


Mental Health Crisis Care Concordat - Assurance Report

Partnership area:	Cwm Taf Morgannwg	Reporting period:	August 2022 – October 2022
Actions set out in the Crisis Care Concordat National Action Plan are being implemented through regional action plans and monitored at a regional level		Assurance provided by: Aaron Jones, Interim Chair, CTM Crisis Care Concordat Forum	Date completed: July 2022
Key achievements in this reporting period Include details of how any transformation or service improvement funding is helping achieve results	Challenges and remedial action	Priorities for next 3 months	
<p>A presentation was given at the last CCCF meeting on the CAMHS Crisis Liaison service. The service is based in the Royal Glamorgan Hospital and covers the three acute hospital sites. From October the service hours have been extended to cover 5 days a week, 24 hours a day. The service is planned to be 24/7 from 2023. Positive feedback has been received from the emergency department.</p> <p>CTM will be developing a WG funded pilot to provide a wraparound service to children and young people in addition to the liaison service.</p> <p>A multi-agency Crisis Data Dashboard has been developed to track trends in existing services, monitor the implementation of the Action Plan and the resulting benefits to service users. The proof of concept was received positively at the July CTM regional Crisis Care Forum meeting and continues to be refined .</p> <div style="text-align: center;">  <p>CTM Crisis Dashboard October 2.</p> </div> <p>Mental Health 111 project group established and meeting fortnightly. Recruitment is being progressed for phase 2.</p>	<p>Increasing operational demands on all agencies.</p> <p>Ongoing challenges of capacity to progress work at pace.</p> <p>Regular changes to meeting attendance effects continuity and progress. Thorough handovers requested between personnel.</p> <p>Workstream lead for Action 1 has moved to another role and awaiting a new workstream lead.</p>	<p>Work stream leads to progress the development of their multi-agency groups and work plans.</p> <p>Elect new workstream lead for Action 1 and continue to develop the multi-agency protocol.</p> <p>Develop plans with local authorities for a 'safe to go' service in Merthyr and in the Rhondda & Taff Ely locality (Action 2).</p> <p>Continue to develop the CTM Crisis Care multi-agency dataset/dashboard. This data set will include collection and analysis to evidence outcomes from implementation of the 111#2 project.</p>	

<p>Discussions regarding a third sector post Crisis follow-up service are in their early stages. It is intended that the service will connect those who have had contact with Health Board Crisis services with non-statutory services that may help address the person's needs. Further updates will be given as these plans progress.</p>		
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	Action	By when	What to report	Update
1	<p>Each Region to have a multi-agency protocol in place between health, local authorities, the police and the third sector setting out:</p> <ul style="list-style-type: none"> • How the public should access care when in a crisis • Each agencies' role and responsibility relating to providing crisis care services • Criteria for accessing services in a timely manner • The arrangements in place for the appropriate and safe transfer of people between and across services • The service arrangements in place to meet the specific needs of people from minority and ethnic communities • How information will be shared across agencies, to help inform the delivery and improve outcomes for people presenting in crisis • Arrangements for how people affected by alcohol or drugs, and who have a mental health condition, will receive a timely and appropriate service 	By June 2022	<p>Regional forum to confirm whether multi-agency protocol is being developed. If not, what is the plan for managing the risks of non-delivery?</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>A multi-agency protocol is being developed and a draft has been shared with CCCF members and wider in the Health Board for feedback. Feedback received has been incorporated into the draft Protocol for discussion and agreement.</p> <p>A mapping exercise setting out current local access points has been undertaken as part of the MH 111#2. The protocol will be updated with MH 111#2 as it transitions from Pilot to core service.</p> <p>It is proposed that there is a public facing version of the protocol and then a version for statutory/ other partners which includes the more detailed policies that sit behind the protocol.</p> <p>The review of all agencies operational policies is continuing to ensure all pathways are known and included in the overarching protocol.</p>

2	<p>Health Boards and local authorities develop joint plans, working with the third sector and other partners, to ensure that people of all ages who are experiencing early signs of a personal, emotional, or early-stage mental health crisis have 'out of hours' access to a 'safe place to go' service/facility, and an online or telephone-based service, for respite, safety, or to help avert a crisis</p>	<p>Plan: By March 2022</p> <p>Service: By Oct 2022</p>	<p>Regional forum to confirm whether joint plans are being developed</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>Mental Health Matters Wales, South Wales Police, Social Services (Bridgend CBC) and CTMUHB have partnered to develop a pilot Wellbeing Retreat in Bridgend. The service was launched in December 2020 and continues to be evaluated on an ongoing basis. A multi-agency group consisting of Cwm Taf Morgannwg Health Board, South Wales Police, Bridgend Social Services, ARC and key third sector partners meet regularly to jointly plan.</p> <p>Access is through a "single point of access" referral system. The service is available between the hours of 5:00pm and 11:00 p.m. Wednesday and Friday to Sunday each week.</p> <p>The Operations Manager for the Wellbeing service in Bridgend presented to the CTM Crisis Care Forum on the 1st April to ensure members are kept informed. Referral data will routinely be included in the Performance Dashboard embedded.</p> <p>Learning from the Bridgend Wellbeing Retreat is being considered in planning to roll a 'safe place to go' service out across the CTM footprint.</p> <p>Joint plans are being developed for a Wellbeing Retreat, to be located as part of a wider wellbeing hub, in Merthyr. Timescales are dependent on the outcome of a bid submitted by Merthyr County Borough Council.</p> <p>Joint plans are in the early stages for Rhondda and Taff Ely locality. A mapping exercise is being undertaken with Rhondda Cynon Taff CBC of the current services and times of operation to support people in a crisis in Rhondda, Taff and Cynon localities to better understand the gaps in services.</p> <p>The planning and development of the 'safe place to go' model in Rhondda and Taff Ely is being used as an action</p>
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				research project to engage/ involve service users and co-produce the service and develop engagement and involvement pathways in CTM.
3	All organisations to engage with the 111 pilots and ensure that people of all ages with an urgent need have 24/7 access to mental health support, and that clear referral/signpost pathways are available for people where required, e.g., out of hours social services, welfare support, finance/debt, domestic abuse support, etc.	By Oct 2022	<p>Regional forum to confirm plan for 24/7 access to services via 111</p> <p><i>For Feb to March 2022:</i></p> <p>Report on number of people contacting 111 for MH issue</p> <p>Report on number of people contacting 999 with MH issue</p> <p>Report number of people detained under s135 and s136</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>Mental Health 111 project group established and meeting fortnightly.</p> <p>Pilot is currently active and operational Friday 18.30 – 10.30 p.m., Saturday 18.30 a.m. – 22.00 p.m., Sat and Sunday 14.30 -22.00 p.m. subject to staffing availability.</p> <p>A 15 hour a week service model from 9.00 – 12.00 p.m. has been agreed in the interim and plans are progressing for a 24/7 service co-located with the GP OOH service at Ty Elai, Williamstown.</p> <p>Recruitment is underway for key posts but filling psots remains a challenge nationally. CTM are working with the National Programme team in relation to training and induction plans.</p> <p>Robust data collection and analysis is being established to be able to evidence outcomes from implementation of 111 project.</p> <p>Quarterly updates on progress will be provided to the CTM Crisis Care Forum.</p> <p>See the Performance Dashboard embedded above for output and outcome indicators.</p>
4	People of all ages receiving a secondary mental health service have a high quality 'Crisis Plan' in place, reflecting Welsh Government requirements, that includes a mutually agreed advance statement, and details of	By June 2022	<p>Organisations to confirm that crisis plans are internally audited as part of CTP audit, and that crisis</p>	<p>CTM continue to have undertake specific audit relating to crisis contingency planning. This audit has a focus on co-produced contingency plans to support people where relapse signatures are becoming evident with a view to</p>

	planned support to help prevent and/or mitigate any future potential crisis		<p>plans include mutually agreed advance statements</p> <p>Organisations to confirm what feedback mechanisms are in place</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>reduce relapse in to crisis and the need for emergency services.</p> <p>Reporting is through The Mental Health Measure Operational Group.</p> <p>The development of good quality co-produced care plan is also a major focus of CTP training for CTMUHB HB staff.</p> <p>See the Performance Dashboard embedded above for output and outcome indicators.</p>
5	‘All agencies will ensure that those who are in contact with people in distress have the necessary knowledge, skills, and attitudes to ensure compassionate and supportive care is delivered’ (Talk2Me2 Objective 2vi)	By March 2022	<p>Organisations to confirm the training programmes in place, including uptake and attendee feedback</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>It has been agreed through NAG that the Suicide & Self Harm Prevention (SSHP) Coordinator team will produce a series of workshops and training webinars nationally.</p> <p>Work is underway with the national SSHP coordinator team to build an online platform to ensure that training, guidance, and a competency framework is available, accessible & user friendly. Training Providers are currently being supported to upload details of their training offers onto the platform.</p> <p>A training and development audit tool is currently being built, and piloted, with the support of the data analyst team in the Collaborative to help identify key groups of learners across the system, their needs, and the training products available to upskill across sectors. The survey will be deployed to establish a baseline, prior to the launch of the training and development platform. Members of the CCCF will be invited to complete the survey.</p> <p>The Regional SSHP is a member of the CCCF and will attend meetings to give regular updates on work being undertaken.</p>

				<p>Invitations to future training will be shared with CTM Crisis Care Forum members and members will be invited to suggest topics of interest through the SSHP Coordinator.</p> <p>A local assessment of the training available across regional organisations is being undertaken to identify gaps. Organisations will share training opportunities where appropriate.</p>
6	<p>People discharged from psychiatric in-patient care should be followed up by the service within 72 hours of discharge and a comprehensive care plan should be in place at the time of discharge and during pre-discharge leave</p>	<p>By June 2022</p>	<p><i>For Jan to March 2022:</i></p> <p>Report number of people discharged from in-patient care</p> <p>Report what arrangements are in place to follow up within 2-3 days of discharge from in-patient care</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>Operational Policies are clear in describing the process for 72 hour follow up post discharge</p> <p>Any individual discharged into secondary care services has a full care and treatment plan at the point of discharge. This is reviewed and updated where needed prior to discharge. Audit work is done on this and presented to Patient safety and quality group</p> <p>Discharge Advice information is sent electronically to GP's at the point of discharge</p>
7	<p>Feedback and views will be systematically sought and captured from people of all ages who have used crisis care services, and acted upon, including specific feedback from people from minority and ethnic communities</p>	<p>By June 2022</p>	<p>Organisations to confirm system/process in place for service user feedback, and provide updates to regional crisis care forums</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<p>The lead Mental Health Service User Involvement Officer (SUIO) for BAVO (CVC) is now leading on this workstream alongside SUIO's in VAMT and Interlink.</p> <p>A number of system/ processes are in place across the pathway in order to obtain feedback and views from people who have used crisis care services.</p> <p>Whilst this is embedded in some areas of crisis services further work is required to ensure it is systematically embedded across all areas of the Crisis Pathway.</p> <ul style="list-style-type: none"> • Feedback collected from third sector organisations varies often due to requirements from funders.

				<ul style="list-style-type: none"> • Feedback is sought and captured routinely in relation to multi-agency Wellbeing Retreat in Bridgend. • Feedback currently not routinely captured for HB Crisis Care services. Civica System is being rolled out in the Health Board with a view to being implemented in Mental Health.
8	Public sector services that manage or commission facilities caring for vulnerable persons will have a robust 'missing person' protocol in place. These protocols should specify preventative measures to reduce missing person's calls to the Police, such as the proactive management of risk	By June 2022	<p>Organisations to confirm there is a 'missing person' protocol agreed and in place</p> <p><i>For 1st Jan to 31st March 2022:</i></p> <p>Report number of people reported missing</p> <p>Report number of missing persons calls to the Police</p> <p>Also consider output and outcome indicators detailed in National Action Plan</p>	<ul style="list-style-type: none"> • The list of missing persons from all hospitals are reviewed at monthly Police Liaison Meetings. Any issues are identified and actioned. • There is an existing Health Board policy for persons missing from care settings. The policy covers specific measures to take before contacting the police. • Health Board policy is included within the police's MH and Missing Person policies. SWP policies are currently being transferred onto a new template and being made public as they come up for review - both of these are due for review in the coming months. • LA's use the Herbert Protocol. <p>See the Data Dashboard embedded above for missing person numbers reported to the police.</p>