

REPORT TO: GWYNEDD COUNCIL CARE SCRUTINY COMMITTEE
DATE: March 2022
REPORT BY: COUNCILLOR DAFYDD MEURIG
(SUPPORT OFFICER - MANNON EMYR TRAPPE)
SUBJECT: UPDATE ON THE GWYNEDD MENTAL HEALTH SERVICE

1. PURPOSE OF THE REPORT

To provide members with an overview of the Gwynedd Mental Health Service's work and the developments for 2022-23.

2. OVERVIEW OF THE SERVICE

- The Mental Health Service has been an integrated multidisciplinary team since 1996.
- Although the Health Board leads the Service, it is a strong partnership that has been developed over many years.
- The service works in accordance with the Mental Health Measure 2010, which places a duty on local health boards and local authorities to ensure that appropriate care that focuses on the mental health needs of individuals is in place.
- The work is being guided by the Together for Mental Health Strategy, which is the Welsh Government's strategy for improving mental health and the provision available to support individuals across the country.
- The service is divided to offer support within primary services for low-level cases and within secondary services for more intensive cases.
- Referrals will be received from GPs and all referrals will be scrutinised daily (Monday to Friday) to see if there is sufficient information to decide as to whether it is suitable for assessment (i.e., there is evidence of mental illness or impact on mental well-being).
- The measure states that standardised assessments are completed within 28 days, urgent assessments are completed within 48 hours and crisis visits receive a response within 4 hours.
- We will also refer some individuals to other agencies who can offer more specific support (e.g. Cruse – Bereavement Counselling, RASASC – Rape and Sexual Abuse Support Centre, etc.).
- Workers are the service's main resource with employees offering therapy and support to individuals to overcome or cope with their illness.

- The service's budget is relatively small at £3.6 million.
- We commission third sector agencies to meet the needs of individuals within the community. For example, Canolfan Felin Fach in Pwllheli, and Canolfan Tan y Maen in Blaenau Ffestiniog.
- As the Health Board leads the service, there is a strong focus on the medical model - which includes diagnosis and medication.
- Our role as a local authority is to focus on the social elements and also to lead on the work under the Mental Health Act 1983.
- The Authority also provides Support Workers (with a financial contribution from Health to employ them) to work more intensively with individuals on care and treatment plans.

3. THE TEAM

Paid employment by Gwynedd Council:

- 2 Area Leaders
- 12.5 Social Workers
- 7 of the above social workers are also AMHPs (Approved Mental Health Practitioner) under the Mental Health Act 1983 (an additional 2 AMHPs work in other teams within the adults field).
- 9 Support Workers
- 0.5 Well-being Officers

Paid employment by the Health Board:

- 16 Community Psychiatric Nurses
- 3 Occupational Therapists
- 5 Psychologists
- Psychiatric Consultants

The teams are split into the Arfon and south Gwynedd areas. The Arfon team is based within the Hergest Unit, Bangor and the south Gwynedd team is based at Ysbyty Alltwen, Tremadog with a satellite office in Dolgellau.

4. PURPOSE OF THE SERVICE

- The service provides appropriate social and health care that focuses on rehabilitation for adults with mental health needs within the community. Primarily, if the level of need allows, the intention is to provide community-based support within the primary service, with additional, secondary and specialist care provision to meet severe and/or complex needs when needed.
- The service provides evidence-based care in accordance with the requirements of the 'Together for Mental Health' National Service Framework for Wales and the Mental Health Measure.
- Gwynedd Council is committed to working together on the North Wales Mental Health Strategy to:
 1. Ensure that psychological evidence is at the heart of community services.
 2. Develop integrated/collaborative approaches to managing common mental health problems and support self-management by adapting ways of life.
 3. Develop systems to ensure a timely provision for assessment and treatment of psychosis.
 4. Develop a system that focuses on early intervention and prevention at the heart of patient care.
- Services are accessible and relevant, anti-discriminatory, respect cultural values and are user-friendly for patients and carers. Mental health services will seek to help reduce the stigma associated with mental health care and ensure that care is provided in the least restrictive way possible.
- The service aims to promote health and well-being, promote individual recovery, social inclusion and assist individuals to have a meaningful occupation. It will incorporate the element of choice and support individuals to engage with their local communities. We will support resilience and well-being through community networking, ensuring that the individual takes ownership of their care plans and what they want to achieve. The overall aim is to improve the individual's quality of life, with priority given to prevention and early intervention. The Well-being Officer leads on the Mental Health Learning Partnership. Well-being applies to all of us and so the Partnership is cross-departmental and multi-agency. The Officer has developed a 'Looking After Myself' booklet based on the 5 ways to well-being. The booklet sets out what resources are available within our County to support individuals. The booklet is distributed within GP surgeries, libraries and leisure centres within the County and is also available through the Council's website.
<https://www.gwynedd.llyw.cymru/Looking-after-myself.aspx>

5. THE MENTAL HEALTH ACT 1983

- As noted above, 9 AMHPs are employed within the Adults, Health and Well-being Department. The authority is required to employ AMHPs to undertake assessments under the Mental Health Act 1983. Recruiting and retaining AMHPs has proven to be a difficult task for some years. We make every effort to develop and train our own staff.
- This work has been challenging for a number of years due to the lack of availability of specialist doctors (who need to be authorised under s.12 of the Mental Health Act 1983 to assess), as well as the availability of beds locally. There are many examples where patients have had to be transported to mental health hospitals far from their area. The Director of Social Services in Gwynedd and within other authorities has raised this issue with the Health Board on a number of occasions.
- Transporting people to hospital is also challenging due to the lack of availability of an ambulance service.
- The Mental Health Act places a duty of after-care under s.117. This means that anyone detained under sections s.3, 37, 45A, 47 or 48 is eligible for unpaid care.
- There were 126 assessments under the Mental Health Act in 2021.

6. WORK LOAD

- In 2021, the Service received 4679 referrals. This is an average of 390 referrals per month.
- Most of these referrals are assessed before a decision is made on how to assist the individual. Demand is very difficult to measure but 1 in 4 of us experience some form of mental illness in our lifetime. As the population is growing, the demand for services is inevitably going to increase. It is not possible to guess the severity of cases or the service input required in advance.
- 589 people are open to the Secondary Service.
- There are 492 cases open to the Primary Service.
- 74 cases are open to Psychology.
- There are anxiety management groups, life skills groups and support groups for individuals with personality disorders across the County.
- There are 25 people waiting to be allocated a care manager in south Gwynedd and 33 in Arfon. There are waiting lists as a result of sickness and vacancies within the service.

- Social Workers assess Mental Health carers to see if support can be offered, and two support workers support carers by offering one to one and/or group meetings.
- The Support Workers support 3 groups in the Arfon area, namely social groups and a gardening group. There is no group in south Gwynedd at present.
- The Service commissions care placements and supportive accommodation for individuals. Many of these locations are out of county.

7. GOVERNANCE PROCEDURE

- Each service reports to the Together for Mental Health Partnership Board which feeds into the Welsh Government.
- There is a weekly report on the Service's performance in relation to a number of individuals with a Treatment Care Plan (86% in January 2022), a number of individuals who have been assessed within the 28 days (57.9% in January) and are receiving an intervention within 28 days (63%).
- Long term sickness and vacancies contribute to the above performance. It would be fair to say that the current level of performance should be improved.
- A Local Implementation Team (LIT) has been established across the region and Gwynedd has a joint LIT with Anglesey. The purpose of the LIT is to bring together the key partners to discuss local needs and plan for how those needs can be met. Unfortunately, due to the pressure on services, the LIT has not met since the Covid-19 period but there are plans to resurrect these meetings within the next few months.

8. DEVELOPMENTS

- ICAN - The ICAN scheme has been developed by the Health Board, but with the support of local authorities, they have accessed the Mental Health transformation fund which supports the scheme. The development of ICAN community hubs across the region aims to improve availability, awareness and engagement with the third sector and other holistic well-being and support services in the community. GPs can refer to the hubs and the hubs can refer to the Mental Health Service. The hubs are intended to support individuals with lower mental health needs and help sustain recovery. Hubs have opened in Pwllheli, Blaenau Ffestiniog and Caernarfon, with satellite locations across the County.
- The Mental Health Project - The Adults Department has commissioned a consultant to lead on a project that will scrutinise resources within the primary provision. At present, the Council does not have any members of staff involved in the primary service. We intend to review our contribution to the

service and see if we can allocate resources to focus on preventative work and support well-being. Within a few months, when this review has been completed, it may be appropriate to report the findings of this work to the Care Scrutiny Committee.

- A bid has been made jointly with the Well-being Team Manager to the Regional Health and Social Care Integration Fund for funding to make the post of Well-being Officer a full-time post on a permanent basis. This will enable the officer to have an input into preventative work and promote well-being.

9. IMPACT OF COVID

- At the start of the Covid-19 pandemic, Health wrote to GPs stating that the service would not accept new referrals. We were very concerned about the impact of the pandemic and isolation on individuals' mental health. We challenged this decision and the decision was overturned.
- Although we are now moving forward, there has been an extended period when not all individuals have had face-to-face contact. This means that the subtler factors/symptoms could not be assessed.
- It is too early to attempt to assess the long-term impact of Covid-19 on individuals, but we are aware that it has been a very long and isolated period for many.
- There is also concern that the period is having an impact on children's mental well-being and that this will lead to long-term mental health problems.
- Being able to connect virtually with individuals has been a success with some individuals. Many younger service users are comfortable with technology and we have found that this works well for them.
- Virtual working has also provided individuals with better access to groups across the county. Public transport usually makes it difficult for many to reach groups, and therefore, this has been a positive change for them.
- Although many positive factors have come from the pandemic period, it is important to note that face-to-face support is the most effective way to support individuals with mental health problems.
- It is a concern that not everyone is having a face-to-face appointment with their GP. Research shows that individuals are far more likely to present a physical problem to their GP in the first place and share any concerns about their mental health on the way out of the surgery - 'and by the way.....'
- Although a likely increase in demand for specialist mental health support due to the pandemic cannot be quantified, it is almost certain that we will see an increase that may be long-term. We will see the impact for years to come and the service will need to be built upon and adapted to cope with that.