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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Eich cyf / Your ref:

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Kelly Sursona

Rhif Ffôn /Telephone: 01267 239569

Dyddiad/Date: 22 August 2019

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Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

By email: SeneddHealth@assembly.wales

Dear Dr Lloyd

Re: Health, Social Care & Sport Committee: 13 June 2019

Thank you for your letter of 19 June 2019 following the above Committee evidence session. I hope you found our evidence session of interest.

Mental Health

- 1. Could you provide more information on the measures in place to deal with the growing demand for assessment of children within the CAMHS service, including those waiting longer than the target times.*

There is currently no waiting list for children and young people for assessment following referral to Specialist Child and Adolescent Mental Health Services (S-CAMHS); the Health Board is meeting all its performance targets to date.

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Cadeirydd /Chair
Miss Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

Where there have been variants in respect of Primary Care referrals, this is attributable to sickness absence within the local teams, resulting in the assessments or interventions not being delivered within the 28 day performance standard.

The Health Board operates a Single Point of Contact for all referrals, which ensures every referral is screened for urgency and then forwarded to the appropriate mental health service for assessment. This could be direct to Primary Mental Health or to Secondary Mental Health services. Where there is extreme urgency, the Crisis Team will undertake an assessment.

The Health Board is monitoring the demand on the S-CAMHS Service, and considering additional means of providing services, which includes extending working hours. At present, the Crisis Team operates 24/7, and consideration is being given to providing a 7-day a week Primary Mental Health Service.

The Health Board's Neurodevelopment Service provides diagnostic assessments for Autistic Spectrum Disorder (ASD) for children and young people, and is not meeting performance targets fully. Due to a high demand for this service, the Health Board is working with Welsh Government to develop a 12-month Recovery Plan to address the waiting list to ensure that the future service model is resourced to meet this growing demand, which will have a positive impact on the 26-week Welsh Government target.

2. *What progress has been made in implementing the new model of care for mental health services (referred to in the Health Board's written evidence) and what evidence is there of improved outcomes for patients?*

In January 2018, the Health Board approved the implementation of the co-designed *Transforming Mental Health* (TMH) model. A Transforming Mental Health and Learning Disabilities (TMHLD) programme group was established to oversee the implementation of TMH, and includes representation from a wide range of stakeholders.

The implementation phase of TMH to date has been centred on reconfiguring adult mental health services to develop:

- A 24/7 Community Mental Health Centre (CMHC) in each county. These centres will provide
 - A 'drop in' facility offering a minimum of four 'crisis' or 'recovery' beds;
 - The availability of a local assessment suite for the use of Section 136 of the *Mental Health Act 1983* (where the police can take a person they believe has a mental health illness and needs care or control to a place of safety); and
 - The potential to offer a social enterprise that adds value to the local community.

These also include new roles for the Third Sector, embracing the values and experiences of those with a lived experience of mental health problems.

- A Central Assessment Unit (CAU) and Central Treatment Unit (CTU) in Carmarthenshire that will provide a greater presence of senior clinicians, alongside increased input from the Third Sector, to assist people with their recovery. The CAU will also provide a designated Section 136 assessment facility to help meet the needs of the Crisis Care Concordat and the *Policing and Crime Act 2017*.

- A Single Point of Contact to improve access for everyone.
- Improved transport provision.

This is a significant service change, with £17m of revenue funding within adult mental health services and £900k of commissioned services that support adult mental health service delivery. It directly affects around 400wte staff who work within the service. The roles of the workforce must be developed clearly and with sensitivity for the needs of staff, as many of these roles will see changes to their working hours and working practices in order to deliver the future vision for the service.

Retaining co-production at the heart of the programme's implementation affects the pace of change, to give due consideration to the voices of others. Implementation of the programme in this way reduces the risk of resistance to major service change and increases the chances of embedding the cultural change required from our workforce and partners in the longer term. Over the last 18 months, significant progress has been made with our service users and key stakeholders:

- The Estates and Infrastructure group has developed a critical pathway and timeline for capital and estates that describes when each Community Mental Health Centre and inpatient unit is anticipated to be fully operational. Welsh Government has invited the Health Board to develop an outline Business case, which has recently been finalised. In addition, staff and stakeholders are identifying, designing and co-developing the buildings identified within the TMH model.
- The Transport group has co-designed a new transport system to support the access and outreach options for mental health staff, service users and carers following transition to the new service model. This will streamline the existing booking process to ensure a single point of contact for booking requests on a 24/7 basis, with the ability to monitor and report on all transport activity filtered through the system. It will also identify a range of community transport and outreach options for people using all elements of the proposed new service.
- The Workforce and Cultural Change group has written revised job descriptions for a number of new roles within the model. A 'TMH Champions Day' to raise awareness of the work being undertaken has had a noticeable impact on the workforce within adult mental health service. Currently, the group is modelling the workforce requirements for the model in order to progress an Organisational Change Process.
- The Pathways Group has designed a high level pathway for the new model and is working to progress a Single Point of Contact with Local Authority colleagues.

On the ground the following changes have been seen:

- Developing a **24/7 mental health drop in facility in Aberystwyth**, with a designated place of safety. The Community Mental Health Team (CMHT) in Gorwelion, Aberystwyth operates 9-5 Monday to Friday, excluding bank holidays. CMHT staff are currently working collaboratively to merge existing primary care and secondary care teams. Capital investment has also been secured to ensure the environment in the building is suitable. Whilst an Organisational Change Process (OCP) is being developed with staff, the CMHT is running a drop in service during weekdays and early feedback from this has been really encouraging.

Service users are reporting feeling more comfortable in attending appointments and engaging with CMHT staff more positively. The service is expected to be fully operational on a 24/7 basis from **January 2020** and the team will be gradually phasing up its hours of operation until that time.

- The **Primary Care Mental Health practitioner pilot** in Pembrokeshire will build upon a successful pilot in Cardiff & Vale UHB that has reported significant improvements in mental health care and a reduction in referrals to primary and secondary mental health services. Two GP surgeries in Pembrokeshire have been identified to run the pilot and the practitioner has now been appointed and were due to commence in post from **July 2019**.
- A **Twilight drop-in centre in Llanelli** provided by the Third Sector for low level mental health needs between 6pm – 2am, Thursday – Sunday, which demand mapping has shown are peak hours for crisis activity. The Health Board is working jointly with Hafal/Llanelli Mind, Llanelli CMHT/Crisis Team, WAST and Dyfed Powys Police to run the service from Llanelli town centre. The service will become operational in **July 2019**.

Eye Care

3. *We discussed the performance-against-waiting time figures in relation to eye care, and the number of patients experiencing delays in follow-up treatments. We note the funding measures you now have in place to develop solutions to the backlogs in this area. Could you provide us with figures for the number of patients whose eyesight has been lost or damaged as result of delayed treatment.*

Over the last two years, the Ophthalmology Team has reported 12 incidents of harm relating to delay in follow up that resulted in patients' eyesight having been lost or damaged. The Health Board has a strong ethos of reporting harm and has set up an Incident Management Group, which meets monthly to review and monitor the improvement action. This group includes the Clinical Lead, Senior Nurse Manager and Service Delivery Manager for Ophthalmology.

Digital and Data

4. *In what ways is the Health Board maximising the use of digital technology to improve the delivery of care and patient outcomes? Is there a sufficiently joined-up, strategic approach to digital innovation at health board level and nationally.*

The recent Wales Audit Office (WAO) report on the Informatics Systems in NHS Wales fairly reflected the current digital challenges in NHS Wales, and provided a focus for improvements going forward. In response to the Public Accounts Committee, and also the questions raised by this Committee, the Health Board has met the NHS Wales Informatics Services (NWIS) at a Director to Director level to develop an implementation plan to greater improve our usage of the nationally available systems.

The Health Board has implemented all national systems currently available, and is now working to improve the usage of such systems, which will in turn improve the digitisation of a number of services affecting patient care. The publication of our Health and Care Strategy: *A Healthier Mid and West Wales – Our future generations living*

we// recognises that the digital landscape is a key enabler. For example, the Health Board has agreed to invest in a pilot to deliver the Welsh Community Care Information System (WCCIS), which integrates community health and social care staff, mobilising them to provide care in the patient's home.

Coupled to this is the development of a number of new Community Care Hubs, with the latest digital technology included, to provide a blueprint for a digital hospital. As a result, our Digital Strategy has been reviewed as part of the annual planning process and will continue to be adapted to reflect emerging technology, the national digital plan, and current thinking of the Strategy.

The Health Board is leading the way for Patient Reported Outcome Measures (PROMs), and is using technology to allow patients either to enter the information at our clinics or at their home. All of which is presented back to the clinical teams to improve services.

In order to provide clinical leadership in digital, the Health Board has appointed a Chief Clinical Information Officer (CCIO), and an Interim Chief Nursing Information Officer (CNIO), who are now helping to both shape and support the Digital Strategic Plan. The CCIO and CNIO represent the interests of all clinical/nursing staff groups on digital projects. At the simplest level, they provide clinical leadership and input on national and local digital projects, and ensure that digital projects are designed with healthcare users firmly in mind. These are critical roles that unite the digital agenda with clinical practice, ensuring the Health Board uses information and digital in the transformation of healthcare.

The recently announced Transformation Fund has allowed the Health Board, with its partners, to progress the development of Technology Enabled Care (TEC). This is truly a transformation programme with digital technology at the centre of its development. It will provide a seamless platform for all care givers to provide the support to the patient when required. Therefore, our digital aim is to provide a patient-centric, modern, efficient healthcare system for the population of Hywel Dda UHB. At the heart of this system is a modern, robust digital infrastructure, recognising the social care and GP record at the core, with interoperability into each of the neighbouring electronic systems that interface with a patient's journey through the NHS and wider community, such as social care services.

Brexit Preparations

5. *What have been identified as the key areas of risk within the Health Board, i.e. what services, systems, etc. are likely to be most affected by the UK's withdrawal from the EU?*

A series of risk assessments against targeted high risk and cross cutting areas was undertaken to determine the potential impact to business continuity and understand the collaborative contingency planning arrangements that are required for preparedness, response and recovery for a 'no deal' scenario.

Together with a number of table top exercises at local, regional and national levels, these have led to the identification of the highest risk areas: Supply Chain; Workforce; Financial Impact; and knock on impact from partner social care providers and primary care contractors.

Specific business continuity plans have been developed which reflect contingency arrangements in the event of a no-deal scenario, and link to on-going preparations by NHS Wales Shared Services Partnerships.

The Health Board continues to maintain a Brexit Steering Group (which leads on planning, preparing and responding to the consequences of Brexit) and participates in preparations at regional (Local Resilience Forum) and national (Welsh Government) levels.

I trust this information is of assistance and addresses the points raised by the Committee.

Best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'Steve Moore'. The signature is fluid and cursive, with the first name 'Steve' and last name 'Moore' clearly distinguishable.

Steve Moore
Chief Executive