a specific mental health care plan, this landscape has changed significantly with reported compliance of over 90% in these areas.
- Now that Care and Treatment Plans (CTP) are in place for most people, it will be critical to support all those involved in ensuring the quality of those plans and the interventions required to support them. This will need to be evaluated by service users, service providers and independent bodies.
- There is some concern that certain practitioners are not able to undertake the care co-ordination role and that the actual words used in the prescribed care and treatment plan may not be suitable for all groups of service users.

---

<sup>17</sup> Explanatory Memorandum to the Mental Health (Wales) Measure 2010

<sup>18</sup> <http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laid-docs.htm?act=dis&id=232786&ds=4/2012>

- A clear interface and communication process between primary and secondary services is critical to ensure no service users fall through the 'gap'.
- It is essential that those discharged from secondary mental health services and others involved in supporting them are aware of the discharge plan and method of re access to services.
- Services will need to ensure they have robust procedures in place to support timely re-access for assessment.

## 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 forms also included questions regarding service users and carer satisfaction.

The following is based on information submitted by LHBs in October 2013:

- All areas confirmed they had a mechanism for receiving referrals from Local Primary Mental Health Support Services.
- Each LHB area has a process for determining the suitability<sup>20</sup> of persons 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.
- All areas have formally confirmed they either have or are developing processes for ascertaining the satisfaction of service users and carers with secondary mental health services. See Practice Example 6.

The previous Care Programme Approach (CPA) guidance<sup>21</sup> had largely been seen as relating to secondary adult (18-65 years) mental health services. Whilst directions had been given that this should also apply in older persons mental health services, this practice was not comprehensive.

<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> Delivering the Care Programme Approach in Wales: Interim Policy Implementation Guidance at - <http://wales.gov.uk/topics/health/publications/health/guidance/cpa/?lang=en>

However, the requirements for care co-ordination and prescribed CTP under the Measure apply to all those receiving secondary mental health services, including children and young people and appropriate individuals with a learning disability. This has required both a change in practice and culture. See Practice Example 7.

### **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. See Practice Example 7;
- 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. See Practice Example 8;

As part of the targets set under the National Framework LHBs are 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. See Practice Example 8.

### **2.4 Quantitative Analysis of Performance Measures**

Prior to the introduction of the Measure some quantitative information was collected regarding compliance with the guidelines set out under CPA. The performance measures currently in place have built upon that work.

The graphs and commentary which follow reflect the all-Wales position from April to December 2013 and build on the information set out in a performance document produced in December 2013 which commented on compliance from April 2013 to September 2013.

---

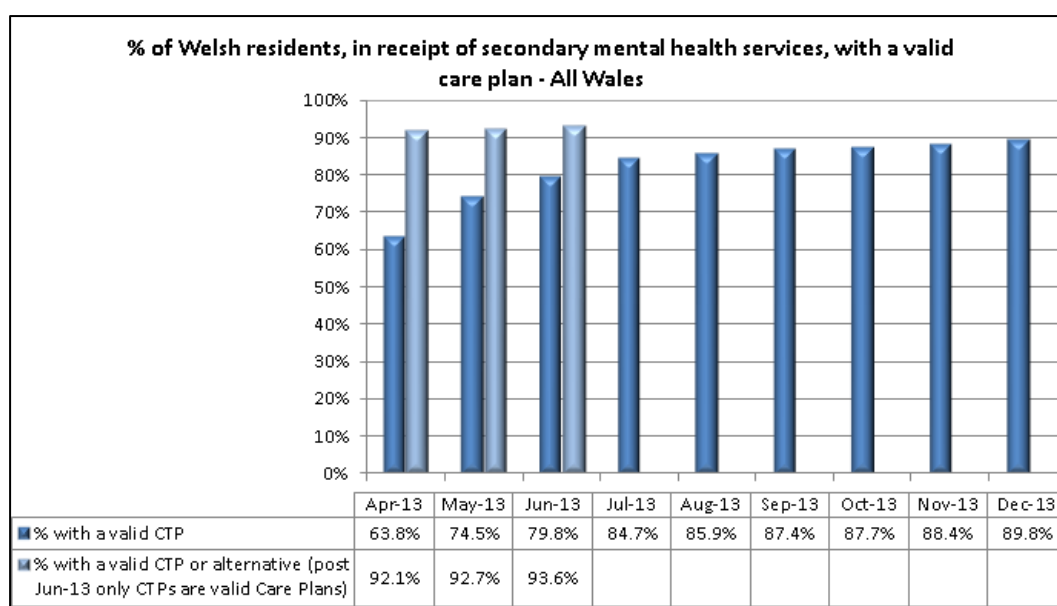
<sup>22</sup> Mental Health(Wales)Measure 2010 at <http://www.legislation.gov.uk/mwa/2010/7/contents>

## 2.4.1 Care and Treatment Planning

Between April and December 2013 there were on average 24,908 Welsh residents in receipt of secondary mental health services each month. Of these, between 625 and 1,277 patients (average 930) were new to services each month.

As at December 2013, 89.9% of patients (set against the NHS Delivery framework target of 90%) had a valid CTP, reflecting an upward trend which demonstrates compliance with the Measure requirements has steadily increased over the first year of introduction, (a valid CTP is one which has been completed within the last 12 months).

Some of the variation across Wales is likely to be related to previous levels of compliance with the CPA and the pace of discharge to primary care of patients who previously received low levels of support.

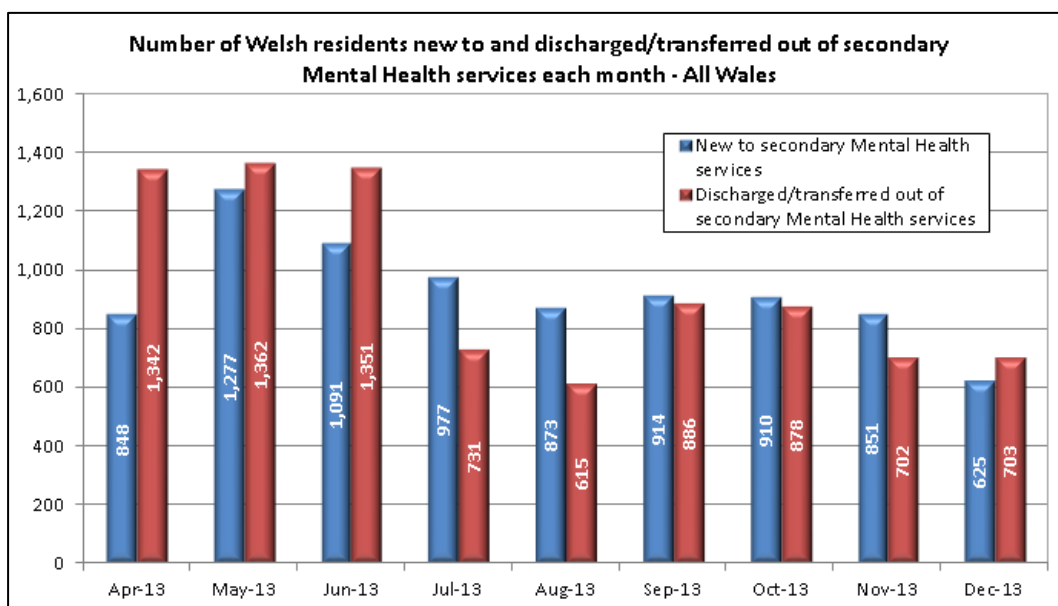


## 2.4.2 Discharges/Transfers from Secondary Mental Health Services

Between April and December 2013, 8,570 patients were discharged from or transferred out of secondary mental health services across Wales. 8,366 Welsh residents became new patients to secondary mental health services.

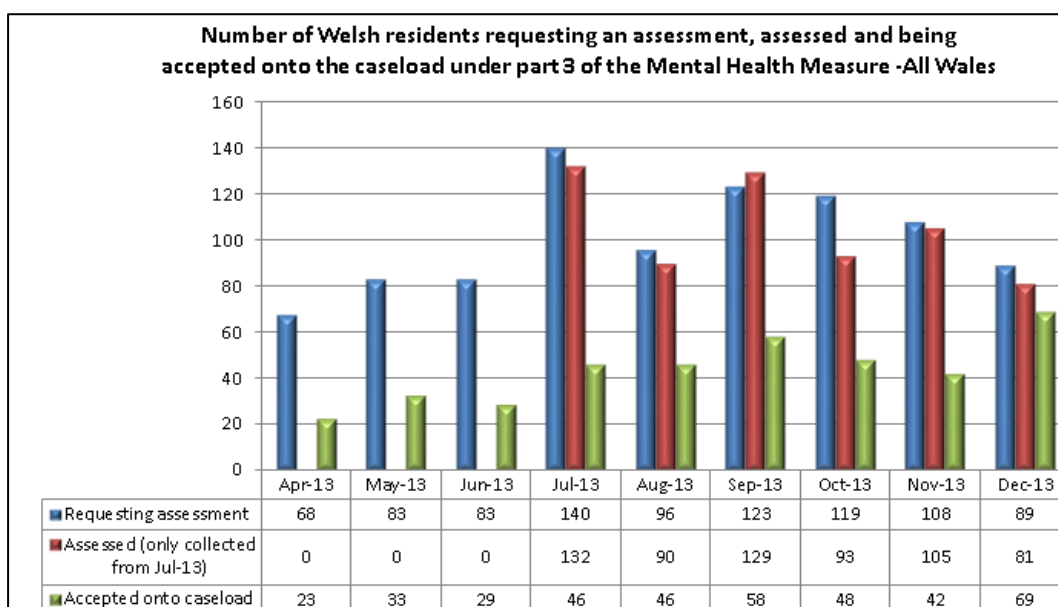
With the safety net of Part 3 of the Measure (patients discharged from secondary mental health services can seek direct re access for assessment within three years of discharge). It was expected that there would be more confidence (for both professionals and service users) to support discharge from secondary mental health services.

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).



### 2.4.3 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 – December 2013, 909 people sought a reassessment by secondary mental health services, 630 assessments were undertaken (July – December only) and 394 people were accepted back into secondary mental health services.

This reflects a quicker and more accessible route back into secondary care, as envisaged by the Measure, as prior to the implementation of Part 3 all requests for re-assessment would have been made via the GP.

A recovery and independence based model of intervention for those receiving shorter or longer 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. See Practice Example 9.

## **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 is underway and will report by March 2014. National rollout of the outcome measure is still expected to take place during 2014, and the first nationwide data will be made available in 2015, in accordance with *Together for Mental Health* Delivery Plan.

## **2.6 Third Sector Analysis and Surveys**

Hafal has 1,200 members and supports over 1,500 clients (who are described as having a serious mental illness) and over 2,000 carers across Wales. They capture the views of their members and clients through local partnership meetings, conferences, daily engagement and through their annual campaigns. Whilst this qualitative feedback reflects a relatively small proportion of those in receipt of secondary mental health services it does provide important information by those that have reported their own experience of services. Feedback from people during Hafal's Lights Camera Action campaign<sup>23</sup> highlights:

- Where people have been involved in the development of their own CTP they feel more empowered and more in control. See Practice Example 10.
- A large number of service users and carers spoke about the commitment and support they receive from health and social care professionals and how important and how valued good CTPs are by service users.
- People spoke during the campaign about their involvement or lack of involvement in the development of their own CTP; there was a mixed response ranging from no involvement at all to people being invited to write their own plan. Some people said that they still felt that the CTP was something given to them, and that they have had little or no say into the content.

---

<sup>23</sup> Lights Camera Action report at <http://www.hafal.org>

- The quality of CTP plans varies across Wales: some people have said that CTPs are not always focused on achieving short and long term goals. Although many people throughout the campaign have spoken about the importance of having safe and secure accommodation, better educational/training opportunities and more employment or volunteering opportunities these are not always sufficiently reflected as outcomes or goals in people's CTPs.
- It has also been reported that, in some areas, people have been discharged from secondary mental health services without really understanding the process and that some have been discharged solely by letter.

## 2.7 Additional Information

In additional information provided by organisations, practitioners and service users, six main areas have been commented upon:

1. 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>24</sup>
  - Change those professional groups currently eligible to undertake the role (examples for inclusion are Art Therapists and Children's Nurses) and
  - 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 has been constituted to address these issues. See 4.5.

2. Whilst legislation and guidance applies on an all Wales basis, the services detailed under the Part 1 schemes, and therefore the services which by exclusion are secondary mental health services, differ. The greatest divergence seems to be related to those patients previously seen on a biannual or annual basis by one clinician. In some areas these have been retained as secondary care patients and in others have been discharged or moved to primary care. There has been discussion whether certain groups of service users should be excluded from care and treatment planning, that is, determined by diagnosis rather than need for services. It is expected Secondary mental health services are provided on the basis of clinical need not any specific label or diagnosis.
3. Perhaps the most consistent comment received across the board 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.

---

<sup>24</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 focus for all engaged in the provision of services going forward will be to develop mechanisms to support practitioners to provide quality care and empower service users and carers to become engaged in a cooperative process of achieving the best possible outcomes. See Practice Example 11.

4. The actual form and content of the CTP as laid down in the legislation has also been widely discussed. Its appropriateness has been challenged both in terms of its suitability for those not able to understand its language, to those who consider it an overly inclusive document (that is too time consuming), to those that consider the legislation should require practitioners to address all 8 areas of life described. The task and finish group convened to consider these issues will seek wide stakeholder views prior to making recommendations to Welsh Government on suggested ways forward.
5. The process by which some patients have been discharged from secondary services has also been commented upon. Some areas have well developed mechanisms for ensuring potential discharge and therefore a contingency/crisis/wellbeing/relapse prevention plan is thoroughly discussed with the service users, any carers or family and any third sector organisation that may be involved. It is crucial that this process is both co-operative and well understood by all.
6. GPs have requested that in addition to informing the service user of the process of re-access that this is also shared again with the GP in the GPs discharge letter. The communication between GPs and mental health services is essential to the provision of good quality care.



## Part 4 Mental Health Advocacy

This Part of the Measure expands the support available from an Independent Mental Health Advocate (IMHA) to inpatients receiving treatment for their mental disorder and those subject to the Mental Health Act 1983, and places the duty upon LHBs to provide such services.

*An individual will be entitled to the support of an advocate as soon as they are admitted to a hospital, and will continue to be eligible for that support for as long as they are being assessed or receiving treatment as an inpatient. If further support were required following discharge, the patient would be referred on to existing non-statutory advocacy services. The support provided would only be in relation to issues connected to care and treatment of the patient's mental health disorder. This applies even where the primary purpose for the individual's admission was not for a mental health condition.*

*By expanding statutory advocacy services to ensure that access is available to all inpatients receiving treatment for mental ill-health, whether subject to compulsion or not, the Measure seeks to ensure that the rights of this often vulnerable group of patients are safeguarded. Statutory advocacy will assist inpatients in making informed decisions about their care and treatment, and support them in getting their voices heard.<sup>25</sup>*

### 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.
- Further clarity is needed to on the process of engaging an IMHA for those who do not have the capacity to request one.
- There will be a need to collate the information regarding the impact upon service users and carers of the provision of the service both in terms of satisfaction and outcomes to inform the final duty to review report.

### 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.

The stock take, completed in October 2013, revealed that all LHBs in Wales have arrangements in place to ensure advocacy is available to qualifying patients. These have largely been developed using the National Commissioning Framework<sup>26</sup> to work towards increasing parity of service across Wales.

The Part 4 Commissioners meet on a regular basis to review their services and have developed effective working relationships with their providers.

---

<sup>25</sup> Explanatory Memorandum to the Mental Health (Wales) Measure 2010

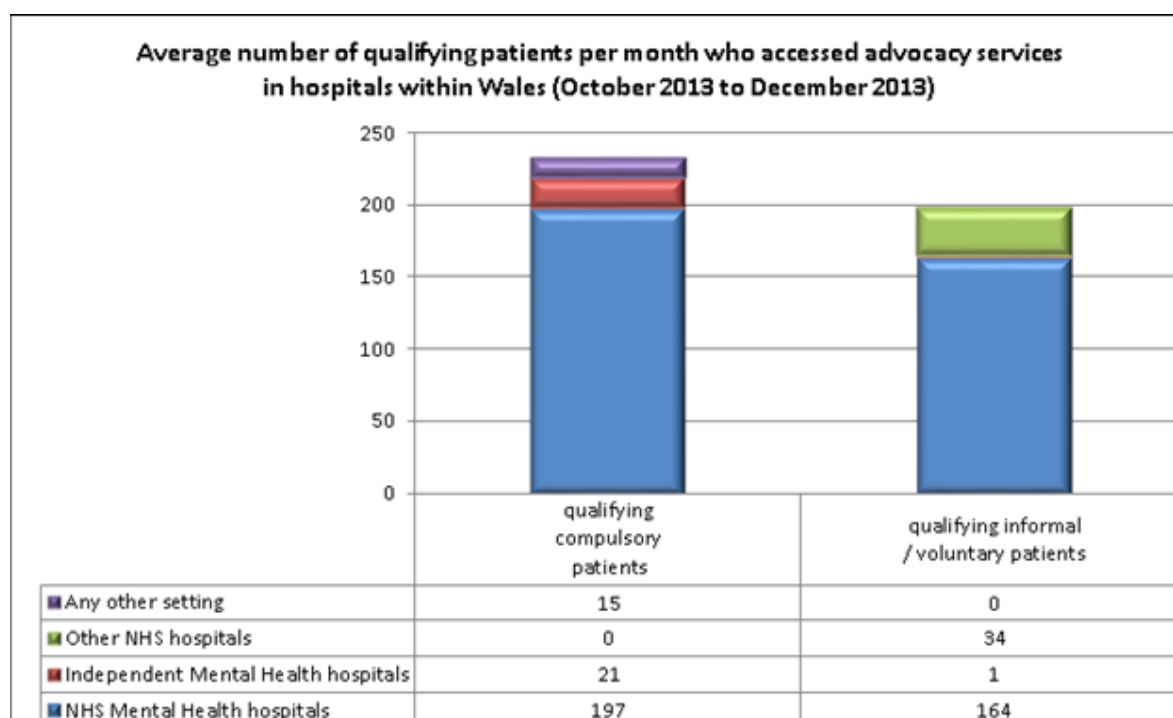
<sup>26</sup> Delivering the independent mental health advocacy service in Wales at <http://wales.gov.uk/topics/health/publications/health/guidance/advocacy/?lang=en>

Each LHB 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 the Health Boards duty to provide them with an advocacy service in a number of ways and include: providing relevant settings with promotional materials: organising awareness raising sessions and providing an e-learning module.
- Providing adequate translation services including Welsh and bilingual advocates, those trained in BSL and specific communication tools such as Talking Mats;
- Advocacy awareness training being incorporated into mainstream Measure training and
- A texting service being available to CAMHS in patients.

### 3.2 Quantitative Analysis of Performance Measures

Information regarding services provided under Part 4 has been collected since April 2013: the quarter to December 2013 is reported on below. As with other performance information, the figures are indicative of emerging trends rather than a complete picture. LHBs have confirmed that within their geographical area advocacy is provided in 100% of hospitals and 100% of IMHAs are trained to the required level.



On average 432 people accessed IMHA services per month between October and December 2013. Of these 199 were patients that would not have received services prior to the introduction of the Measure (46% of the total number of persons seen). If this trend continues it is likely that the number of extra people being seen per year across Wales will be over 2,300 patients.

### **3.3 Third Sector Analysis and Surveys**

Mind Cymru<sup>27</sup> is contributing to the review of the Mental Health Measure through a patient experience survey of Independent Mental Health Advocacy to gain an understanding of that experience, and the impact of increased advocacy provision. A baseline survey was undertaken between 1 March 2013 and 26 April 2013. The outline results from that survey are described below.

#### **Respondents**

The response rate was relatively small (72 with 50+ completing), however, respondents came from a cross-section of age, gender and area (LHB). In the main respondents were unemployed at the time of accessing advocacy services.

#### **Key Findings**

Nearly 84% said they felt that the IMHA listened to them and acted upon their needs and wishes. Nearly 97% of respondents said they would rate their experience of advocacy as an inpatient either excellent or mostly good, with 3% saying they had not yet seen an IMHA and no one saying their experience was dreadful or mostly poor. Furthermore, 97% of respondents said they would recommend the service they received to others.

The general conclusions will form a baseline for repeat surveys in spring 2014 and spring 2015.

### **3.4 Additional Information**

Organisations and individuals have contributed to the call for additional information to support the duty to review the Measure and the interim findings to date.

Five main issues have been identified:

1. Increased access to IMHA is seen as a very positive development. The collation of information regarding service user's and carer's satisfaction with these services will need to be collated and used to inform the final Duty to Review Report. The standardisation of quality through the qualification of advocates has helped ensure good practice. See Practice Example 12

---

<sup>27</sup> MIND Cymru at <http://www.mind.org.uk/>

2. An all Wales collaborative approach has been developed with both providers and commissioners to look at information, communication and training to raise awareness of IMHA services across all Health Boards. The aim is to provide a cohesive and equal service irrespective of setting and location.
3. Some inpatient areas have reported particular benefits for patients who are deemed to have the capacity to agree to admission to hospital but in other regards are less likely to express their point of view. Reports from staff on Learning Disability wards have specifically remarked upon improved care for patients receiving secondary mental health services as a direct result of the IMHA provision.
4. Some IMHAs report that some of their time has been spent supporting patients who have been affected by the changes to Welfare Benefits system to the exclusion of their other concerns and needs. Some areas have reported IMHAs are not always available at a time requested by service users.
5. There still appears to be a relatively low number of referrals for the IMHA service on general wards. It is unclear at this time whether this is because the service is not required or that staff are not fully informed about the Measure, particularly in relation to cases of non instructed advocacy.

## All Parts

### 4.1 Delivery Unit

The Delivery Unit as part of its performance management role has assessed compliance with Parts 2, 3 and 4 of the Measure and has reported the following findings from their interventions and Health Board reviews:

- Some lack of clarity amongst inpatient staff as to whether they can act as a care coordinator;
- Care and Treatment Plans are predominantly in the correct format;
- variation in staff's ability to write outcome focused care and treatment plans;
- some excellent care plans have been reviewed across the full age range and are in the current format;
- variation across teams as to which patients are considered to be under Part 2 of the Measure. This is particularly the case for children and young people and those managed by psychiatrists;
- secondary services have seen a reduction in case load numbers in some Health Boards;
- not all operational policies reflect the requirements of the Measure particularly in relation to Part 3;
- most staff report receiving training, less report attending the 2 day training programme designed by Lincoln University. Training has focused on the introduction to the Measure;
- progress is still required in writing care plans that meet the needs of an individual. The use of stock phrases/outcomes are still evident and
- staff awareness of Part 4 and the extended right to advocacy has been evident in inpatient areas with good links with advocacy services.

### 4.2 Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) monitors the application of the Mental Health Act 1983 (Revised 2007) in Wales. However, the Inspectorate's remit is wider than that connected with the Act. Ensuring people receive care and treatment appropriate to their mental health needs is also a core function, and independent inspection on behalf of Welsh Ministers has always been concerned with the quality of services provided.

It is planned that HIW will establish a method of reviewing CTPs for those receiving secondary mental health services within hospital and in the community. It is also planned HIW will review arrangements in place for those discharged from secondary mental health services are informed of their ability to request reassessment within 3 years of discharge. Additionally, it is also intended HIW will expand the role of its reviewers to explore in more detail the IMHA service now provided in Wales. HIW will provide information to inform the final duty to review report. A number of methodologies are being explored to gather the planned data.

### 4.3 Independent Commissioned Research

A research project has been commissioned from an independent body. The research is being undertaken over the period, July 2013 to October 2015 and addresses all four main parts of the Measure from the perspective of service users, carers and practitioners. Integral to this will be the experience of Welsh speaking and bilingual service users and carers. This will add a key independent element to the evaluation of the Measure. The objectives of the research are set out in the Inception Report. An initial scoping study has been completed and will be published in April 2014. Some initial findings from the report are described below:

#### Part 1

- teams are generally based in GP practices or in community-based clinics, the location of services in non-mental health community settings is considered to be beneficial for service users;
- the importance of taking the time to recruit and train the right staff has been highlighted;
- continuing liaison with GPs is seen as a priority to ensure that GPs are supported in making appropriate referral decisions;
- it was felt that Tier 0 services, and effective referral to such services by GPs or by direct service user access, serve to ease the pressures for assessment experienced by LPMHSS and focus attention on service users requiring more expert attention from the teams.

#### Part 2

- the importance of continuous training and staff development was acknowledged and particularly training about the Measure; in Care and Treatment Plans (CTP) and the recovery planning approach;
- some consultees argued that a medical model of care persists in some areas and then practice is neither recovery nor outcome focused and therefore takes little account of the social care needs of service users. 'To make the recovery process work as embodied in the Measure, there is a need to take positive risks with service users by allowing them to lead the process. However, this requires a complete change of culture'<sup>28</sup>;
- some consultees pointed out that there can be a tendency for care coordinators to only deal with areas of the CTP which they consider are within their areas of expertise. Furthermore, some mentioned that formalising care planning through legislation and the introduction of increasing scrutiny has led to anxiety amongst staff and that some are unwilling to take on the care coordinator role. The timescales and targets for CTPs were considered by some to have placed pressure on staff to the detriment of quality.

---

<sup>28</sup> ORS Scoping study report- due for publication

### Part 3:

- some consultees had witnessed confusion amongst a few people discharged from secondary services. If information about discharge and Part 3 is being provided, it appears that at least for some people, it is not being read or understood. Consultees suggested that written advice and information is insufficient and that real engagement person-to-person would be necessary for many service users and particularly those with limited literacy.

### Part 4:

- these services are being delivered through contracts with four advocacy providers across Wales. Some consultees said that there should be more advocates working in general hospital settings and that more promotion is needed to increase uptake particularly in larger clinical units and with older and younger people.

The full findings of the Research are expected by November 2015 and will be incorporated in to the final Duty to Review report

## 4.5 Task and Finish Groups

Four issue-specific task and finish groups have been constituted to:

- review the eligibility of certain practitioners to conduct primary mental health assessments. (Part 1 group);
- review the content and the form of the prescribed Care and Treatment Plan and the eligibility of certain practitioners to become care co-ordinators. (Part 2 group);
- provide evidence as stakeholders and to consider evidence from a wider list of stakeholders on the specific question of expanding the ability for another person to ask for an assessment, under Part 3 of the Measure, on behalf of someone else. (Part 3 group);
- review the role of the IMHA in cases of non instructed advocacy and the process for accessing IMHA services in general health settings. (Part 4 group).

By the end of October 2014, each group will provide a report commenting upon its deliberations, and providing advice and recommendations to the Welsh Government.

## PRACTICE EXAMPLES

### Practice Example 1- description of a Local Primary Mental Health Support Service (LPMHSS)

Our service aims to provide evidence based clinical interventions in line with NICE Guidelines for common mental health problems such as anxiety, depression and specific phobias in a primary care setting

A member of staff is allocated to each GP surgery they visit weekly to support the practice, see clients and advise on the management of patients, signposting to other services where needed.

They offer telephone and face to face comprehensive mental health assessments, guided self help, psycho-educational groups and behavioural activation groups for depression. They also offer time limited one to one treatment.

### Practice Example 2- description of supervision and training provided to LPMHSS staff

To ensure safe practice within the LPMHSS a supervision policy has been developed which requires all staff to engage in 90 minutes of clinical supervision per month in addition to operational supervision Training is considered critical to providing an effective LPMHSS- examples include:

#### Training provided

Living Life to the full  
Moodmaster  
Working with older Adults  
Working with Children, young people and families  
Brief Solution Focussed Therapy

#### Ongoing training

Introductory-level Systemic therapy Training  
University -accredited Cognitive Behavioural Therapy training.  
Practitioners (assessors) who previously specialised in working with Adults undertaking a 12-month training course on working with Children, young people and families.  
Agored Unit on providing Advice and guidance to Primary Care Practitioners.  
Agored Unit of Conducting Primary Care Mental Health and Well Being Assessments.  
In-house training in psychological approaches for older people



### **Practice Example 3 - description of interface between learning disability team and Local Primary Mental Health Support Service (LPMHSS) – supporting reasonable adjustments**

LPMHSS teams have been offered advice and consultation and training. For example adapting LPMHSS for adults with a learning disability. Community Learning Disability Teams (CLDT) have provided sign posting information relevant for adults with a learning disability.

Most CLDT have completed at least one joint assessment with LPMHSS for an individual with a learning disability. Some teams have jointly provided interventions for service users.

CLDT have the contact names and numbers for their LPMHSS, a list of primary care assessors in their area and the GP surgery to whom they are linked.

### **Practice Example 4 – description of foundation / tier 0 services**

One service offers a range of educational and therapeutic based courses outside the legal requirement for the provision of LPMHSS, including large scale Stress Control, Mindfulness and Acceptance and Commitment Therapy (ACT) courses.

In another the LPMHSS works in partnership with a Counselling Service who are commissioned to provide access to additional counselling services and with Citizens Advice Bureau who provide welfare and debt advice on prescription.

During 2014 the HB will delivering 30 Stress Control and Mindfulness courses from community based venues, the courses can be accessed by both patients of the LPMHSS and members of the community and are being promoted via GPs, Communities First, the Local Authorities and UHB occupational health teams and the third sector.

### **Practice Example 5 - description of foundation / tier 0 services**

One Board has invested nearly £1.5million over 5 years in counselling services for people with common mental health problems. Part of this includes providing preventative self-help resources, including an interactive self-help programme Computerised Cognitive Behavioural Therapy programme, group sessions are available over 7-8 weeks to cover such subjects as Coping with Life, Stress Management and Mindfulness. Up to 6 weekly sessions of individual counselling sessions are also available for individuals who want to discuss any challenging life events which are impacting on their mental well being.

Referral to the service can be through a health professional, such as a GP, or individuals may refer themselves by telephone. Once a referral is received a telephone assessment is carried out to establish the most appropriate support for that individual.

Support ranges from self-help resources, web based paper based and podcast, one-to-one counselling, through to group sessions, available in Community settings such as GP practices, leisure centres and community centres.

### **Practice Example 6 – description of process for development of service user’s satisfaction questionnaires in secondary mental health services**

Service user Satisfaction Questionnaire has been developed jointly with service user agency service users and the local CTP Implementation Group

Survey to commence Jan 2014 via post and collections in clinics / teams – survey to last 3 months

Satisfaction survey for services / experiences of those individuals new into secondary mental health services has commenced – this is being piloted by a CMHT.

Carer forums are connected to agencies that sit on the local CTP Implementation Group / Together for Mental Health Delivery Group

A Carer representative is being sought for the Local CTP implementation Group.

Target for 2014 : commence Carers Satisfaction Survey for Parts 2 and 3 MHM.

### **Practice Example 7- description of multidisciplinary process to ensure effective care for those learning disability service users in need of CTPs**

One area has developed a Multiagency implementation Group to ensure effective services for those with learning disabilities receiving secondary mental health services:

- Commitment from LAs and LHB to work together in a cohesive and joined up manner;
- Development and implementation of a screening tool to identify those individuals with a learning disability as relevant patients;
- CTP training package reviewed and adapted to meet needs of those with learning disability;
- Care and treatment planning provided in both community and statutory and independent sectors in patient settings.

### **Practice Example 8- description of process to ensure timely re access for reassessment for discharged patients**

All requests for reassessment in working hours are received via the Mental Health duty desks and out of hours via the wards or Emergency Duty Team.

Requests within hours are processed within the time frames set out as if the request was received from a GP. (sic that is 4 hours for an emergency, 48 hours for an urgent and 28days for a routine referral) The assessment process is as follows:

Emergency and Urgent referrals are seen into the emergency or urgent assessment slots and routine referrals are discussed at the MDT are seen within 28 days.

Out of hours the Adult, Older Adult-Wards will take referrals and the Emergency Duty Team will take referrals for the Learning Disabilities Team.

Non emergency referrals will be passed to the appropriate duty desk during working hours. Those requiring an emergency assessment or urgent assessment on the weekend, will be assessed at an Assessment centre

## Practice Example 9- description of process for discharge from secondary mental health services

Procedure for discharge from secondary mental health services:

- Identifying what is required for discharge
- A standard CTP Review document
- Discharge Letter identifies Part 3 entitlement to re-access for assessment and provides contact details

## Practice Example 10 – three service user accounts of effective Care and Treatment Plans

*“3 years ago, there was no light at the end of the tunnel for me. I was really ill and facing going into hospital. I got involved with the Community Link Service at Hafal. Through the support of the Link Service I got involved in the consultation for the Mental Health Measure, and began campaigning for the measure to be made law. Once the measure came about I was heavily involved in developing the training material with Lincoln University. I also develop and deliver Care and Treatment Plan training, and deliver this training to service users and carers. Through the measure I now have goals in my own Recovery and now self manage my illness”*

*“I lived in supported living for 12 years, and there was no hope of me living independently. Once I had a care and treatment plan under the accommodation I put that I wanted to live independently, I was able to set short terms goals towards moving into my own flat. I moved into my own flat with support from WOTS at Hafal. My Care and Treatment plan has helped me to identify long term goals and I am now achieving them. One long term goals is to get back into education, I have now started working on short term goals towards that, I am attending an accredited Self Esteem and Confidence course. My Care and Treatment Plan has helped me to live in the community, and this is my biggest goal of all”.*

*“I live independently in the community, at first I didn’t understand what a care and treatment plan was, I didn’t think that it would make a difference to my life. I have done a lot of work with my care co-ordinator and developed a plan that is my own. I am now doing lots of educational courses and my long term goal is to go back into full time education. I have completed a course with the Community Link Service on Care and Treatment Planning and I understand the plan and am setting more goals, I am a Hafal service user representative and keeping busy keeps me well and out of hospital”*

### Practice Example 11- description of training model to support staff understanding of spiritual care

One LHB in conjunction with the all Wales Mental Health and Spirituality Implementation Group has developed an aspirational tiered model of training in spiritual care in order support staff to assess/address patient's spiritual needs as one of the eight areas of life identified in the CTP.

- Tier 1 - all staff are competent to provide compassionate, person centred, spiritual care;
- Tier 2 - specialist and qualified staff enabled to encompass more specialist spiritual / therapeutic interventions;
- Tier 3 chaplaincy (for all faiths) for consultation/joint working on cases involving a complex interaction of mental health and spiritual issues.

Work also proceeded to incorporate spiritual assessment questions into documentation and to scope outside faith based organisations that could potentially contribute to care and treatment

### Practice Example 12- description of IMHA support

*“Client requested to see an Independent Mental Health Advocate. We visited to introduce IMHA role. This client had worked with our service before and was pleased to be able to work with the advocate they had met on their previous admission. The client has Huntington’s disease and found communicating his views and wishes frustrating as his speech was difficult to understand and his physical presentation was challenging. The IMHA was able to support the client in ward rounds and also discuss Nearest Relatives rights. The client chose only to engage with the advocate and therefore our involvement with the client was the crux of each meeting in putting forward the client’s views. We were able to spend time with the client really understanding what he was wanting to say and we were also able to interpret some behaviour he displayed (he told us why he was behaving in such a way) as a means of communicating.*

*We are working with a gentleman who is in hospital as a voluntary patient. He becomes very anxious when he is due to see the doctor for his ward round. He finds taking the time to prepare for his meeting either in writing or discussing what he would like to raise a valuable support to him. He feels that he does not need our support in the ward round itself but that the preparation is key and supports him to feel confident going into that meeting. He feels the IMHA service is valuable to discuss options and consequences regarding his medication and feels the independence of our service allows him to freely discuss his views.’*

**Local Primary Mental Health Support Services**

**Experience of Service Questionnaire**

Please think about the appointments you have had at this service. For each statement, please mark the box that best describes what you think or feel.

LOCATION .....

	Strongly agree	Partly agree	Dis-agree	Don't know
1. The staff listened to me and took my concerns seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The information I received was very helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. it is easy to get to the place where I have my appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My appointments are usually at a convenient time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt involved in making choices about my care and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The service helped me to cope with my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel the people who have seen me are working together to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The facilities are comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend this service to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was good about your care?

.....  
.....  
.....

Was there anything you didn't like or that needs improving?

.....  
.....  
.....

Is there anything else you want to tell us about the service you received?

.....  
.....  
.....

I am.....years old    I am: Female     Male     other

My ethnic group is: White   
Black/ African/ Caribbean/ Black British   
Asian/Asian British   
Mixed/multiple ethnic groups   
Other

My first language is    Welsh   
English   
Other

Are your day to day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months? No   
Yes, limited a little   
Yes, limited a lot

Thank you very much, we appreciate your help. If you would be happy for us to contact you about this information please fill in your details below:

Name..... Tel No.....

Email.....

Annex 2

**Local Primary Mental Health Support Services**

**GP Questionnaire**

Please let us know your views of this service as it relates to your practice. For each statement, please mark the box that best describes what you think.

PRACTICE ..... LOCATION.....

	Strongly agree	Partly agree	Dis-agree	Don't know
1. It is easy to make a referral to the LPMHSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communications between the practice and the LPMHSS are very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is easy to contact a member of the LPMHSS when I need information and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is a good relationship between the LPMHSS and the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have felt supported in managing patients with mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have received the information and advice that I have needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The response from the LPMHSS is generally very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would recommend this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



What would you say are the three best things about this service?

.....  
.....  
.....

What would you say are the three things about this service that are in most need of improvement?

.....  
.....  
.....

Is there anything else you want to tell us about this service?

.....  
.....  
.....  
.....

Thank you very much, we appreciate your help. If you would be happy for us to contact you about this information please fill in your details below:

Name.....

Tel No.....

Email.....