

Post legislative scrutiny of the Mental Health (Wales) Measure 2010 – Response to recommendations

Recommendation 1. That the Minister for HSS ensures that the action plan for psychological therapies includes details about the timescales for the completion of each action and how each action will be resourced. The action plan should include details about how its effectiveness and value for money will be evaluated.

Response – Accepted. There is a proven evidence base on the benefits of psychological therapies and this is why NICE guidelines recommend their use in relation to a range of mental illness and emotional wellbeing problems. To ensure their expansion across Wales, health boards were asked to develop plans to deliver improvements in the training and provision of psychological therapies as a result of the £650,000 investment in 2014-15. Health boards have been asked to report on the outcomes of their plans and the investment by March 2015.

As part of and to support the implementation of this initial investment £45,000 was made available to Abertawe Bro Morgannwg University Health Board to develop a national action plan which will help health boards build on the training of staff already undertaken, and further improve delivery and consistency of psychological therapies provision. Implementation across health boards will occur throughout 2015-16 and they will be asked to demonstrate how they will effectively deliver such interventions.

Recommendation 2. That the Minister for HSS ensures that following policy or legislative changes, clear guidance is provided to health boards and relevant partners about minimum requirements for data collection. Such requirements should:

- be proportionate;
- ensure timely data collection;
- enable evaluation of the quality of care and outcomes;
- enable benchmarking and comparison over time and across Wales;
- ensure that data may be broken down and categorised appropriately, for example by service users' ages.

Response – Accepted in principle. Data collection needs to be clear in purpose and consistent in format in order to enable accurate comparison and analysis to occur.

To assist the evaluation of the quality of care and outcomes, a Mental Health Core Dataset (MHCDS) is in development. It will capture data to measure the impact and outcome of actions as well as processes. The work is led by the Welsh Government and Public Health Wales and will develop a specification for a nationally standardised dataset, covering both primary and secondary care mental health services. Phase 1 of this project commenced in 2014 with work continuing into 2015-16. Innovatively, this incorporates outcomes from a service user perspective, enabling service users to monitor and report their perception of the achievement of outcomes agreed in their care and treatment. In addition to this health boards are considering what outcome measure information can be captured and shared.

All data collected by Welsh Government in relation to the Measure is available on the 'My Local Health Service' web site. Welsh Government is fully committed to sharing and making transparent the information available. It is an integral part of the performance monitoring for the Measure and will add to the final Measure review.

Recommendation 3. That the Minister for HSS ensures that the task and finish group considering the form and content of care and treatment plans takes account of how to improve the quality of such plans. This should include identifying approaches which ensure that service users of all ages, and their carers where appropriate, feel involved and engaged in the identification and achievement of their desired outcomes. The group should also consider what staff training might be required and how best practice will be shared across secondary mental health service providers in Wales, to ensure that every person receiving secondary mental health services in Wales has a high quality care and treatment plan.

Response – Accepted. The Measure was introduced to ensure that quality care and treatment plans were available for all service users receiving secondary mental health services and it is clear that significant progress has been made. The Measure review Part 2 Task and Finish Group will be reconvened in the spring to consider any further action required in relation to this recommendation.

Supporting this, a service user satisfaction survey examining experiences of care and treatment planning has been developed by Cwm Taf UHB and partners, including a service user organisation. A specific audit tool which considers quality of provision is also being produced, for implementation later in 2015.

Recommendation 4. That the Minister for HSS works with health boards and the third sector as a matter of priority to improve the information and the way that is provided to patients and primary mental health service providers about people's rights to self refer for reassessment under Part 3 of the Measure.

Response Accepted. The Measure is being supported by independent research, taking place between July 2013 and October 2015. This research will specifically address the Measure impacts from the perspective of service users, carers and practitioners.

Initial findings from this research have found some confusion amongst a few people discharged from secondary services as to their rights to access reassessment. It has been suggested that written advice and information is insufficient and whilst Welsh Government expects person-to-person engagement should be undertaken in the majority of cases, particularly for those with limited literacy, the importance of this will be reiterated to all local health boards.

The third sector, service users and carers also have an important role, both in supporting mental health service users in exercising their rights and also in working with providers to bring about improvements where services are not responding as intended. A Service User National Forum has been convened so that the views of users can be heard and their feedback received on the issues, including in relation to the Measure, which are most important to them and to their families. Third sector and service user engagement in relation to the Measure is already showing benefits, for example through Unllais, an umbrella body for a number of third sector organisations, which is delivering care and treatment planning training across north Wales for third sector, service users, carers and others.

Recommendation 5. That the Minister for HSS requires health boards to ensure that appropriate training and information is available to staff in relevant healthcare settings about who is eligible for independent mental health advocacy under Part 4 of the Measure, and how to support patients to access advocacy services.

Response – Accepted. Guidance is already available to health boards in order to put in place robust training plans in place in relation to all aspects of the Measure, including advocacy. That guidance will be reissued as a Welsh Health Circular. The Measure review Part 4 Task and Finish Group will reconvene during the spring to consider this specific issue and advise me accordingly.

Recommendation 6. That the Minister for HSS sets out the timescales within which the task and finish groups established to review Parts 1 to 4 of the Measure are expected to report. Once the groups have reported, the Committee expects that the Minister will write to the Committee to provide details of the recommendations made by the groups and how he intends to respond to them.

Response – Accepted. The recommendations of the task and finish groups convened as part of the wider review of the Measure will be considered alongside independent research, data analysis and engagement with all relevant stakeholders. I reconfirm the process previously agreed with the National Assembly. The review will be completed and published within four years of commencement, and therefore concluded by the end of 2015. I will consider all the evidence and related recommendations arising from the review in their totality and report on next steps to the National Assembly and Health and Social Care Committee in 2016.

Recommendation 7. That the Welsh Ministers ensure that appropriate approaches to consultation are employed throughout the development, implementation and evaluation of the Welsh Government's legislation. This should include the use of both traditional and innovative consultation methods to facilitate wide engagement with all those who might wish to participate.

Response – Accepted. Welsh Government has put in place detailed guidance and a standardised approach in relation to consultation on legislation. This approach was adopted in relation to the Measure review, which has included wide ranging engagement with stakeholders. We aim to learn from innovation in Wales and elsewhere, so as keep our approach to consultation and engagement up to date.

Recommendation 8. That the Minister for HSS requires health boards to ensure that sufficient information is available in appropriate formats for all mental health service users, including children and young people, and harder to reach groups.

Response – Accepted. Health boards will be asked to review the format and availability of current information and report findings to the National Partnership Board, which oversees the Together for Mental Health Strategy, to ensure consistent and appropriate information is available for all users, including children and young people and harder to reach groups. Welsh Government has already agreed to commission such documentation as part of the review of the Mental Health Act 1983 Code of Practice which will incorporate the changes as a result of the Mental Health Measure, in line with a once for Wales approach.

Recommendation 9. That, once the plan for the improvement of Child and Adolescent Mental Health Services has been published in 2015, the Minister for Health and Social Services writes to the Committee to provide details of the actions set out in the plan, and how they will be delivered.

Response – Accepted.

Recommendation 10. That the Minister for HSS confirms that a robust cost benefit analysis of the Measure will be included in the final review report in 2016, and that he sets out:

- how this analysis will be undertaken; and
- the preparatory steps which are being taken to ensure that relevant data is being collected.

Response – Accepted in principle. A cost benefit analysis will be undertaken in a proportionate way, and will draw on the wider available research evidence and data which has been routinely collected since the Measure was implemented.