****

**A briefing on the Mental Health Outcome and Measures Board progress.**

**1.0 Situation/Background.**

* 1. The purpose of this brief is to provide a high-level update on Workstream 3, known as “The Development of National Mental Health Data”.
  2. Mental Health Outcome and Measures Board was previously known as the Core Dataset Project Board. Following several years of this work being undertaken and the Covid-19 pandemic, there was an opportunity to review work to date, and the future direction of deliverables. Previous work carried out has being used to build and strengthen upon.
  3. The overall purpose of the project is to deliver the strategic direction that is set out in the ‘Together for Mental Health Delivery Plan 2019-22, which states that the dataset:

*1.3.1 “will provide consistent definitions to facilitate benchmarking of service capacity, quality and delivery and to inform investment and cost comparisons. It will also facilitate the monitoring of the implementation and delivery of this Strategy and its key outcomes”.*

* 1. The ambition of the Mental Health Outcome and Measures Board is to incorporate the above within the creation of an *“Integrated Outcomes Framework For Wales Mental Health Improvement Strategy”*.
  2. In September 2021 the first meeting of the Mental Health Outcome and Measures Board took place to discuss the future vison and ambition of the Board. Such discussions included:
* Making sure our framework is focused on outcomes and informed by evidence and lived experience.
* Identifying what these outcomes are and how we achieve them.
* Engagement and Involvement throughout.
* Everything is underpinned by the message that mental health and wellbeing is everyone’s business.
* Buy-in to be meaningful to all stakeholders.

1.7 The ambition of the Board is to provide strategic direction and advice to:

* **Workstream 1.** To develop the Integrated Outcomes Framework For

Wales Mental Health Improvement Strategy.

* **Workstream 2.** To develop processes to reflect goal-based

objectives using a service user lens. With a

focus on Prems/Proms.

* **Workstream 3.** Focus on national data resource for Mental

Health:

* + - * + Data reporting to monitor key mental health indicators over the long term, based on individual client records.
        + Oversight of the position of the Welsh Community Care Information System (WCCIS) implementation across Wales.

1.8 These workstream ensures that the right elements are in place in respect to strategy, structure and operation to ensure enabling change and its sustainability.

1.9 South Wales University has been commissioned to work with the “Board” to develop an evaluation framework for the Integrated Outcome and Measure Programme of work, which would meet both local and national requirements. South Wales University are using an online method called Group Concept Mapping (GCM) to develop the national consensus with participants from geographically spread services across Wales.

1.10 The findings of this work with South Wales University will be used to triangulate information gathered, which will help to facilitate further discussions involving Service User and Carers and other partners to refine the priorities and better understand the local context and challenges. This work has started with an anticipated completion date of May 2022.

**2. SPECIFIC MATTERS FOR CONSIDERATION (ASSESSMENT)**

2.1 Together for Mental Health strategy is a cross-Government Strategy setting out the goals for improving Mental Health Services in Wales. One of the deliverables of this strategy is the development of a National Mental Health Dataset (NMHD). This brief provides an update on organisations ability to collect the NMHD and recommendations to implement across Wales.

2.2 **What has gone well?**

2.2.1 National Mental Health Data (NMHD) in Wales contains 301 items. This covers the entire pathway for mental health services from referral to admission.

2.2.2 An Impact Assessment (IA) was undertaken by Digital Health and Care Wales (DHCW) in partnership with Public Health Wales, Health Boards and Local Authorities in quarter 3 2021. The purpose of the IA was to assess each organisations capability to capture the required data for the NMHD.

2.2.3 It has been identified that out of the 301 data items 70 of those data items can be collected by all Health Boards and Local Authorities in their current systems. The exception to this is WCCIS which by quarter 2 2022/23 will have the capability to capture all the required data, apart from 9 data items for which SNOMED codes need to be developed. (The use of SNOMED CT as a consistent vocabulary for recording patient clinical information across the NHS helps ensure data is recorded consistently and accurately.) There is a dependency on the national SNOMED programme road map for delivery of these items and the timescales to be determined.

**2.3 What has not gone so well?**

2.3.1Out of the 301 data set items that are available there is a gap of 231 items not being collected. This means current statutory reporting requirements will continue to be delivered through aggregate returns, rather than being derived from data captured in the clinical system at patient level.

2.3.2 There is a mixed economy of systems being used in mental health services across Wales. Currently 15 of the 22 Local Authorities use WCCIS. DHCW are currently engaging with the remaining 7 Local Authorities to understand their plan to implementing WCCIS. The table below shows the status of WCCIS being used for mental health services in Health Boards.

| **Health Board** | **Current system in use for Mental Health Services** | **WCCIS implementation date** |
| --- | --- | --- |
| Aneurin Bevan University Health Board | EPEX | May 2022 |
| Betsi Cadwaller University Health Board | PIMS, PAS, SharePoint and paper | 2024 |
| Cwm Taf University Health Board | Myrddin, FACE, WCCIS in use for Merthyr Local Authority Mental Health teams | Health Board agreed to be involved in pilot of NMHD in quarter 2. Currently developing plan to implement WCCIS in all mental health services. |
| Cardiff and Vale University Health Board | PARIS | No date agreed for WCCIS implementation. Further discussion needed to establish when PARIS will be able to collect the required items for the NMHD. |
| Hywel Dda University Health Board | Care Partner | Care Partner will continue to be used in mental health services. DHCW currently working with the Hywel Dda to understand when all required data items will be captured. |
| Powys Teaching Health Board | WCCIS | Not applicable as they are already using WCCIS |
| Swansea Bay University Health Board | WCCIS in use for integrated Mental Health teams using Swansea Local Authority licences | 2024 implementation across the entire Mental Health teams. |

2.3.3 The table above highlights that each Health Board uses different data systems in capturing their data. Five out of the seven Health Boards have their own planning approach towards the use of the WCCIS system. Cardiff and Vale University Health Board’s ambition is to continue to use the Paris system and Hywel Dda University Health Board will continue to use Care Partner.

2.3.4 One of the questions asked in the IA was which mental health services will be able to capture the NMHD? Not all organisations responded to this question and follow up activities will be needed. It is important to understand which services are in scope for the NMHD to manage expectations when developing national metrics.

**3. Risk**

3.1 The alignment of WCCIS system across Health Boards is limited, consequently the implementation of the NMHD across Wales will be phased and aligned to the WCCIS implementation timescales. This is a complex issue and can mean that the right information in the right place at the right time is not available, which can lead to errors and misinterpretation of intelligence which could be used to develop a road map towards better coordination and safer care.

3.2 Seven Local Authority have still yet to implement WCCIS, discussions are underway to understand their plans regarding WCCIS and if they decide not to implement this could impact on how they capture the NMHD on their current systems.

3.2 Systems (other than WCCIS) currently used in mental health services have the inability to capture the required data for the NMHD. This results in the required data not being available at a national level. This can hinder the development of national metrics for mental health services and have an impact the comparability of data collections.

3.4 There is limited uptake by mental health services in implementing the capture of the NMHD. This will have an impact on the completeness of national metrics.

3.5 To develop a national metrics all systems must be able capture the NHMD across Wales. This will then be extracted and held on a National Mental Health Database hosted by DHCW.

3.6 It is vital that organisations act with urgency to unify systems and NHHD and promote better data sharing in areas where it is needed most, or risk the safety of patients.

4. **Recommendations**

4.1 All Health Boards to use similar business intelligence systems as the intention is for DHCW to extract the data from the clinical systems in line with the data strategy developed as part of the NDR programme.

4.2 That relevant Heath Boards and Local Authorities are assisted to implement the appropriate system as soon as possible as existing inconsistencies is unsuitable and high risk.

4.3 Engagement and involvement activates are undertaken with partners to support the collection of NMHD.

4.4 Ongoing training and support to frontline admin staff, responsible for

upholding data policies and procedures across Wales.

4.5 Mental Health services to adopt consistent referral pathways across Health Boards with national agreement and consensus. This will aide data capture as differences between Health Boards will be minimised.

4.6 Training manual to be produced for all admin staff in relation to coding Mental Health Service data, support to staff given with ongoing training and data validation.

4.7 All future Mental Health reporting to state data validation targets which link to funding from Welsh Government.

4.8 Phase 2 of this work should focus on an outcome based approach to understand mental health services being delivered across Wales.