

National Assembly for Wales

Health and Social Care Committee

Post-legislative scrutiny of the Mental Health (Wales) Measure 2010

Evidence from Royal College of Nursing – MHM 18

- 1.0 The Royal College of Nursing welcomes the opportunity to contribute to the National Assembly for Wales's Health and Social Care post-legislative scrutiny to assess the implementation and operation of the Mental Health (Wales) Measure 2010
- 1.1 The RCN is the world's largest professional union of nurses, representing over 415,000 nurses, midwives, health visitors, nursing students and health care support workers, including over 24,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.
- 1.2 The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.
- 2.0 Theme One: assessing the extent to which the stated objectives of the Measure are being achieved;
- 2.1 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?
Yes but with qualifications. This is certainly the case for adults but our members were unable to tell us if this was across all age groups. Barriers exist because the original funding allocation was small and services were generally set up from existing adult services with some engagement with older adults and little with CAMHS. The skill sets in services are not ageless and are still under development.
- 2.2 What has been the impact of the Measure on outcomes for people using primary mental health services?
In the sense that fewer end up in secondary care then the impact has been good; similarly for those who have interventions at PCMHSS level but there is no comparator group.
- 2.3 What has been the impact of the Measure on care planning and support for people in secondary mental health services?
The focus has been on administrative performance in terms of compliance with the delivery of statutory care and treatment plans rather than clinical outcomes so our members tell us that it is difficult to assess this.

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

There has been a greater emphasis on involvement of service users and the increased presence of advocates has supported this agenda.

- 2.5 What impact has the Measure had on service users' ability to re-access secondary services? Are there any barriers to achieving this? In areas where there were open referral routes the Measure has made little difference. Our members were unclear as to whether this had improved in the parts of Wales where access to services had been more difficult. The number of emergency assessments and admissions have however, not been seen to reduce by those members who responded to our request for information.
- 2.6 To what extent has the Measure improved outcomes for people using secondary mental health services?
Our members tell us that there still needs to be guidance on consistent agreed and objective outcome measures that can be replicated across services.
- 2.7 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?
See 2.4 above
- 2.8 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?
There has been very little impact to date as a result of resource constraints.
- 2.9 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 problems?
Our members tell us that the general perception of practitioners is that the Measure is a complex piece of legislation, and as such can act as a barrier. Our colleagues working in Mental Health Services identify that this is a particular issue when trying to engage with General Practitioners.
- 2.10 To what extent has the implementation of the Measure been consistent across Local Health Board areas?
Every PCMHSS has different operational policies and secondary care and as such thresholds vary.
- 3.0 Theme 2: identifying whether there are any lessons which can be learned or good practice shared from the making and implementation of the Measure and the associated subordinate legislation and guidance
- 3.1 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?
This has meant that the skill set of PCMHSS practitioners is now expected to be very wide and is taking time to develop.

- 3.2 How effective were the consultation arrangements with stakeholders and service users during the development, scrutiny and implementation of the Measure?
- 3.3 How effective were the consultation arrangements with stakeholders and service users during the development, making and implementation of the associated subordinate legislation and guidance?

Our members who were involved in the consultation process report that many of the key points raised at stakeholder events were not addressed in the process and such it felt that the consultation process was in name only.

- 3.4 Has sufficient, accessible information been made available to service users and providers about the Measure and its implementation?
No.
- 3.5 How effective was the support and guidance given to service providers in relation to the implementation of the Measure, for example in relation to transition timescales, targets, staff programmes etc?
Ultimately the allocation of resources was small and the timescales for set up were very tight given the staff development required.
- 3.6 Did any unforeseen issues arise during the implementation of the Measure? If so, were they responded to effectively?
Yes inadequate attention was paid to the governance arrangements and administrative infra-structure that was needed to effectively implement the Measure. For example, many GP surgeries are ill equipped to house practitioners and access to records can make work very complex.
- 3.7 Are there any lessons which could be learned, or good practice which should be shared, for the development and implementation of other legislation?
Our members are of the view that legislation would be improved in there was meaningful involvement of health service providers.

- 4.0 Theme 3: assessing whether the Measure has represented, and will continue to represent, value for money.
- 4.1 Were assumptions made in the Regulatory Impact Assessment about the demand for services accurate? Were there any unforeseen costs, or savings?
The increased access to Primary Mental Health Assessment in Part 1 of the Measure has led to an increased demand for treatment and support services that are not yet in place. Some Local Health Boards are looking to redesign services to address this unmet need but resources are insufficient.
- 4.2 Have sufficient resources been allocated to secure the effective implementation of the Measure?
No.

- 4.3 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? Our members tell us that at a local level Mental Health Ring-fencing has not happened.
- 4.4 What work has been done to assess the costs of implementing the Measure, and to assess the benefits accruing from the Measure?
At a local level costs can be defined, but our members responding identify that there has been no meaningful costs benefit analysis undertaken. Local costs can be defined but there is no meaningful benefits assessment.
- 4.5 Does the Measure represent value for money, particularly in the broader economic context? What evidence do you have to support your view?
We have no evidence to support a view either way.

We would be delighted to discuss our comments in more detail if that would be helpful. If you have any questions, please contact Lisa Turnbull, Policy and Public Affairs Adviser at [REDACTED] in the first instance.