

<b>MAIN REPORT</b>		ABM University Health Board
<b>MENTAL HEALTH AND CAPACITY ACT LEGISLATIVE COMMITTEE NOVEMBER 2017</b>		Date of Meeting: 16 <sup>th</sup> January 2018 Agenda item :
<b>Subject</b>	<b>Mental Health (Wales) Measure 2010 Performance Report</b>	
<b>Prepared by</b>	Mary Moss, Senior Information Analyst & Malcolm Jones, Mental Health Measure Lead	
<b>Approved and Presented by</b>	David Roberts, Service Director, Mental Health & Learning Disabilities Delivery Unit	

## 1.0 PURPOSE

This report has been compiled to inform the Legislative Committee of performance against the Mental Health Measure (Wales) 2010.

## 2.0 SUMMARY

- 2.1 In November we did not meet Part 1 Mental Health Measure target for interventions or assessments. Discussions are ongoing with CwmTaf HB regarding their analysis of the data, as the recent change in the way they report their intervention data has had a negative impact on our compliance.
- 2.2 The percentage of Care and Treatment Plans reported for November met the target. The target does not measure the quality of the data but this is being addressed by a separate work stream within the Delivery Unit. An audit of CTP's has taken place to capture service user's experiences of care and treatment planning. A sample of service users participated in this audit during their annual review. This audit process is now in place across the Delivery Unit
- 2.4 The Swansea locality has introduced a Part 1 and Part 2 Operational Group that monitors the audit findings, performance and shares good practice.

## 3.0 PERFORMANCE

### 3.1 Part 1 Mental Health Measure

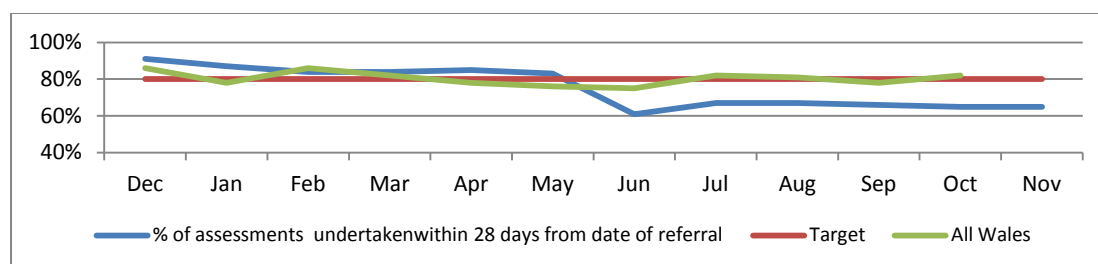
Part 1 of the Measure requires Local Health Boards and Local Authorities to work together to establish a Local Primary Mental Health Support Services (LPMHSS) to provide:

- Assessment
- Short-term interventions
- Information and advice
- Onward referral to other services, where appropriate

#### 3.1.1 Tier 1 target (Assessments)

80% of assessments by the Local Primary Mental Health Support Services (LPMHSS) undertaken within 28 days from date of referral.

**Figure 1 – Waiting time for assessment**



### 3.1.2 What does the data say?

ABMU met the target for 6 of the 12 months shown. The assimilation of CAMHS data into the reporting framework has seen a negative impact to the assessment target.

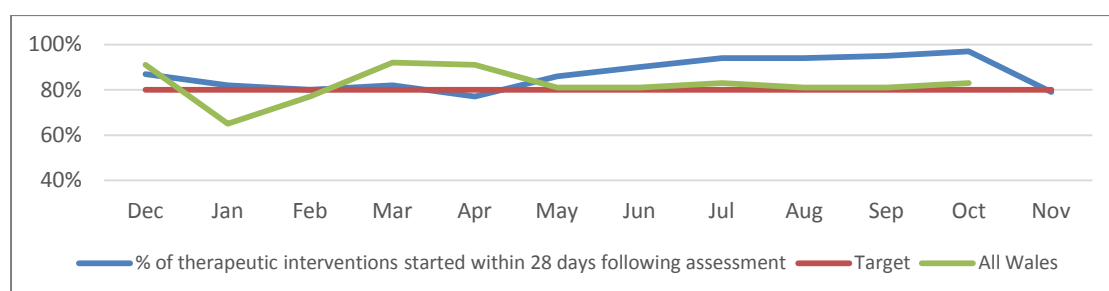
It should be noted that actual time waiting is irrespective of weekends and bank holidays.

All Wales data for October ranged from 65.2% to 96.9%, ABM 65.2%. All Wales data for November has not yet been published.

### 3.1.3 Tier 1 target (Interventions)

80% of therapeutic interventions (either on an individual or group basis) started within 28 days following an assessment by LPMHSS.

**Figure 2 - Waiting time for intervention**



### 3.1.4 What does the data say?

ABMU met the target for 10 of the 12 months shown. There was a slight dip in November to 79% as a result of the change in analysing CAMHS intervention data in Cwm Taf. All Wales data for October ranged from 75.4% to 94.7%, ABM 97%. Meeting the target does not tell you how many people are waiting or the length of longest waits, but we manage and monitor the lists locally. Of note, from the 1<sup>st</sup> of January 2018 each Health Board is responsible to report the new “Access to Psychological Therapies in Specialist Adult Mental Health Services”, which will impact on Part 1 intervention target data.

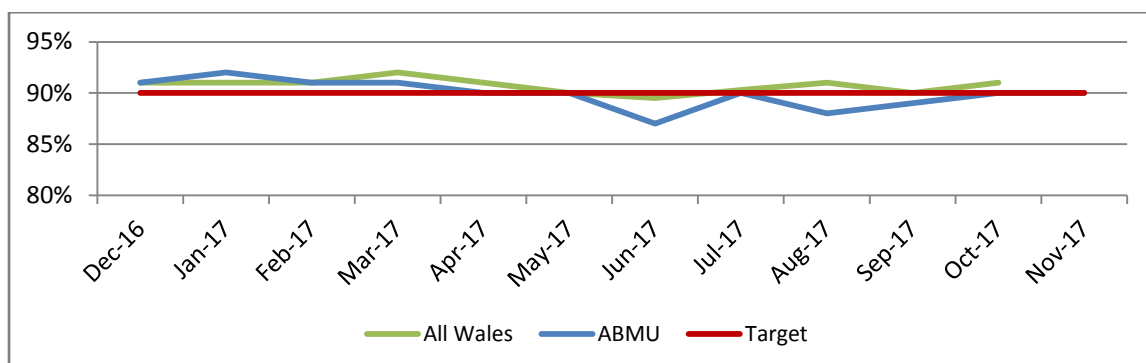
## 3.2 Part 2 Mental Health Measure

Part 2 of the Measure places duties on Local Health Boards and Local Authorities in Wales to work together to ensure people of all ages within secondary mental health services have a care coordinator and a statutory care and treatment plan (CTP) that is reviewed at least once every year.

### 3.2.1 Tier 1 Target (Care and Treatment Plans)

90% of patients who are in receipt of secondary mental health services have a valid Care and Treatment plan (CTP) at the end of each month.

**Figure 3- Valid Care and Treatment Plan**

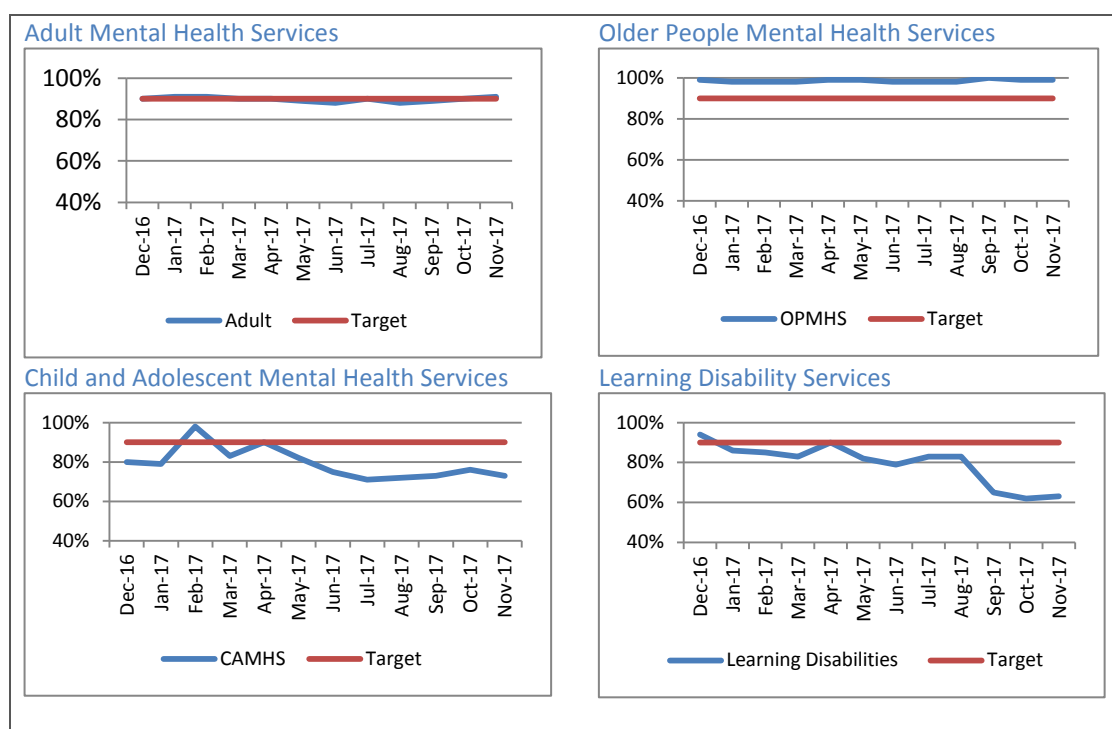


### 3.2.2 What does the data say?

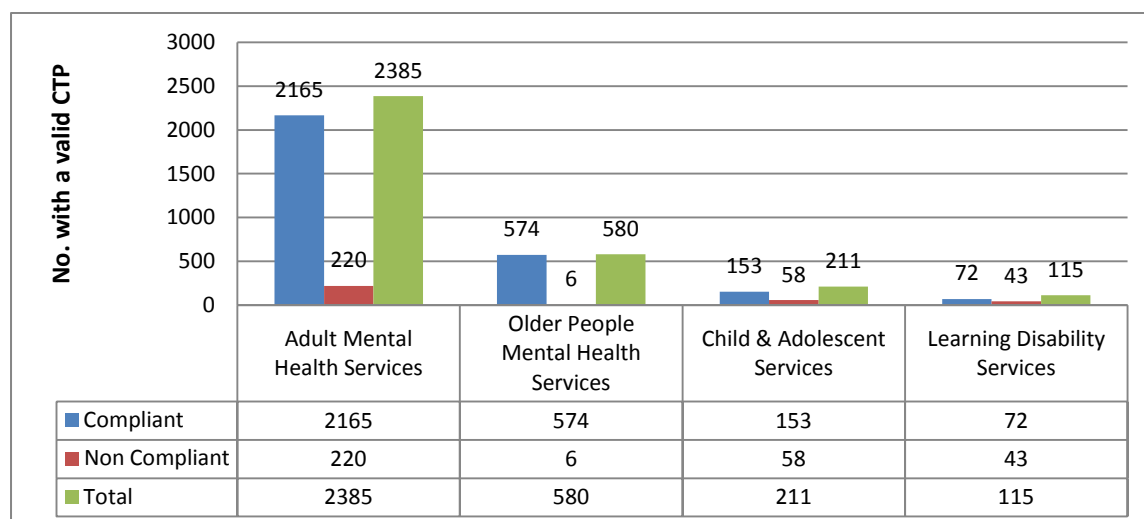
The data covers Adult, Older people, CAMHS and Learning Disability services. ABMU has met the target 10 of the 12 months shown. ABMU compares favourably to the performance of other Health Boards. Alongside the CTP review audit the Delivery Unit continues to conduct annual CTP audits within each Community Mental Health Team, utilising the All Wales CTP Audit Tool.

The Health Board has regular meetings with Cwm Taf HB to review and discuss performance, and the quality of care in CAMHS. Meetings are chaired by ABMU Assistant Director of Strategy and Partnerships.

**Figure 4 -Valid Care and Treatment Plan for each service area**



**Figure 5 -Number of patients with a valid Care and Treatment Plan – November 2017**



These numbers include patients who have been placed in the independent sector within our LHB

Locality Managers will address the poor performance for care and treatment plans in Learning Disability Services with the Community Learning Disability Team Leads.

### 3.3 Part 3 Mental Health Measure

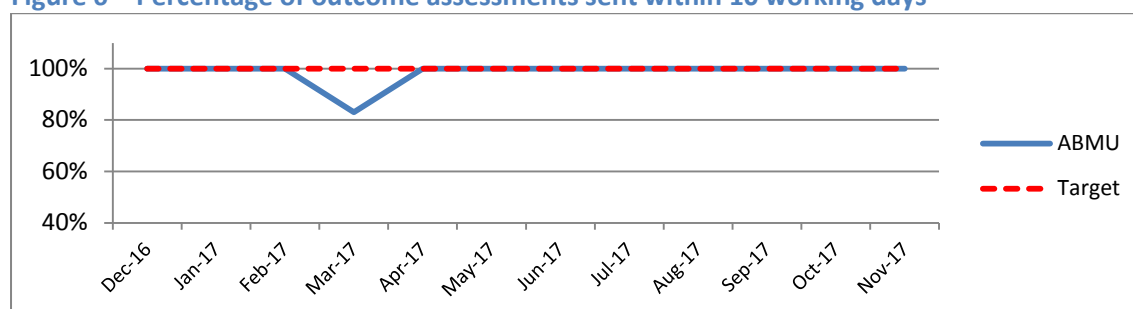
The aim of Part 3 of the Measure is to make it easier for people who are not currently receiving secondary mental health services, but who have done so in the previous three years, to access services again. It gives them the right if they believe their mental health is deteriorating to the point where they need specialist care and treatment again, to refer themselves directly back to secondary services, without first having to see a GP or go elsewhere for a referral.

#### 3.3.1 Tier 1 Target (self-referrals and timely assessments)

Part 3 of the Measure requires that Local Health Boards and Local Authorities have arrangements in place to receive self-referrals of this kind, and to undertake timely assessments. The regulation made Under Part 3 require 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 be provided when it is either being delivered by hand to the patient or sent by prepaid post to the individual's usual or last known address.

**Figure 6 – Percentage of outcome assessments sent within 10 working days**



#### 3.3.2 What does the data say?

ABMU met the target 10 out of the 12 months shown. ABMU compares favourably to the performance of other Health Boards in the All Wales MH measure report, which was 99% in October, ABMU 100%.

### 3.4 Part 4 Mental Health Measure

Part 4 of the Measure ensures all inpatients in Wales who are receiving assessment or treatment for a mental disorder are entitled to request support from an Independent Mental Health Advocate (IMHA). This extends the Mental Health Advocacy scheme provided under the Mental Health Act 1983. It covers patients subject to compulsion under the Mental Health Act 1983, and those in hospital voluntarily. This includes patients that are receiving treatment for their mental disorder in: mental health specific hospitals, independent hospitals and general hospitals.

**Figure 6 – Percentage of ABMU Hospitals with advocate arrangements in place, including 1 independent hospital (Rushcliffe Hospital)**

ABMU Hospitals (30th September 2017)	Number of Hospitals	Number who have arrangements in place to ensure advocacy is available to qualifying patients	%age Compliant
NHS Mental Health Hospitals	5	5	100%
Independent Mental Health Hospitals	1	1	100%
Other NHS Hospitals	9	9	100%

## 4.0 RECOMMENDATIONS/ACTIONS

- 4.1 An audit was undertaken in June 2016 to ensure that the systems and processes operating within the organisation capture and record high quality data in respect of the MH Measure targets, ensuring the reliable and accurate monthly performance figures are being submitted to the Board and Welsh Government. The audit derived a limited assurance rating. At the conclusion of the review, actions were agreed to address issues raised.
- 4.2 Following the audit in June 2016 the MH & LD Delivery Unit have implemented the following controls to validate the accuracy and completeness of reported Mental Health Measure figures:
  - 4.2.1 IM&T colleagues developed a community and therapies dashboard which monitors waiting times and activity. The dashboard was rolled out to the LPMHSS Team managers to support them in managing assessment and intervention waiting lists.
  - 4.2.2 Process maps have been formulated to allow for data quality validation at every step for the service managers. The identified service and quality checks are to be tested at locality level, which will ensure process are robust.
  - 4.2.3 The Mental Health and Learning Disabilities Informatics Team have developed Care and Treatment Plan registers for Community Mental Health Teams to use as a monthly audit prior to submitting the data to WG. These are currently being used in Adult and Older People CMHT's in Neath Port Talbot and Bridgend.
- 4.2 A follow up audit was undertaken in December 2017 to establish progress made by management to implement actions agreed to address key issues and review the effectiveness of arrangements in place to ensure the provision of high quality data.

The previous audit made six recommendations, of which three were high priority and three were medium priority. Concluding testing Internal Audit confirmed that five recommendations had been addressed, whilst one was partially addressed.

The changes made represent significant improvements on arrangements previously in place. However, the report recognised that a little more time may be required for the cycle of management audit and action to become fully effective.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Mental Health Measure data quality is Reasonable Assurance.  
**See attached action plan.**

NHS Wales Delivery Unit plan to audit the quality of the Part 2 MH Measure Care and Treatment plans in the Adult CMHTS in March 2018. Malcolm Jones, The Mental Health Measure Lead, has been working with the Community Mental Health Teams in readiness for the audit.

## MANAGEMENT ACTION PLAN

Audit Source:	Internal Audit	Audit Year:	2017/18
Report Ref:	ABM-1718-028	Title:	Data Quality: Mental Health Measures (Follow Up)
Report Issued:	11/01/2018	Overall Assurance Opinion:	Reasonable
Lead Executive:	Chris White	Version:	FINAL v1.0

### KEY: Design of System/Control (D) & Operation of System/Control (O)

Finding Ref	Finding	Impact (Internal Audit) or Intended Outcome/Benefit (External Audit)	Recommendation	Priority	Management Response	Responsible Officer
1 (O)	Audits have been undertaken within the Swansea, Bridgend and NPT Local Primary Mental Health Support Services (LPMHSS) during the period of September 2017 to ensure the accuracy of referral receipt and assessment dates on original copies and the ABM Clinical portal. However, the testing of referral receipt date accuracy was not evident on the audit testing and findings sheet for Bridgend LPMHSS.	Potential to enhance testing the accuracy of referral receipt dates across the three LPMHSS teams.	To ensure a consistent approach across all LPMHSS teams, Management should ensure referral receipt date testing forms part of the audit undertaken at Bridgend LPMHSS.	M	A follow up audit will be conducted at Bridgend LPMHSS and this will include referral receipt date testing	Malcolm Jones (Adult Mental Health Service Manager)
2 (O)	Whilst progress has been made to ensure the reliability of CTP dates used in performance reporting, management audits have identified continued discrepancies which have not yet been addressed by actions agreed following the audits. This may be due to the process being new.	Discrepancies in recording of CTP data highlighted.	We recommend that the inclusion of actions to improve the quality of data be noted and shared with the local manager for later follow up, and if there is no improvement, escalated and reported appropriately.	M	All Locality Managers will be informed of the requirement to monitor the recently introduced measures and address actions raised in management audits to ensure that they are effective.	Malcolm Jones (Adult Mental Health Service Manager)