

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/03537/18

David John Rowlands AM
Chair - Petitions Committee
National Assembly for Wales
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Dear David,

Thank you for your letter of 24 October in your capacity as Chair of the Petitions Committee regarding Petition P-05-736 – ‘Making Mental Health Services More Accessible’.

In relation to the specific questions raised:

1. The Welsh Government’s expectations in relation to the availability of 24/7 crisis services for people experiencing mental health problems across Wales;

Within our *Together for Mental Health* strategy, published 2012, we made it clear that services needed to be in place to respond appropriately when someone is in crisis.

We have made available almost £7m (£2.7m CAMHS / £4m adults) annually since 2015-16 to improve provision for people who present in crisis. These CAMHS Crisis Teams and Adult Psychiatric Liaison Services work extended hours and at weekends and have developed close working relationships to ensure that any person who presents in crisis can be quickly assessed and access appropriate support.

We also have Community Mental Health Teams (CMHTs) which are now embedded across Wales. Linking closely to the CMHTs, health boards also include crisis resolution and home treatment services to provide alternative interventions to hospital admission or support earlier discharge.

To support further improvements in this area, we prioritised improving crisis care and out of hours provision in the £7m mental health transformation fund. As part of this fund, we have committed nearly £1m this year for a range of approaches to improve support, including liaison services, crisis support and street triage.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

2. An update on the development and implementation of a Crisis Care Concordat for Wales, and how this could be embedded within all relevant agencies and services;

The Welsh Mental Health Crisis Care Concordat (MHCCC) was launched by the Welsh Government in December 2015 and a National task and finish group was also established to guide the development of the MHCCC and local implementation plans across Wales. The task and finish group was responsible for developing a shared national structure for regional delivery plans and shared outcomes and identifying and collecting relevant data.

In Sept 2017, Bangor University published an evaluation of the MHCCC which confirmed that the group had achieved its immediate objectives, including reducing the use of police custody for those detained under section 136 of the Mental Health Act 1983 (“the Act”).

In recognition and agreement with key partners that further work is required across the health, social care and policing system to fully implement the spirit of the MHCCC, the MHCCC task and finish group was reframed in 2018 as an assurance group. The MHCCC Assurance Group has a dual role in providing governance and oversight of regional partnerships and strategic leadership, prioritising and supporting the implementation of the MHCCC.

The initial focus of the re-established group is to develop a new data set for section 135/136 detentions in response to changes in legislation and to ensure the data is person centred with an emphasis on patient outcomes. The new data is being piloted in the final quarter of this year with a view to formal implementation in April 2019, subject to meeting the Welsh Information Standards Board (WISB) requirements. The group has also developed a new national delivery plan and an outline proposal for an independent review to better understand the nature of the crisis demand. The aim of this review will be to support the group in making recommendations for multiagency work to improve the response and support for individuals in crisis across systems.

To enable implementation of the MHCCC across relevant agencies, the membership of the MHCCC was also revised and includes representatives from Regional Mental Health and Criminal Justice Partnerships, Police and PCC’s, Local Authorities, Local Health Boards, the Welsh Ambulance Service, Public Health Wales and the third sector.

3. Data on the length of time that patients are, on average, currently required to wait for access to psychological therapies in Wales;

We continue to implement our commitment to improve access to psychological therapies and are providing an additional £5.5m a year of funding to support this, £4m of which has been directly allocated to health boards to enable them to implement their own action plans in this area. We have also indicated within our draft budget proposals that further investment is planned in this area.

In Local Primary Mental Health Support Services (LPMHSS), the last published data (June 2018) shows that we are meeting the targets for assessment and interventions. With 84.0% of LPMHSS assessments undertaken within 28 days from the date the referral was received and 82.4% of therapeutic interventions started within 28 days following an LPMHSS assessment. To put these figures into context, there were 5,915 referrals received for an LPMHSS assessment in June 2018.

Welsh Government has also begun collection of the data for specialist psychological therapies prior to the commencement of formal reporting in 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.

4. Whether (and when) you intend to publish a report on progress against the Together for Mental Health delivery plan 2016-19;

A progress report for the current delivery plan was published in June and be accessed in the attached link:

<https://gov.wales/topics/health/nhswales/plans/mental-health/?lang=en>

5. The total amount or proportion of mental health spending that is spent on crisis care.

Health boards are responsible for setting their budgets for mental health services in line with their population needs assessments and the requirements of the mental health ring fence. The ring fence itself does not distinguish between different mental health services and therefore we are unable to give a total amount spent on crisis care. Detail of additional funding which has been allocated specifically in relation to crisis / out of hour provision through the mental health transformation fund is included above (in response to question 1.)

Thank you again for writing to me on this matter. I hope you have found my reply helpful.

Yours sincerely,



Vaughan Gething AC/AM

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