

Mental Health (Wales) Measure 2010: Quality report

What is the Mental Health (Wales) Measure 2010?

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. The primary intention of the Measure is to provide:

- a local primary mental health support service which offers an assessment of an individual's mental health and, where appropriate, advice, information and/or treatment (**Part 1**);
- all individuals, receiving secondary mental health services, with a care coordinator and a proportionate and holistic care and treatment plan (**Part 2**);
- those discharged from secondary mental health services with the ability to request reassessment of their mental health themselves 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 previously required under the Mental Health Act 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**).

What are these statistics?

Part 1 Measure statistics show, by Welsh Local Health Board (LHB), from April 2013:

- the number of referrals for an assessment by the local primary mental health support service (LMPHSS) each month;
- the number and percentage of LMPHSS assessments that were undertaken within 28 days and over 28 days from receipt of referral each month; and
- the number and percentage of therapeutic interventions started within 28 days and over 28 days following an LMPHSS assessment each month.

From April 2020, these statistics are also available by specific age bands.

Part 2 Measure statistics show, by Welsh LHB and service area, from July 2014 to March 2020:

- the number of patients who had a valid Care and Treatment Plan (CTP) at the end of each month;
- the number of patients who were in receipt of secondary Mental Health services (i.e. the 'caseload') at the end of each month; and
- the percentage of patients who had a valid CTP at the end of each month.

From April 2020, these statistics are available by Welsh LHB and specific age bands.

Part 3 Measure statistics show, by Welsh LHB, from April 2016:

- the number and percentage of outcome of assessment reports which were sent within 10 working days and over 10 working days after the Part 3 assessment had taken place.

The Measure Definitions

Part 1 Definitions

Assessments - An assessment may be face-to-face or by telephone and will include assessments with parents or carers, if appropriate, in relation to the individual who has been referred, either with or without that individual being present. It will exclude any preliminary telephone contact to establish whether the individual wishes to have an assessment. The assessment is an evaluation of the nature of a patient's mental health needs.

Local primary mental health support services (LPMHSS) - This service is as required under the Mental Health (Wales) Measure 2010 and does not include additional primary mental health services identified in regional and local joint schemes.

Therapeutic intervention - These interventions are provided by the LPMHSS and are delivered on either an individual or on a group basis. They include those people who have been referred by their GP and assessed by the local LPMHSS and it is agreed that a client would benefit from an open access course that does not require a referral from any agency or individual in the first instance, but would also benefit from a follow up appointment with the local LPMHSS.

Information is reported by all seven Welsh LHBs for the functions that the LPMHSS provides and not for patients who are resident in the LHBs.

The age bands that are used are:

- Less than 18 years – this include those in child and adolescent mental health services (CAMHS) and those less than 18 years of age in learning disability services.
- 18 years and over – this include those in adult mental health services, older mental health services and those 18 years and over in learning disability services.

Part 2 Definitions

Care and Treatment Plan (CTP): Regulations made under Part 2 of the Measure (the Mental Health (Care Coordination and Care Treatment Planning) (Wales) Regulations 2011) prescribe the content and the form of the care and treatment plan which all care coordinators will be required to use. Under the regulation, each care and treatment plan will:

- a) be developed by a care coordinator in consultation with the service users and mental health providers (although the plan may be developed without the input of the patient where the outcomes cannot be agreed between all parties);
- b) be in writing;
- c) record the outcomes that the provision of mental health services for the relevant patient are designed to achieve;
- d) list these outcomes, record the services and/or actions that are to be provided to achieve each outcome, including when they will be provided, and state who is responsible for providing the service as well as where it will take place;
- e) be kept under review and updated to reflect any changes in the type of care and treatment which may be required by the service user over time.

For a CTP to be considered **valid** it must be current (in-date) and have not passed its review date (maximum of 12 months).

Secondary Mental Health services - This relates to services provided by secondary Mental Health and not included in LPMHSS schemes. They are defined as:

- a) a service in the form of treatment for an individual's mental disorder which is provided under Part 1 of the National Health Service (Wales) Act 2006;
- b) a service provided under section 117 of the Mental Health Act 1983;
- c) a community care service the main purpose of which is to meet a need related to an adult's mental health;
- d) a service provided for a child under Part III of the Children Act 1989 the main purpose of which is to meet a need related to that child's mental health.

A service in the form of treatment for an individual's mental disorder includes a service that, in the opinion of the person providing or making arrangements for the provision of the service, is intended to treat a mental disorder that the individual receiving the service may have.

Information is reported by all seven Welsh LHBs on patients who are resident in the LHBs and not for the services that each provides.

The age bands that are used are:

- Less than 18 years – this include those in child and adolescent mental health services (CAMHS) and those less than 18 years of age in learning disability services.
- 18 years and over – this include those in adult mental health services, older mental health services and those 18 years and over in learning disability services.

Part 3 Definitions

Part 3 assessment – A Part 3 assessment is undertaken when a person has referred themselves back into secondary mental health services following discharge, within the time determined in Part 3 of the Measure (i.e. within 3 years from the date of discharge).

Mental health service providers are required to provide a written report to an individual following a Part 3 assessment which sets out whether any services have been identified that may improve or prevent deterioration in an individual's mental health. The Regulations under Part 3 requires that a copy of the report is provided to the individual who was assessed no later than 10 working days after the conclusion of the assessment. A report will be considered to have been provided when it has either been delivered by hand to the individual or sent by prepaid post to the individual's usual or last know address.

Information is reported by all seven Welsh LHBs on patients who are resident in the LHBs and not for the services that each provides.

Users and uses

An understanding of trends in waiting times and volumes of work undertaken in mental health services is crucial for those involved in planning and decision making at both the national and local level.

We believe the key uses of these statistics are:

- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- Officials within the Health and Social Services Group at Welsh Government;
- NHS Wales;
- Local Authorities;
- Third sector / voluntary organisations;
- Mental Health
- Students, academics and universities;
- Other areas of Welsh Government;
- Other government departments;
- Independent providers;
- Media; and
- Individual citizens.

The statistics are used in a variety of ways. Some examples of these include:

- To assess the impact that the introduction of the Measure has had on helping people in Wales who have a mental health problem;
- Advice to Ministers and briefing on the latest performance across Wales against the NHS
- Delivery Framework targets;
- To assess, manage and monitor NHS Wales performance against targets;
- To inform service improvement projects for areas of focus and opportunities for quality improvement;
- By NHS Local Health Boards, to benchmark themselves against other Local Health Boards;
- To contribute to new articles relating to mental health in Wales;
- To help determine the service the public may receive from NHS Wales.

If you are a user and do not feel that the above list adequately covers you please let us know by contacting us via hss.performance@gov.wales.

Strengths and limitations of data

Strengths

- The information is processed and published on a quarterly basis (on StatsWales and in a headline on the Welsh Government website) in an ordered manner for ease of access and use.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by LHB and by service area (where applicable). Both figures and percentages are published.
- The data enables users to assess the impact that that Measure has had on helping people in Wales who have a mental health problem.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately. We encourage users to link with this Quality Report / headline to gain more background.
- There is no mapped data.
- Because of the devolved administrations and differing policy and legislation, there is less scope for direct UK comparisons.
- The quarterly headline data has limited commentary.

Data Processing Cycle

Data collection

The Delivery & Performance Division within the Welsh Government receive three completed Mental Health Measures monitoring forms from each of the LHBs relating to parts 1, 2 and 3 of the Measure. Standards relating to these forms have been reviewed and passed by the Welsh Information Standards Board (WISB) and the Data Standards Change Notice (DSCN) Group.

Validation and verification

The Delivery & Performance Division upload the data received on a monthly basis. The data processing system used ensures that data is not missing from the returns. Further validation and verification checks are then done on a monthly basis, including, for example, checking trends in the data and any significant drops in performance against the NHS Delivery Framework targets. Any abnormalities in the data are noted and these are then raised with the LHBs, thus enabling LHBs to check, correct or comment on their data and to provide contextual information where relevant.

Publication and revisions

The statistics published by the Delivery & Performance Division are produced by summarising the information provided by the LHBs.

On a quarterly basis we publish a brief html headline on our website which provides a link to the StatsWales tables and this quality report. The information presented in StatsWales is produced via an automated process.

The data for the latest financial year (12 months - April to March) is published as provisional and may be revised in future updates. This is to enable LHBs to submit revised data if they carry out further validation.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

Disclosure and confidentiality

Following our disclosure risk assessment we believe that the likelihood of identification of an individual patient from the data we publish is very low, without other information about the patient already being known. Therefore small values have not been suppressed.

We adhere to the statement on [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle of the Code of Practice for Official Statistics.

Quality

Delivery & Performance Division adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#).

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

The statistics are used as the measure of performance against national targets for NHS Wales and contribute to assessing the impact that the introduction of the Measure has had on helping the people in Wales who have a mental problem. Other interests and uses of this data are outlined above

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables to meet all user needs, but the tables published on StatsWales aim to answer common questions.

We consult with key users prior to making changes, and where possible, publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure that statistics remain relevant.

Accuracy

The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error and processing error.

This is an established data collection based on 100% data i.e. not a sample.

For most months, all LHBs are able to supply data and as such no estimation of the figures is needed. Where estimates are used, because an LHB is unable to supply data for a particular month, this is clearly outlined in the data.

We haven't yet investigated non-sampling errors. However, processing errors could occur where clerks in hospitals incorrectly input data into their administrative system and measurement errors could occur from staff in hospitals having different interpretations of definitions. To reduce non-sampling errors, standards and guidance are provided for each data return to try and ensure that LHBs submit information according to the agreed definitions and specification. Standards relating to this data collection have been reviewed and passed by the [Welsh Information Standards Board](#). Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations.

All of our outputs include information on coverage, timing and geography.

There are quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer.

Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming Calendar](#). Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

We publish data as soon as practical after the end of every quarter and in-line with user needs.

Accessibility and clarity

Accessibility is the ease with which the users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published on a quarterly basis as a headline on our website and on StatsWales in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users of this publication. Simultaneously the headlines are also published on the National Statistics Publication Hub. We also publicise the outputs on [Twitter](#). All outputs are available to download for free.

Detailed data is available at the same time as the headline on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and they adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English. Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the headline or via hss.performance@gov.wales.

Comparability

The degree to which data can be agreed over both time and domain.

Where advanced warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Agreed standards and definitions within Wales provide assurance that the data is consistent across all LHBs.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon are similar.

Every month the data are collected from the same sources and adhere to the national standard. Where there are changes in definitions or scope, we clearly note this on the headline page and add appropriate caveats to the data.

Because the Measure is a unique piece of legislation specific only to Wales, then the data cannot be compared to any other UK country.

Dissemination

All the data is of sufficient quality following the checking outlined above to justify publication. All actual data provided is published on our interactive website [StatsWales](#).

Evaluation

Please send your feedback on the statistics and this quality report to hss.performance@gov.wales.

Produced by: Performance & Delivery Division, Welsh Government

Last reviewed: October 2020