

Welsh Government Response to: Petitions Committee Report on petition P-05-736 - To make Mental Health Services more accessible

Detailed Responses to the report's recommendations are set out below:

Recommendation 1.

The Welsh Government should explore the implementation of a meaningful, human rights based approach to services and treatment for mental health patients, in consultation with service users, with the aim of securing person centred services and equality of access to services for all groups of service users in all parts of Wales. In doing so, they should ensure that people are fully aware of, and understand, their rights in mental health treatment, what support they can expect, who is responsible for delivering it and how to claim their rights where necessary.

Response: Accept

The delivery of mental health services and treatment sits within a range of legal frameworks and safeguards of people's human rights, including the Mental Health Act 1983, the Mental Capacity Act 2005 and the deprivation of liberty safeguards and their respective Codes of Practice, which set out how people are to be informed of their rights.

The Mental Health (Wales) Measure 2010 ("the Measure") established unique legislation for Wales for how mental health services are to be provided and to drive improvements, including the accessibility and parity of services. This included a provision that Independent Mental Health Advocacy is available to all people receiving inpatient mental health care whether detained under the Mental Health Act 1983 or not. Part 3 of the Measure also enables former users of secondary mental health services to ask for a re-assessment of their mental health within 3 years of being discharged from those services. This means that qualifying people can contact services directly to ask for an assessment of their mental health without having to go back to their GP to arrange a referral to secondary mental health services. There is a duty on Local Health Boards or Local Authorities responsible for mental health services under the Measure to provide information to eligible people at the point of discharge about how they can ask for a re-assessment of their mental health if needed.

The Welsh Government's Mental Health Strategy *Together for Mental Health* and the accompanying Delivery Plan for 2019-2022 (which will be published shortly) are also underpinned by a human rights based approach. They include specific actions that will help to support and promote the rights of children and young people, adults and older people. The delivery plan has a focus on reducing inequalities, in terms of access to services and treatment, and in relation to improving mental health outcomes. It prioritises the provision of integrated, person centred care – delivered in a way that has been informed by service users and carers. Through the delivery plan, we are also fully committed to ensuring that people are aware of and understand their rights in relation to mental health treatment, the support they can access and expect – and who is responsible for delivering that care.

Financial Implications:

Any financial implications will be built into the forthcoming delivery plan, with costs absorbed from within existing programme budgets and NHS allocations.

Recommendation 2.

The Welsh Government should review access to crisis care and ensure that there is sufficient clarity amongst health care professionals and other staff in direct contact with patients, about what constitutes a mental health crisis. There should be a clear route for people to access crisis care and support and, in particular, clarity is needed on the role of Community Mental Health Teams and their relationship with primary care.

Response: Accept

The Welsh Government is committed to improving crisis care and we have made this a priority for NHS Wales, supported with additional funding. Improving access to crisis and out of hours care is also a priority area in the *Together for Mental Health Delivery Plan 2019-2022*, which will be published shortly. To support improvements, we have commissioned the NHS Delivery Unit to review Psychiatric Liaison and Crisis Care services. The review will look at the provision of Psychiatric Liaison services mapped against crisis services, focussing on patient pathways, throughout the life course. It will help us understand current demand and how service link with wider mental health provision, social care and other agencies.

We recognise that NHS services are one element of the multi-agency response required to mental health crisis. The Mental Health Crisis Care Concordat Assurance Group includes a range of partners, including the NHS, Local Authorities, Police and the third sector to drive improvements in this area. All partners agree the need to improve the crisis pathway and to better understand the mental health demand. The NHS National Collaborative Commissioning Unit is undertaking a mental health urgent access and conveyance review to help us to better understand this mental health demand. The review is analysing data across a number of sectors including NHS, Wales Ambulance Services Trust (WAST), Police and Local Authorities. We expect to receive the findings from the review in the spring next year and this will inform the Welsh Government's, and other partners' next steps to improve the crisis pathway.

The work of the Mental Health Crisis Care Concordat is also supported by regional Mental Health and Criminal Justice Partnerships to support integrated working at a local level between the police, local authorities, the NHS, third sector and the Welsh Government

Financial Implications:

Any financial implications will be built into the forthcoming delivery plan, with costs absorbed from within existing programme budgets and NHS allocations.

Recommendation 3.

The Welsh Government should work to ensure that frontline health care professionals, such as GPs, are proactive in organising support for patients experiencing a mental health crisis. Patients should not be provided with a leaflet and expected to organise care themselves. The Welsh Government should also consider whether people should be required to have a GP referral in order to access support.

Response: Accept

Front line health care professionals play a key role in referring a person in mental health crisis to appropriate crisis support and services. Those professionals, applying risk

assessment systems, also work to maintain the safety of the patient until the crisis assessment takes place.

Whilst GPs are often the first point of contact for people in crisis, either in hours or out of hours, this is not always the case. For example, the person may take themselves, or be taken by family and friends or the emergency services, to an emergency department. In such situations, no GP referral is required. For those people who access emergency care via the GP services, it is expected that the patient be provided with a means of transport, if they do not already have access to suitable transport.

The current review of Psychiatric Liaison and Crisis Care and the Mental Health Urgent Access Review will help us better understand current provision, pathways and demand for services and will underpin future actions to improve the crisis pathway. This will build on current actions set out in the *Together for Mental Health* Delivery Plan (2019-22), including developing a mental health crisis pathway for 111 and GP out of Hours.

We also recognise that making sure that appropriate transport is available for those in mental health crisis to access person centred care is a priority and this is reflected in the national action plan for the multi-agency Mental Health Crisis Care Concordat. The Mental Health Urgent Access and Conveyance Review will help us and our partners to better understand what types of transport are needed – and to then make recommendations for improvement. One of the principles of the Crisis Care Concordat is that we find alternatives for individuals as a priority rather than alternatives for agencies.

Financial Implications:

None. Costs will be absorbed from within existing programme budgets and NHS allocations, as part of work being taken forward to deliver the Mental Health Crisis Care Concordat.

Recommendation 4.

The Welsh Government should consider alternative forms of service provision for crisis care and their applicability to Wales, including the crisis sanctuary model which operates in several cities within the UK.

Response: Accept

The Welsh Government and the NHS in Wales are working with agencies to support people in crisis and we have made improving crisis and out of hours care a priority, with additional funding to support this work. We have agreed with partners the need to invest in evidenced based approaches in relation to supporting those in mental health crisis and we are encouraging all partners to include evaluation routinely to enable us to understand what works. Using the additional investment that the Welsh Government has made available from 2019/20 a number of health boards are trialling different approaches, in partnership with the police, including street triage and conveyance.

The Mental Health Crisis Care Concordat Assurance Group will play a key role in helping us to consider which approaches, including the Sanctuary model, is most effective.

The Mental Health Urgent Access and Conveyance Review will also help us understand where we need to work with partners to improve the crisis pathway.

Financial Implications:

None. Costs will be absorbed from within existing programme budgets and NHS allocations, as part of work being taken forward to deliver the Mental Health Crisis Care Concordat.

Recommendation 5.

The new waiting time targets for treatment in primary care are a positive step forward. However, there is now a need for the Welsh Government to review the operation of mental health targets in secondary care, given the difference between targets in place in secondary care services (26 weeks) and primary care (28 days).

Response: Accept

We have begun collecting data for specialist psychological therapies prior to the commencement of formal reporting from 2019. Health boards will be expected to have started treatment of 80% of patients within the 26 week target. It is our intention to reduce this target once the new investment we are making from this year enables us to do so.

Financial Implications:

None. Costs will be absorbed from within existing programme budgets and NHS allocations.

Recommendation 6.

The Welsh Government should review access to psychological therapies and take appropriate steps to ensure that there is sufficient provision in place across Wales, including for one-to-one therapy when this is required.

Response: Accept in principle

The National Psychological Therapies Management Committee produced an implementation plan to assist health boards to assess their current position and make improvements locally. Each health board has now undertaken an audit to identify where additional provision is needed and to target resources appropriately.

The forthcoming *Together for Mental Health* Delivery Plan 2019-2022 includes a number of actions to support this improvement, including introducing a psychological therapies infrastructure in Wales that will support workforce development and strengthen governance.

This work is underpinned by additional funding and since 2016-17 we have increased the ring fenced mental health funding in the main NHS Allocation by £75m or 12.5% and in 2019-20 it is set at £679m.

This includes specific investment of £4 million per year since 2018/19 for psychological therapies and we have made additional investment this year through the service improvement fund as we have been clear that this must be one of the priority areas for consideration by health boards.

As part of this work Matrices Cymru also published guidance for delivering evidence based psychological therapies in Wales developed by the National Psychological Therapies Management Committee (NPTMC).

Financial Implications:

Any financial implications will be built into the forthcoming delivery plan, with costs absorbed from within existing programme budgets and NHS allocations.

Recommendation 7.

Given the evidence the Committee has received during its consideration of a number of petitions calling for improvements in the treatment and support available for mental health patients, the detailed work undertaken by the Children, Young People and Education Committee in their “Mind Over Matter” Report, and Members’ experiences with the problems faced by constituents in accessing services, the Welsh Government should significantly increase the resources available for the provision of mental health services for all patients, including those experiencing mental health crises.

Response: Accept in principle

Since 2016-17 we have significantly increased the ring fenced Mental Health funding in the main NHS Allocation by £75m or 12.5%. The ring-fence has risen by £20m in 2019-20, taking the overall total to £679m. This is supported by an additional £14.3m of ‘A Healthier Wales’ investment, some of which has been targeted to support key priority areas including community mental health services, out of hour and crisis services, and children’s mental health services.

In addition to funding increases there is a significant reform and improvement programme across our NHS. It is important to reflect that the overwhelming majority of factors that lead to increased demand for mental health services are outside the influence of the NHS. We will continue to invest in and improve mental health services.

Financial Implications:

Any financial implications will be built into the forthcoming delivery plan, with costs absorbed from within existing programme budgets and NHS allocations.