



National Assembly for Wales

[Health and Social Care Committee](#)

[Post-legislative scrutiny of the Mental Health \(Wales\) Measure 2010](#)

Evidence from Neath Port Talbot CVS – MHM 22

Consultation on the operation of the Mental Health (Wales) Measure 2010

A Response from Neath Port Talbot CVS

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Neath Port Talbot CVS

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A response to the Consultation on the operation of the Mental Health (Wales) Measure 2010

Neath Port Talbot Council for Voluntary Service (CVS)

Neath Port Talbot CVS is the County Voluntary Council and a Charitable Company set up to promote, support and develop the Third Sector in Neath Port Talbot. It has over 500 member organisations and is in touch with over 1,000 Third Sector organisations operating in Neath Port Talbot.

The organisation has strong partnership links locally and regionally and works in a number of strategic areas, such as Health, Regeneration, Children & Young People.

Introduction

Neath Port Talbot CVS has made this consultation document available on its website and through its general information services.

Theme 1 (achievement of stated objectives)

- a) Do primary mental health services now provide better and earlier access to assessment and treatment for people of all ages? Are there any barriers to achieving this?**

The large number of people accessing the LPMHSS suggest that the need for the service anticipated in the development of the Measure was correct. However the huge number of referrals is itself a barrier to early access to assessment and treatment, risking the development of waiting lists which mitigate against the principle of swift and early access to treatment.

- b) What has been the impact of the Measure on outcomes for people using primary mental health services?**

Outcomes for individuals have been varied. For many people the development of the LPMHSS has provided much-needed support. For others the new service has raised hopes of receiving services which either do not exist, are arbitrarily time limited or are subject to considerable delays.

- a) What has been the impact of the Measure on care planning and support for people in secondary mental health services?**

The impact of the Measure on care planning and support has been far less positive than the development of provisions under Part 1. There has been anecdotal evidence locally of many people being discharged from secondary services to eliminate the need to provide a comprehensive, person-focussed care plan. Whilst a periodic review of the need for secondary care there is evidence that dropdown from secondary care has been used as a blunt instrument in order to maintain compliance with the legal requirements of the Measure.

b) Has there been a change to the way in which service users in secondary mental health services are involved in their care and treatment?

A recent service user and carer conference held in Port Talbot had care and treatment planning as one of its themes. Feedback revealed that many service users were not involved in the development of their care and treatment plans, with many not even aware of the existence of such a document. For carers there was even less involvement, with many feeling that they were excluded from critical decisions on care and treatment for their loved ones.

What impact has the Measure had on service users' ability to re-access secondary services? Are there barriers to achieving this?

We are not in a position to answer this due to lack of feedback locally.

c) To what extent has the Measure improved outcomes for people using secondary mental health services?

Outcomes for people using secondary mental health services are often dependent on other more local factors such as the availability of local services and local capacity rather than specific provisions arising from the Measure.

d) To what extent has access to independent mental health advocacy been extended by the Measure, and what impact has this had on outcomes for service users? Are there any barriers to extending access to independent mental health advocacy?

Any extension of the provision of advocacy for people with mental health problems is to be welcomed. Hard outcomes for service users within acute settings are notoriously difficult to measure, with much of the benefit being in 'soft' outcomes such as improved wellbeing and increased confidence of clients in articulating their wishes.

e) What impact has the Measure had on access to mental health services for particular groups, for example, children and young people, older people, 'hard to reach' groups?

The 'age blind' nature of the Measure is to be welcomed as a breaking down of artificial barriers to the provision of services. However since other local services are often still structured on an 'age; basis- (e.g CAMHS, Adult Acute; Older Peoples' Services) the problem of transition across age groups is still a very real one. This will be resolved not through the provision of legislation but by the effective integration of services 'on the ground'.

f) To what extent has the Measure helped to raise the profile of mental health issues within health services and the development of services that are more sensitive to the needs of people with mental health issues?

Although of huge significance in focussing the work of mental health services we see no evidence locally that the Measure has of itself raised the profile of mental health services within health provision as a whole.

g) To what extent has the implementation of the Measure been consistent across Health Board areas?

We do not have a broad enough evidence base to provide a response to this question.

h) Overall, has the Measure led to any changes in the quality and delivery of services, and if so how?

From evidence gathered locally it is clear that it is the development of the Local Primary Mental Health Support Service which has which has led to greatest change in services- not so much in quality but in the type of 'low level' service now available.

Theme 2 –lessons from the making and implementation of the legislation.

a) During scrutiny the scope of the Measure was widened from adult services to include services for children and young people. What, if any, implications has this had for the implementation of the policy intentions set out in the Measure as it was proposed, and as it was passed by the Assembly?

We feel that this was the correct decision given that the often artificial boundaries between age-specific services have historically been a barrier to the provision of seamless services and to transition. In practice the inclusion of services for children and young people has proved challenging for many providers used to working within age-specific services, in particular the embedding of CAMHS services within the provisions of the new Measure.

b) How effective were the consultation arrangements with stakeholders and service users during the development, scrutiny and implementation of the Measure?

We do not have enough evidence available locally to answer this question.

c) Has sufficient, accessible information been made available to service users and providers about the Measure and its implementation?

Service providers should have been aware of their obligations through the task and finish co-ordinators put in place to develop services under the Measure. The allocation during implementation of funding for the training of statutory staff in the requirements of the Act was also a positive feature.

Less successful we feel has been engagement with service users and carers in the specific changes brought about by the Measure. Most service users are not aware of the Measure as a specific piece of legislation. The novel and discrete nature of the Local Primary Mental Health Support Service is also not at all well understood by the majority of service users.

d) How effective was the support and guidance given to service providers in the implementation of the Measure, for example in relation to transition timescales, implementation, targets, staff programmes, etc?

We are not able to comment on this question

e) Did any unforeseen issues arise during the implementation of the Measure? If so were they responded to effectively?

We are not aware of any major unforeseen issues which impacted upon Implementation locally.

f) Are there any lessons which could be learned, or good practice which should be shared, for the development and implementation of other legislation?

We do not have enough information to be able to comment on this question

Theme 3 (value for money):

a) Were assumptions made in the Regulatory Impact Assessment about the demand for services accurate? Were there any unforeseen costs, or savings?

We do not have enough information to be able to comment on this question.

b) Have sufficient resources been allocated to secure the effective implementation of the Measure?

We do not have enough information to be able to comment on this question.

c) What has been the impact of the Welsh Government's policy of ring-fencing the mental health budget on the development of services under the Measure?

We feel that the ring-fencing of the mental health budget has been an essential component in ensuring the comprehensive development of services under the Measure.

d) What work has been done to assess the costs of implementing the Measure, and to assess the benefits accruing from the Measure?

We do not have enough information to be able to comment on this question.

e) Does the Measure represent value for money, particularly in the broader economic context? What evidence do you have to support your view?

We do not have enough information to be able to comment on this question.