Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

AGENDA ITEM
5.3a

PLANNING, PERFORMANCE & FINANCE COMMITTEE

SPOTLIGHT: MENTAL HEALTH ACTIVITY & PERFORMANCE

Date of meeting	4th May 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Elaine Lorton: Service Director Mental Health & Learning Disability
Presented by	Julie Denley: Deputy Chief Operating Officer: Primary, Community & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
MH&LD	Mental Health & Learning Disability
CAMHS	Child & Adolescent Mental Health Services
LPMHSS	Local Primary Mental Health Support Services
CMHT	Community Mental Health Teams

1. SITUATION/BACKGROUND

1.1 This paper provides an overview of the governance and reporting processes in place and highlights the key areas where performance does not yet deliver to the targets internally or externally set. Where performance is falling below expected levels, mitigation actions and plans are in place and actively monitored. Although this report is written for the Planning, Performance and Finance Committee it is important to say that all the performance measures set out in the paper have quality throughout them and they are implicitly measures of experience behind the numbers.

1.2 To give context the Care Group includes a wide range of services including:

Child & Adolescent Mental Health Services (CAMHS) – Primary and Secondary Child and Adolescent Community services; South Wales specialist Tier 4 Inpatient CAMHS unit; and South Wales specialist Eating Disorder Outreach service

Adult Mental Health Services – 9 inpatient wards, Local Primary Mental Health Support Services (LPMHSS), Community Mental Health Teams (CMHT), Outreach & Recovery Services, Community Drug & Alcohol Services (CDAT), Crisis Resolution & Home Treatment Services (CRHTs), Forensic Service, Veterans and 111 #2.

Older Adult Mental Health Services – 5 inpatient wards, 3 day centres, CMHTs, Memory Assessment Services (MAS), Dementia Services, Hospital Liaison Teams

Psychology Services –adult and older adult

Specialist hosted services – Integrated Autism Service (IAS), Early Intervention Psychoses Services (EIP), Perinatal Service, Adult Eating Disorder Service; All Wales Forensic Adolescent Consultation and Treatment Service;

1.3 To ensure high quality service delivery across such a wide portfolio, the delivery of targets, and the management of improvement activities where issues are identified, a structured governance and reporting process has been implemented.

1.4 There is no one consistent software system which holds all Care Group data and therefore some performance measures require a significant amount of manual processing.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

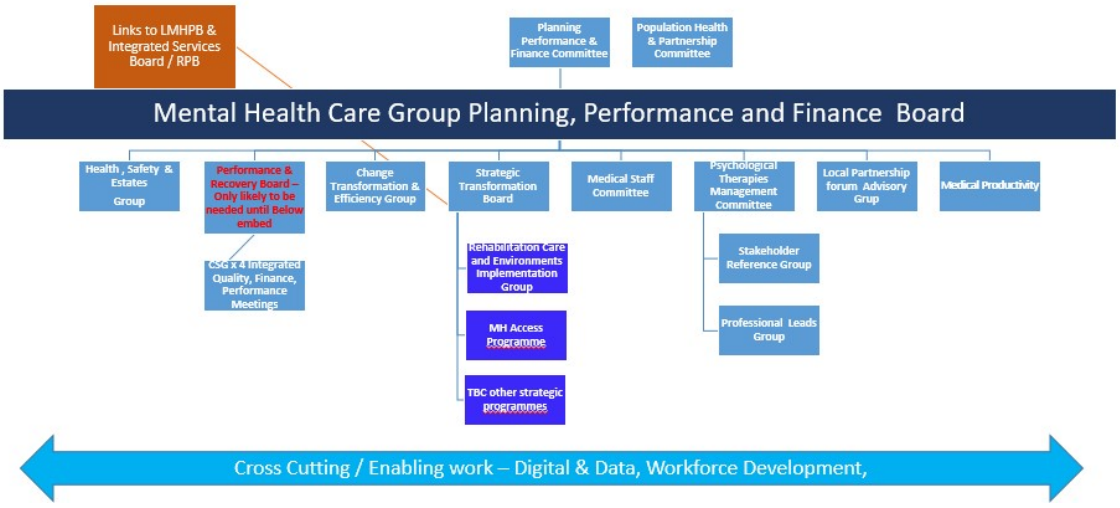
2.1 **Performance Governance Structure** - The Mental Health Care Group Planning, Performance and Finance Board has, to date, been Chaired by the Deputy COO for Primary, Community and Mental Health but will now transition to the newly appointed Service Director for Mental Health & Learning Disabilities.

Reporting to this Board is the Planned Care Performance & Recovery Board that provides scrutiny of improvement plans in order to deliver against performance targets.

Integrated quality performance and finance monthly meetings are held with each of the Clinical Service Groups; 3 Localities and CAMHS. A full report is presented which includes tracked and monitored actions, performance information and narrative, quality, finance, health and safety, fire and workforce. The structure of the reports and meetings are evolving but work has been undertaken over the last four months by a Graduate Trainee to develop a consistent approach with focused deep dive areas each meeting.

The current governance structure for planning, performance and finance is set out in Diagram 1 below. Following implementation of the OCP Phase 2, the governance structure will evolve to ensure continued scrutiny and assurance for performance delivery. Quality, safety, experience and risks are managed through an aligned governance process.

Diagram 1. MH&LD Care Group Planning, Performance and Finance Governance Structure



2.2 **Mental Health Scorecard**: This has been in development over the last year, evolving from the basic information to be reported to Welsh Government to a more comprehensive scorecard which is subject to iteration through Care Group feedback. The next wave of iterations will include 111#2, scope opportunities to include All Wales comparative performance data and consistent framing for people waiting longer than target times, Key performance metrics related to substance Misuse services and a focused quality and experience outcome section. The March Scorecard is appended but the key components include:

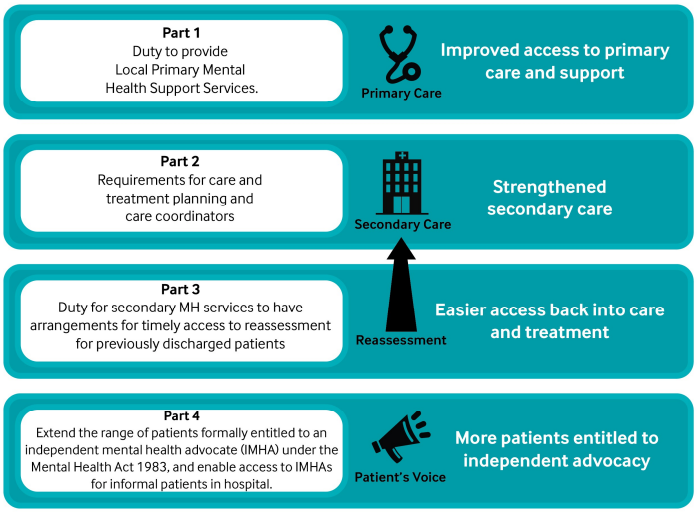
- Heatmap – providing an overview of performance delivery across all key elements.

- Welsh Government reported metrics – Mental Health Measure (MHM), Psychological Therapies, Crisis Gatekeeping (including DGH Liaison services).
- CTM Mental Health Priorities – MAS and Outpatient Clinics
- Workforce – Medical Appraisals, Consultant Vacancies, PADR and Mandatory Training compliance
- Continuing Health Care (CHC)
- Benchmarking – this is currently internal across adult inpatient services.
- Hosted services – IAS, EIP, Perinatal & Veterans
- Delayed Transfers of Care (DTOC)
- Datix
- Mental Health Act – those patients detained and subject to Community Treatment Orders (CTO).

2.3 From this point onwards this report will focus on key externally reported metrics but questions are welcomed on other aspects of the scorecard.

2.4 **Mental Health (Wales) Measure 2010** – There are four parts of the measure and these are monitored through performance reporting to Welsh Government on a monthly basis.

Diagram 2. The Mental Health (wales) Measure



2.4.1 **Part 1 : Local Primary Mental Health Support Services (Adults & CAMHS)**

The service receives a high volume of referrals monthly as set out below.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
< 18 Years	123	174	128	100	100	118	180	172	99	164	188
18 – 64 Years	607	695	710	614	534	748	763	786	557	773	718
65+	22	34	23	23	20	25	27	17	25	25	29
Total Referrals	752	903	861	737	654	891	970	975	682	962	935

Referrals for under 18's have been steadily rising year on year, particularly during the pandemic. Adult services referral numbers are lower than pre pandemic levels but do coincide with some service changes at that time that might have meant easier access to a wider range of mental health support. Referrals for those 65+ are low and static in number. Further work is underway to develop first contact practitioners to further support the management of more people in Primary Care.

Part 1A: Mental Health Assessments undertaken within 28 days of referral.

Table 1. Part 1A Current Performance

Target for achievement - 80%		
All Wales December 2022 -83%		
CTM Adults	February 2023	88% ↑
CTM CAMHS	February 2023	30% ↑

Achievement is usually delivered consistently in Adults with 9 out of the last 12 months above the target and the last 6 months all being above target. (See slide 5 in scorecard)

Achievement in CAMHS has been challenging due to increased demand exceeding capacity and a backlog of assessments (see slide 3 in scorecard). Significant work has taken place and the backlog has reduced significantly over the last 6 months with 260 young people waiting at the end of February for assessment with 73 waiting over 28 days. Until the backlog has improved the performance against target will not improve.

An improvement trajectory has been set and confirmed through to WG as follows:

Table 2 Improvement Targets Part 1A CAMHS Assessments

Over 28 days Backlog Improvement Trajectory		Part 1A %
Q1	200	35%
Q2	100	40%
Q3	50	50%
Q4	10	70%

There are service plans in place to continue with additional capacity along with process and pathway reviews and recruitment underpinning this improvement plan. There are monitored through the Care Group Planned Care Recovery Board.

Part 1B: Therapeutic intervention started within 28 days following assessment.
Table 3. Part 1B Current Performance

Target for achievement - 80%		
All Wales December 2022 -65%		
CTM Adults	February 2023	92% ↑
CTM CAMHS	February 2023	36% ↑

Achievement is consistent for adults with all 12 of the last 12 months delivering above target.

Achievement in CAMHS has been challenging over the last 2 years due to increased demand for assessments as outlined earlier as well as increased complexity of children and young people presenting for treatment since the pandemic. The young people waiting for a CAMHS intervention reduced from 240 in August to 104 at the end of February. Alongside the actions described for Part 1A the service are reviewing Silvercloud, a nationally funded digital platform to see if it could bring additional capacity if supported by a third sector organisation.

As per part 1A an improvement trajectory has been set and confirmed through to WG as follows:

Table 4 Improvement Targets Part 1B CAMHS Interventions

Over 28 days Backlog Improvement Trajectory		Part 1A %
Q1	160	35%
Q2	120	40%
Q3	80	50%
Q4	40	60%

2.4.2 **Part 2 :** Residents in receipt of secondary Mental Health Services who have a valid care & treatment plan **-** See slide 7 of the scorecard.

Table 5. Part 2 Current Performance

Target for achievement - 90%		
All Wales December 2022 -84%		
CTM Adults	February 2023	88% ↓
CTM CAMHS	February 2023	85% →

Achievement has consistently been close to the target in adults with additional scrutiny in place across the Care Group but also with Social Care colleagues who's data is included in this to drive the small increases needed to ensure performance.

A recent improvement programme in CAMHS including robust review of patients identified under Part 2, processes applied by the team and ensuring timely system updates has shown an improvement from less than 40% August – December 2022 to 85% in January and February 2023. Work is ongoing to learn from this focused work to bring about improvements that see sustained quality delivery.

2.4.3 **Part 3 :** Residents who have received a copy of their reassessment within 10 days

Table 6. Part 3 Current Performance

Target for achievement - 100%		
All Wales December 2022 -100%		
CTM Adults	February 2023	100% →
CTM CAMHS	February 2023	85% →

The numbers of people presenting for reassessment via this route is low which a longstanding national pattern is. Over the last 12 months only 12 people have presented and all received their written reassessment within the 10 working days target.

2.4.4 **Part 4 :** Access to independent Advocacy – This measure only requires that the independent advocacy service is available and offered which is part of all admission processes. There is an opportunity to harmonise approaches to independent advocacy across the Care Group and this has been added to the forward work plan.

2.5 **Psychological Therapies** – Percentage of people waiting less than 26 weeks for a Psychological Therapy treatment start. The target is 80% and the CTM position for February was 47%. There are 872 people waiting for therapy to start of which 458 have been waiting over 26 weeks and 211 have been waiting over 52 weeks.

Due to significant vacancies and a national shortage in many roles the opportunities to improve this position and ultimately the experience for people awaiting a high intensity psychological intervention alone were very limited.

Through the Care Group planned care recovery board two schemes were worked up that took time but had a high likelihood of impacting on the position presented.

The first recovery / improvement scheme involves out sourcing. Through a clear procurement process a company has been appointed to provide high intensity interventions for 80 people waiting. At the March Care Group planned care recovery board the 80 people had been contacted, 35 had accepted the offer of an intervention through the company digitally, 9 declined. Measures were put in place to start contacting remaining 36 people. Work has also taken place to streamline routes to waiting lists for high intensity intervention along with workforce redesign and a full review of demand and capacity is being undertaken to help determine full longer term sustainability plans.

The second scheme involves tests of change that are designed to transform and maximise the use of existing capacity. Psychology Assistants have been employed, under supervision they will introduce a 'first contact' and 6 month contact call to ensuring support is offered as part of 'waiting well'. This will also serve to regularly validate waiting list data. As part of the calls an offer will be made to trial single session pre-therapy workshops to clarify goals of therapy, along with arrangements for those who do not wish to attend workshops, and evaluate impact on length of treatment and improved outcomes. The impact on the numbers and experience of people

waiting will be subject to rigorous evaluation to inform future ways of working that may bring better outcomes and reduce demand for or the duration of high intensity psychological interventions. The two Psychology assistants have just taken up post.

As with the CAMHS Part 1 service improvement targets have been set and shared with WG.

The risk assessment in relation to people waiting longer than 26 weeks for a high intensity psychological interventions is currently being reviewed.

Table 7 Improvement Targets for people waiting over 26 week for a Psychological Intervention (Feb position 458)

Waiting over 26 weeks	
Q1	360
Q2	300
Q3	250
Q4	200

2.6 **Crisis Gatekeeping** – The percentage of people who have had a gatekeeping assessment by the Crisis Team prior to admission to a mental health inpatient bed.

Target for achievement - 95%

CTM February 2023 - 85% →

The total number of referrals to the Crisis Teams each month range between 300 – 350. Over 95% of these receive an assessment and a relatively small proportion are admitted to an inpatient bed, approximately 50 per month. Historically there are difficulties in consistent recording and reporting with patients transferred between units being counted as a new admission, close monitoring of this is ongoing and the Care Group is held accountable by the Delivery Unit. The position has improved by over 40% in recent months as part of a process review and data report, the work is ongoing to achieve the 95% and then sustain that position.

2.7 A number of the areas on the scorecard are locally agreed targets the key area of risk the planned care recovery board has focused on recently is the Memory Assessment Services – The internal target is for a reducing trend of the number of people waiting an assessment within 28 days and a diagnosis within 12 weeks. This looks to be significantly more ambitious than many areas in wales so a review nationally is being undertaken by our leads.

In February 336 people were waiting a memory assessment and 72% of these were waiting over 28 days. The number of people waiting longer than the target has reduced from 304 in September 2022 and a regional improvement plan is in place to support and monitor improved delivery.

In February 284 people were waiting for memory diagnosis post assessment and 65% of these were waiting over 12 weeks. The number waiting longer than target has reduced from 274 in September 2022 and the regional

improvement plan is working through capacity and demand and pathway improvement processes to improve delivery.

Staffing pressures are underpinning the issue but demand is rising, a full review of both is being undertaken to provide a picture with greater confidence on the demand and the capacity for both assessment and diagnosis.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **Red Risks** – these are those performance areas where there is a significant gap to achieve the target or where there is a consistent deterioration in performance

3.1.1 **Part 1 CAMHS**: Mitigations include continuing to use waiting list initiatives to provide additional capacity for assessment and interventions as well as use of agency staff whilst the service recruits into substantive role. The service is reviewing the current service model and capacity to support the demand for Part 1 of the service. Reviewing access standards and text message reminders to reduce the number of people who Do Not Attend (DNA) their booked assessment. Monitoring of the implementation of the improvement plan to clear the backlog of people waiting.

3.1.2 **Psychological Therapies:** CTM is working with ProblemShared and Procurement to finalise an outsourcing contract for a Teledoctor service. Once the Data Sharing Agreement is in place the first cohort of patients will be transferred. There has been a positive response from the patients on the waiting list to date.

Assistant Psychologists have also been recruited one month earlier than planned and will add important capacity to the LPMHSS. The waiting list is being validated and then the Assistant Psychologists will start following up those still requiring assessment.

3.1.3 **Memory Assessment Services:** Core capacity is constrained due to vacancies and long term sickness absence. An improvement plan and trajectory has been developed to support the backlog of 374 people waiting for assessment to reduce to 66 by end March 2024 and for diagnosis from 295 waiting to 30. Core demand has increased which is putting further pressure on delivery against the target.

The Regional Dementia Steering Group has commissioned a programme of improvement work to support the MAS which includes scoping a centralised MAS and improved pathway.

3.2 **Amber Risks** – these are those performance areas where the gap to achieve target is small or where there is recent deterioration which requires stepped up monitoring. Continued scrutiny and review of these are being held by the MH Planned Care Recovery Board and will be escalated as required.

3.2.1 **MHM Part 2 (Adults & CAMHS)** – achievement remains consistently just below target and capacity and demand mapping is underway to support improvement.

3.2.2 **Crisis Gatekeeping** – achievement is below target and further work is needed to ensure consistent and accurate data recording.

3.3 Planned Care Recovery in the Mental Health and Learning Disability Care Group has been supported through slippage in WG funding which may well be reduced in 2023-24.

3.4 Many of the improvement plans in the short term are reliant on workforce which is as challenged as many other areas, plans are revisited regularly to identify where increased workforce risks are impacting on improvement trajectories.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	There is the risk of harm to patients waiting longer than target times.
Related Health and Care standard(s)	Timely Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	This report provides clarity and assurance on performance delivery and mitigation actions in place. No service or policy change is proposed.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Planned Care Recover in the Mental Health and Learning Disability Care Group has been supported through slippage in WG funding which may well be reduced in 2023-24.

Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the processes in place to monitor and improve performance delivery within the Mental Health and Learning Disabilities Care Group.

5.2 The Committee is asked to **NOTE** the challenges faced in reporting performance data due to the mixed approaches to recording information.

5.3 The Committee is asked to **DISCUSS** the need for additional or different information in order to be assured the performance is measured and reported effectively.

5.4 The Committee is asked to **DISCUSS** the ongoing requirements for performance reports from the Care Group.