

## **Health, Wellbeing and Local Government Committee**

### **HWLG(3)-11-09 Paper 5**

#### **Committee Inquiry into Mental Health Services in the Community – Written evidence from ABM Trust.**

3<sup>rd</sup> April 2009

Dear Sir,

This paper is submitted by Abertawe Bro Morgannwg University NHS Trust in response to the call for evidence by the Committee regarding the provision of community based mental health services in Wales for people aged 16-60 years.

#### **General Information**

Abertawe Bro Morgannwg University NHS Trust was launched on 1st April, 2008, following a merger between the former Swansea and Bro Morgannwg NHS Trusts. The Trust serves a population of just under 500,000 people covering a geographical area that stretches from Llangennith in the Gower to Llantwit Major and works in partnership with the Local Authorities and Local Health Boards for Bridgend, Neath & Port Talbot, Vale of Glamorgan and Swansea.

ABMU NHS Trust provides specialist Mental Health Services for the residents of Bridgend (including Western Vale), Neath Port Talbot and Swansea. These are as follows:

- Mental Health Services for Adults of working age.
- Older People's Mental Health Services
- Substance Misuse Services [not Western Vale]
- Forensic Mental Health Services [Regional]

Children and Adolescent Mental Health Services (CAMHS) are provided on a clinical network basis by Cwm Taf NHS Trust.

It is important to recognise that there has been significant development in the provision of Mental Health Services over the last few years which is in part a product of Government Policy, increased investment in public services, the production of a National Service Framework and NHS targets aimed specifically at the delivery of mental health services.

It may be argued, however, that the starting point for developments was relatively low and therefore there is still considerable work to do. It would be a strange organisation that looked at the way it provided help and support for people and found no room for improvement or development.

This paper will use the terms of reference for the committee to attempt to highlight examples of good practice within the geographical area covered by the Trust to illustrate how things have changed yet also to identify areas where more improvement is important.

It is hoped that the following information in Appendix 1 assists the Committee in its inquiries and should you require further information or clarification then please do not hesitate to contact our Clinical Lead for Adult Services, **Dr Richard Maggs** at Cefn Coed Hospital, Waunarlwydd Road, Swansea SA2 0GH.

Yours sincerely,

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### **The capacity and geographical availability of services**

In recent years there has been an increase in demand for mental health services and for different types of services with growth also in problems associated with substance misuse. The Wales Collaboration for Mental Health Report<sup>1</sup> “Under Pressure” (2005) highlighted the high workload demands of both CMHTs and in-patient units across Wales and the impact that high caseloads and occupancy levels had on the quality of care. More importantly the report recognised that the answer was not necessarily to provide more “beds” or to add another CMHT where it was busy but that the demand for services should be looked at across the whole system of care from primary care upwards. There are competing demands in meeting the needs of people with severe and enduring mental health problems as well as dealing with assessment requests from primary care for people with common mental health problems and it is sensible to seek to ensure that the appropriate level of intervention is provided in the right place. In this case that means improving the availability of mental health skills and expertise at the Primary Care level.

One of the approaches to doing this has been to introduce Primary Care based mental health nurses. These nurses can provide assessment and brief interventions that help to promote recovery and independence for people with common mental health problems. This can improve the identification of mental health problems and offer a range of early interventions that improve resilience. In doing so it also improves access to low complexity psychological interventions. However across the ABM area the availability of such a service is variable due to the different funding streams that have been used prior to the establishment of the Trust.

There remains variability in the range and availability of services provided to help support the recovery of people with severe and enduring mental health problems. Within the area covered by this Trust, as with others, there has been a significant change in the model of service delivery with the introduction of Crisis Resolution Home Treatment services which aim to offer a real alternative to hospital admission for people who are experiencing a psychiatric emergency. However the commissioning of and the means to provide these services, despite common implementation guidance, has been different between the Local Health Board areas of Swansea, Neath Port Talbot and Bridgend. This has been a pragmatic approach to make changes and reflects the fact that the circumstances of the 3 areas were different at the time of development. The opportunity now is for there to be amendments based on the learning of the approaches in the different areas to provide a common core service for all the people served by the Trust.

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<sup>1</sup> Under Pressure – The Risk and Quality Review of NHS Mental Health Services. Wales Collaboration for Mental Health, 2005.

## **The provision of services for young people over 16 years in transition from children's to adult services**

Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services has been an area of concern for a number of years due to the vulnerability of young people and that the necessarily different emphasis on who the services prioritise<sup>2</sup>. Adult Mental Health Services are "expected to give priority to the severely mentally ill"<sup>3</sup> whilst developmental and maturation issues are of additional significance for CAMHS.

This can mean that at the age point where the CAMHS service no longer supports the person there is an assessment of whether their needs meet the eligibility criteria for Adult services. If they don't the young person can feel quite unsupported even if their needs could be met by primary care based mental health services as opposed to secondary care.

The suggestion of a Young Person's Service covering people aged 17 to 25 may well address this issue although that would be dependent upon the criteria for involvement or eligibility for services remains the same as for CAMHS. The resource implications of such a service would need to be carefully calculated. It should not be forgotten that Everybody's Business set a goal of extending the upper age limit for CAMHS services to include all up to the age of 18 but recognised that the human and financial implications of this had to be fully understood before proceeding.

What is clear is that where there are different services, problems around transition will always occur regardless of the age set. The management of the transition is the important aspect and if a young person's service is established instead of a single interface there may well be two to manage. This needs to be taken into account.

## **The impact of the effectiveness of community based services on hospital admissions and delayed transfers of care**

There has, in recent years, been a policy drive for increasing specialisation within community services in an attempt to improve effectiveness and to reduce the overall dependence on Acute in-patient services. Whilst there is potential for improved efficiency through economies of scale and focussing on specific tasks it is not an automatic effect that the introduction of specialist teams produces results. As mentioned above in relation to CRHT services there can be variation in approach and implementation whilst still being able to say that the service is available. In addition there are more general factors to consider. If attention is

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<sup>2</sup> Child and Adolescent Mental Health Services, Everybody's Business, Strategy Document September 2001

<sup>3</sup> Adult Mental Health Services for Wales Equity, Empowerment, Effectiveness, Efficiency Strategy Document September 2001

not paid to the wider infrastructure of society, including economic wealth, social capital and housing, the impact of secondary community mental health services, whether specialised or generic, will be limited.

Specialisation of services has not decreased work it has increased it by serving different people. The introduction of CRHT and AO services has not meant, to date, that CMHTs are less busy or able to dedicate more time to the service users on their caseloads. Different parts of the service may now have criteria for inclusion and exclusion which can fragment the service with “teams” being able to draw boundaries around what work they do and this requires careful management.

It is important that the CMHT should remain the cornerstone of secondary Mental Health services, as this is where the majority of service users receive support and it can be, in effect, the glue that holds the structure together. It also provides the overview of all care and support services but there will always be a crucial role for in patient based services whether acute focussed or part of the rehabilitation and recovery process.

It is understandable that there should be a desire to reduce admissions to hospital and therefore the need for “hospital beds” as this continues to be the area where the majority of expenditure sits. If services can be re-engineered to provide additional community services within existing resources then this is in the long term beneficial. However do not dismiss that any reduction in bed numbers, or in-patient environments of care can also be seen as an opportunity to improve the ratio of in-patient staff to service users and bring about improvements in the quality of care for those people who are the most unwell and vulnerable as to need hospital based care. If you improve the quality within in-patient services in terms of interventions there is evidence that you can bring about a reduction in length of stay and improvements in outcomes.

The reality is that there is a need to both increase the range of community based services across health and social care AND improve the quality of care within hospitals. This is not, however an easy square to circle within the current financial climate or indeed, within the health community generally where there is increasing expectation of all services.

In the Swansea area of the Trust in recent years there has been a concerted effort to develop new and make better use of existing supported accommodation through partnership working. The local social care and health joint planning group for mental health services established a sub group that focussed specifically upon accommodation provision and which includes membership from registered social landlords, Supporting People Services, private support providers, local authority, local health board and NHS Trust. One of the products of this engagement approach was an agreement to set up a common referral process for supported accommodation, OASIS (Opportunities for

Accommodation & Support In Swansea) which is co-ordinated from a central point for the whole of Swansea. The objective was to simplify the process for applying for supported accommodation and at the same time improve the use of the existing resource by matching the identified needs to accommodation with appropriate levels of support. This also provides key information on service demand and voids to help the future planning for new developments.

The Oasis service also provided the information base for a further example of making changes to ensure that people receive the right care in the right place and the use of resources more effectively in a recent repatriation project with Local Health Board and Local Authority partners.

The purpose of the project was to increase the range of services locally and strengthen local mental health Rehabilitation and Recovery services to enable a number of service users originally placed in out of county placements to return and have their identified needs met in the Swansea area. This involved securing agreement to transfer the costs associated with the commissioning of external places to Swansea based providers (predominantly the Trust and the Supporting People division within the City & County of Swansea). This has led to investment in psychology, occupational therapy, medical and nursing posts, the establishment of an assertive outreach service, increased staffing within the not for profit supported accommodation sector and re-engineering of resources for an interim low secure facility.

The benefits envisaged include providing care and support to particularly vulnerable people closer to their own community and helping to reduce, although not eliminate, demand for future out of area placements due to the strengthened services.

This work has demonstrated what can be achieved to grow the range of community based mental health services through effective partnerships and a shared strategic vision for the whole system.

### **The effective co-ordination of health and social care elements of community mental health services**

A great deal is often made about the importance of co-ordinating both health and social care in delivering mental health services, and rightly so. Communication, sharing appropriate information to help manage risks, ensuring that duplication does not occur and that services complement each other are crucial if service users are to be best supported. Multidisciplinary and multi-agency working brings a range of skills and perspectives to any care package and it is important to recognise that at the practitioner level, social worker, nurse, occupational therapist, psychologist, doctor, the relationship is more often than not one of working together towards a common goal of supporting individuals. Geographical

proximity, having a common base, plays a big role in ensuring that these working relationships are maintained and strengthened.

Beyond the day to day relationships there are, however, some issues that do not help in assisting health and social care to work easily together. A common problem across Wales and within our Trust is being able to use common Information technology systems. At present there are 2 different health IT systems within our Trust and 3 different Local Authority systems. However in Swansea the community based services are sharing a single system with the Local Authority, the PARIS system, which meets the requirements of the Unified Assessment Process, the Care Programme Approach and keeping health and social care records but this, to date has not been shared by the in-patient services<sup>4</sup> as the wider Trust health target reporting is done by a separate information management system. There are plans for partial implementation of PARIS within the Swansea hospitals in the near future which will be both ground breaking and beneficial but this will still then be a different system from the health services in Bridgend and Neath & Port Talbot. The 3 local authorities may still operate 3 different systems should they so choose in meeting their wider IT requirements for not only mental health services but also children's services, older people's services, physical disability services etc.

Such separateness is a contributory factor to the difficulties in securing consistency in the implementation and operation of the Care Programme Approach which in itself is the means to ensure effective co-ordination.

The Care Programme Approach (CPA) was introduced in Wales as the framework to structure the co-ordination of care and support for people served by secondary mental health services as the most unwell frequently experience complex problems that require the input of more than one discipline or agency. The CPA is not itself an "assessment" it is a process that includes an assessment of need and risk, the drawing up of a care plan, the identification of a single person (the care co-ordinator) to oversee the delivery of the care plan and to ensure the regular review of the care plan so that it remains pertinent to the assessed needs of the Service User. Following the identification of need where a person's problems are complex they are classed as receiving Enhanced Care and where the problems and interventions are straightforward they are classed as receiving Standard Care. It is not the case as been suggested in other evidence to the committee that people receive "enhanced assessments" or "standard assessments". The identification of standard or enhanced is as a result of the identified needs and interventions that arise through assessment. It should also be clarified that the CPA operates within secondary care services regardless of whether a person has been admitted to hospital and that it is the means to organise and deliver statutory aftercare in accordance with the Mental Health Act 1983 rather than something separate.

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<sup>4</sup> Although they all have access to the information

For Wales there is also requirement that CPA fits within the Unified Assessment Process (UAP) which is a more general but more structured process for identifying needs and co-ordinating care. This has caused much discussion and administrative confusion as organisations try to be compliant with the detailed UAP guidance from the government whilst trying to prevent duplication between the two processes. Simplification of processes for mental health services would be beneficial and the committee may consider it useful for their deliberations on this to seek information from the Welsh Care Programme Approach Association.

A further area that brings complication is that of targets. The setting of targets separately for social care services and health services is both divisive and unhelpful in trying to get organisations to concentrate on the key issues. This has been raised previously and consistently by organisations in both health and social care.

It is important to acknowledge, as already mentioned, that the achievement of positive outcomes for service users is not just dependent upon co-operation of statutory services in secondary mental health care. It is crucial that the role of not for profit organisations is fully appreciated and integrated into an understanding of the full range of support services available for individuals. The establishment of the CREATE Partnership in Swansea is a good example for addressing this.

In Swansea the statutory and not for profit Mental Health Services identified that the process of accessing appropriate day services in mental health, particularly where a range of services might be required, could often involve duplication with numerous assessments undertaken by service provider staff and service users. In addition, it had also been identified that there was often unnecessary duplication amongst service areas, with similar activities being offered by a number of providers.

The CREATE Partnership addressed this by bringing together all mental health day services, provided by both the statutory and not for profit services who 'signed-up' to a jointly agreed Philosophy Statement and accepted the principle of a 'one-stop' referral and assessment process.

Information on the full range of services is provided to everyone at an initial screening assessment. Emphasis is placed on creating service packages that meet individual client need. These packages regularly involve more than one service and the individual's programme will evolve as their need changes. Crucially, service users can try a range of services and choose those services they feel most comfortable with and or best meet their needs. More information and background can be found at <http://www.createswansea.co.uk/>

Similarly in Bridgend a Multi agency day opportunity scheme, The ARC, is in the process of development. The ARC will be managed by the Bridgend County Borough Council and will deploy resources allocated under a section 33

agreement with ABMU NHS Trust. This service will provide an innovative blend of occupation training and treatment for people with long standing mental health problems from the Bridgend area.

### **Equality issues relating to community mental health services, including those for BME groups**

From the results of the Census 2001, in both Neath Port Talbot and Bridgend, the proportion of the Black and ethnic Minority population was below the Welsh average of 2.1% being 1.1% and 1.4% respectively whilst Swansea was slightly above the Welsh average at 2.2%.

Research has consistently shown that people from black and minority ethnic communities often encounter barriers to accessing health services. Some of these barriers include:

- Communication/Language difficulties which could lead to
  - misdiagnosis,
  - late diagnosis
  - late treatment
  - non-adherence to treatment or preventative measures<sup>5</sup>
- Access to information which includes
  - A lack of appropriate information in required formats and languages which in turn results in a lack of awareness of services available and/or how to access them
- Culturally insensitive provision which could result in
  - The reluctance to use services because they are perceived as unfamiliar and unapproachable
  - A poor experience in using service due to feelings of isolation and communication difficulties
  - Inappropriate services e.g. gender insensitive services
- Lack of service user engagement in the planning of services which could result in
  - The development and commissioning of unsatisfactory services.

It is intended that by taking action under a common Race Equality Action Plan for health and social care partners in the ABMU area there can be a measured approach to addressing these issues.

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<sup>5</sup> ASERT programme Wales vol 7 p 39