The NHS Delivery Unit (DU) all Wales Review of the Quality of Care and Treatment Planning in Adult Mental Health Services

Abertawe Bro Morgannwg University Health Board

June 2018

1   Context

The Mental Health (Wales) Measure 2010 was commenced in 2012. Part 2 of the Measure places duties on the 'relevant mental health service provider' to appoint a Care Coordinator for an individual in receipt of secondary mental health services and to ensure that a Care and Treatment Plan (CTP) is developed for them. The Part 2 Regulations prescribe the form and content of the CTP.

The Code of Practice to Parts 2 and 3 of the Measure provides additional statutory guidance regarding the preparation, content, consultation and review of CTPs.

Part 2 of the Measure is applicable to all individuals in receipt of secondary mental health services, these people are described within the Measure as 'relevant patients'. 'Relevant patient' status also includes 'any individual who has a co-occurring learning disability and mental health problem and receives interventions and treatment from the learning disability service to address their mental health as well as their learning disability.'

Significant improvement has been made in ensuring that CTPs are in place for every individual. However, little external focus has been given to ensuring that CTPs are developed to an appropriate standard in line with the requirements of the Code of Practice to Parts 2 and 3 of the Measure and the recommendations of the Welsh Government's (WG) duty to review.

The focus of the NHS Wales Delivery Unit's (DU) review is to evaluate the quality of care and treatment planning processes in adult working age mental health and learning disability services.

2   Approach and Methodology

The DU's assurance review consists of four key components; an initial meeting with Health Board and Local Authority (LA) senior management colleagues, site visits including a case note audit undertaken by DU staff and supported by local peer reviewers (PRs), stakeholder focus groups and verbal feedback from the review team.

The meeting with senior managers uses a semi structured interview to address the factors that can effect Measure compliance and the quality of CTPs in Mental Health and Learning Disability Services.

During the Abertawe Bro Morgannwg University Health Board mental health review, site visits were undertaken at three Community Mental Health Teams (CMHTs) and three adult inpatient units.

During site visits, a case note audit was undertaken using a data capture tool created by the DU, based upon the Welsh Government's national CTP audit tool. The case note audit was undertaken by DU staff together with peer reviewers (PRs) drawn from nursing staff across the community and inpatient services.

It is important to note that whilst the review methodology enabled the evaluation of performance within the teams and settings visited, the findings in this report relate only to these teams. Findings cannot therefore be generalised to all teams within the Health Board.

3   The Data Capture Tool

Welsh Government previously recommended that '*All services in Wales use the comprehensive audit tool and all Health Boards report, from 2016, upon the findings in their annual reports on the local delivery of Together for Mental Health.*'

The data capture tool is based upon the 'All Wales Mental Health (Wales) Measure Part 2' audit tool. This tool has been developed between Health Board CTP leads and Welsh Government with specific reference to the Code of Practice for Parts 2 and 3 of the Measure.

The data capture tool requires that reviewers critique the quality of information based upon a four scale rating; *red, amber red, amber green and green.* A familiarisation session was held with local peer reviewers in preparation for the case note audit.

Focus groups were undertaken with members of the multidisciplinary teams, service users, family members, informal carers and stakeholders. At the end of the review feedback was given to the HB senior management team, and senior managers of their Local Authority partners.

A record from these meetings, the outcome of the case note audit, and scrutiny of information provided by local services in advance of the visits, were used to produce this report.

4   Key Messages

- Current CTPs were in place for the majority of relevant patients.

- There was evidence of a person centred approach within care and treatment planning, particularly within the Bridgend, Neath and Port Talbot localities, however CTPs are not consistently SMART.

- The quality of risk management planning and its incorporation into the CTP was not of a consistently good standard.

- There are difficulties in aligning the full multi-disciplinary team input within the formal reviews of CTPs.

- Staff describe additional pressures of best interest and safeguarding work impacting upon MDT functioning and their ability to complete CTPs to the required standard.

- The lack of integrated IT systems between the ward and community are causing challenges and increasing workload.

- The practice of 'cutting and pasting' within some CTPs de-personalises the involvement of 'relevant patients' and has the potential to cause breaches under General Data Protection Regulation (GDPR).

- Service users across the Health Board and Local Authority areas, expressed concerns that community support outside of the CMHT had either been retracted, was not being used for their intended purpose or there was uncertainty regarding future access to these services.

5 Recommendations

- The Health Board and Local Authorities should ensure improvement in the quality of the risk assessment and risk management planning processes, including personalised crisis planning.

- A training programme on care coordination and the formulation of individualised, outcome focussed, SMART care and treatment planning should be developed and rolled out locally to all staff. The Health Board and Local Authorities should prioritise those teams where quality CTPs are less evident.

- The Health Board and Local Authorities should ensure there are opportunities for formal CTP reviews to include and reflect the views of all appropriate people involved in the delivery of care and treatment.

- The Health Board and Local Authorities should ensure that consideration is given to the availability of services and support outside of the CMHT, and how this affects the ability to plan outcomes within the CTP and support service users and carers.

6 Adult Mental Health Services Profile and Operating Arrangements

Abertawe Bro Morgannwg University Health Board (ABMUHB) , City and County of Swansea, Neath and Port Talbot County Borough Council and Bridgend County Borough Council are responsible for providing care and support to residents of Swansea, Neath and Port Talbot and Bridgend.

The ABMUHB Mental Health and Learning Disability Delivery Unit consists of four components; three locality structures covering each Local Authority area and a specialist services structure which includes rehabilitation and secure services operating across the Health Board footprint.

The Mental Health and Learning Disabilities Delivery Unit leadership team includes a Medical Director, Service Director and Unit Nurse Director. This management triumvirate is

replicated within each locality and includes a Locality Manager, Lead Nurse and Clinical Director.

Social Services staff are co-located within Community Mental Health Teams, but report to and are line managed through, the Local Authority organisational structures.

7 Audit and Monitoring

The Mental Health and Learning Disability Delivery Unit have a regular audit cycle in place across each locality that looks at the production and quality of CTPs.

The Health Board audit teams visit both ward and community bases undertaking a case note review including a comprehensive audit of patients' CTPs. Service user feedback has previously been obtained via a questionnaire.

The ABMUHB Legislation Committee is chaired by the Health Board Vice Chair, monitoring compliance with the Mental Health (Wales) Measure, however there is no Local Authority representation on the committee.

Performance against the MH(W)M targets is scrutinised as part of the Health Board's Delivery Unit scorecard. Performance is also monitored via Welsh Government Quality and Delivery Meetings.

Within each locality, there are joint operational meetings between NHS service managers and the Local Authority Principal Officers.

8 The Provision of Quality Care Coordination

Part 2 of the Measure requires that a Care Coordinator is appointed as soon as reasonably practicable for each person upon becoming a 'relevant patient', and that in all but exceptional circumstances this should be within 14 days of acceptance.

The Code of Practice to parts 2 and 3 of the Measure states that 'the role of the Care Coordinator is a distinct one within the care and treatment planning process, which may overlap with some areas of professional practice but also has its own distinct responsibilities'.

The Code goes on to state that the role is central to the 'relevant patient's' journey through secondary mental health services and that Care Coordinators should be supported with regular supervision and effective caseload management as well as effective training to undertake their functions.

8.1   Allocation

The operational policy for the Bridgend locality states that where the person meets the criteria for the provision of CMHT services the *'CMHT manager or social work manager will immediately allocate an appropriate Care Co-ordinator for the MDT'.*

The operational policy for the Swansea locality states that 'if ongoing involvement of the team is indicated by the assessment, a Care Coordinator is allocated. The care co-ordinator will be a qualified mental health professional employed by the NHS Health Board or Social Services'
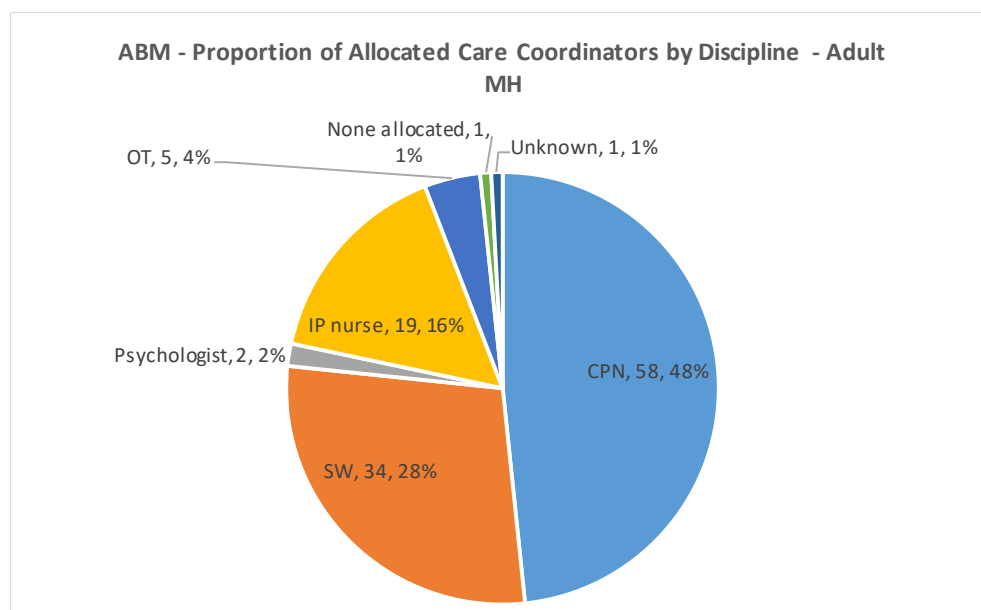
The case note audit demonstrated that across the localities, 48% of known Care Coordinators are Community Psychiatric Nurses, 28% are Social Workers, 4% are Occupational Therapists and 2% are Psychologists.

Some CMHT staff reported challenges in care coordinating a person who is in hospital for a long time. Nevertheless community staff will remain as Care Coordinator if the person is admitted, and jointly work with the acute inpatient team. However, the CMHT staff reported it could be difficult to continue care coordination or remain involved when the person is in the low or medium secure service for a prolonged period.   Staff stated that the care schedule and CTP is devised by that service and they are then asked to sign it without being involved in its production.

8.2   Training

A training programme for care coordination and care and treatment planning has been recently updated and is delivered by CTP leads across the Mental Health and Learning Disability Delivery Unit.

Staff commented that "one off" training was provided at commencement of the Measure but has been lacking since commencement, adding that whilst training has been delivered in

the last six months there is no 'ongoing refresher training' with some staff having learned about the Measure from within their team. Inpatient staff reported that having time to attend training can be an issue in terms of the ability to be released from operational duties to attend.

Some CMHT staff commented that Care Coordinators did not have any training in the role, and that training has been focused on Measure duties, rather than how to write an effective CTP.

Some staff reported that they have received a good deal of training on the Social Services and Well-being Act (SSWBA); however, some NHS staff reported that they had received no training on it.

Service users in the Swansea locality working with Transcend, have developed a training DVD for staff on service users' experience of care and treatment planning. This was produced in partnership with ABMUHB with training sessions held. However, the staff engaged by the DU review team did not appear familiar with this resource.

The Health Board have recently implemented the Wales Applied Risk Research Network (WARRN) 'Asking Difficult Questions and Formulating Risk' training programme. Some staff reported having attended this training and other staff confirmed they were due to attend.

8.3   Supervision and Support

The joint Community Mental Health Team operational policy for the Swansea locality states that *'Supervision is an essential practice that will be linked to the professional development processes whether of the health board or the local authority. All managers will ensure that staff under their supervision receive supervision from an appropriate member of their team, which will include the monitoring of caseloads"*.

The operational policy for the Bridgend locality states *'All staff have access to clinical supervision from their profession, in accordance with the health board's clinical supervision policy and local protocols'.*

The senior team reported that caseload supervision is used. However, there have been challenges in adopting an appropriate caseload-weighting tool, and previous pilots were perceived as very subjective.

The Maesteg team stated that in addition to caseload supervision they have begun case formulation meetings each week with support from the team Psychologist.

8.4   IT Support

Multiple recording systems are in use within the Health Board.

The Swansea locality use the Paris electronic record system, this is used jointly between NHS and social care staff, however this does not include medical staff who use paper case note records.

In the Bridgend and Neath and Port Talbot localities, Local Authority staff use the Wales Community Care Informatics System (WCCIS) but NHS staff currently do not. Instead they use a local shared drive (ECAT), both systems rely on practitioners to print out information for colleagues to view, including inpatient staff, however Social Services staff are able to access ECAT.

Staff in the Bridgend locality reported that the current IT system is not helpful and that it can be difficult to find information within it. Additionally staff felt that the ECAT system was not secure enough to be paperless as there is not enough information within it.

FINDINGS

> **The majority of care coordination is allocated to Nursing and Social Work staff. Whilst acute inpatient staff will either assume the role of Care Coordinator or work alongside the community Care Coordinator, CMHT staff report this is more challenging when the person is in a longer term setting such as secure services.**

> **Staff reported that previously they had no training or that training had been provided at the implementation of the Measure but there was no refresher training provided. However, a new training programme has been implemented.**

> **The multiple recording systems in place are preventing the availability of a single, integrated, contemporaneous case record for use across agencies. This leads to wasted time and additional burden on staff when sharing information within the same MDT or locality structure.**

9   The Provision of Quality Care and Treatment Planning

The development and provision of quality care and treatment planning is underpinned by a comprehensive and holistic assessment process, which will include consideration of risk, safety and the contribution of the multi-disciplinary team and wider care and support network.

The quality of the person's experience of receiving care is enhanced through involvement and participation to the fullest extent possible of the person in identifying outcomes and the co-production of the CTP.

Ongoing monitoring of the quality and delivery of the person's CTP outcomes is reliant upon good coordination of care and a timely and comprehensive review process that includes the views of those involved.

The case note audit took place between the 10th and 20th April 2018. A total of 120 mental health records were audited across the three localities. All of the cases audited were 'relevant patients'. Records were audited in both CMHT and acute inpatient settings.

9.1   Assessment

The Measure does not prescribe a particular assessment tool. However, the Code of Practice to Parts 2 and 3 of the Measure does require that all patients in receipt of care and treatment planning should have a holistic assessment, identifying their needs and strengths and that the CTP should reflect their involvement in its formulation.

The Mental Health Delivery Unit and its Local Authority partners have agreed assessment processes for use in each locality area. For 'relevant patients' a recovery assessment is completed. In the Swansea locality this is held on the Paris electronic record system whilst in Neath Port Talbot and Bridgend a typed or hand written record is held in the paper case notes and the ECAT system.

ABM - Number of Assessments Completed in a 12 Month Period Prior to the Audit - MH
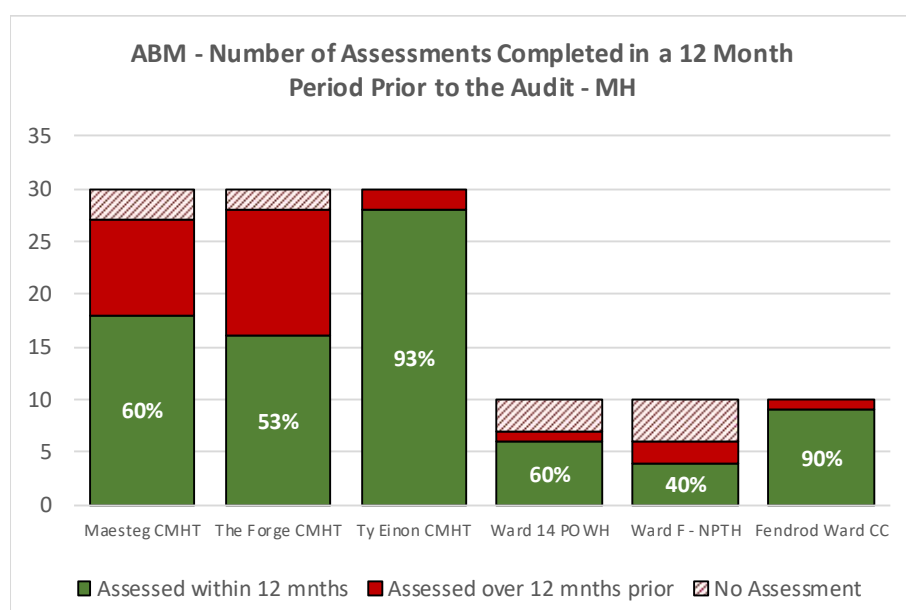
Across the Delivery Unit, 68% of assessments had been completed within the last twelve months. There were 12 cases where there was no assessment identified and 27 cases where the assessment was completed more than 12 months prior to the case note audit. Seven of these cases had the latest assessment date recorded as more than four and a half years prior to the audit date.

9.2   Needs and Strengths

*'Recognising, reinforcing and promoting strengths at an individual, family and social level should be a key aspect of the assessment process.' (2.10)*

ABM - Number of Assessments that Record Needs & Strengths - MH
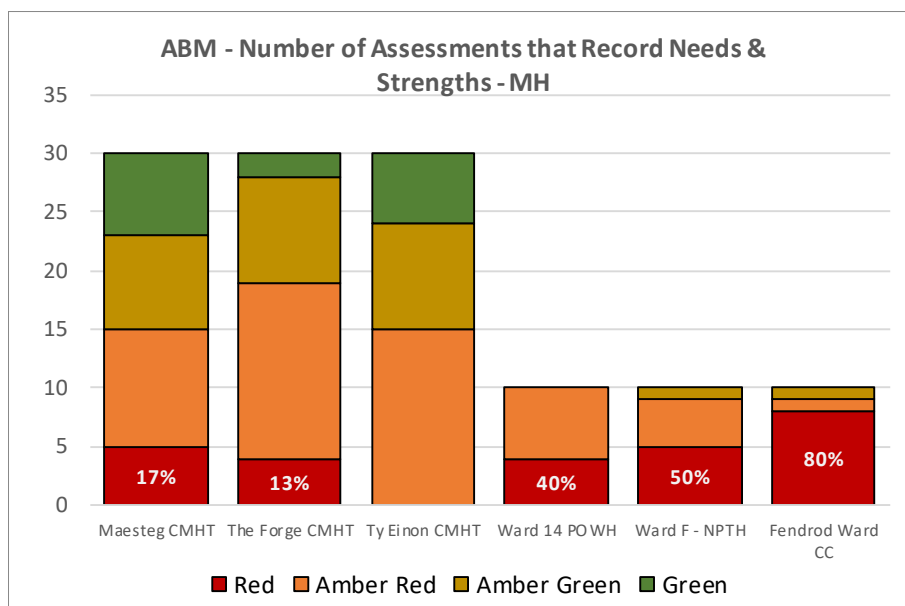
Across the Delivery Unit, 64% of cases were rated as red or amber red for including the needs and strengths of the person being assessed within the assessment. No cases were rated as green in the inpatient units. 80% of cases audited at Fendrod Ward were rated as red. Within the Maesteg and Ty Einon CMHTs, 50% of cases audited were rated as green or amber green.

9.3 Involvement of the Person in the Assessment Process

'The assessment process should ensure that the 'relevant patient' is encouraged and facilitated to make clear their views and ambitions for the future' (2.16)

**ABM - Number of Assessments Recording the Views of the Service User in the Assessment Process - MH**
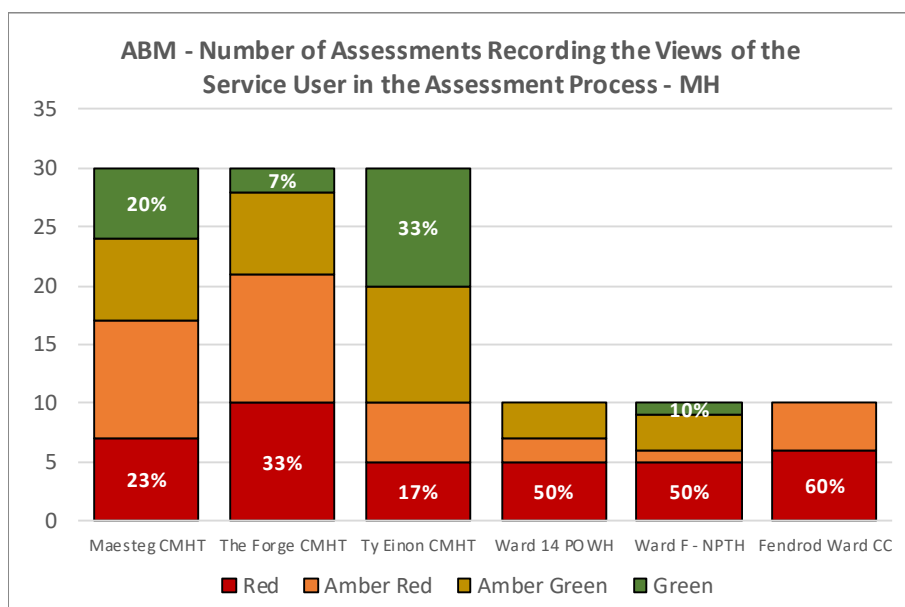
Across the Delivery Unit 59% of cases audited were rated as red or amber red for recording the peron's views within the assessment. 70% of cases at the Forge CMHT and Ward 14 and all cases reveiwed at Fendrod ward were considered as red or amber red against this

standard whilst at the Ty Einon CMHT 67% of cases were considerd as green or amber green.

### 9.4 The Assessment and Management of Risk

'Assessment of risk forms part of a necessary first step to setting outcomes and formulating the CTP...the CTP should contain steps to mitigate these risks' (2.18)


ABM - Proportion of Risk Assessment by Method - MH MHM Relevant Patients Only
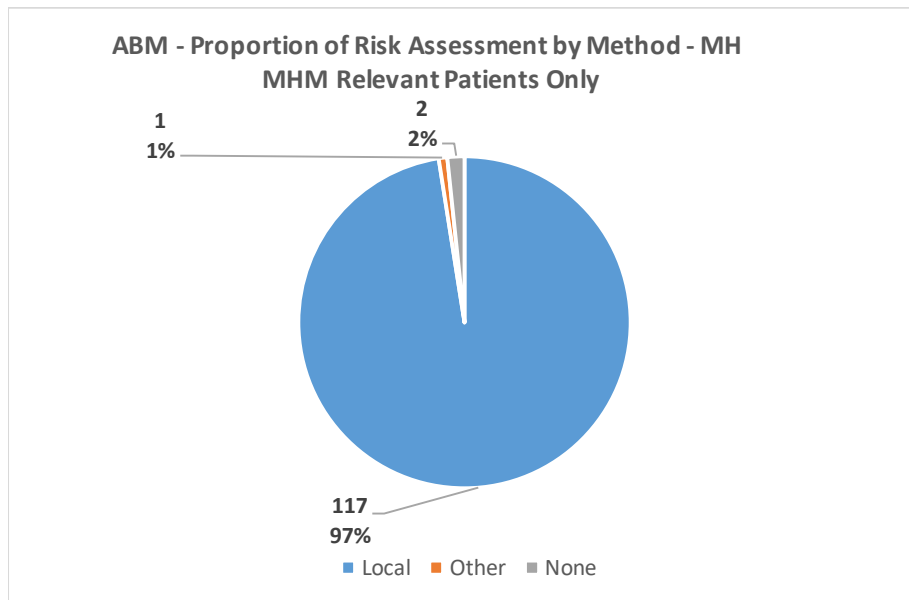
Each locality within the Delivery Unit has developed an assessment process that includes a risk assessment and risk management plan.

There was evidence of a risk assessment having been completed in 98% of cases audited. In 97% of these cases, a locally developed risk assessment tool had been used.

9.5 Risk Management Arrangements

ABM - Number of Risk Assessments Completed within a 12 Month Period Prior to the Audit - MH
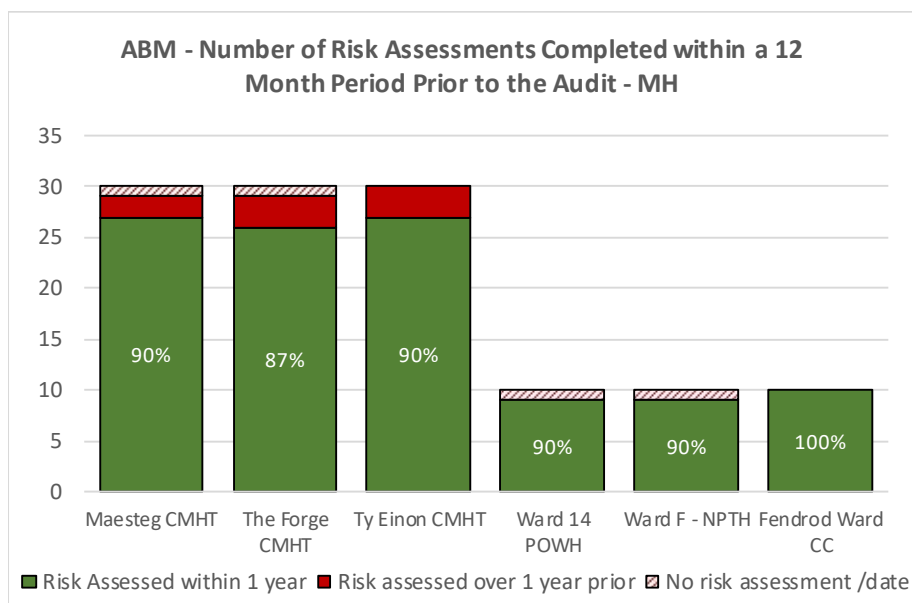
The case note audit found that risk assessments were being completed in timely manner. Where there was evidence of a risk assessment, overall 90% had been completed within the 12 months prior to the audit. There were two cases within the CMHTs where the risk assessment did not include a date for its completion, and two cases in the inpatient units where there was no evidence of a comprehensive risk assessment on file.
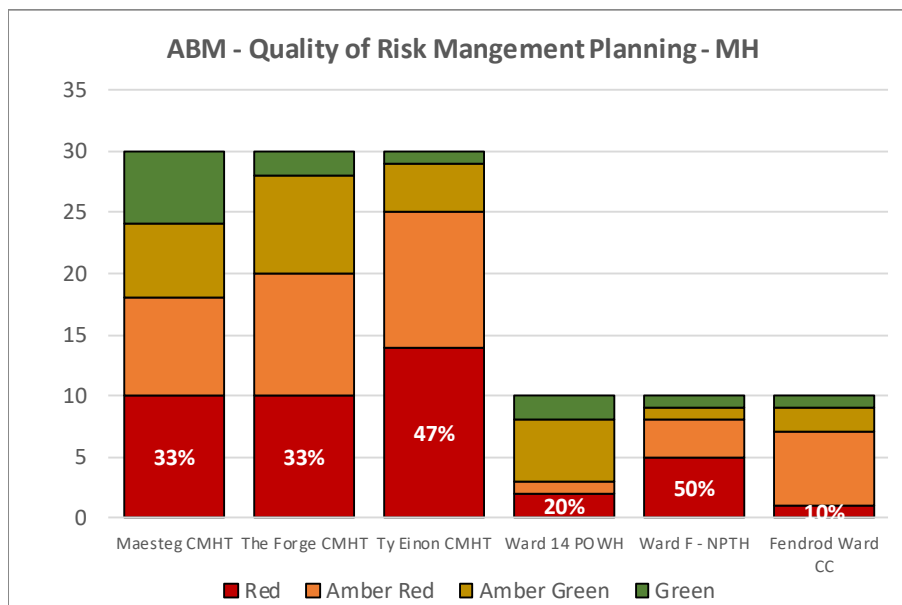

The quality of risk management planning varied across the service. In total 33% of cases were rated as either green or amber green. 40% of cases at the Maesteg CMHT and 33% of cases at the Forge CMHT were rated as green or amber green.

The Ty Einon CMHT had the highest percentage of cases (83%) rated as red or amber red for the quality of the risk management planning.

The quality of these plans also varied within the inpatient units. 70% of risk management plans were rated as green or amber green at Ward 14 Princess of Wales (POW) Hospital, whereas 80% of plans at the Ward F Neath Port Talbot (NPT) Hospital were rated as red/amber red. 70% of cases were rated as amber red at Fendrod Ward at Cefn Coed Hospital.

ABM - Number of Risk Management Plans that Address All of the Risks Identified at Assessment - MH
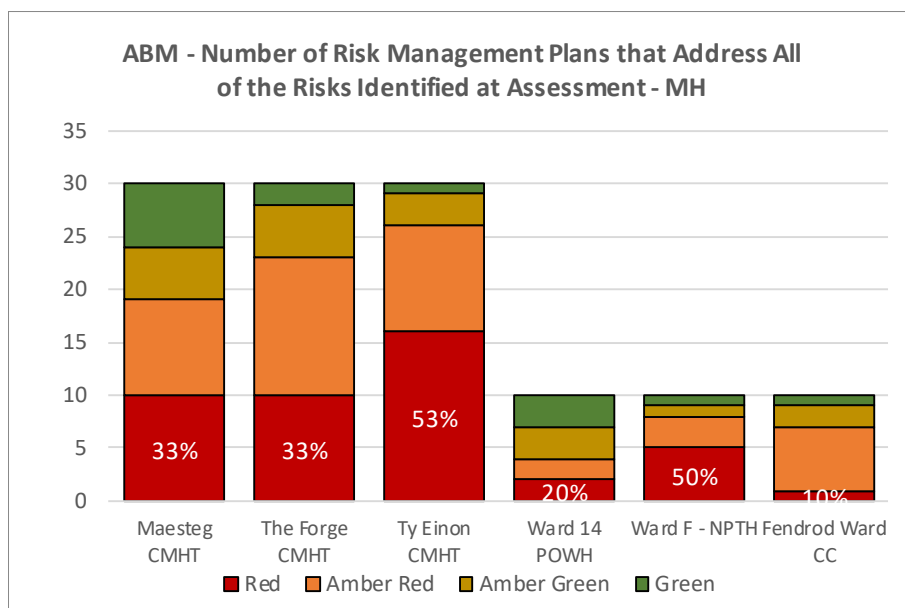
Risk management plans did not consistently address all of the risks identified within the risk assessment. Within the service, 72% of cases were rated red or amber red against this standard. Within the Ty Einon CMHT 87% of cases were rated as red or amber red, and 80% of cases were rated as red or amber red within Ward F NPT Hospital.

ABM - Quality of Risk Management Incorporated within CTPs - MH
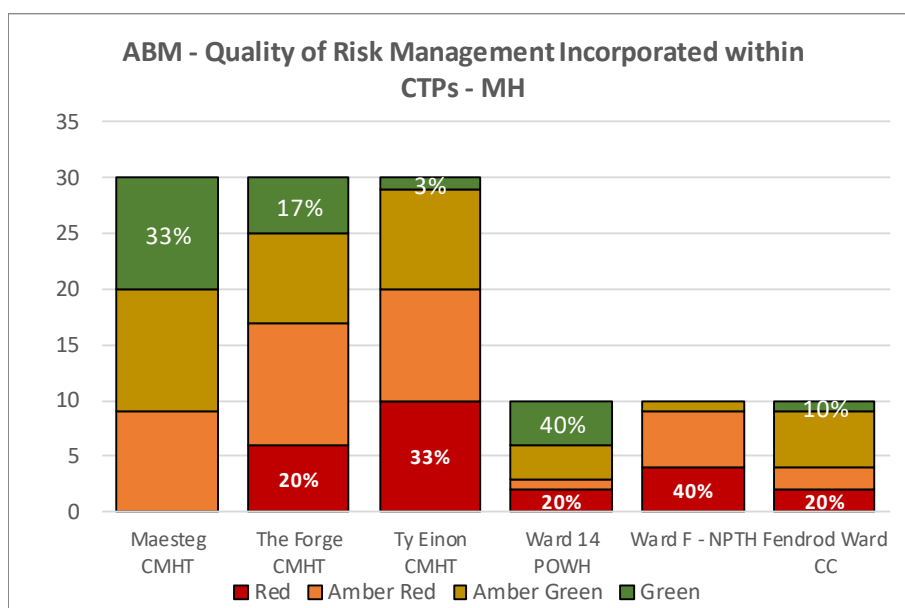
There was evidence that risk management planning was being routinely incorporated into the CTP, with 48% of cases reviewed across the Delivery Unit rated as green or amber green.

70% of cases at the Maesteg CMHT and Ward 14 were considered as green or amber green whilst 67% of cases at Ty Einon CMHT and 57% at the Forge CMHT were rated as red or amber red.

FINDINGS

➢ **There are different formats for assessing needs and risk in use across the localities.**

➢ **A small number of 'relevant patient' cases receiving support from CMHTs or inpatient units did not include an assessment of need and risk within the case record.**

➢ **The majority of case records audited did not provide evidence that the assessment process was strengths based, and many did not reflect involvement of the person being assessed.**

➢ **The quality of risk management planning varied between teams, with the majority rated as red or amber red. Risk management plans did not routinely address all of the risks identified and in most teams they were not consistently incorporated within the CTP arrangements.**

10 Care and Treatment Plan Outcomes

The Care Coordinator must work with the 'relevant patient' and providers of services to agree the outcomes that the provision of mental health services are designed to achieve. (4.33)
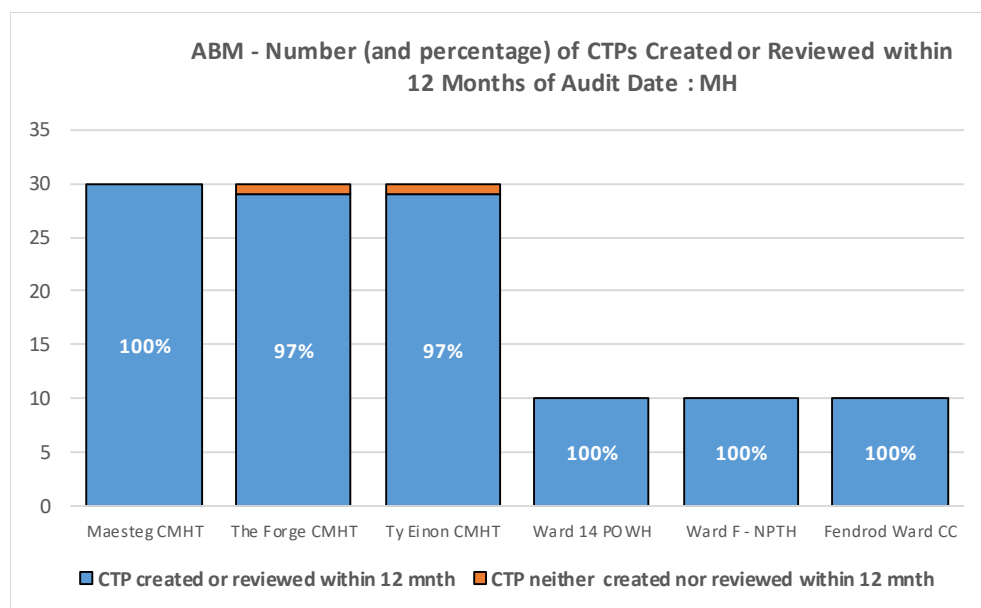

The case note audit demonstrated that, within the teams visited, care and treatment planning is routinely undertaken. Within the case note sample reviewed, evidence was found demonstrating that in all teams a CTP had either been created or reviewed in 97% or more cases during the preceding 12 months. In the Maesteg CMHT and at each of the inpatient wards visited, this was the case in 100% of cases.

Whilst there is no requirement for a CTP to record outcomes against each of the potential areas for intervention, it is likely that outcomes would arise in more than one of these areas. (4.37)
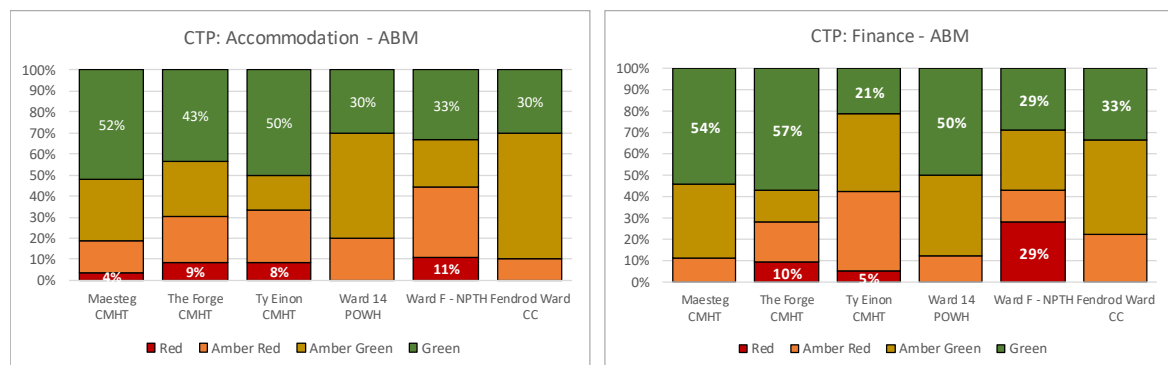
Outcomes relating to 'Accommodation' and 'Finance' were well recorded within teams. The majority of these outcomes being rated as green or amber green within the CMHTs and inpatient wards.
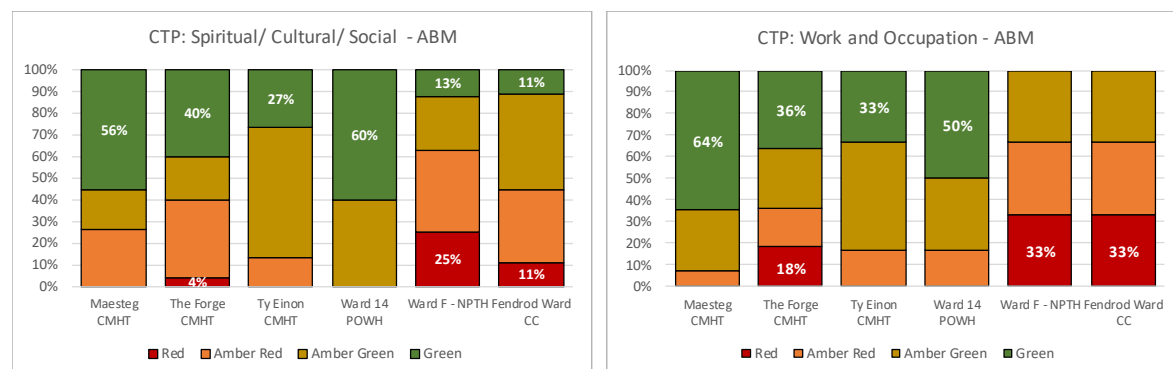

The quality of the outcomes recorded relating to 'Social, cultural and spiritual' and 'Work and occupation', varied across the service. Outcomes within these "domains" were more frequently rated as red or amber at Ward F, NPT Hospital and Fendrod Ward, Cefn Coed Hospital.
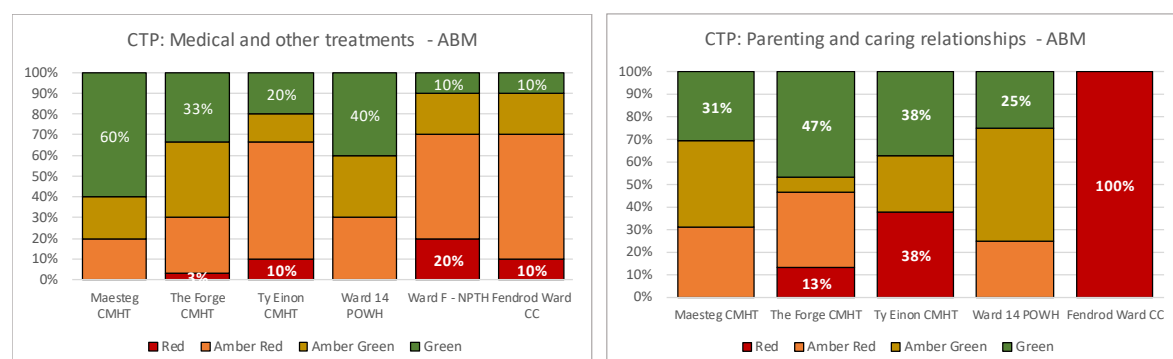
The quality of the recorded statement against 'Medical and other forms of treatment' varied across the service, at the Ty Einon CMHT, Ward F and Fendrod Ward the majority of outcomes were rated as red or amber red.

All areas had outcomes recorded against 'Parenting and caring relationships' that were rated as red or amber red, however the majority of outcomes recorded against this area at the Maesteg CMHT and Ward 14 were rated green or amber green.
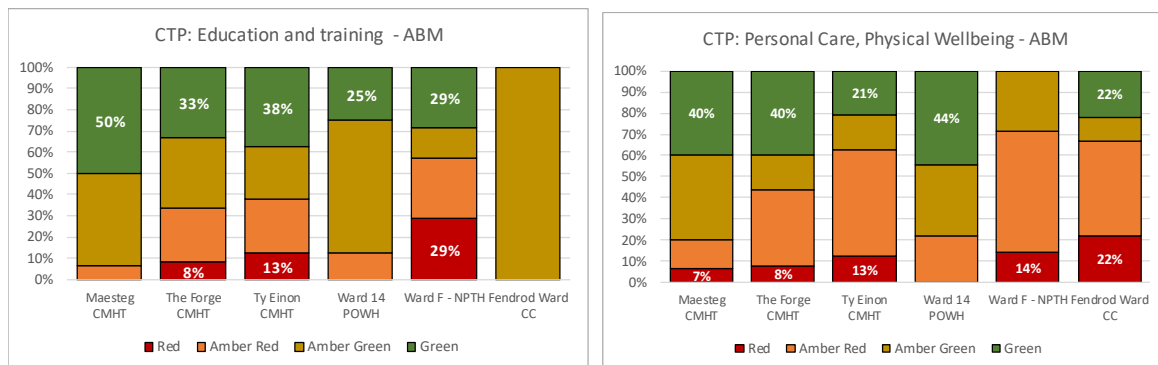

Outcomes relating to 'Education and training' were well developed across the service with all teams having CTPs rated as green or amber green for this area of life.

Whilst outcomes were recorded in relation to the person's 'Personal care and physical wellbeing' the majority of CTPs audited at Ward F, NPT Hospital, the Ty Einon CMHT and Fendrod Ward, Cefn Coed hospital were rated as red or amber red.

10.1   Outcomes that are Specific, Measurable, Achievable, Realistic and Timely

'To achieve a full and meaningful outcomes-based CTP the Care Coordinator, care team and 'relevant patient' will need to work together to identify and agree realistic, observable and achievable milestones' (4.40).
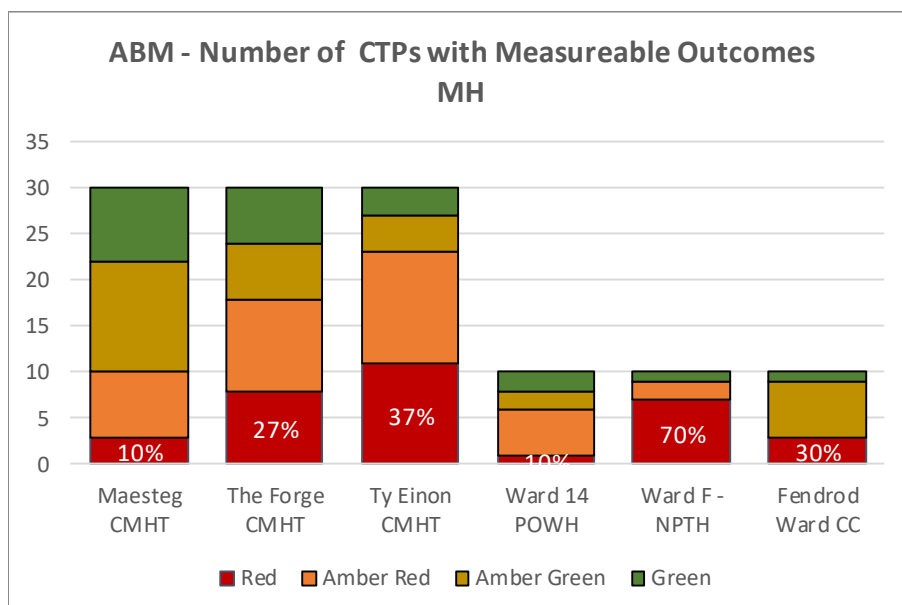

There was variance in the degree to which outcomes recorded within CTPs could be considered SMART. Across the service, 57% of CTPs were rated as red or amber **r**ed in terms of having measurable outcomes.

Within the CMHTs, This varied from 67% at the Maesteg CMHT being considered as green or amber green to 77% at the Ty Einon CMHT being rated as red or amber red. 30% of CTPs were rated as red for being SMART at Fendrod Ward, whilst at Ward F NPT Hospital, 70% were rated red against this standard.

**ABM - Number of CTPs with Timescales Specified - MH**
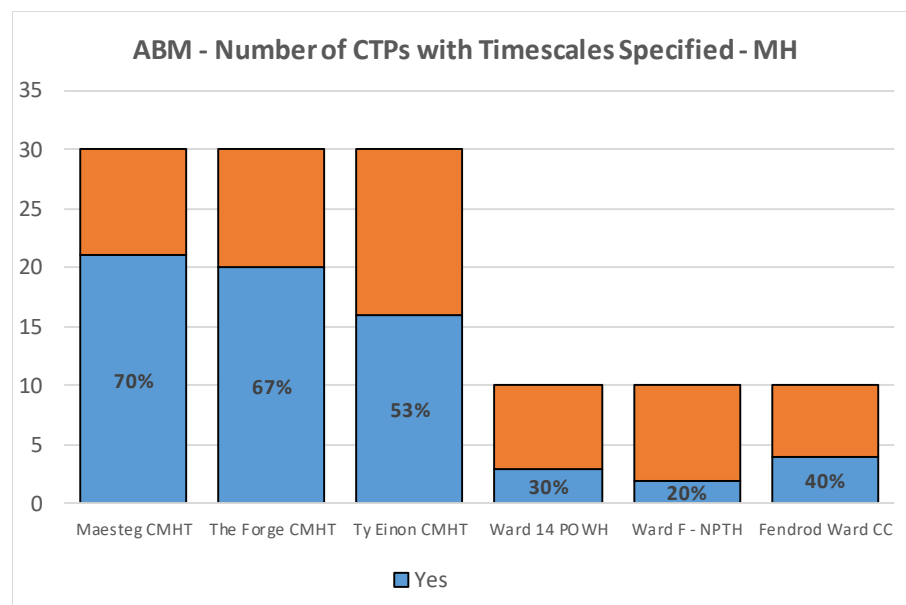
Specific and measurable timescales were not consistently recorded within CTPs. Overall 55% of the CTPs reviewed had specific timescales recorded. However, frequently timescales were recorded as 'regularly' or 'ongoing' thus lacking specificity. The inpatient units did not routinely record specific timescales within the CTP.

**ABM - Number of CTPs with a Responsible Person Identified - MH**
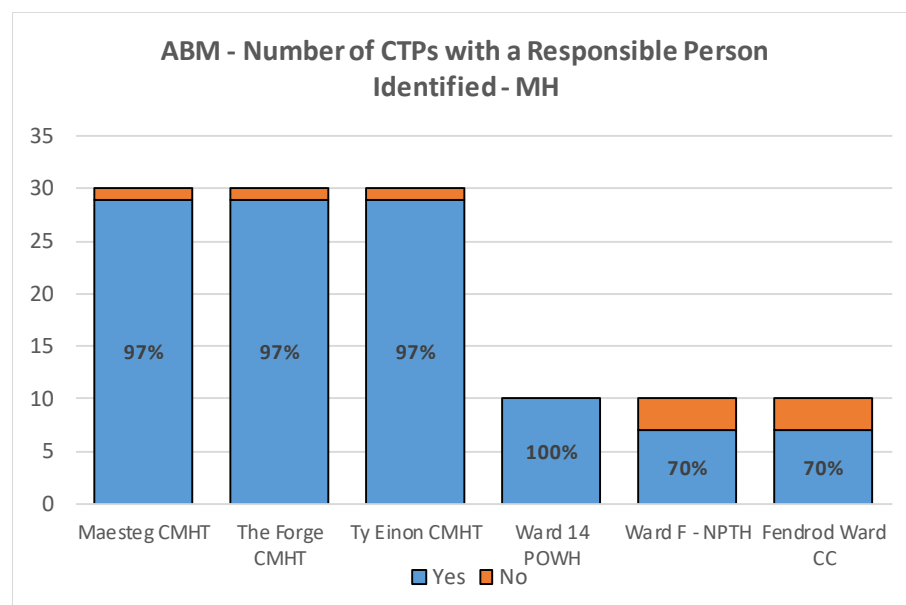
A person or team was routinely identified to carry out each action within CTPs. In each of the three CMHTs visited 97% of cases audited included a specified person and in Ward 14 POW Hospital this was the case in 100% of cases.

10.2 Relapse Signatures and Crisis Planning

The Part 2 Regulations set out a standard format for care and treatment planning which includes sections to record the thoughts, feelings and behaviours that may indicate when a patient is becoming unwell and may require extra help or support (sometimes referred to as relapse signatures) and also the actions that ought to be taken should this happen (sometimes referred to as a crisis plan) (4.81).
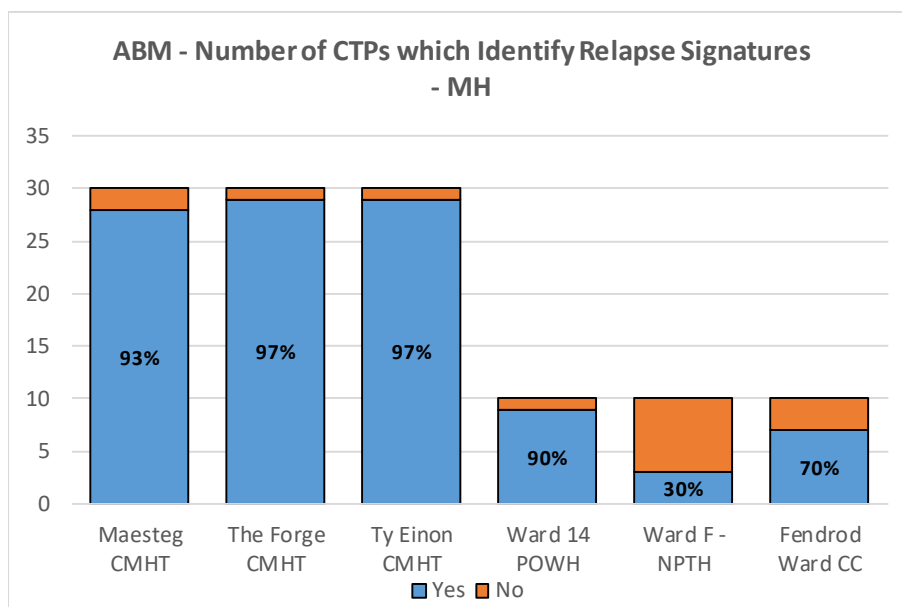
Throughout the CMHTs visited the recording of individual relapse indicators within the CTP was good. Relapse indicators were recorded in 93% of cases reviewed in the Maesteg CMHT and 97% at the Ty Einon and the Forge CMHTs. The recording of relapse indicators within the CTP was variable across the inpatient units, ranging from 90% at Ward 14 POW Hospital to 30% at Ward F NPT Hospital.
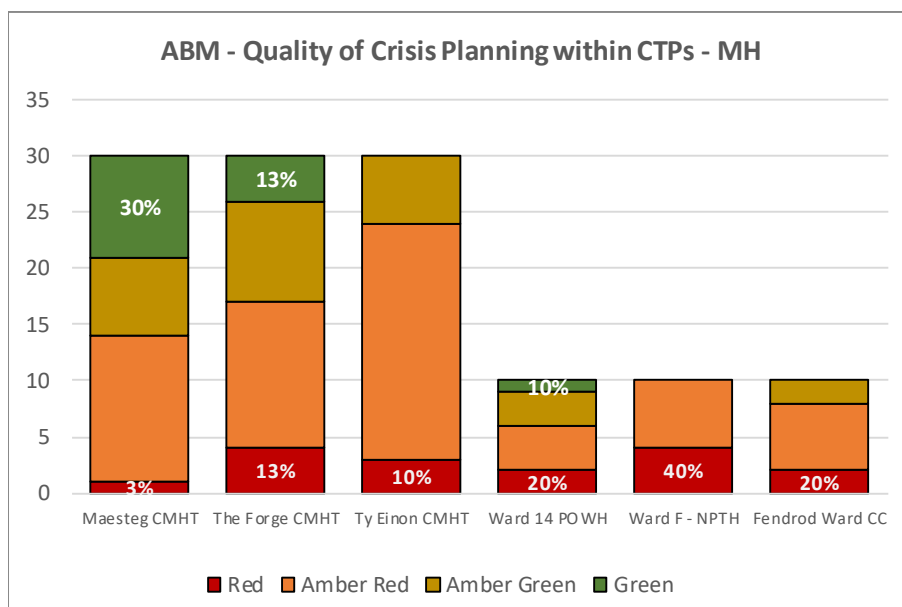
Crisis planning was recorded within the CTPs but the quality of crisis plans varied, overall, the quality of the crisis plans audited was rated as green or amber green in 34% of cases.

Many of the crisis plans consisted solely of a list of contact numbers for the CMHT, duty worker or the crisis team. In some cases the crisis plan was a recommendation to attend an emergency department. They frequently provided little further detail or an explanation as to what should happen were the person to use the contact numbers in a crisis. As a result the degree to which the CTP and its crisis plan enables an appropriate crisis response and maintains a person's safety was found to be lacking.

10.3 Recording the Views of the Person

The views of the 'relevant patient' on the content of the care and treatment plan can be recorded on the plan itself…if no views are expressed, or no views can be ascertained, then this should be recorded. (4.15).
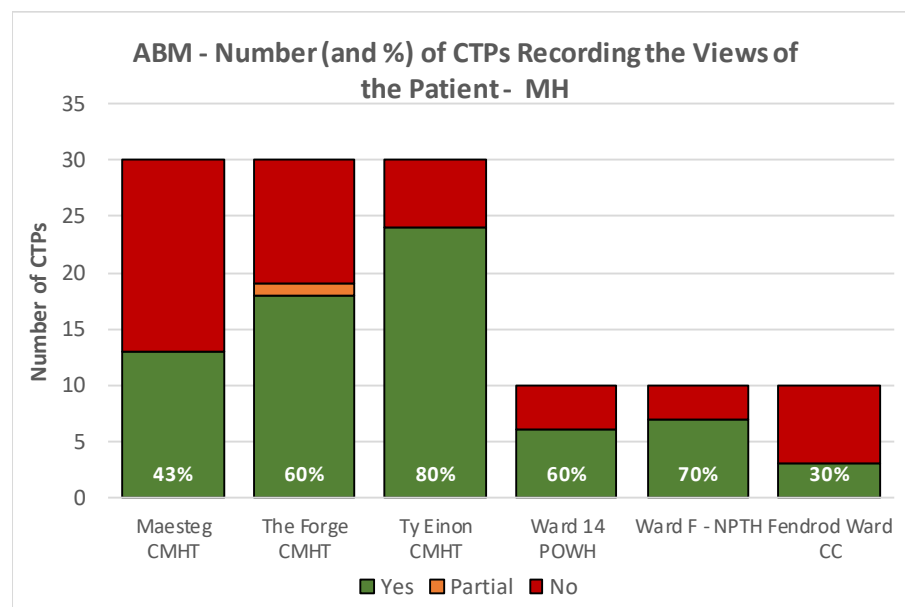
The capturing of relevant patient' views within the CTP varied across the service, ranging from 80% of cases audited at the Ty Einon CMHT, to 43% of cases within the Maesteg CMHT. 70% of CTPs audited at Ward F NPT hospital recorded the person's views; whilst at Fendrod Ward, Cefn Coed Hospital the person's views were evidenced in 30% of cases.

10.4 Agreement and Signatures

The Part 2 Regulations require that a record is made on the CTP as to whether the plan has been agreed with the 'relevant patient' (4.16)

ABM - Number of CTPs Recording Agreement with the Patient - MH

Maesteg CMHT	The Forge CMHT	Ty Einon CMHT	Ward 14 POWH	Ward F - NPTH	Fendrod Ward CC
93%	93%	83%	90%	70%	50%

Legend: Yes (green), No (red)
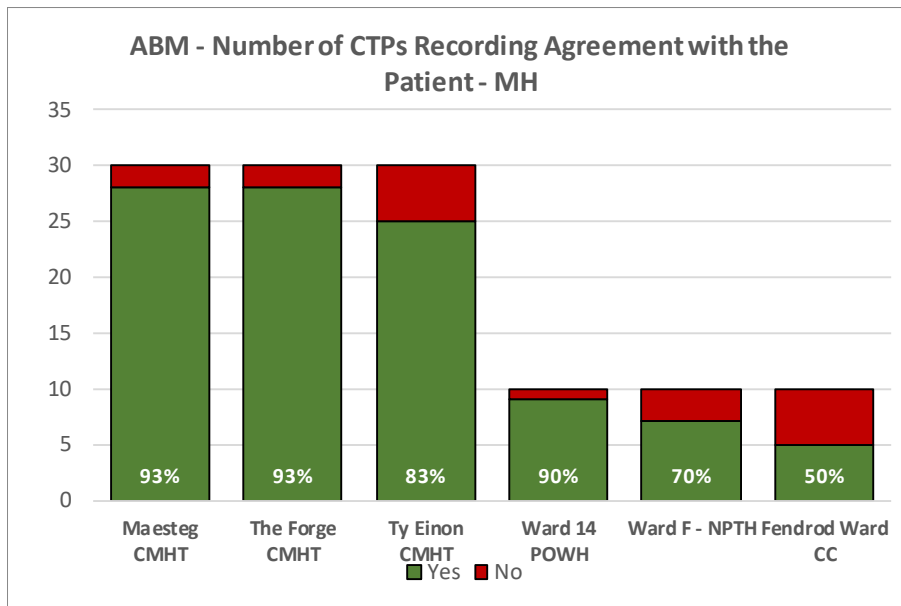
The case note audit identified that in 85% of CTPs reviewed the plan had been agreed with the 'relevant patient'. This varyied from 93% within the Maesteg and Forge CMHTs to 50% at Fendrod Ward, Cefn Coed Hospital.

ABM - Number of CTPs Signed by the Service User - MH

Maesteg CMHT	The Forge CMHT	Ty Einon CMHT	Ward 14 POWH	Ward F - NPTH	Fendrod Ward CC
83%	83%		70%	50%	30%

Legend: Yes (green), No (red)
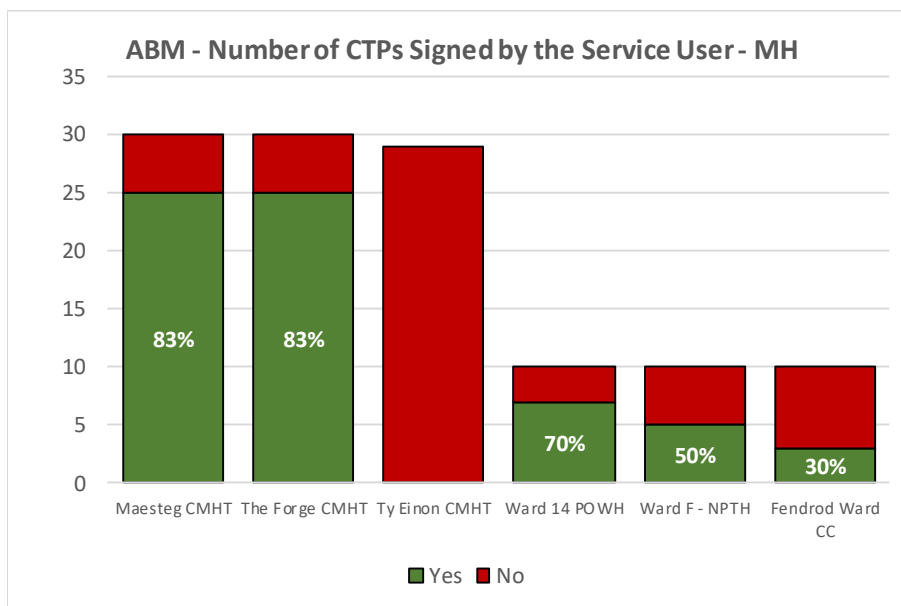
Whilst the majority of CTPs reviewed had been agreed by the relevant patient, in fewer cases had they been signed.

In the Maesteg and Forge CMHTs over 80% of CTPs were signed. Within the inpatient units 70% of CTPs had been signed at Ward 14 POW hospital, whilst 30% contained evidence of the patient's signature at Fendrod Ward, Cefn Coed Hospital.

The Ty Einon CMHT use an electronic record system, therefore the review team could not ascertain whether the person had signed a paper copy of their CTP as the system did not provide any means to capture this information.

ABM - Number of CTPs Signed by the Care Coordinator - MH
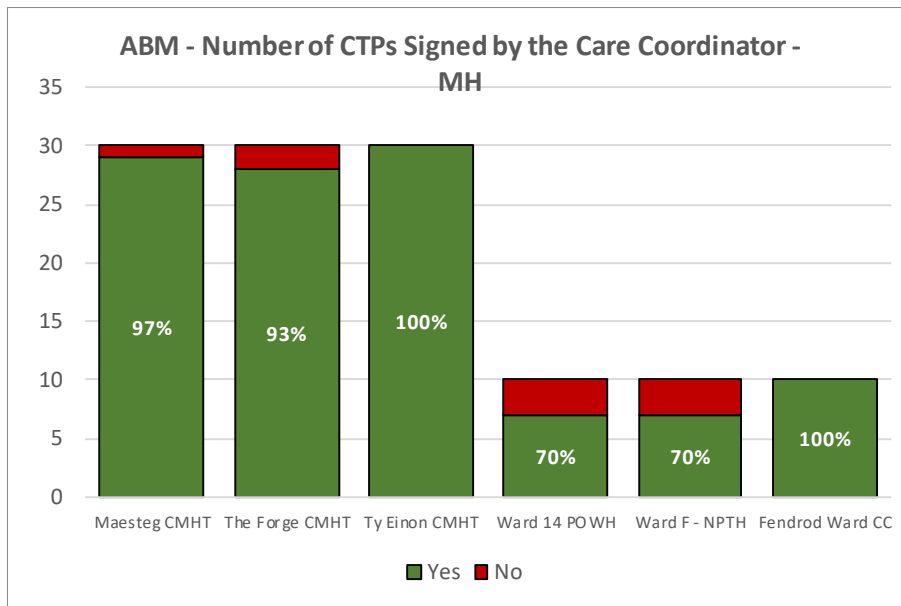
Overall 93% of CTPs had been signed by the care co-ordinator.

FINDINGS:

➢ **All teams visited evidenced use of the CTP as the primary care planning record and in all teams there were a small number of CTPs that had been developed to a good standard.**

➢ **All teams demonstrated that a range of outcome areas were considered. However, the quality of the recorded outcomes, crisis planning and the extent to which there was evidence that relevant patients and others had been involved, was considerably varied across the localities.**

➢ **With the exception of the Maesteg CMHT, the majority of CTPs were not considered SMART.**

➢ **The review team found that overall, the quality of crisis planning detailed within the CTP was not of a high standard, with the majority of cases in all areas rated as red or amber red.**

➢ **Of particular concern to the review team was a practice identified on Fendrod ward. On this ward it appeared to be a common practice to 'cut and paste' previously recorded outcomes, statements and actions from one patient's CTP to another. There were a number of cases where the name of the original person remained within the new CTP of a different service user. The audit found that among the sample this appeared to be a common occurrence.**

➢ **The CTPs developed within Ward 14 at the Princess of Wales Hospital were considered to be of a good quality in the context of acute inpatient care, as they demonstrated a broad consideration of both inpatient and community support.**

11   Review of CTPs

'In order to ensure that the care and treatment plan provision remains optimal to the 'relevant patient's recovery, regular monitoring of the plan and the delivery of services is required.' (6.3)
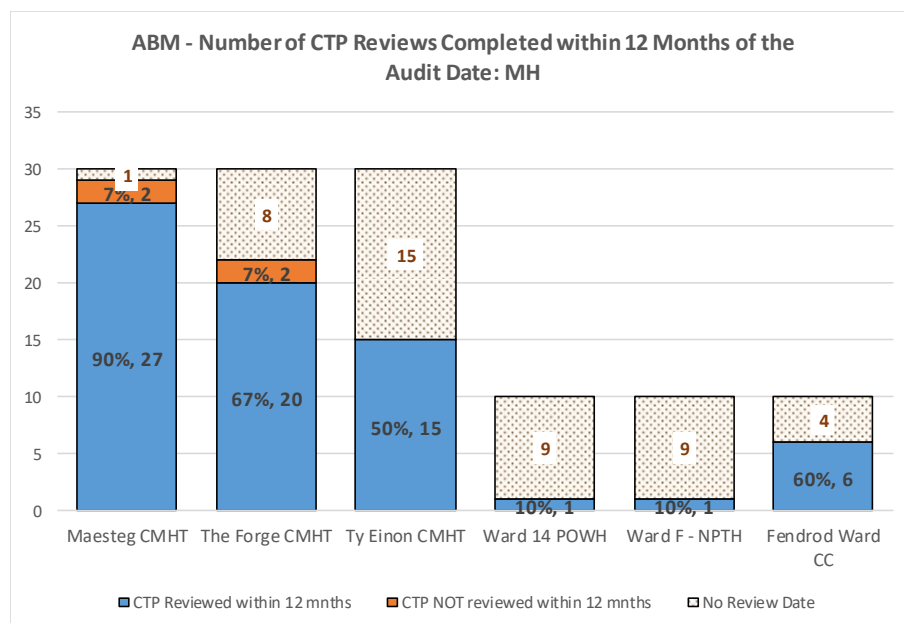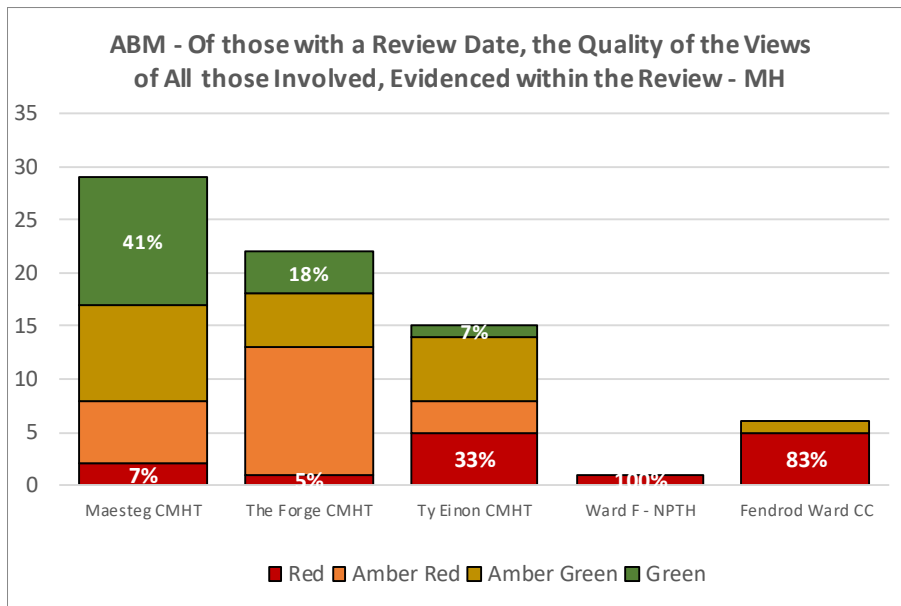

There was variance in the compliance of CTP reviews being held within the required 12 month period following production of the CTP. 58% of cases audited across the service demonstrated that a review had been undertaken within the required timescale.

Whilst all CMHTs provided evidence that some 'relevant patients' had received a formal review within the 12 month period, this varied from 90% of CTPs at the Maesteg CMHT, to 50% at the Ty Einon CMHT.

There was less evidence of formal CTP reviews being held within the inpatient units. 10% of cases audited at Ward 14, POW hospital and Ward F at NPT hospital provided evidence that a review had been held. At Fendrod Ward, Cefn Coed Hospital this was evident in 60% of cases.

Of the total number of cases audited, 46 (38%) did not provide evidence that a formal CTP review had been undertaken. Of these, in 4 cases a review was not yet due to take place.

ABM - Of those with a Review Date, the Quality of the Views of All those Involved, Evidenced within the Review - MH
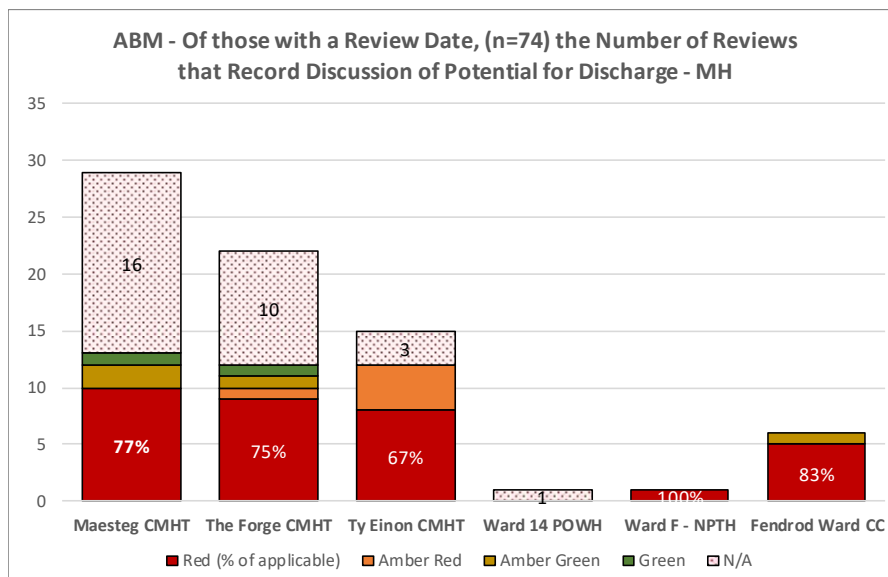
Where CTP reviews had been held, there was variance in the recording of the views of all of the people involved. Overall, 48% of cases were rated as red or amber red for including the views of all of those involved in the case. At the Maesteg CMHT, 72% of cases in which a review had been held were rated as green or amber green. Whereas 41% of cases at the Forge CMHT and 47% of cases at the Ty Einon CMHT were rated as green or amber green.

Where CTP reviews had been held within the inpatient wards, there was little evidence that the views of those involved were included.

ABM - Of those with a Review Date, the Number of Reviews Reflecting Progress for Each Goal in the CTP/Care Plan - MH
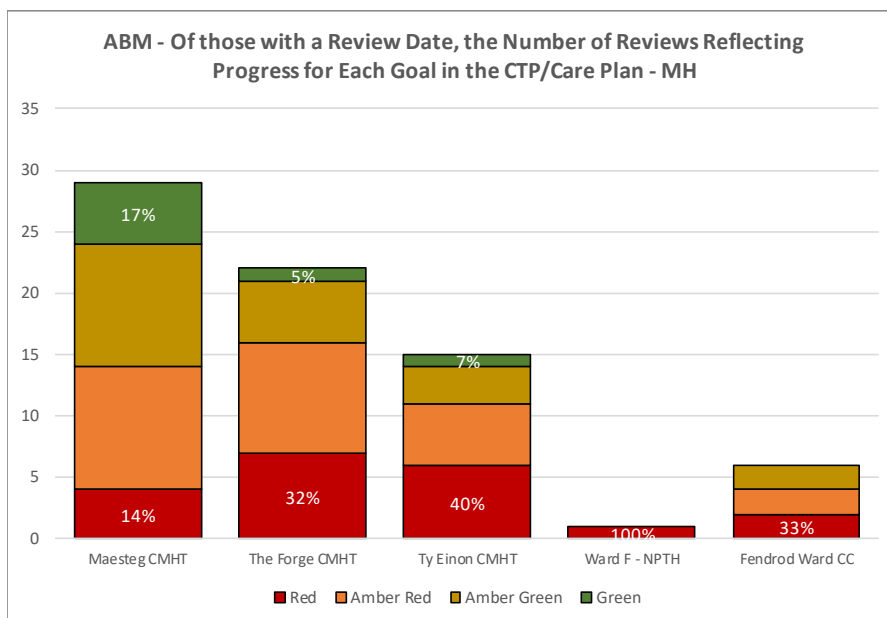
Where the CTP had recorded a number of outcomes for the person, there was a lack of evidence that the review reflected the progress against each outcome. Overall 37% of cases audited were rated as green or amber green against this criteria, ranging from 52% at the Maesteg CMHT to 27% at the Forge and Ty Einon CMHTs.

Where there was evidence that a review had been held within the inpatient units they were not reflective of progress against each outcome recorded within the CTP.

ABM - Of those with a Review Date, (n=74) the Number of Reviews that Record Discussion of Potential for Discharge - MH

The case note analysis found that across the service there was a lack of discussion regarding discharge planning or progress towards discharge. This was rated as red or amber red in 51% of the cases reviewed. There were 30 (40.5%) cases audited which suggested that the discussion of discharge was not considered as appropriate at the time of the CTP review.

Findings

➢ **Whilst all teams evidenced a process in place to review CTPs, not all reviews for 'relevant patients' were undertaken in a timely manner.**

➢ **Reviews did not consistently reflect the views of all those involved in providing care and support, nor did they provide a clear reflection of progress towards each identified outcome within the CTP.**

➢ **Reviews did not record or reflect a discussion of the consideration of a person's potential for discharge from secondary care services. Whilst discharge may not always be appropriate, CTP reviews should reflect the degree to which a person has progressed against each of the planned outcomes, as this provides a rationale for ongoing secondary mental health services.**

12   Views of Service Users, Carers and Stakeholders

As part of the assurance review process the DU seeks to elicit the views of service users, family members, other informal carers and stakeholders through specific engagement events. Engagement events were held in each locality, additionally the review team attended the Crest day service in Swansea.

Views and Experience of Service Users
The majority of people who attended the events were aware of the Mental Health Measure and had heard of the CTP process. There were fewer people, but still a majority of those who attended, that had seen or received a copy of their plan.

Involvement:
People reported mixed experiences of being involved in the development of their CTPs, with some people relating very positive experiences:

> *"I sit down with my CPN and go through every point",*
> *"I sat and did mine with my Social worker",*
> *"She asked me what I felt about each area; everything I said was put down no matter how silly"*

However, other people reported less positive experience of involvement:

> *"I had no input at all"*
> *"The eight areas were well covered, but I was not involved in production of the CTP"*

Some people said their experience and involvement had been different with different Care Coordinators:

> *"My previous Care Coordinator was excellent, current one is off so not involved so much"*
> *"Input has varied with different Care Coordinators over the* years"
> *"My current Care Coordinator is fantastic, the previous one was terrible"*

Others added that they 'had to tell their story over and over, especially when CPNs changed, and many service users agreed that they have less time with their Care Coordinator than they used to.

Access to Services during a Crisis:
Many people described the importance of having a crisis plan; however, there was variation in the detail that was included:

> *"I have a plan to stay at home with intensive CRHTT support…there's also a plan for my dog"*

However, other people describe their crisis plans as being just a list of numbers. There were challenges experienced regarding accessing services in a crisis or out of hours. A few people shared a positive experience:

> *"They came straight out and sorted my meds"*
> *"The CMHT coordinated with the Crisis Team"*

However, some individuals commented that when they rang services in a crisis the emphasis was on them to identify what needs to happen when they felt that they needed more advice and direction:

> *"I rang the crisis team and they asked what I wanted them to do. I wanted them to tell me what I need (they) should have the answers"*
> *"You have to be really bad for them to come out, so bad they take you in"*

One person commented that if your CPN or Social Worker is off "they don't offer an alternative person, another person stated:

> *"If I contact the CMHT it's hit and miss whether the message gets through… It can take a day or so to get back, they are too busy"*
> *"CPNs are busy; maybe they think I'm ok if I'm not saying anything"*
> *"You want to know they will do something when you phone"*

In the Bridgend locality, there was concern that there is a lack of access to crisis services after 9pm, which meant that service users and families were reliant upon the police or attending A&E for support.

Reviews:
Most people said they had received a review; however, service users described mixed experiences. One person said that there was no opportunity "where everyone meets together", while another person stated that they have a Section 117 meeting with the Consultant and Social Worker but this is not linked to the CTP.

Another person stated they had not had a review, but the CTP arrived in the post.

One person described having frequent reviews and they were happy with their involvement and discussed their plan in detail, however they also commented that they also complete a recovery star with the local day service but that this is "not linked to the CTP".

Day services / Community Support:
Service users in each locality across the Health Board expressed concerns that day services had either been retracted (NPT), were anxious that they would not be able to attend due to funding and eligibility changes (Crest) or, that the current service is not being used for the intended purpose (ARC).

In the NPT locality, service users informed the review team that previously day services were comprehensive, but currently there are not enough places to attend and very few opportunities, as some providers will now only take referrals from statutory services.

Service users, who attend the Crest day service, expressed concern and anxiety that they would be unable to attend in the future as the Local Authority were proposing to introduce a financial assessment of the person as part of its new funding arrangements.

Some people were worried that if they were not deemed eligible, they would not be able to afford to continue attending Crest and would lose the support from both the service and other peers. People informed the review team that there is a reliance on the Crest service to provide support that the CMHT or Care Coordinator is unable to, and that for many people attendance at Crest is written into the CTP.

Views and Experience of Carers

Key messages from carers included improvements in the provision of crisis services, and that families and carers should be included in decision-making.

Carers felt that information regarding risk was not always shared, and one person gave an example of their family member being given leave of absence from hospital but risk concerns were not shared with the family.

Some service users stated that they would like their families to have more say in their CTP and act as an advocate when they were unwell:

> *"If they talked to my partner they'd understand what goes on when they're not there"*

One person said that the person they cared for had not been involved in producing their CTP:

> *"It arrived in the post, was unaware it had been written".*

Views and Experience of Stakeholders

Key messages raised by stakeholders across the localities included the need to improve communication, particularly with emergency services, improving access to services if the person becomes unwell, and the need to strengthen preventative work.

Stakeholders in each locality also advocated joint training, including training for carers, and opportunities for networking between services.

Some stakeholders felt disconnected and that there was no ownership over the CTP. Issues were raised by stakeholders regarding the involvement of carers:

> *"Carers don't feel part of it"*
>
> *"Carers have a high level of involvement until it breaks down"*

Some stakeholders felt that there are times when CTPs are written very prescriptively which did not allow for flexibility, some also felt that the Social Services and Well Being Act, Care

and Support Plan (CSP) was outcome focussed but that the CSP and CTP were not dove tailed.

Stakeholders felt that services such as substance misuse are not joined up with mental health services with each service operating its own "silo".

Stakeholders were of the view that there is a lack of crisis provision, and people can resort to calling the police when the crisis service does not operate after 9pm. Some also commented that the eligibility 'threshold' has gone up due to a lack of service provision.

Stakeholders advocated that people need 'meaningful' daytime activities; however, there is a lack of provision to which people can be signposted.

Good Practice

➢ Evidence of the use of a person centred approach within CTPs across the localities.

➢ Service users in the Swansea locality working with Transcend have produced a training DVD that includes service user experience of care and treatment planning and recovery.

➢ Care and treatment planning at Ward 14, Princess of Wales Hospital, includes good consideration of outcomes relating to both acute inpatient and care in the community.

➢ The use of weekly case formulation supported by Psychology staff at the Maesteg CMHT.

➢ Person centred planning at the Forge CMHT including examples of first person outcome statements.

➢ Person centred and recovery orientated culture at Ward F, Neath and Port Talbot Hospital.

Acknowledgements

The Delivery Unit would like to extend thanks to the service users, carers and stakeholders, the staff of ABMUHB Health Board and its partner Local Authorities for their co-operation and contributions during the review.

We would like to give particular thanks to the peer reviewers for their diligence and enthusiasm shown throughout the review process.