





# Collated Action Plan in Response to the Recommendations made in the Report of a Review in Respect of Mr K and the provision of Mental Health Services following a Homicide committed in March 2011

# Recommendation 1 - In Relation to Cardiff and Vale University Health Board

3.1 Cardiff and Vale University Health Board should review the referral process for individuals attempting to access mental health services ensuring that:

- a. Clarity is gained regarding the urgency level attached to each referral with clear guidance issued to both primary care and the community teams.
- b. The process of MDT referral meetings at each of its CMHTs is reviewed and audited, ensuring that the level of urgency attached to GP referrals correlates to the content of any referral.
- c. In line with Welsh Government guidance<sup>23</sup>, individuals who are referred to CMHTs are offered an appointment within the allotted timeframe.
- d. Assertive attempts are made with those individuals who are difficult to engage with, who are homeless, or reside in temporary or hostel accommodation.

# Response From Cardiff and Vale University Health Board

We have completed an extensive review of the referral process for individuals attempting to access mental health services in conjunction with our GP colleagues.

a. As of 2012, all adult emergency and urgent referrals from GPs to CMHTs are made by telephone so that there is a discussion of the case being referred, professional to professional, enabling the urgency level to be confirmed and appropriate response agreed. An aide memoire was developed to support this new process, giving clear referral guidance to both the primary care and community teams. Joint educational sessions took place with

<sup>&</sup>lt;sup>23</sup> <u>The role of community mental health teams in delivering community mental health services, July 2010, Welsh Government (http://wales.gov.uk/topics/health/publications/health/guidance/mentalhealth/?lang=en)</u>

GP and mental health professionals to launch the new process.

- b. As described above, the new process of telephone referrals for emergency and urgent cases ensures that the level of urgency attached to the GP referral is accurate. In terms of routine referrals, all are screened, but we recognise that the system of review by the CMHTs and their MDTs requires revising to ensure a more consistent screening approach.
- c. We have processes in place to monitor and performance manage in line with the Welsh Government response times set down for CMHT referrals.
- d. We have an Assertive Outreach Team that works with the homeless and homeless hostels. In support of this, all CMHTs provide frontline, rapid access for hostel referrals.

Action	Lead	Timetable		
In line with the implementation of a new process, we will review the protocol in place across all CMHTs to screen routine referrals and actions will be taken in response to the review findings.	Clinical Board Nurse for Mental Health	June 2014		
We will put in place a performance mechanism to provide live time and place information allowing daily monitoring of response times by the Clinical Board for Mental Health.	Head of Delivery and Operations for Mental Health	December 2014		
Recommendation 2 - In Relation to Cardiff and Vale University Health Board				
3.2 Cardiff and Vale University Health Board, in conjunction with Welsh Government, should review the ability of its mental health professionals to access information about previous mental health referrals or engagement with services. Each assessment of a service user should have full access of any previous periods of engagement to ensure that any decision regarding any care and treatment is fully informed.				
Response From Cardiff and Vale University Health Board				
Cardiff and Vale University Health Board has a robust process in place for access and sharing of information with Cardiff and Vale Local Authorities (Paris). However for patients involved in care outside our Local Authority and Health Board areas, we are dependent on the information provided by the patient or referrer to identify other relevant providers and services that the patient may have used. It is important to note that any correspondence with other health or social care teams for patient information will be proportionately accessed depending on risk and need.				
Action	Lead	Timetable		
We will continue to link with Welsh Government on an all Wales information access and sharing protocol. Welsh Government has confirmed its support.	Clinical Board Nurse for Mental Health	Ongoing		

### **Recommendation 3 - In Relation to Cardiff and Vale University Health Board**

3.3 Cardiff and Vale University Health Board should review what arrangements it has in place in order to reduce the Duration of Untreated Psychosis (DUP)<sup>24</sup>. DUP can be reduced by the effective use of early intervention teams and by mental health promotion campaigns<sup>25</sup>.

### **Response From Cardiff and Vale University Health Board**

Arrangements are in place in line with Part 1 of the Mental Health (Wales) Measure 2010, which improves access to a greater number of service users with mental health problems, including psychosis. We have conducted audit over the last three years as part of the intelligent targets for mental health looking at known patients with psychosis; these audit results confirm that we treat psychosis medically at an earlier time but are slower to treat with psychotherapy. Pilot work is being undertaken in CMHTs to further develop DUP pathways for known service users. The Clinical Board for Mental Health does not have a dedicated early intervention service currently and continues to explore different models of care delivery.

Action	Lead	Timetable	
We will evaluate the pilot pathways and redesign and implement across community services.	Consultant Nurse Mental Health Services	October 2015	
Recommendation 4 - In Relation to Cardiff and Vale University Health Board and Cardiff County Council			
3.4 Cardiff and Vale University Health Board and Cardiff Local Authority should review the adequacy of the arrangements currently in place to provide psychiatric services for homeless, vulnerable people. This review should consider arrangements that are in place in other areas of the UK.			
Response From Cardiff and Vale University Health Board and Cardiff County Council			
A review by Cardiff Local Authority is already underway looking at access to mental health services from housing and vice versa.			
Currently, there is a joint Housing Officer in post who is employed by Health and works within the Local Authority; there is also a Mental Health Assertive Outreach Team that provides services for homeless and vulnerable people.			
All frontline homeless hostels within Cardiff and Vale have direct access to all secondary care, crisis and CMHT services.			
Action	Lead	Timetable	

<sup>24</sup> Psychosis and schizophrenia in adults: treatment and management: NICE guideline, Draft for consultation, August 2013: <u>www.nice.org.uk/nicemedia/live/13569/64925/64925.pdf</u>

<sup>&</sup>lt;sup>25</sup> http://www.jcpmh.info/commissioning-tools/cases-for-change/severe-problems/what-works/early-intervention/

Local Authority to complete the review and implement recommendations.	Local Authority Operational Manager for Mental Health	June 2014		
Cardiff and Vale University Health Board will work with the Local Authority in undertaking the review.	UHB Clinical Board Nurse for Mental Health			
Recommendation 5 - In Relation to Cardiff and Vale University Health Board Health, Cardiff Local Authority and Voluntary Organisations				
Communication and Information Sharing				
3.5 In respect of service responses to homeless people, arrangements for the consistent sharing of information between mental health services and voluntary organisations, or local authority run accommodation, should be significantly strengthened. These arrangements should give consideration to:				
a. Improve liaison and the flows of information between respective organisations, in particular including key workers from voluntary organisations at any case review, or CPA meetings being held to discuss care and treatment of service users.				
b. Improvement of the links between the CMHTs and the homeless/temporary accommodation residences within Cardiff, including where possible regular input from mental health professionals.				
c. For individuals who are difficult to engage with, making appointments to see them at their home, minimising the possibility of appointments being missed, cancelled, or not attended. This should be done with appropriate risk assessments having been considered.				
Response				
The findings are accepted. There is a process in place to provide for communication between agencies and information sharing, this has been reviewed and we recognise that this failed on this occasion. The focus of action now required is in relation to the "opt in" appointment process for routine referrals.				
Action	Lead	Timetable		
Cardiff and Vale University Health Board and Cardiff Local Authority will jointly review the current "opt in" appointment process for routine referrals.	UHB Clinical Board Nurse for Mental Health	June 2014		
Recommendation 6 - In Relation to Cardiff Mind				
3.6 Cardiff Mind should fully review its assessment and allocation processes, ensuring that key information relating to risk and to previous involvement with mental health services is fully taken into consideration when assessing where they may seek to reside clients. This review should include consideration of:				

- a. The information required to make a fully informed assessment and being proactive in attempting to access that information.
- b. Ensuring that clients are always appropriately homed, taking full consideration of the risks of housing individuals together who have very different support needs.

### Response

Cardiff Mind fully reviewed its Initial Referral, Initial Contact and Professional Needs and Risk Assessment forms in 2011.

Before offering placement in a supported housing scheme, Cardiff Mind always fully considers all aspects of a person being referred to it, including personality, vulnerability, mental health and substance misuse. It is not uncommon for a person referred to be told that there could be a wait for a placement to a suitable project even though there may be a vacancy elsewhere in the service.

The support needs of Mr K in terms of the Supporting People criteria for temporary supported housing did not differ from tenants in other projects across Cardiff. The mix of tenants has always been paramount in achieving the best outcomes for those within the schemes we operate.