

Report To: Partnerships Scrutiny Committee

Date of Meeting: 10 June 2013

Lead Member / Officer: Lead Member for Social Care: Adults and Children's Services/Head of Adult and Business Services

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Title: Introduction of the Mental Health Measure Wales in Denbighshire

1. What is the report about?

This report details how the Mental Health Measure for Wales has been introduced into Denbighshire as part of the overall introduction of the Measure into North Wales.

2. What is the reason for making this report?

The Mental Health Measure for Wales placed legal responsibilities on Local Health Boards and Local Authorities in relation to the introduction of the four elements of the Mental Health Measure across Adults and Children and Young People.

1. Development of a Primary Care Mental Health Service
2. The introduction of Care and Treatment Planning
3. The right for discharged service users to ask for re-assessment
4. Development of Advocacy Services for both detained and informal patients within service.

3. What are the Recommendations?

That Scrutiny Committee considers the report, supports the development of services under the measure and recognises the good working relationships between Health and Social Care in delivering mental health services in Denbighshire and the associated changes in relation to the full age range.

4. Report details.

4.1 The Mental Health Measure has resulted in a significant change in the way services are delivered across North Wales and has led to a redesign and remodelling of services both in adult mental health services and children and young peoples mental health services. It should be recognised that this change has been undertaken in partnership with the six Local Authorities in North Wales. Changes in adult services are detailed below at points 4.1 to 4.7.5. Progress to date on the model for children and young people is detailed at appendix A attached. The service changes introduced across North Wales have been largely based on the development of the model that already existed in Denbighshire.

4.2 Major Changes to Service for Adults

- 4.2.1 *County Manager* – Each County, including Denbighshire, now has a dedicated Manager for Mental Health Services across Health and Social Care who is the Lead Manager for both Primary and Secondary Care Mental Health Services. A Mental Health Collaborative involving senior managers from the Health Board and the Local Authorities oversees the management of these joint services.
- 4.2.2 *Single Point of Access (SPoA)* – This has been introduced in Denbighshire to enable GPs to have a single point of referral for any Mental Health issue from Adults to Older Persons. There is still work ongoing to improve the consistency of this process but it has streamlined processes and enabled clinical engagement in the referral process. Consideration will be given to combining this arrangement with the wider Single Point of Access (which is subject to a separate report today) as this is developed more fully.
- 4.2.3 *E-Referrals* – These have been introduced across the Health Board for Mental Health Service referrals, including Denbighshire, and allows GPs to make referrals in a similar manner to other specialities. Although anecdotal feedback has been positive regarding this process, it is envisaged that the Health Board will conduct an audit of GP satisfaction with these changes.
- 4.2.4 *Access to Counselling* – A North Wales tendering process has been undertaken to agree a counselling service for access through GPs across North Wales as part of the introduction of the Measure. This is due to start at the end of April.
- 4.2.5 *Introduction of Primary Care Mental Health Services* – In some areas there has not been a dedicated Primary Care Mental Health Service and the introduction of this into those areas has helped focus the Community Mental Health Team's (CMHT's) to work with severe and enduring mental health problems and provide the dedicated service around Primary Care Mental Health issues. The model for Primary Care developed across North Wales has been mainly modelled on the existing service within Denbighshire. Three extra staff have been recruited to develop this model further within Denbighshire to allow a better input into each GP surgery and therefore across the whole of Denbighshire. The staff also have access to the consultant psychiatrist to discuss cases as required. Further work is also ongoing to develop a range of psychological therapies, particularly cognitive behavioural therapy, for the staff team to be able to deliver effectively across the county. Work is also ongoing to ensure that services are able to signpost service users to other support services relating to the life problems they may have.
- 4.3 Overall, there was wide variation in the way services were delivered in North Wales and this process has helped introduce a level of consistency whilst allowing for some local variation in service provision.
- 4.4 Performance Part 1 - This is the proforma on which information on Primary Care Mental Health Services is submitted to Welsh Government.

Indicator			Denbighshire
1	The number of practitioners (WTE) in post as at the census date per 20,000 population (all ages)	The total number of practitioners (WTE) as at reporting date	8.1
		The total locality population [see notes for population numbers]	93,700
		Rate	1.7
2	The number of assessments undertaken during the past month [monthly count]	Registered patients referred from primary care	173
		Non-registered patients referred from primary care	0
		Patients referred from secondary care	12
3	Waiting times for assessment by LPMHSS (in calendar days) against the target of 28 calendar days [end of month census snapshot]	The number of patients referred waiting up to and including 28 days	174
		The number of patients waiting 29 days & over and up to and including 56 days	96
		The number of patients waiting 57 days and over	144
4	Waiting times from assessment to intervention, where indicated (in calendar days) [end of month census snapshot]	The number of patients waiting up to and including 28 days	30
		The number of patients waiting 29 days and over and up to and including 56 days	21
		The number of patients waiting 57 days and over	10
5	The number of completed interventions during the month (i.e. individual episode discharges from LPMHSS, to include treatment, education, referral or information) [monthly count]	The number of direct interventions provided by the LPMHSS	8
		the number referred or signposted to other services, other than secondary mental health services	97
		The number of referrals to secondary care	9

4.5 Performance Part 2 – The Mental Health Measure introduced a new Care & Treatment Plan (CTP) model and the transition to this has to be completed by June. The figure below represents the month nine figure, where the target should be 75%. Denbighshire has the highest transition rate of all the six counties.

AMH	Open Caseload	CTP	Transition %
Denbighshire	507	386	76%

4.6 Performance Part 3

The first report regarding performance on providing re-assessment for discharged service users was due at the end of May, after the publication of this report.

4.7 Performance Part 4 – Advocacy Services

4.7.1 The Independent Mental Health Advocacy (IMHA) contract has been extended until 30th November 2015 (in line with the All Wales Framework).

4.7.2 The staffing levels have been increased from six to nine whole time equivalents.

4.7.3 All advocates within the service have achieved the Independent Advocacy Qualification (IAQ). 81% of IMHA's have attained the specialist IMHA module and the remainder have been enrolled to complete this year. Two advocates have attained the children and young people module and a further 4 advocates have been enrolled to complete this year. The Service also has two qualified Managers and two qualified assessors.

4.7.4 Two of the Advocacy Services have received the Quality Performance and Monitoring (QPM) Assurance Mark and are preparing to renew. The Third Service is in the final stages of obtaining the qualification.

4.7.5 A Training Liaison Officer post was commissioned for seven months (February - August 2012) to develop and deliver training and awareness raising, with particular emphasis on the extended Mental Health Measures (Wales) 2010, Part 4. This post within the IMHA Partnership was to specifically highlight the extension to the IMHA role in relation to individuals detained under section 4, 5(2) and 5(4) of the 1983 Act and informal inpatients receiving assessment and treatment for a mental disorder.

5. How does the decision contribute to the Corporate Priorities?

The introduction of the Measure is a priority both for BCU and Denbighshire County Council. It contributes to ensuring vulnerable people are protected and are able to live as independently as possible.

6. What will it cost and how will it affect other services?

6.1 This service has been developed using existing resources and with extra funding that was available through Welsh Government specifically to support implementation of the Mental Health Measure so there has been no added cost to either Health or Social Care.

6.2 There is a potential for increased demand on other Local Authority services such as generic Social Services or Housing. This is being monitored and information will be available as part of the monitoring arrangements for the Measure locally.

7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision? The completed EqIA template should be attached as an appendix to the report.

The equality impact assessment was undertaken on an all Wales basis as part of the introduction of the Measure.

8. What consultations have been carried out with Scrutiny and others?

The consultation regarding the introduction of the Measure was undertaken by Welsh Government and the development of the local service was agreed through an

Implementation Group across North Wales which had Local Authority involvement through each of the six Counties including Denbighshire. The Measure was considered by Partnerships Scrutiny Committee on 12 July 2012.

9. Chief Finance Officer Statement

N/A

10. What risks are there and is there anything we can do to reduce them?

The main risk is in relation to increased demand through Primary Care and this is being monitored as part of the performance management arrangements to ensure that existing resources are targeted appropriately between primary and secondary care.

11. Power to make the Decision

Article 6.3 of the Council's Constitution