Civic Centre, Castle Street,
Merthyr Tydfil, CF47 8AN
Canolfan Ddinesig, Stryd y Castell,
Merthyr Tudful, CF47 8AN
Tel/*Ffôn*: [redacted]
Fax/*Ffacs*:
www.merthyr.gov.uk

MERTHYR TYDFIL
County Borough Council
Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL

National Assembly for Wales

Health and Social Care Committee

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

Evidence from Merthyr Tydfil County Borough Council – MHM 05

Addressee David Rees AM
Address line 1 National Assembly for Wales
Address line 2 Cardiff Bay
Address line 3 Cardiff.
Post Code CF99 1NA

Date/Dyddiad: 4th September 2014

Our ref./***Ein Cyf.***:
Your ref./***Eich Cyf.***:

Please ask for/***Gofynnwch am***: Shian Neale
Direct Line/***Llinell Uniongyrchol:*** [redacted]
e-mail/***e-bost***: [redacted]

Dear Mr.Rees,

RE: Consultation: Post legislative scrutiny of the Mental Health (Wales) Measure 2010

Please see below, the response from Merthyr Tydfil County Borough Council, to the Consultation, in both Welsh and English:

Ymgynghoriad: Gwaith craffu ar ôl deddfu ar Fesur Iechyd Meddwl (Cymru) 2010

Disgrifiad Byr o'r Sefydliad.

Mae Gwasanaethau Cymdeithasol Awdurdod Lleol Merthyr Tudful yn anelu at ddarparu ystod o wasanaethau sy'n ymatebol ac wedi eu cyd-drefnu'n dda sy'n amddiffyn a chefnogi'r boblogaeth gyfan a phobl agored i niwed yn arbennig.

Fel cyfarwyddiaeth rydym yn anelu at gefnogi darparu blaenoriaethau'r Cyngor trwy helpu pobl ym Merthyr Tudful i wneud y gorau posib o'u potensial, i fod yn rhydd rhag tlodi, yn annibynnol ac iach, ac i fyw mewn cymunedau cryf a chefnogol.

Thema 1

a) A yw gwasanaethau iechyd meddwl sylfaenol bellach yn rhoi mynediad gwell a chynt at gael asesiad a thriniaeth i bobl o bob oedran? A oes unrhyw rwystrau rhag cyflawni hyn?

Yn gyffredinol, ydi o ran Gwasanaethau Oedolion. Mae tîm amlddisgyblaeth un pwynt mynediad yn sgrinio'r atgyfeiriadau ac yn symud unigolion yn gyflym trwy'r llwybr priodol.

Gyda Gwasanaethau Plant credir bod CAMHS yn tueddu i ryddhau pobl yn rhy fuan os nad yw plentyn yn mynychu apwyntiad. Nodir hefyd diffyg presenoldeb, arweiniad ac adborth gan CAMHS. Mae Gwasanaethau Plant hefyd yn sôn am agwedd aml-asiantaeth gyfyngedig gan CAMHS.

Mae rhai rhwystrau sy'n cynnwys, yn nhermau asesiad mewn Gofal Sylfaenol, dim ymgymryd ag unrhyw asesiadau yn y cartref –maen nhw'n digwydd yn y Parc Iechyd. Fodd bynnag, ymgymerir ag asesiadau cartref mewn Gwasanaethau Gofal Eilaidd. Hefyd, gall atgyfeirio trwy'r meddyg teulu yn unig, yn hytrach na hunan atgyfeiriad fod yn rhwystr weithiau i ymyriad cynnar. Ar lefel lleol, ni all Gwasanaeth Gofal Eilaidd atgyfeirio at Ofal Sylfaenol.

Yn dilyn Asesiad a Chynllunio Gofal a Thriniaeth mewn Gofal Eilaidd, ceir diffyg gwasanaethau i gyfeirio unigolion atynt.

Gyda Gwasanaethau Pobl Hŷn, ceir rhestr aros i weld Ymgynghorwyr; a'r un peth o ran mynediad at CAMHS, oherwydd capasiti.

b) Beth fu effaith y Mesur ar ganlyniadau i bobl yn defnyddio gwasanaethau iechyd meddwl sylfaenol?

Mae ymyriad cynnar, fel trwy sesiynau mynediad agored Ymwybyddiaeth Ofalgar a Rheoli Straen yn y gymuned, yn golygu bod pobl yn gallu derbyn mewnbwn yn gynharach. Mae llawer mwy o ymyriad cynnar a chyfeirio at hunangymorth yn bodoli trwy Ofal Sylfaenol i Oedolion, yn dilyn rhoi'r Mesur ar waith.

Nodwyd gwelliant yn y rhyngweithio a'r berthynas weithio rhwng meddygon teulu, gweithwyr proffesiynol Gofal Sylfaenol a gweithwyr proffesiynol Gofal Eilaidd.
Mae darparu ymyriad cynnar trwy Wasanaethau Gofal Sylfaenol yn gwneud derbyn gwasanaethau yn haws ac yn fwy hygyrch i rai pobl, gan nad oes rhaid iddynt fynd i'r afael â'r stigma a gwahaniaethu sydd ynghlwm â gwasanaethau.

Ceir llai o wahaniaethu a stigma ynghylch mynediad i wasanaethau trwy Ofal Sylfaenol mewn cyferbyniad â Gofal Eilaidd

c) Beth fu effaith y Mesur ar gynllunio gofal a chymorth i bobl mewn gwasanaethau iechyd meddwl eilaidd?

Gan fod yr offer Asesu sy'n cael ei ddefnyddio mewn Gofal Sylfaenol yn wahanol i'r offer mewn Gofal Eilaidd ceir dyblygu ac mae'n rhaid i'r broses ddechrau eto. Mae Iechyd yn defnyddio FACE ac mae'r Awdurdod Lleol yn defnyddio Swift.

Rhagwelwyd y byddai gan Ofal Eilaidd llai o lwyth achosion ond nid yw hyn yn wir gyda'r Awdurdod Lleol oherwydd yr agenda arbed arian. Mae'r Tîm Iechyd Meddwl Cymunedol wedi colli swydd Gweithiwr Cymdeithasol.

Gyda Gofal Eilaidd ceir diffyg gwasanaethau i atgyfeirio unigolion ymlaen gan fod cyfyngder amser ar y mwyafrif o wasanaethau. Mae pobl ag afiechyd meddyliol difrifol a pharhaus angen ymyriadau tymor hirach. Mae cyfyngder amser ar lawer o'r cymorth y gellid mynd ato'n awr ac mae ynghlwm â gofal sylfaenol.
Ni fu dim datblygiad o ran Gwasanaethau Gofal Eilaidd.

Mae'r symbyliad ar Ofal Sylfaenol ond nid yw'r gwasanaeth hwn yn addas ar gyfer anghenion pawb.

O ran Cynllunio Gofal nid oes gwahaniaeth mawr i unigolion gan fod gan bawb Ddull Cynllun Gofal (CPA) o'r blaen, a nawr mae ganddynt y Cynllun Gofal a Thriniaeth (CTP). Fodd bynnag, gwelwyd datblygiad mewn cynlluniau gofal seiliedig ar ganlyniad, sy'n gadarnhaol.

d) A fu newid yn y ffordd y mae defnyddwyr gwasanaeth mewn gwasanaethau iechyd meddwl eilaidd yn cael eu cynnwys yn eu gofal a'u triniaeth?

Na. Mae unigolion wedi cael eu cynnwys cymaint â phosib bob amser yn y Dull Cynllun Gofal ac mae hyn yn parhau gyda'r Cynllun Gofal a Thriniaeth. Maen nhw hefyd yn parhau i gael eu cynnwys yn y broses Adolygu.

Gyda'r Gwasanaeth Pobl Hŷn a Dementia, mae capasiti'n aml yn ystyriaeth, ac yn yr achosion hynny, mae'r Gofalwr, darparwr gwasanaeth a gweithwyr eiriolaeth yn darparu cymorth yn ôl yr angen.

e) Pa effaith y mae'r ddarpariaeth yn y Mesur wedi ei gael ar allu defnyddwyr i fynd yn ôl a chael mynediad at wasanaethau eilaidd? A oes unrhyw rwystrau rhag cyflawni hyn?

Nid yw'r Mesur wedi gwneud gwahaniaeth i allu defnyddwyr gwasanaeth i ail asesu gwasanaethau eilaidd gan fod yn broses hon eisoes yn gweithio'n dda yn y Tîm Iechyd Meddwl Cymunedol.
Rhwystr posib weithiau yw gwahaniaeth barn rhwng gweithwyr proffesiynol mewn cyfarfodydd Un Pwynt Mynediad ond mae hyn yn cael ei ddatrys yn y cyfarfod bob tro.

f) I ba raddau y mae'r Mesur wedi gwella canlyniadau i bobl sy'n defnyddio gwasanaethau iechyd meddwl eilaidd?

Mae'r dull atgyfeirio ac asesu wedi gwella ac mae'n llawer mwy cadarn, gyda datblygiad pellach yn y Dull sy'n Canolbwyntio ar Unigolion. Mae rhoi'r amserlenni angenrheidiol sy'n bodoli yn sgil y Mesur ar waith hefyd wedi arwain at well canlyniadau i'r unigolyn.

Fodd bynnag, yn dilyn yr Asesiad a'r Cynllun Gofal a Thriniaeth, mae bylchau mewn darpariaeth gwasanaeth/adnoddau, er enghraifft, cludiant i Bobl Hŷn fynd at wasanaeth; mae llefydd gwag cyfyngedig mewn Gwasanaethau Dydd ac nid yw'n gallu darparu ar gyfer pobl â Dementia datblygedig; nid oes seibiant i nyrsio EMI.

g) I ba raddau y mae'r Mesur wedi ymestyn mynediad at eiriolaeth iechyd meddwl annibynnol, a pha effaith a gafodd hyn ar ganlyniadau i ddefnyddwyr gwasanaethau? Oes yna unrhyw rwystrau rhag ymestyn mynediad at eiriolaeth iechyd meddwl annibynnol?

Cafwyd gwell mynediad at Wasanaethau Eiriolaeth trwy DOLS a POVA. Fodd bynnag os nad yw unigolyn yn amodol ar unrhyw un o'r rhain, mae mynediad at Eiriolwr Annibynnol o ran Galluedd Meddyliol yn gallu bod yn gyfyngedig.

Mae mynediad at eiriolaeth i gleifion preswyl wedi gwella – o bosib o ganlyniad i'r ffaith y ceir mwy o ffocws ar hyn?

(O fewn Gwasanaethau Plant, mae Tros Gynnal yn darparu gwasanaethau eiriolaeth, sy'n cael eu comisiynu gan yr ALl)

h) Pa effaith y mae'r Mesur yn ei chael ar fynediad grwpiau penodol i wasanaethau iechyd meddwl, er enghraifft plant a phobl ifanc, pobl hŷn, grwpiau sy'n "anodd eu cyrraedd"?

Ar gyfer y rhai 'anodd eu cyrraedd' o fewn Gwasanaethau Oedolion, mae'r tîm Allgymorth Grymusol yn bodoli.

O fewn Gwasanaethau i Blant, mae mynediad at wasanaeth CAMHS yn gyfyngedig oherwydd capasiti a llai o adnoddau.

i) I ba raddau y mae'r Mesur wedi helpu i godi proffil problemau iechyd meddwl o fewn gwasanaethau iechyd a helpu i ddatblygu gwasanaethau sy'n fwy ystyriol o anghenion pobl â phroblemau iechyd meddwl?

Fe all datblygiad gwasanaethau Gofal Sylfaenol a'r ystod o ymyriadau sy'n ataliol neu ymyriadau cynnar, fel Ymwybyddiaeth Ofalgar a Rheoli Straen, sydd â mynediad agored ac yn seiliedig yn y gymuned, gyfrannu at gael gwared ar y stigma sydd ynghlwm â gwasanaethau ac, o ganlyniad, bydd unigolion yn hapusach i fynd at y gwasanaethau hynny.

Mae Hafal wedi bod yn allweddol yn darparu cymorth i ddarparwyr gwasanaeth yn rhoi'r broses Cynllunio Gofal a Thriniaeth ar waith.

Ceir prosiect peilot Seicosis Cynnar 16-25.

O ran Gwasanaethau Addysg, ceir proffil uwch mewn perthynas â lles emosiynol, fe all hyn fod yn rhannol oherwydd y Mesur ond hefyd o bosib o ganlyniad i Ddeddf Gwasanaethau Cymdeithasol a Lles.

j) I ba raddau y bu'r broses o roi'r Mesur ar waith yn gyson yn ardaloedd y Byrddau Iechyd Lleol gwahanol?

Amherthnasol

k) Ar y cyfan, a yw'r Mesur wedi arwain at unrhyw newidiadau yn safon y gwasanaethau a'r ffordd y maent yn cael eu darparu, ac os felly, sut?

Mae'r offeryn Asesu yn gadarn ac mae'r holl amserlenni angenrheidiol yn cael eu cwrdd. Mae'r datblygiad mewn Gwasanaethau Gofal Sylfaenol i oedolion hefyd wedi bod yn welliant.

Ni fu newid yn ansawdd a darpariaeth gwasanaethau mewn perthynas â gwasanaethau plant.

Thema 2.

a) Yn ystod y gwaith craffu ehangwyd cwmpas y Mesur o wasanaethau oedolion i gynnwys gwasanaethau i blant a phobl ifanc. Pa oblygiadau, os o gwbl, a gafodd hyn ar weithredu bwriad y polisi a nodwyd yn y Mesur fel y'i cynigwyd, ac fel y'i pasiwyd, gan y Cynulliad?

Amherthnasol

b) Pa mor effeithiol oedd y trefniadau i ymgynghori gyda rhanddeiliaid a defnyddwyr gwasanaeth yn ystod y gwaith o ddatblygu'r Mesur, craffu arno a'i weithredu?

Cyfle da i gyfrannu at y broses a helpu i gael dylanwad ar rywfaint o newid.

c) Pa mor effeithiol oedd y trefniadau i ymgynghori gyda rhanddeiliaid a defnyddwyr gwasanaeth yn ystod y gwaith o ddatblygu, llunio a gweithredu'r is-ddeddfwriaeth a'r canllawiau cysylltiedig?

Fel uchod.

d) A fu digon o wybodaeth hygyrch am y Mesur a'r gwaith o'i gweithredu ar gael i ddefnyddwyr a darparwyr gwasanaethau?

Mae Llyfryn Hafal ar Gynllunio Gofal a Thriniaeth yn cael ei ddefnyddio a'i rannu gyda Defnyddwyr Gwasanaeth.
Ceir llythyrau safonol sy'n cael eu rhoi i unigolion unwaith iddynt gael eu hatgyfeirio at y Gwasanaethau Gofal Eilaidd, sy'n llythyr o gydnabyddiaeth.
O ran Rhannau 2 a 3 o'r Mesur, rhoddir llythyr rhyddhau i unigolion yn egluro sut y gallant fynd yn ôl at y gwasanaeth os oes angen.

Cafodd fersiwn 'hawdd ei ddarllen' o'r Mesur ei rannu gyda Defnyddwyr Gwasanaeth hefyd.

Nid oes unrhyw wybodaeth ar gael ar gyfer plant.

e) Pa mor effeithiol oedd y gefnogaeth a'r canllawiau a roddwyd i ddarparwyr gwasanaeth o ran rhoi'r Mesur ar waith, er enghraifft, ynghylch yr amserlen drosglwyddo, targedau, rhaglenni staff ac ati?

O ran y Gwasanaeth Cymorth Iechyd Meddwl Gofal Sylfaenol Lleol (LPCMHSS) sefydlwyd sesiwn rhannu gwybodaeth rhwng yr ymarferwyr o fewn y Gwasanaeth Gofal Sylfaenol a'r darparwyr gwasanaeth yn yr ardal.

f) A gododd unrhyw faterion annisgwyl yn y broses o weithredu'r Mesur? Os felly, a gafwyd ymateb effeithiol iddynt?

Amherthnasol

g) A oes unrhyw wersi y gellid eu dysgu, neu arfer da y dylid ei rannu, ar gyfer datblygu a gweithredu deddfwriaeth arall?

Amherthnasol

Thema 3.

a) A oedd y rhagdybiaethau a wnaed yn yr Asesiad Effaith Rheoleiddiol am y galw am wasanaeth yn gywir? A oedd unrhyw gostau annisgwyl, neu arbedion?

Amherthnasol

b) A gafodd adnoddau digonol eu dyrannu i sicrhau bod modd gweithredu'r Mesur yn effeithiol?

Nid oes unrhyw adnoddau ychwanegol wedi eu rhoi i Wasanaethau Gofal Eilaidd i ddatblygu gwasanaethau.
Ymgymerir â llif cyson o waith asesu ond dim digon i ganolbwyntio ar ddarparu ymyriadau i unigolion; mae gwasanaethau y gellir atgyfeirio pobl atynt yn gyfyngedig.

O ran gwasanaethau CAMHS mae rhestr aros hir.

c) Beth fu effaith polisi Llywodraeth Cymru o neilltuo'r gyllideb iechyd meddwl ar ddatblygu gwasanaethau o dan y Mesur?

Mae'r cyllid hwn yng ngofal y Bwrdd Iechyd Lleol.

d) Pa waith a wnaed i asesu'r gost o roi'r Mesur ar waith, ac i asesu'r buddion yn sgil y Mesur?

Amherthnasol

e) A yw'r Mesur yn rhoi gwerth am arian, yn enwedig yn y cyd-destun economaidd ehangach? Pa dystiolaeth sydd gennych i gefnogi eich barn?

Amherthnasol

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

Brief Description of the Organisation.

Merthyr Tydfil Local Authority, Social Services aim to provide a range of services which are responsive and well co-ordinated in protecting and supporting the population as a whole and vulnerable people in particular.

As a directorate we aim to support the delivery of the Council's priorities by helping people in Merthyr Tydfil to maximize their potential, be free from poverty, be independent and healthy, and to live in supportive and resilient communities.

Theme 1

a) 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?

In the main, yes it does in Adult Services. A single point of entry, multi disciplinary team meeting screens the referrals and moves individuals quickly through the appropriate pathway. In Children's Services, there is a view that CAMHS tend to discharge too soon if a child does not turn up for an appointment. There is also a reported lack of presence, guidance and feedback from CAMHS. Children's services also report a limited multi agency approach by CAMHS.

There are some barriers which include, in terms of assessments in Primary Care, no home assessments are undertaken - they take place in the Health Park. However, home assessments are undertaken in Secondary Care Services. Also, referrals through GP's only, as opposed to self referral can sometimes be a barrier to an early intervention. On a local level, Secondary Care Service cannot refer in to Primary Care.

Following Assessment and Care and Treatment Planning at Secondary Care, there are a lack of services available to sign post individuals on to.

In Older People Services, there is a waiting list to see Consultants; likewise in access to CAMHS, due to capacity.

b) What has been the impact of the Measure on outcomes for people using primary mental health services?

Early intervention, such as through Mindfulness and Stress Control open access sessions in the community, means that people are able to receive input sooner rather than later. There is much more early intervention and self help signposting in place through Primary Care for Adults, following the implementation of the Measure.

It has been noted that there is an improvement in the interface and working relationships between GP's, Primary Care and Secondary Care professionals.
Providing early intervention through Primary Care Services makes receiving services for some people easier and more accessible, as they don't have to address the issues around stigma and discrimination.

There is less discrimination and stigma around accessing services through Primary Care as opposed to Secondary Care

c) What has been the impact of the Measure on care planning and support for people in secondary mental health services?

As the Assessment tools used in Primary Care differ to the one used at Secondary Care there is duplication and the process has to start again. Health use FACE and Local Authority use Swift.

It was envisaged that Secondary Care would have smaller case loads but this is not the case with the Local Authority due to the efficiency agenda. The Community Mental Health Team (CMHT) has lost a Social Worker post.

In Secondary Care there is a lack of services to refer individuals on to because most services are time limited. People with severe and enduring mental ill health require longer term

interventions. Much of the support that could be accessed is now time limited and geared towards primary care.
There has been no development in Secondary Care Services.

The Impetus is on Primary Care but this service does not suit everybody's needs.

With regard to Care Planning there is no real difference for individuals as everyone had a Care Plan Approach (CPA) before, and now they have the Care and Treatment Plan (CTP).However, there has been development in outcome focused care plans, which is positive.

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

No. Individuals have always been as much involved as possible in the Care Plan Approach (CPA) and continue to be with the Care and Treatment Plan (CTP). They also continue to be involved in the Review process.

In the Older People and Dementia Service, capacity is often a consideration, and when this is the case, the Carer, service provider and advocacy workers provide support as necessary.

e) What impact has the Measure had on service users' ability to re-access secondary services? Are there any barriers to achieving this?

The Measure has not made a difference to service user's ability to re-access secondary services as this process previously worked well in the CMHT.
A possible barrier at times is a difference of opinion between professionals at Single Point of Entry meeting but this is always resolved in the meeting.

f) To what extent has the Measure improved outcomes for people using secondary mental health services?

The referral and assessment approach has improved and is much more robust, with further development in the Person Centred Approach. Implementing the necessary timescales which exist through the Measure has also resulted in an improved outcome for the individual.

However, following an Assessment and the Care and Treatment Plan, there are gaps in service provision / resources, for example, transport for Older People to access a service; Day Services have limited spaces and cannot cater for people with advanced Dementia; there is no respite for EMI nursing.

g) 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?

There has been improved access to Advocacy Services through DOLS and POVA. However if an individual is not subject to either of these, access to an Independent Mental Capacity Advocate (IMCA) can be limited.

Inpatient access to advocacy has improved – possibly as a result of there being more focus on this?

(In Children's services, Tros Gynnal provide advocacy services, which is commissioned by the LA)

h) 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?

For the 'hard to reach' within Adult Services, the Assertive Outreach team is in place.

In Children's Services, access to CAMHS service is limited due to capacity and fewer resources.

i) 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?

The development of Primary Care services and the range of interventions which are preventative or early intervention based, such as Mindfulness and Stress Control, which are open access and based in the community, may contribute to de-stigmatizing services resulting in individuals being happier to access them.

Hafal have been instrumental in providing support to service users in the implementation of the Care and Treatment Planning process.

There is an Early Psychosis pilot project 16-25.

In Education Services, there is a raised profile with regard to emotional wellbeing; this may be due in part to the Measure but also possibly as a result of the Social Services and Wellbeing Act.

j) To what extent has the implementation of the Measure been consistent across Local Health Board areas?

N/A

k) Overall, has the Measure led to any changes in the quality and delivery of services, and if so, how?

The Assessment tool is robust and all of the necessary timescales are being met. The development in Primary Care Services for adults has also been an improvement.

In children's services there has been no change in the quality and delivery of services.

Theme 2.

a) 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?

N/A

b) How effective were the consultation arrangements with stakeholders and service users during the development, scrutiny and implementation of the Measure?

Good opportunity to input in to the process and help influence some change.

c) How effective were the consultation arrangements with stakeholders and service users during the development, making and implementation of the associated subordinate legislation and guidance?

As above.

d) Has sufficient, accessible information been made available to service users and providers about the Measure and its implementation?

A Hafal Booklet on Care and Treatment Planning is used and shared with Service Users.
There are standard letters which are passed on to individuals once they've been referred in to Secondary Care Services which is an acknowledgement letter.
With regard to Parts 2 and 3 of the Measure, a discharge letter is given to individuals explaining how they can reaccess the service if required.

An 'easy to read' version of the Measure was also shared with Service Users.

There is no information available for children.

e) 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?

With regard to the Local Primary Care Mental Health Support Service (LPCMHSS) an information sharing session was set up between the practitioners within the Primary Care Service and the providers of services, in the locality.

f) Did any unforeseen issues arise during the implementation of the Measure? If so, were they responded to effectively?

N/A

g) Are there any lessons which could be learned or good practice which should be shared, for the development and implementation of other legislation?

N/A

Theme 3.

a) Were assumptions made in the Regulatory Impact Assessment about the demand for services accurate? Were there any unforeseen costs, or savings?

N/A

b) Have sufficient resources been allocated to secure the effective implementation of the Measure?

No additional resources have been put in to Secondary Care Services to develop services. There is a constant stream of assessment work undertaken but not enough focus on providing interventions for individuals; there are limited services to refer people on to.

In CAMHS services there is a lengthy waiting list.

c) 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?

This funding sits with the LHB.

d) What work has been done to assess the costs of implementing the Measure, and to assess the benefits accruing from the Measure?

N/A

e) Does the Measure represent value for money, particularly in the broader economic context? What evidence do you have to support your view?

N/A

If you have any enquiries, please feel free to contact the number above.

Yours Sincerely,

Suzanne Griffiths

Director of Community Services
Cyfarwyddwr Gwasanaethau Cymdithasol.