

/Reference Number: UHB 537
Version Number: 01.9

Date of Next Review: 01/05/2027
Previous Trust/LHB Reference Number: NA

Adult Mental Health Services (AMHS) Recovery and Maintenance Programme (RAMP) Procedure

Summary

C&V UHB's AMHS have re-developed strictly limited parts of current AMHS provision in Community Mental Health Teams (CMHTs) to support a uniform step down provision, referred to as RAMP. This is provided under Part 1 of the Mental Health (Wales) Measure 2010. The service is likely to best suit a recovering service user in need of ongoing medication, either not currently made available through the service user's GP surgery or practitioner, or needing a GP Shared Care scheme. RAMP may also prove the most appropriate service for other service users.

The following criteria should normally be met before RAMP consideration:

1. A service user's mental health is sufficiently stable that:
 - appointments are needed less frequently than approx. every 12 weeks and,
 - an elementary maintenance schedule is all that is required

and either:

2. Full Mental Health Services discharge is not yet appropriate

or

3. No other specific pathway or Part 1 service exists.

Any move to Part 1 service, for an existing Part 2 service user, must be supported by a recorded CMHT MDT decision agreed with the service user.

Decisions by the MDT should be guided by consideration of:

- The best interests of the patient
- The level of clinical need
- Ensuring no reduction in access to evidence-based treatments required.

Following a move to RAMP, at least annual service user contact is needed, with subsequent written communication to service user, and GP.

CMHTs will monitor use of any aligned stepdown Part 1 provision, considering impact on their Part 2 work, and options for future specific Part 1 alternatives.

Aims

To provide, under Part 1 of the Mental Health (Wales) Measure 2010, a scheme to step down mental health support service, ensuring uniform transition into primary care, and elementary maintenance provision, if necessary.

Objectives

- To provide a part 1 scheme, within the legal framework of the Mental Health (Wales) Measure 2010 and associated legislation and code of practice
- To describe which practitioners, may utilise RAMP - part 1 scheme, and how
- To provide guidance on suitability of CMHT service users for RAMP
- To ensure MDT discussion before a service user enters the scheme
- To provide minimum standards of ongoing contact within RAMP
- To ensure adequate written communication with service user and GP
- To provide guidance on weekly time limits for CMHT based practitioner involvement in part 1 work
- To define audit standards
- To define the PARIS electronic service user record (EPR) recording standards and PARIS reports
- To clarify future self-referral access to CMHTs
- To describe a return to Part 2 care, for service users whose mental health related needs change

Document Title: AMHS – RAMP procedure		Approval date: 01/05/2024
Version Number: 1.9		Date of Publication: 10/02/2026
Approved By: Controlled Document Oversight Group		Next Review date: 01/05/2027

Scope
This protocol applies to the Adult Mental Health Services (AMHS) Directorate; and is designed specifically for service users stepping down from MDT working in AMHS - CMHTs, but may have relevance to other MHCB service areas.

Equality Impact Assessment	<i>An Equality Impact Assessment has not yet been completed.</i>
Health Impact Assessment	<i>Not required</i>
Documents to read alongside this Procedure	See references Mental Health Measure (2010) Part 1 Scheme
Approved by	<i>Controlled Document Oversight Group</i>

Accountable Executive or Clinical Board Director	<i>Mental Health Clinical Board</i>
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<p><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	01/05/2024	10/02/2026	<i>New Document</i>

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1) Introduction

Individuals receiving services from locality or community mental health teams (CMHTs) are expected to do so under part 2 of the Measure, utilising a stipulated care and treatment plan template (Mental Health (Wales) Measure 2010, The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011) with further guidance described in the relevant Code of Practice (Welsh Government, 2012)

However, some service users remain under the care of a CMHT, even though treatment is feasible in primary care facing services. There are various logistical reasons why a discharge from a CMHT does not take place. Most often this is due to medication not being currently available through a service user's GP, but may also relate to simple individual components of treatment not currently being available through other defined Part 1 services.

This document describes a broad-spectrum Part 1 scheme, referred to as Recovery and Maintenance Programme (or its acronym RAMP) operating alongside CMHTs, for such individuals, allowing suitable 'step down' in treatment intensity for most qualifying individuals, with "stable severe and enduring mental health problems"(Cardiff and Vale UHB et al 2012, The Mental Health (Secondary Mental Health Services) (Wales) Order, 2012) as part of a recovery journey. RAMP operates within the principles of the current local Part 1 provision articulated within the Part 1 Scheme, Section 10.

Over time, it is the aim within AMHS to provide a greater range of condition specific stepdown pathways in co-operation with partners inside the NHS, local authorities and third sector partners. To this end Cardiff and Vale UHB will monitor use of this RAMP provision, and consider alternatives.

The protocol includes standards expected in operating the scheme.

2) RAMP: set up and management

RAMP participation, by team (usually a CMHT), and subsequently for individual team members, should be decided by the relevant team itself through the integrated manager. Each CMHT will be expected to provide staffing input to the aligned RAMP, depending on demand.

Any team wishing to participate must have an MDT as part of its components. Within the team, existing Part 2 service users, can be considered for a stepdown to RAMP, or any other Part 1 scheme. Service users **MUST** be discussed and a Part 1 move agreed and recorded on PARIS, prior to a change of PARIS allocation.

Any CMHT supporting RAMP provision is expected to monitor demand and use, and report to the directorate. Monitoring should be through PARIS and include monthly data on:

- Which staff are allocated, and number of sessions per practitioner
- Number of Part 1 service users aligned to the team, and Part 1 allocations per staff member
- Follow up rate
- Communication with service user and GP.

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RAMP practitioner eligibility is open to any professional group, but is designed from the outset to have specific relevance to practitioners overseeing longer term medication regimes.

For CMHT based practitioners, Part 1 work with the aligned RAMP, MUST form a minority of any weekly timetable – as guidance - usually equivalent to no more than one session per week. Staff operating as RAMP practitioners MUST define that regular clinical session as RAMP work, and limit their Part 1 work to the allocated session. They may undertake other non-Part 1 service user contact in the allocated session as necessary, no matter where the RAMP session takes place.

If a CMHT based practitioner’s RAMP work cannot be contained within a single session, the CMHT should support a review of the practitioner’s overall caseload and if necessary job plan.

3) Service user Entry to RAMP:

Service users newly referred to CMHTs, and accepted as suitable for CMHT input, can enter RAMP at intake providing all needs are fully assessed at initial assessment.

For Part 2 allocated patients, after a period (usually no less than 12 weeks), and with sufficient progress made (often signalled by appointment frequency dropping below every 12 weeks, and an elementary maintenance schedule being all that is required), the care co-ordinator may make a RAMP referral. The referral must be discussed with a functioning and quorate MDT, and a decision made on which option is most appropriate for the service user: RAMP (Part 1), existing Part 2 services, or full discharge with Part 3 self-referral option. Decisions by the MDT should have consider:

- The best interests of the service user
- The level of clinical need,

ensuring no reduction in access to evidence-based treatments required

N.B. A move to any Part 1 provision may only be undertaken with both MDT and service user (and their significant others’) agreement.

A leaflet explaining the scheme, and what it means for service users, is included as appendix 1 – and copies should be provided if a RAMP move is being considered.

Service users, subject to Section 117 aftercare, are presently adjudged not to meet the criteria for CMHT-Part 1 by virtue of the multiagency / professional nature of the review process alone, even though local 117 aftercare legal interpretation regularly necessitates CMHT follow up into periods of extended recovery.

4) Ongoing Review

If longer term service user’s RAMP Part 1 provision is necessary, it should be reviewed no less than annually. A letter, detailing the review and justifying ongoing provision, must then be sent to the service user’s GP, with a copy demonstrably sent to the service user. Any significant deterioration should trigger a return to Part 2 and full MDT working.

5) Discharge and Re-referral

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The Mental Health Measure, states that a move away from Part 2 provision will begin the Part 3 self-referral 'clock', allowing a three year window for self re-referral. (*The Mental Health (Assessment of Former Users of Secondary Mental Health Services) (Wales) Regulations 2011*)

It is unworkable for service users, to try to differentiate between Part 2 and aligned RAMP Part 1 work, when contacting for extra support. In practice for RAMP service users, CMHTs should write with Part 3 letters from the moment of full service discharge, not when an agreed move to RAMP takes place in the spirit of the Measure.

As a matter of principle, CMHTs are encouraged to always take a flexible and balanced approach to later self re-referral, remembering self-referrals constitute less than 20% of CMHT referrals.

In practice, RAMP discharge is no different to other areas – where possible it should be planned, include discussion of return of symptoms, where and how to seek support, and include letters to GP and other service partners, copying in the service user.

6) Use of PARIS

RAMP (PART 1) entry

The CMHT - MDT discussion and decision should be captured on the PARIS electronic service user record (EPR) – this is an audit standard.

When moving to RAMP – part 1, staff allocation type should change on PARIS to RAMP practitioner.

Under RAMP, PARIS – CTP documentation is not compulsory - any irrelevant PARIS CTP documentation can be closed; pre-existing elementary plans should form part of ongoing reviews, with details included in letters to GP and service user (a suggested format for the letter is described in appendix 2).

Ongoing

Letters should be captured as RAMP part 1 letter type – a subtype of the Letter case note writer – where a second copy is generated automatically for the service user. There is an option box to delete this extra copy.

PARIS - Clinic booking should be used where possible to diarise appointments and outcomes.

Transfer back to CMHT

If significant new mental health care planning is deemed necessary e.g. following e.g. a CMHT duty assessment, or mental health admission, then a move back to Part 2 provision is advised, with a care co-ordinator allocated on PARIS, and ending the RAMP practitioner allocation.

Discharge

Discharge is no different to other areas – and should include the same PARIS procedures and trigger a Part 3 letter.

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Reporting

The following PARIS reports are in place:

- Individual RAMP Part 1 list:
Current service user names, allocation CMHT part 1 date, last three appts, date of last letter
- Team RAMP part 1 list:
As above but to include all practitioners with one or more suitable allocation.

CTP reporting is altered to exclude RAMP allocated service users.

7) Equality Impact Assessment

Cardiff and the Vale Health UHB are committed to providing an environment where staff, service users and carers are provided with consistent equality of opportunity.

8) Concerns

All concerns should be dealt with in accordance with Wales wide 'Putting Things Right'. All complaints regarding the service should be directed to the UHB concerns team.

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9) References:

Cardiff and Vale UHB (2012) Mental Health (Wales) Measure 2010 Part 1 Scheme for Local Primary Mental Health Support Services for Cardiff & Vale University Health Board and Partner Local Authority areas of Cardiff and Vale of Glamorgan May 2012

Available at:

<http://www.cavamh.org.uk/system/resources/W1siZiIsIjIwMTQvMDMvMjEvMTZfNTdfMDNFODg5X0xvY2FsX1ByaW1hcnlfTWVudGFsX0hlYWx0aF9TdXBwb3J0X1NlcnZpY2VzX2Zycl9DYXJkaWZmX1ZhbGVfVW5pdmVyc2I0eV9lZWVsdGhfQm9hcmRfc2NoZW1lX2luZm9ybWF0aW9uLnBkZiJdXQ/Local%20Primary%20Mental%20Health%20Support%20Services%20for%20Cardiff%20%26%20Vale%20University%20Health%20Board-%20scheme%20information.pdf>

(accessed 12/03/2019)

The Mental Health (Wales) Measure 2010

Available at:

http://legislation.go.uk/wma/2010/7/pdfs/mwa_20100007_en.pdf

(accessed 12/03/2019)

The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011

Available at:

http://www.legislation.gov.uk/wsi/2011/2942/pdfs/wsi_20112942_mi.pdf

(accessed 12/03/2019)

The Mental Health (Secondary Mental Health Services) (Wales) Order 2012

Available at:

http://www.legislation.gov.uk/wsi/2012/1428/pdfs/wsi_20121428_mi.pdf

The Mental Health (Assessment of Former Users of Secondary Mental Health Services) (Wales) Regulations 2011

Available at:

https://www.legislation.gov.uk/wsi/2011/2500/pdfs/wsi_20112500_mi.pdf

(accessed 12/03/2019)

Welsh Government (2012) Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010

Available at:

[http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%20%20and%203%20of%20the%20Mental%20Health%20\(Wales\)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf](http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%20%20and%203%20of%20the%20Mental%20Health%20(Wales)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf)

Add here

(accessed 12/03/2019)

Welsh Government (2012) the Mental Health (Wales) Measure 2010 (public leaflet)

Available at:

<https://gov.wales/docs/dhss/publications/121017measurency.pdf>

Accessed 12/03/2019)

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APPENDIX 1: Service user Information Leaflet

The Recovery and Maintenance Programme – Part 1 scheme

This leaflet explains options for your future mental health treatment and support.

Up until this point, you have worked with a care co-ordinator, and an agreed care and treatment plan (CTP). That plan may have had a few, or lots of, elements of support and treatment.

Over time you may have progressed in your recovery to a point where you no longer require high levels of care and support to maintain and improve your wellbeing. This leaflet supports the discussion, with your care co-ordinator, about what comes next: how to best meet any ongoing support needs.

So what are those options?

A. You may decide, with your care co-ordinator, to keep things as they are – and work with your current care and treatment plan. As they say “if it ain’t broken....”

B. You may opt for discharge, with ongoing support available through your GP. If so, you’ll be pleased to know you can self-refer back to a Cardiff and Vale CMHT for up to three years after discharge. This is described as your Part 3 right, under the Welsh Government’s Mental Health Measure. At the point of discharge, your care co-ordinator will write to your GP and explain any ongoing support and medication needs, and when, if necessary to consider re-referral. We’ll also write to you explaining your discharge and ‘part 3 rights’.

C. Alternatively, you and your care co-ordinator may decide on something in between: a form of support we call RAMP (and the Welsh Government refer to as a Part 1 Mental Health scheme). Together, you may both feel the initial intensity of contact with the CMHT is no longer required, but some ongoing mental health service contact remains necessary. For example, RAMP may help, when the sort of help needed - perhaps a specific medication - is not offered by your GP, without extra support.

Within the RAMP scheme, you will usually see a single allocated staff member. You will meet up with that person as necessary, but usually no more than a few times per year. If possible we’ll try and maintain that contact with a staff member you already know.

We’ll send you copies of all the letters we write to your GP, ensuring you are kept informed of all that we discuss and agree with you.

If you choose to enter the RAMP scheme (option C), and later feel you need more support, simply call us. We’ll try and connect you to the person you normally see, or failing that, a duty worker. It maybe we can quickly help sort things out over the phone with you. If not, and things are more difficult, we’ll arrange to see you and reassess your situation fully. Following that assessment, and if needed, we’ll return to a detailed CMHT care and treatment plan, with a care co-ordinator.

If you want to know more about the Mental Health Measure, and what it means for you, the Welsh Government have a leaflet online:

<https://gov.wales/sites/default/files/publication/s/2019-03/the-mental-health-wales-measure-2010.pdf>

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Appendix 2 (suggested RAMP GP letter format)

CMHT HEADER
DATE of letter

Dear (GP)

Recovery and Maintenance Programme (RAMP) at ----- (enter the team name)

Date of entry to the Programme: (enter the allocation date here)

Date of most recent meeting:

Diagnosis (and / or brief summary of mental health concerns)

Medication prescribed by this service: (and any changes)

GP prescribed mental health medications: (and any recommendations for change)

SUMMARY OF Review Meeting:

Any intended plans / recommendations:

Date / timescale for next review meeting

Yours sincerely

Name
(position)

Cc – service user

RAMP is a part 1 (Mental Health Measure) scheme currently operating from Cardiff and Vale CMHT locations.

To qualify service users will have stable ongoing or improving mental health needs:

- not requiring detailed mental health care planning, but not yet ready for full Mental Health Services discharge.

Service users needing a fuller review, or to contact between appointments, should contact the above number, stating they are treated under RAMP.