

**AGENDA ITEM**

6.1

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**MENTAL HEALTH STRATEGIC UPDATE**

|   |  |
|---|--|
| <b>Date of meeting</b>                  | 01/02/2023   |
| <b>FOI Status</b>                       | Open/Public  |
| <b>If closed please indicate reason</b> | Choose an item.  |
| <b>Prepared by</b>                      | Julie Denley Deputy COO Primary, Community & Mental Health |
| <b>Presented by</b>                     | Julie Denley Deputy COO Primary, Community & Mental Health |
| <b>Approving Executive Sponsor</b>      | Chief Operating Officer (COO, DPCMH)                       |
| <b>Report purpose</b>                   | FOR NOTING   |

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

| <b>Committee/Group/Individuals</b> | <b>Date</b>  | <b>Outcome</b>  |
|------------------------------------|--------------|-----------------|
| (Insert Name)                      | (DD/MM/YYYY) | Choose an item. |

**ACRONYMS**

|       |  |
|-------|--|
|       |  |
| CAMHS | Child and Adolescent Mental health Clinical Services |
| IMTP  | Integrated Medium Term Plan                          |
| MDT   | Multi-Disciplinary Team                              |
| OOA   | Out of Area  |
| CAAPS | Clinical Associate in Applied Psychology             |



|     |                             |
|-----|-----------------------------|
| SIF | Service Improvement Funding |
| SMI | Serious Mental Illness      |

## 1. SITUATION/BACKGROUND

- 1.1 Like many areas mental health strategy has not progressed in line with the IMTP during the last few years so a whole system rewrite is underway in line with the new Care Group Delivery Model and in the context of #CTM30.
- 1.2 As part of this change some of the key rationales are central to the work to develop a clear mental health strategic direction as follows:
  - 1.2.1 Developing the 'One-CTM' agenda and to further embed Bridgend within the Cwm Taf Morgannwg University Health Board.
  - 1.2.2 Bringing the Health Board together in its vision and ways of working opposed to being split into separate groups, which can create inequality of access for patients.
  - 1.2.3 The need to consider the impact of COVID and the aftermath – The planned care recovery effort requires a centralised coordination of response as a unified Health Board.
  - 1.2.4 Better alignment and opportunities with Local Authorities for joint working and shared ambition for joint funding posts.
- 1.3 All services currently provided by the Child and Adolescent Mental health Clinical Services Group and the three adult Mental Health Clinical Services Group have transferred to the responsibility of the Mental Health and Learning Disabilities Care Group and a structure to best help delivery of a range of strategic priorities has been drafted and is being considered.
- 1.4 Adult Mental Health services has a multidisciplinary workforce of approximately 680 whole time equivalent (WTE) staff including nurses, psychiatrists, psychologists, occupational therapists, administration staff and medical staff. In addition to this Child and Adolescent Mental Health Services has approximately 300 staff.
- 1.5 The quadrumvirate has been recruited to over recent months to lead the Care Group and they will have responsibility for delivering high level operational and strategic leadership to the care group and provide high quality, cost effective care.
- 1.6 Clearly a CTM#30 Mental Health strategy will need to align with other internal priorities as well as national ones. The national Mental Health National Partnership Board oversee the development of key areas of



mental health including the Together for Mental Health and Talk to Me Too Strategy Development. An Assistant Director of Strategy and Transformation has been appointed for 2 years to establish and support the quadrumvirate to drive and deliver a full strategic programme with support of the Executive Director of Strategic Transformation and their team.

The current Together for Mental Health and Talk to Me Too strategies come to an end at the close of 2022. A contract for the independent evaluation of the impact of the strategies was awarded to inform the next strategies. Extensive engagement is taking place following which a report will be submitted with findings in August and this will provide a baseline informing the approach to development of the future strategy.

Alongside this the Wolfson Centre at Cardiff University is undertaking a project specifically focused on children and young people, to help identify needs and how services can improve transition support.

Welsh Government (WG) will be setting out the process of engagement and timescales for developing the draft strategy which are likely to need to go beyond the end of 2022

1.7 To support strategy development WG identified additional SIF for 22/23. Information on any further investment for 23/24 has not yet been announced.

1.8 Key Priorities for the Care Group for the next quarter include:

1.8.1 Launch of 11#2 – team recruitment is well underway with a view to launching end of March

1.8.2 Establishing a Rehabilitation Services Transformation Board to enact recommendations in a report commissioned to inform future services.

1.8.3 Transitioning CAMHS Services for the population of SB to SBUHB

1.8.4 Development of a single CTM specification for Wellbeing Retreats with clear patient and system outcome measures.

1.8.5 Commissioning new roles, CAAPs & Physicians Associates.  
(CAAPs are psychology graduates (often with additional post-graduate experience) who complete a 1 year programme at full MSc in order to become a skilled professional applied psychologist, working within their scope of practice, under the direct supervision of a clinical psychologist).

1.8.6 Developing a strategic Infrastructure for a full transformation and improvement programme – see slide pack in appendix 1 for key components of the programme.



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

- 2.1 To progress #CTM30 mental health at pace and in-conjunction with stakeholders the quadrumvirate once in post will be supported by a Head of Strategy and Transformation who will drive key programmes of work.
- 2.2 There are some clear programme of work currently underway or previously paused in the pandemic that will remain central to this and these include:
  - 2.2.1 Progression of a Strategic Outline Case for the development of fit for purpose inpatient facilities.
  - 2.2.2 Further development of alternatives to admission, in particular 111#2, crisis / wellbeing centres and accommodation and a single point of access.
  - 2.2.3 A cohesive model of mental health in Primary Care
  - 2.2.4 Embedding digital working through a single integrated record system, further adoption of Consultant Connect and other platforms to support emotional and mental wellbeing.
  - 2.2.5 Full review of Eating Disorder needs, capacity and service model
  - 2.2.6 Full review and setting model for physical health checks for people with SMI.

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

- 3.1 There will need to be a balance of how many strategic programmes to progress initially and what follows.
- 3.2 The quadrumvirate are yet to recruit a Head of Nursing.
- 3.3 Capital funding availability.
- 3.4 Timeliness of a well-functioning single digital clinical record system.

## 4. IMPACT ASSESSMENT

|   |   |
|---|---|
| <b>Quality/Safety/Patient Experience implications</b> | Choose an item.   |
|   | The development are all focused on improving service access and subsequent interventions. |



|   |  |
|---|--|
| <b>Related Health and Care standard(s)</b>  | Effective Care   |
|   | If more than one Healthcare Standard applies please list below: Staff & Resources  |
| <b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b> | Choose an item.<br><br>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.<br><br>If no, please provide reasons why an EIA was not considered to be required in the box below. |
|   | As funding is secured and specific service developments are progressed each will complete an EIA.  |
|   |  |
| <b>Legal implications / impact</b>  | There are no specific legal implications related to the activity outlined in this report.  |
| <b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>   | Yes (Include further detail below)   |
|   | As set out in the paper all developments have recurrent funding aligned.   |
| <b>Link to Strategic Goals</b>  | Improving Care   |

## 5. RECOMMENDATION

- 5.1 The paper is noted and discussed and an update scheduled for a future Committee.