



Report of the Cabinet Member for Care, Health and Ageing Well

Adult Services Scrutiny Performance Panel – 19th June 2018

CIW/HIW JOINT INSPECTION OF COMMUNITY MENTAL HEALTH SERVICES SWANSEA AREA 2

Purpose	To present an update on progress in relation to the Action Plan following the Joint inspection by Care Inspectorate Wales and Health Inspectorate Wales of Community Mental Health Services in Swansea Area 2.
Content	<ul style="list-style-type: none">• The report provides a link to the final report of the joint inspection undertaken by CIW and HIW of Swansea Area 2.• A copy of the agreed Improvement Plan is also enclosed.• An update of progress against each of the Local Authority actions is contained within this report.
Councillors are being asked to	Consider the action plan
Lead Councillor(s)	Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	Alex Williams, Head of Adult Services
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1. Background

- 1.1 A joint inspection was undertaken by CIW and HIW of Swansea Area 2 Community Mental Health Team on 14th and 15th September 2017. A full copy of the inspection report is available at the following link <http://hiw.org.uk/docs/hiw/inspectionreports/180131swanseacentralcmhten.pdf> .
- 1.2 An Improvement Plan was agreed as a follow up to the inspection and as contained as Appendix 1 to this report.

2 Progress against Improvement Plan

- 2.1 The below table sets out progress to date against the agreed Local Authority actions contained within the Improvement Plan. Green denotes that the action is complete whilst amber denotes that the action is still in progress.

Ref	Date Raised	Improvement Needed	Action Required	Owner	Due Date	Progress / Status	Completed Date
1	Sep-17	Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs.	Develop a randomised audit of people who were signposted following CMHT assessment to assess satisfaction in the quality of service and information provided.	C.Woods & J.Doyle	30/06/2018	This has been developed and can go 'live'. A Duty Assessment Feedback form has been developed which will allow the team to establish the effectiveness of the information and signposting given.	23/04/2018

1.1	Sep-17	Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs.	Support regular information exchange meetings with Local Primary Mental Health Support Services, Child Adolescent Mental Health Services and Older Peoples Mental Health Services to support the seamless transition from one service to another.	M.Jones & M.Campisi	Ongoing	This is to be undertaken at the Swansea MH managers meeting and Locality Board Meetings.	On Going
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3	Sep-17	Make arrangements for a more systematic offer of advocacy and record this in service users' care records.	Managers to reinforce the necessity for a more systematic approach via supervision and regular assessment audits. Practitioners to be reminded to record this initially in PARIS in the designated place. This process to be adopted as part of the National IT system WCCIS when implemented.	M.Campisi,C.Woods & J.Doyle	30/06/2018	This will continue to evidenced in the recovery assessment under the Mental Capacity Assessment section. Continued development discussions with Paris team to make the request a mandatory field.	On Going
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6	Sep-17	Record keeping within care records to clearly demonstrate that carers have been provided with every opportunity for their needs to be assessed	Managers to reinforce the necessity for a more systematic approach to carers needs assessment via supervision with staff. Regular Care and Treatment Plan and Care Programme Approach recovery assessment audits. Dedicated Carers assessor to focus staff regarding carers assessment. PARIS has the assessment recording functionality so it is important that the WCCIS IT system retains this functionality as part of new IT system	C.Woods & J.Doyle	Annually Ongoing	Continued development discussions with Paris to make the request a mandatory field. Please see evidence for audit.	Annually - next April 2019 (Green as Audit present in evidence, review annually)
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development.

7	Sep-17	Record keeping within care records to clearly demonstrate multi-disciplinary team and management decisions in relation to service users' care and management	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate	C.Woods & J.Doyle	Ongoing	Action Log is being kept for team meetings to evidence any recommendations made regarding individual cases. This is purely an information sharing exercise.	Ongoing
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8	Sep-17	Consideration should be given to whether the existing multi-disciplinary team meeting arrangements effectively contribute to the review of service users' care	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate. The existing MDT is a team meeting that focuses on information sharing and communication but it is recognised that complex cases are sometimes discussed in these meetings in the form of a peer review	C.Woods & J.Doyle	30/04/2018	Team meeting agendas have been adapted to allow for this action to happen.	23/04/2018
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9	Sep-17	Consideration should be given to introducing a more formal reference to exchanging information within the identified actions from the Single Point of Access Meeting	Single point of access meetings to clarify action points in relation to particular individuals and these to be clearly directed to the responsible Care Coordinator or duty officer. The system currently in place where the notes and actions are managed by the Team Administrator is to be strengthened by regular review of the actions by the CMHT managers	C.Woods & J.Doyle	30/04/2018	Single Point of Access Meeting book of referrals to highlight individuals who are not care managed but have an Outpatients appointment with the Psychiatrist.	23/04/2018
10	Sep-17	Third sector input to support prevention and recovery	Continued collaboration with third sector agencies through Together for Mental Health Partnership Group to ensure efficient	M.Jones & M.Campisi	Ongoing	Partnership Board Meetings take place on a bi monthly basis. Recent refocus of the Partnership Board Meetings to be more locality based and the TOR and membership to be more inclusive and	On going

			and effective engagement			locally representative of third sector agencies.	
12	Sep-17	The arrangements to review the CMHT resources so that it can continue to meet the level of demand	To continue to audit referrals to analyse and consider benchmarking for acceptance and non-acceptance into Secondary MH services.	M.Campisi & M. Jones and E. Twigg	31/07/2018	Health Board to look at possible pilot from a post graduate leadership tool or engagement with an independent agency to review demand and capacity in a more structured way.from a whole service perspective	On going

13	Sep-17	The scope of supervision meetings for social work staff to promote discussion around wellbeing and other aspects of work. The system for appraisals for social work staff so that these take place annually.	Managers to ensure compliance with Swansea Council code of practice and staff development. PO to regularly audit compliance via internal IT system – Oracle.	C.Woods & M. Campisi	30/09/2018	Swansea Council are developing an Adult Service standardised supervision form to encompass a range of supervision aspects including Wellbeing. Local Authority HR department has developed a managers dashboard to allow ease of oversight regarding compliance with annual appraisals for all staff in their section.	On going
14	Sep-17	The arrangements to support staff to attend mandatory training	Swansea Council to continue to provide managers with a record of mandatory training of all staff members.	C.Woods & M. Campisi	Ongoing	HR are sending the record of mandatory training to all managers regularly to support them in the supervision process. Mark Campisi to annually review mandatory training compliance.	On going

3 Appendices

3.1 Appendix 1: Improvement Plan

