



Meeting Date	04 November 2020	Agenda Item	5.1
Report Title	MH & LD CTP Action Plans		
Report Author	Stephen Jones, Service Group Nurse Director		
Report Sponsor	Dai Roberts, Service Group Director		
Presented by	Dai Roberts, Service Group Director		
Freedom of Information	Open		
Purpose of the Report	To provide the Legislation Committee with an update on the status of the action plans & provide assurance.		
Key Issues	Progress against 2018 audit of CTP's within the MH & LD Service Group identifying positive achievements against the majority of objectives.		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> Receive and Approve the contents of this report 		

MH & LD SERVICE GROUP CTP ACTION PLANS

1. INTRODUCTION

An audit of CTP compliance was carried out in 2018 which identified areas of improvement to be addressed within clinical teams responsible for the oversight of the implementation of Care & Treatment with Service Users.

2. BACKGROUND

The audits were specific to Swansea Locality, Neath Locality & Learning Disability. Good progress has now been made across all domains identified, with actions completed & monitoring arrangements in place in each group that ensures ongoing compliance with expected standards. Those areas that have achieved partial achievement are commonly an indicator of the absence of external progress where the Service Group continues to work with partners to achieve progress.

2.1 Neath Port Talbot Adult Mental Health

The review detailed 6 areas of action:

- **Assessments** that should be comprehensive, up to date & inclusive of the Service User voice – this action has been completed & monitoring systems are in place to ensure ongoing compliance with expectation. **ACHIEVED**
- **Risk Assessment & Management** that demonstrate risk management plans are in place to build on the risk assessment, created with Service User participation and that the assessment and plans are of good quality – there are ongoing issues with the implementation of WARRN which are impeding the work around risk assessment, recognising that undertaking assessments is of a good standard but that the subsequent formulation into a robust risk management plan is less robust. There are some areas of good practice noted but a recognition nationally that this requires additional investment. The Service Group is currently sourcing additional training and participants in work being led by Welsh Government. **PARTLY ACHIEVED**
- **Care & Treatment Planning** that are SMART, identifies relapse indicators & is person centred. The specific actions relate to staff training which is being undertaken with the assistance of the Service Group Learning & Development Team. **PARTLY ACHIEVED**
- **Reviews** that are standardised and inclusive. A format has previously been agreed and this is currently being updated against lessons learnt from implementation. **PARTLY ACHIEVED**
- **Provision of Safe & Person Centred Care** where every Service User has a robust initial assessment that translates into a recognisable and agreed plan that is shared across agencies. This is complete, except some outstanding training of staff which is being progressed. **PARTLY ACHIEVED**
- **Quality Assurance** identifying mechanisms for providing assurance to management structure against the actions within the action plan. These structures are now embedded within the Locality and Service Group. **ACHIEVED**

2.2 Swansea Adult Mental Health

The review detailed 3 areas of action:

- **Care & Treatment Plan** that is up to date in 90% of cases – this is achieved across all areas and appropriate measures are in place to ensure ongoing compliance. **ACHIEVED**

- Risk Assessment & Management Plans to be of good quality and appropriately reflected across the Care & Treatment Plan – this is achieved and appropriate measures are in place to ensure ongoing compliance. **ACHIEVED**
- Care & Treatment Plan that are person centred, inclusive and SMART – this is achieved and appropriate measures are in place to ensure ongoing compliance. **ACHIEVED**

2.3 Learning Disability Health Teams

The review detailed 6 areas of action:

- **Eligibility** of people with a learning disability for inclusion within the parameters of the Mental Health Measure – there is no identified tool for assessing this, but the clinical notes contain good evidence of assessment of eligibility undertaken by Consultant Psychiatrists and recorded within clinical notes. **ACHIEVED**
- **Assessment** that is holistic – there is currently no tool available that would assist with a common approach but work continues with PHW and WCCIS to have an integrated approach going forward. Local audit evidences the presence of sound clinical assessments in the absence of a common tool. **PARTLY ACHIEVED**
- **Risk assessment & management plans** are created with recognised tools to inform robust plans – as above, some good progress has been achieved by the Service Group and we continue to participate in national work to achieve a more robust process. **PARTLY ACHIEVED**
- **Standards for completion of Care & Treatment Plans** will be implemented across all areas – this has been implemented and a recent audit undertaken to measure the level of compliance, with the results to be published imminently. **PARTLY ACHIEVED**
- **Reviews** completed using a standardised tool and within the specified time requirements of the law – there is an agreed tool that is now being used and time limits are being achieved across the majority of teams with some work still to be achieved in collaboration with LA colleagues in one area. **PARTLY ACHIEVED**
- **Person centred care** evidenced throughout the Care & Treatment Plan that is inclusive of the voice of the Service User, Family / Carer – the service has made significant progress in making information accessible to Service Users in a format that they are able to understand and they continue to represent at a national level promoting the inclusion of accessible information. **ACHIEVED**

3. GOVERNANCE AND RISK ISSUES

There are no governance or risk issues of significance.

The outstanding issues regarding risk assessment are being addressed nationally led by Welsh Government through Jean White's (CNO) office.

4. FINANCIAL IMPLICATIONS

There are no financial implications.

5. RECOMMENDATION

The Committee is asked to endorse the progress made & receive assurance that work continues to address the actions still for completion.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Promoting quality Service User experience through co-production of care interventions that are informed, inclusive and measurable.		
Financial Implications		
There are no specific financial implications.		
Legal Implications (including equality and diversity assessment)		
The Service Group & Health Board have a legal duty under the terms of the Mental Health Measure to provide care that complies with the standards of Care & Treatment Planning that is holistic, robust, inclusive and has measurable agreed outcomes.		
Staffing Implications		
No specific staffing implications identified.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The outcomes will generate progress against the goals of a Healthier, More Equal & Cohesive Communities agenda.		
Report History	Previous updates have been provided to the Committee since the inception of the reports / action plans as a result of the 2018 audit.	
Appendices	Appendix 1, 2 and 3.	