



AGENDA ITEM

5.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

MENTAL HEALTH STRATEGIC UPDATE

Date of meeting	26/07/2022
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Julie Denley Deputy COO Primary, Community & Mental Health
Presented by	Julie Denley Deputy COO Primary, Community & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

MH	Mental Health
CTMUHB	Cwm Taf Morgannwg University Health Board
CAMHS	Child and Adolescent Mental health Clinical Services
IMTP	Integrated Medium Term Plan
MDT	Multi-Disciplinary Team
OOA	Out of Area

RISE	Rapid Intervention Service for Eating Disorders
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. With the new Care Group Delivery Model now moved to the implementation phase the timing is right to revisit the Health board approach to mental health strategy and for this to be seen 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 transfer to the responsibility of the Mental Health and Learning Disabilities Care Group.
- 1.4 Adult Mental Health services has a multi-disciplinary 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 A quadrumvirate will be recruited to over coming 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.

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 2022 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 in the autumn 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 Service Improvement Funding (SIF) for 22/23. This covered four key priority areas.
 - 1.7.1 Eating disorder support – all age (£384k). It was recognised that Eating Disorder services have been disproportionately impacted by the pandemic and the additional targeted funding is to facilitate faster improvement of services for this cohort of patients aligned to the Eating Disorders Independent Review in 2018. Our bid submission focused on adding to the Specialist CAMHS Team RISE (Rapid Intervention Service for Eating Disorders) which was created in July 2021 by incorporating a consultant Psychiatrist role to enhance the Multi Disciplinary Team (MDT). The adult service have revisited the whole model to enable it to span both tier 1 and 2, and be delivered by one expanded team and one referral pathway well for CTM. The MDT will expand to include Occupational Therapy, a full time dietician and a psychological therapist to enable strong MDT assessment and formulation of needs and to span both tier 1 and tier 2, and be delivered by one expanded team and one referral pathway.
 - 1.7.2 Alternatives to admission, all age (£614k) – The funding is to build on the work undertaken to develop alternatives to admission and also support the Plaid Cymru co-operation agreement - extension of sanctuary hubs. Our bid submission focused on Implementing a 24/7 urgent care service point of access MH service which can



provide clinical or professional advice remotely and face to face in the right place, first time.

Building on a CTM 111 MH pilot that went live November 2021 phase 2 will see a move to 7 day evening and weekend provision with Phase 3 building to a 24/7 service that will provide the platform for a full urgent and planned care single point of access thereafter. CAMHS are integral to the above work in the longer term, in the medium term they will continue to refine their single point of access which has helped identify SCAMHS receives referrals for Young People in Care within the three Local Authority areas of Rhondda Cynon Taf, Merthyr and Bridgend. Approximately 50% of these referrals are for Young people who are placed in Foster Care and Care Home Placements from OOA. There are over 300 Young People placed from OOA in the CTM region.

Care experienced Children and Young People have consistently much higher rates of mental health difficulties and mental illness diagnoses than the general population, including a significant proportion who have more than one condition. The new investment will add in additional capacity to support an existing dedicated lead for looked after children.

- 1.7.3 Primary care liaison and additional support for tier 0/1 services (£768k). Proposals needed to outline how we are delivering or commissioning this direct support and support the development of rapid access to mental health support in primary care through the recruitment of Mental Health & Well-being Practitioners, aligned to clusters to help address locally identified need and sustain capacity. Our bid submission focused building on an existing mental health workforce who operate purely in Primary Care. It is helpful timing with the progression of Accelerated Cluster Development, we will aim to have a team aligned to each cluster or pan cluster group as the population needs determine the demand to ensure equity of access. Larger scale funding gives the opportunity to have a better breadth of workers in these teams as well as not all needs warrant an NHS worker response.
- 1.7.4 Service Improvement Funding (SIF), all age (£1.535) – this additional funding is to be targeted towards delivering improvements in specific priority areas in the Together for Mental Health Delivery Plan 2019-2022, which was refreshed in October 2020 in light of COVID-19. Our bid submission focused on further driving our psychologically informed service ambitions, in CAMHS and adult services broadening the workforce with roles that are not on the difficult to recruit to lists. It also focused on a number

of roles to help address complex health needs of the most vulnerable who require hospital based MH care, these include adding to a part time ANP role – a general nurse to support a small existing team and pharmacy roles to improve prescribing support and oversight and individual patient treatment plan reviews. Other areas of significant investment include perinatal. Early Intervention Psychoses and forensic services.

The SIF fund also included a number of roles to support the leadership team in areas of strategy and transformation including digital and quality improvement.

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 recruited will be supported by a Head of Strategy and Transformation who will drive key programmes of work.
- 2.2 To develop a blueprint for these programmes two development days are scheduled with the mental health leadership teams in readiness for the quadrumvirate commencing.
- 2.3 There are some clear programme of work currently underway or previously paused in the pandemic that will remain central to this and these include:
 - 2.3.1 Progression of a Strategic Outline Case for the development of fit for purpose inpatient facilities.
 - 2.3.2 Further development of alternatives to admission, in particular 111#2, crisis / wellbeing centres and accommodation and a single point of access.
 - 2.3.3 A cohesive model of mental health in Primary Care
 - 2.3.4 Embedding digital working through a single integrated record system, further adoption of Consultant Connect and other platforms to support emotional and mental wellbeing.
 - 2.3.5 Full review of Eating Disorder needs, capacity and service model
 - 2.3.6 Full review and setting model for physical health checks for people with SMI.

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

- 3.1 Securing the resource as presented and the subsequent workforce.

- 3.2 Recruiting to the quadrumvirate for MH & LD.
- 3.3 Capital funding availability.
- 3.4 Timeliness of a well-functioning single digital clinical record system.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the report and receive a further update at a future Committee.