



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Adult Mental Health Services

RAISING THE STANDARD

The Revised Adult Mental Health National Service Framework and an Action Plan for Wales

October 2005



‘Raising the Standard’ the revised adult mental health National Service Framework and an Action Plan for Wales

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Foreword by Dr Brian Gibbons AM, Minister for Health and Social Services



I am pleased to endorse 'Raising the Standard' the revised National Service Framework (NSF) and Action Plan for delivering adult mental health services in Wales. This updates the original NSF published in 2002 and takes into account the structural changes that have been introduced since then as well as reflecting the reviews into mental health services that have recently taken place, and 'Designed for Life', our strategy for creating world class Health and Social Care for Wales in the 21st Century.

Improving the mental health and well being of the people of Wales and delivering improved mental health services continues to be a key health and social care priority for the Welsh Assembly Government. Services are rightly adopting a holistic approach that looks at the needs of individuals rather than simply trying to treat symptoms and labelling people with a diagnosis.

Through continuing to develop good partnerships, especially across the NHS, public health, local government, the voluntary sector and with service users and their carers themselves, we can ensure that a holistic and integrated programme of care is provided to people who use mental health services.

Over the course of the last 3 years progress has been made, and the baseline review completed by the Wales Audit Office has identified many encouraging examples of good practice taking place across Wales. But there is still much more to do, and this document includes an action plan to ensure that the momentum for improving mental health services continues.

Our focus is on developing a mental health service that is determined by the needs of those using the service, and one that treats patients and carers with dignity and respect. A key part of this is ensuring that the Care Programme Approach is fully implemented and that a range of services that meet peoples needs are developed.

This document gives those working in the adult mental health field a clear policy and strategic framework within which to operate. Together, I am sure that we can continue to transform mental health services so that they become a source of pride for Wales. Together we can raise the standard.

A handwritten signature in black ink, appearing to read 'Dr Gibbons'.

Dr Brian Gibbons AM

Minister for Health and Social Services

1. Introduction

1.1 This revised National Service Framework (NSF) supplants the original one published in April 2002. The 8 Standards and 44 Key Actions remain largely the same within the revision however the whole document has been brought up to date to reflect changes in the commissioning, performance management and inspectorate arrangements since its original publication and further detail has been added to the monitoring information. Further, the document reflects “Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century”. Additionally a number of the Key Actions from the original NSF have been amalgamated where they cover very similar areas although the original numbering has been retained.

1.2 Incorporated within this document are the Welsh Assembly Government’s priorities for mental health services. It also includes an Action Plan to implement the recommendations from a number of reviews that have been undertaken and strategies developed since the NSF’s original publication. Most notably these are:

- The Wales Audit Office Baseline Review.
- ‘Under Pressure’, a quality and risk review of mental health inpatient environments.
- The Independent Inquiries into homicides committed in Prestatyn and Llangadog.
- The Healthcare Inspectorate Wales (HIW)/Health Commission Wales (HCW) ‘Report of a Review of Medium Secure Units in Wales’.

1.3 Whilst this revised NSF sets new target dates for its Key Actions, the Welsh Assembly Government recognises that many services across Wales have already made significant progress against the Standards. The momentum needs to continue to ensure we deliver world class health services appropriate for the 21st Century.

1.4 The Health and Social Services Committee of the National Assembly for Wales is undertaking a review of aspects of Standard 2 of the NSF relating to service user and carer participation. At the time of writing this review is not yet finalised, however the Welsh Assembly Government will review its policy guidance relating to service user and carer involvement (‘Stronger in Partnership’) in light of the Committee’s findings.

2. Aim of the NSF

2.1 The NSF aims to set standards for services in Wales, drive up quality and reduce unacceptable variations in health and social services provision. “Healthcare Standards for Wales” are high level standards which provide the frameworks for all NSFs and apply to all health care services across Wales. The NSF will contribute to the achievement of the Healthcare Standards and will be assessed as a ‘developmental’ element thereof. It establishes the practical guidelines to ensure the consistent and comprehensive implementation of the vision set out in the Adult Mental Health Strategy published in 2001.

3. The 4 Key Principles of the Strategy

3.1 The Adult Mental Health Strategy, published in 2001, established 4 key principles. These principles underpin the standards and the key actions set out in this NSF. The principles are:

3.2 Equity

Mental health services should be available to all and allocated according to individual need, irrespective of where someone lives, their ethnic origin, gender, culture, religion or sexuality or any physical disability. Access to mental health services should not be restricted because of other existing health problems. There should be an end to unacceptable geographical variations in standards of care.

3.3 Empowerment

Users and their carers need to be integrally involved in the planning, development and delivery of mental health services. This will require sustained support, care and information from mental health services. Empowerment should be at all levels, from encouraging self-management to formal involvement in local and all-Wales planning. Informed choice for all users is central to this principle. Those detained under mental health legislation should be encouraged to participate actively and willingly in their own care. There is a particular need to reduce the stigma that surrounds mental illness both within mental health services and the wider community.

3.4 Effectiveness

Mental health services should provide effective interventions that improve quality of life by treating symptoms and their causes, preventing deterioration, reducing potential harm and assisting rehabilitation. Within the NHS, clinical governance provides a mechanism to ensure that matters of effectiveness and quality are central. The minimum care standards introduced under the Care Standards Act 2000 also provide important quality frameworks. The growing importance of 'Quality of Life' measures in determining effectiveness is reflected in the Strategy. Services must be accountable for the quality of service provided.

3.5 Efficiency

Mental health services must use resources efficiently and be accountable for the way public money is spent. There should be efficient interagency working especially between health, social services, and other local government agencies, voluntary agencies and the private sector to achieve best value. Opportunities for joint working and for use of information and communication technologies should be exploited to increase efficiency.

4. Scope of the NSF

4.1 This NSF covers public health challenges, health promotion and social inclusion, the needs of service users and carers, access to services and provision of comprehensive assessment and treatment. It links with issues for children's mental health services, older people's mental health services, drug and alcohol misuse provision and those with mental health problems in the criminal justice system.

4.2 Although it focuses on adults of working age, usually people between the ages of 18 and 65, many of the principles apply equally to people over 65 years old. More specific guidance relating to the mental health needs of people over 65 will be in the NSF for older people due to be published in January 2006.

4.3 Standards are set for 8 key activities:

- Social inclusion, health promotion and tackling stigma Standard 1
- Service user and carer empowerment Standard 2
- Promotion of opportunities for a normal pattern of daily life Standard 3

- Providing equitable and accessible services Standard 4
- Commissioning effective, comprehensive and responsive services Standard 5
- Delivering effective, comprehensive and responsive services Standard 6
- Effective client assessment and care pathways Standard 7
- Ensuring a well staffed, skilled and supported workforce Standard 8

These Standards are based on available evidence of clinical effectiveness, are challenging, and intentionally so. They aim to move services forward and promote excellence, and will be measured and monitored systematically.

Services should be developed and delivered using an evidence-based approach.

5. Review of the original NSF and establishing priorities

5.1 In 2003 a detailed review of the NSF was carried out by the Director of Mental Health Services in Wales. The first stage of this review focused on prioritising those Key Actions most likely to have the greatest impact upon the quality of service provision. The review's priorities and recommendations were accepted by the Minister for Health and Social Services and endorsed by the Health and Social Services Committee in March 2004. The full committee report including the review recommendations is available via:

<http://www.wales.gov.uk/keypubassemhealsocsvs/index-e.htm>

5.2 Throughout the review the following 4 themes emerged as priorities: -

1. Service and workforce reform
2. Systems development
3. The Care Programme Approach
4. Mental health promotion and social inclusion

Within these priorities 2 particular key developments were recommended for early implementation.

- The development of crisis resolution/home treatment services
- Improving the therapeutic inpatient environment

5.3 Service and workforce reform

5.3.1 Fundamental to modernising mental health care is the need to reform existing services through the development of a whole system approach. This service reform requires developments in the way in which mental health care is provided in primary, secondary community, secondary inpatient and tertiary services.

5.3.2 In reforming services two developments should be given priority; Firstly, the development of community crisis resolution/home treatment services. There is evidence that these services significantly increase patient choice, reduce the necessity for hospital admission and when admission is necessary facilitate safer and more prompt hospital discharge. Secondly, improvements in inpatient environments through the enhancement of staffing and the reconfiguration of wards, as such improvements have been demonstrated to improve patient safety, privacy and dignity and therapeutic outcomes.

5.3.3 Inpatient services need reform and a vital component in achieving improvements lies in the replacement of outdated estate. This too, must be seen within the whole system context. Inpatient and community developments need to be considered together if the replication of an old model of institutional care within new buildings is to be avoided.

5.3.4 Furthermore where estate developments are being considered this needs to be within the context of the total requirement for beds in Wales rather than solely on a local basis. This approach will ensure a rational estates plan for Wales.

5.3.5 Service and workforce reform needs to be underpinned by a culture shift within mental health services. Services need to ensure timely delivery of evidence based interventions that focus on outcomes and service user recovery. Such a culture shift will require a change in both service user and staff expectations of where, when and how services are delivered.

5.3.6 The scale of this reform can not be underestimated. It will require closer integration of health and social care services and will be driven by pressures in the short term emanating from the European Working Time Directive (EWTD) and in the longer term the requirements of the reform of the Mental Health Act.

5.3.7 Workforce initiatives have commenced and these will be essential in developing new professional roles and a new workforce if service reform is to progress. Without these changes scarcity of staff will prevent the development of new service models and the support of existing services.

5.4 System development

5.4.1 This term is used to describe improvements that can be made immediately to improve the collaboration between existing services. These system developments require little or no additional financial investment. Whilst they will not, by themselves, bring about the level of improvement that service reform will achieve they will contribute to the development of a whole system approach and should be seen as an early deliverable.

5.5 The Care Programme Approach (CPA)

5.5.1 The CPA is a co-ordinated system of care management and based on a person centred approach determined by the needs of the individual. It combines Care Planning and Case Management and requires agencies to work to provide integrated services wherever appropriate.

5.6 Mental health promotion and social inclusion

5.6.1 Standard One of the NSF relates to actively promoting good mental health for all, tackling the stigma of mental health, and promoting the social inclusion of people with mental health problems. It sets out a long term agenda for change. Initiatives have begun to ensure that Standard One progresses through the engagement of a broad range of stakeholders. Progress against Standard One will be closely monitored to ensure that it does not become forgotten amid competing priorities.

5.6.2 The Welsh Assembly Government has considered the report: 'Mental Health and Social Exclusion' (published by the Social Exclusion Unit, Office of the Deputy Prime Minister). It has established a cross Assembly Government network to ensure that tackling the social exclusion of people with mental health problems in Wales cuts across a range of Government departments.

5.6.3 In particular, services relating to Housing, Education, Social Justice, Economic Development and many more are involved in helping and supporting people with mental health problems and in addressing the wider public health issues as they affect the mental health and well being of the total population.

6. An action plan for mental health

6.1 An Action Plan (see page 45) developed as a fundamental component of the NSF review provides a revised timetable for NSF implementation and should be read in conjunction with the performance monitoring tables within the NSF. The recommendations from the Wales Audit Office's 'Baseline Review' and the quality and risk review, 'Under Pressure', have been incorporated into the monitoring tables and Action Plan. The Action Plan also includes separate timetables for the implementation of new mental health legislation and actions necessary to implement the national learning from the independent external reviews into homicides committed at Prestatyn and Llangadog.

7. Health, Social Care and Well-Being (HSCWB) Strategies

7.1 The NHS Reform and Health Professionals Act 2002 and the Health, Social Care and Well-Being (Wales) (Regulations) 2003, placed a joint duty on Local Health Boards and Local Authorities across Wales to formulate and implement a HSCWB Strategy for their local areas.

7.2 The relationship of these HSCWB Strategies with this revised NSF is important. Through both the formulation and implementation of the HSCWB Strategies, strategic partnerships need to ensure that mental health needs have been identified and prioritised and are tackled in a focused and co-ordinated way.

8. Monitoring progress of implementation

8.1 Each of the Key Actions within the NSF includes a performance target and monitoring information along with identifying the organisation/s responsible for implementation. Local Authorities, Local Health Boards and the three Regional Offices will oversee the performance management of the NSF.

8.2 The Standards and Key Actions should form the basis for any future assessments of mental health services carried out through reviews undertaken by Healthcare Inspectorate Wales (HIW), the Social Service Inspectorate for Wales (SSIW), or joint reviews carried out by the Wales Audit Office and SSIW.

8.3 The Welsh Assembly Government is committed to ensuring that mental health remains a top health and social care priority for Wales, and HSCWB strategies should reflect this priority and will be monitored accordingly.

8.4 In monitoring NSF implementation all agencies must ensure compliance with recent legislation to ensure that the rights of minority groups are considered. The Race Relations Amendment Act, Disability Discrimination Act and Welsh Language Act already place duties upon public authorities to ensure compliance. Further such legislation concerning sexuality and age discrimination will also come into effect in the coming year and should be built into implementation monitoring arrangements.

9. Delivering race equality in mental health care in Wales

The Race Relations Amendment Act (RRAA) 2000

9.1 The Race Relations Act 1976 was amended in 2000, since this time there has been a statutory duty upon public authorities to promote race equality. This includes the National Health Service and Local Authorities. The RRAA provides wider protection against racial discrimination and requires public authorities to ensure that racial equality considerations are part of everything they do.

The duty to promote race equality requires public authorities to for example:

- Consult Black, Minority Ethnic (BME) representatives.
- Take account of the potential impact of policies on BME groups.
- Monitor the actual impact of policies and services and take remedial action when necessary to address any unexpected or unwarranted disparities
- Monitor their workforce and employment practices to ensure that the procedures and practices are fair.

9.2 Since the introduction of the RRAA a landmark mental health Inquiry report was published in England following the death of David “Rocky” Bennett whilst being restrained in a medium secure facility. The report focused upon on tackling racial discrimination and achieving equality as well as making numerous recommendations in relation to the use of restraint. The “Bennett” Inquiry has been used as the foundation by the Department of Health of its action plan for tackling race equality in mental health care. It can be seen in full at:

www.nscha.nhs.uk/scripts/default.asp?site_id=117&id=11516

The Assembly’s Race Equality Scheme

9.3 In March 2005 the Assembly launched a new Race Equality Scheme for 2005-2008 that provides an example of the standard that public bodies across Wales should be setting to ensure equality of opportunity is part of all aspects of Welsh life. The overall objective of the Race Equality Scheme for health and social care is to support people from all BME groups to live healthy and independent lives and work to eliminate unlawful discrimination and promote good relations in NHS and social care settings.

Race Equality Action Plan in Wales 2005-2008

9.4 The ‘Health and Social Care Race Equality Action Plan’ is a joint plan which has been compiled by the Health and Social Care Department, the Office of the Chief Medical Officer (OCMO) and the Office of the Chief Nursing Officer (OCNO). The Action Plan flows from the Assembly’s Race Equality Scheme and sets out the specific actions that will be taken to further promote race equality in Assembly Health and Social Care policy.

“Count Me In” Census

9.5 In 2005 the NHS in Wales participated in a Mental Health Act Commission initiative “Count Me In”. This was a census of all patients, both formal and informal, resident in mental health inpatient facilities across England and Wales. The census recorded the ethnicity of all inpatients together with their legal status. The census data will be scrutinised to examine the rate of admission and use of compulsion among minority ethnic groups. Results are due to be published in autumn 2005 and will provide vital empirical evidence of the use of admission and compulsion among BME communities. This information will be used by government and local services to improve services to people from BME communities.

Standard 4 of the NSF

9.6 Standard 4 of this NSF requires services to provide equitable, accessible, comprehensive mental health services for all the people of Wales based on need and irrespective of where they live, their age, gender, sexuality, disability, race, ethnicity or social, cultural and religious background.

10. Disability Discrimination Act (DDA) 1995

10.1 The DDA was passed in 1995 to end the discrimination that many disabled people face. It protects disabled people in: -

- Employment
- Access to goods, facilities and services
- The management, buying or letting of land or property
- Education

The DDA 1995 (Amendment) Regulations 2003 made extensive changes to the Employment and Occupation provisions.

10.2 Since December 1996 it has been unlawful for service providers to treat disabled people less favourably than other people for a reason related to their disability. Furthermore since October 1999 they have had to make reasonable adjustments for disabled people, such as providing extra help or making changes to the way they provide their services and since October 2004 they have had to make reasonable adjustments to the physical features of their premises to overcome physical barriers to access.

10.3 For education providers new duties came into effect in September 2002 under part iv of the DDA amended by the Special Educational Needs and Disability Act (SENDA). These require schools, colleges, universities and providers of adult education and youth services to ensure that they do not discriminate against disabled people.

10.4 Services must ensure in monitoring NSF implementation that due regard is given in the delivery of services and employment practices to the requirements of the DDA.

10.5 The Disability Rights Commission commenced an inquiry in December 2004 into the provision of physical healthcare to people with a mental health problem or learning disability. Services will need to act upon the outcome and findings of this Inquiry upon publication.

11. The NSF Standards

Standards form the core of the NSF and are set out below stipulating the aim of each standard and the key actions necessary to deliver them. Each key action has performance targets and the monitoring information required to evaluate successful implementation. These are set out in tabular form under each key action specifying: -

- those bodies with a responsibility for implementing the standard through their own actions and in collaboration with partner agencies.
- the target which should be aimed at together with target dates where appropriate.
- the information which will be used by the appropriate monitoring body to gauge success.
- It shall be the responsibility of the Chief Executive Officer of each organisation to ensure that the responsibilities assigned within the NSF are realised. The Welsh Assembly Government, NHS organisations Local Authorities and the voluntary sector shall assume responsibility as appropriate, both for their own actions and for contributing to those where partner agencies have the lead.

Standard 1

Social inclusion, health promotion and tackling stigma

Aim

To actively promote good mental health for all, tackle stigma relating to mental health and to promote the social inclusion of people with mental health problems. Specifically to:

- help people develop the skills to stay free of, or minimise the effects of mental health problems at stressful times in their life and survive mental health problems.
- promote the understanding of mental health issues, in order to reduce the stigma associated with mental illness.
- ensure that formulation, delivery and revision of other social and economic policies and programmes takes account of potential impacts on mental health, for example, policies and services in education/training, employment and housing.
- create a society that embraces and welcomes diversity and facilitates people with mental health problems to participate as fully as they wish.

Key Action 1

Authorities and agencies are to:

- strengthen inter-authority/agency arrangements to adopt a coherent approach to mental health promotion.
- foster the development of life-skills, which help to promote good mental health e.g. in healthy schools, good parenting and workplaces and lifelong learning schemes.

Performance Target	<p>By December 2005 Welsh Assembly Government to develop a mental health Cross-Assembly Network with full terms of reference focussing on mental health promotion and social inclusion.</p> <p>By May 2006 Welsh Assembly Government to publish a Mental Health Promotion Action Plan for consultation.</p> <p>By March 2008 Local Authorities/Local Health Boards (LAs/LHBs) to develop local mental health action plans in line with the national Action Plan including actions on stigma and social inclusion.</p>
Monitoring Information	<p>Publication of the Welsh Assembly Government Mental Health Promotion Action Plan.</p> <p>Development of mental health promotion indicators to monitor implementation of the action plan.</p> <p>Production of LA/LHB mental health action plans.</p> <p>Cross government network for mental health promotion minutes.</p> <p>Evidence of inclusion of mental health promotion into Health Social Care and Wellbeing Strategies and Children and Young People strategies.</p> <p>Welsh Health Survey data, mental health component score, numbers of schools involved in Healthy Schools scheme.</p>

Key Action 2

Authorities and agencies are to seek to raise public awareness and understanding of mental health issues and help combat stigma. They are to:

- increase the public's awareness and understanding of mental health problems, and the range of social issues interacting with mental health
- educate key opinion formers such as the media, local authority members and officers, criminal justice and health professionals
- raise awareness of the rights of people with mental health problems under the Disability Discrimination Act 1995, Race Relations Amendment Act 2000 and Human Rights Act 1998 to be treated without discrimination.

Performance Target	<p>By March 2009 Welsh Assembly Government and LAs/LHBs to implement a programme of local and national action to tackle stigma and discrimination as part of the Mental Health Promotion Action Plan.</p>
Monitoring Information	<p>Tracking survey of public attitudes towards people with mental health problems. Baseline survey by March 2006.</p> <p>Development of mental health promotion indicators to monitor implementation of the action plan.</p>

Key Action 3

Authorities are to promote social inclusion by:

- taking fully into account the needs of people with mental health problems when developing, reviewing or implementing policies across the full range of their responsibilities.
- establishing supportive empowering and healthy communities in rural and urban areas that ensure opportunities for participation of vulnerable groups including those with mental health problems. For example, tenant participation schemes could be tailored to include representation of mental health needs.
- meeting the needs of specific vulnerable people who have a mental health problem and are already at risk of exclusion e.g. individuals from ethnic minorities, individuals with disabilities, parents who have mental health problems, and people who are homeless.

Performance Target	By March 2009 Welsh Assembly Government and LAs/LHBs to implement local and national action to promote social inclusion.
Monitoring Information	SF36 Improving General Health and Mental Health indices in Welsh Health Survey.

Standard 2

Service user and carer empowerment

Aim

To encourage the full and genuine participation of service users and carers in all aspects of mental health services, including planning and commissioning.

Key Action 4 - This Key Action has been superseded by the introduction of Care Programme Approach (see Key Action 32).

Key Action 5

By the end of December 2009, service users and carers are to have timely access to comprehensive, clear, appropriate and helpful information, in a range of appropriate formats and languages. This is to include information in minority languages as well as English and Welsh and on tapes with access to interpreters or people who can use British Sign Language if required. There is to be accurate information on facilities available across the area for providers especially those in primary care as well as users and carers.

Performance Target	By March 2006 LAs/LHBs to produce bilingual locally accessible service directories which include arrangements for access out of hours and also provision in the voluntary sector. By April 2006 LAs/LHBs to ensure advice available locally regarding access to interpreters. By March 2009 LAs/LHBs to ensure mental health information is available in minority languages and Braille and arrangements in place to ensure regular updates.
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Monitoring Information	<p>Evidence of bi-lingual directories produced and submitted to CALL for inclusion on their website.</p> <p>Evidence of plans to translate information on mental health services into minority languages.</p> <p>Spot checks by service users of presence of directories in GP surgeries, libraries and other relevant public places.</p>
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Key Action 6

A range of appropriate independent, trained and dedicated advocacy services should be available and promoted across Wales. Statutory advocacy is to be compliant with the requirements of the proposed new Mental Health Bill and accessible by 2007. Non statutory advocacy services are to be developed and fully available at inpatient sites by 2008/9 and in the community by 2009/10.

Performance Target	<p>By October 2006 Welsh Assembly Government to produce Policy Implementation Guidance on statutory advocacy and non-statutory inpatient and community advocacy services.</p> <p>By March 2007 LAs/LHBs to ensure statutory advocacy is available across Wales.</p> <p>By March 2009 LAs/LHBs to ensure access to non-statutory advocacy services is available across all inpatient services.</p> <p>By March 2010 LAs/LHBs to ensure access to non-statutory advocacy services is available across community services.</p>
Monitoring Information	<p>Agreed Policy Implementation Guidance in place.</p> <p>The number of advocacy hours available in all mental health inpatient settings.</p> <p>The settings where community advocacy is available and total number of community advocacy hours available in each LA/LHB area.</p>

Key Action 7

By March 2006 in line with 'Stronger in Partnership', the NHS and Local Authorities must have introduced arrangements to ensure that service users and carers are meaningfully involved in the:

- Planning
- Design
- Delivery and
- Monitoring and evaluation of mental health services.

Performance Target	<p>By March 2006 LAs/LHBs to include service user and carer representatives on all relevant local strategic planning groups in line with “Stronger in Partnership” (SIP).</p> <p>By October 2006 Welsh Assembly Government to review SIP in light of Health and Social Services Committee review of user involvement.</p> <p>By March 2007 LAs/LHBs to undertake local audits using SIP.</p> <p>By March 2008 LAs/LHBs to include service users in staff recruitment and service quality monitoring.</p> <p>By March 2008 LAs/LHBs to have service user and carer development workers or equivalent in place to ensure comprehensive approaches to user/carer involvement.</p>
Monitoring Information	<p>Local audit of user/carer involvement using SIP Good Practice Checklist including:</p> <ul style="list-style-type: none"> ▪ Evidence of user carer membership of relevant planning groups in the public domain. ▪ Evidence of appropriate training uptake by service users & carers. ▪ Evidence of specific budgets available to resource user/carer participation. ▪ Presence of user and carer development workers.

Key Action 8

Carers have a statutory right to their own assessment and if assessed as eligible for support, a written care plan. The special needs of young carers are to be taken into account.

Performance Target	<p>By March 2006 LAs/LHBs to ensure that all carers who provide unpaid regular and substantial care, help or support to family members or friends subject to CPA, who have requested an assessment, have received one.</p>
Monitoring Information	<p>CPA lead officers to report to Local Authorities who will produce a gap analysis of unmet need identified by the assessments.</p>

Standard 3

Promotion of opportunities for a normal pattern of daily life

Aim

People with mental health problems and their carers should live as fulfilled a life as possible, with additional support when needed to help them achieve this goal. They may require help and support to:

- access and maintain good quality housing;
- maintain existing or find new employment/meaningful daily occupational/voluntary working opportunities;

- access educational/training, leisure and/or social opportunities;
- find supportive networks which include opportunities for friendship.

Key Action 9

Each Local Authority area are to ensure there is a range of housing options with appropriate levels of support available for people with mental health problems by end 2009/10. They should work in tandem with Registered Social Landlords (RSLs) - Housing Associations - and the private (and private rented) sector to fulfil this aim.

Forming and delivering effective Local Housing Strategies, Local Homelessness Strategies and Supporting People Operational Plans requires effective joint working between health and housing and social care agencies. This will necessitate health representation on Local Housing Strategy and Homelessness Strategy partnerships and on Supporting People Planning Groups. The strategic approach should then be reflected in the operational and business plans of Local Authority housing services and RSLs and local health bodies.

Key Action 9a

Housing options are to range from 24 hour staff support to floating and low-level support for individuals in the community with equality of access to mainstream housing opportunities. The housing options are to be provided in collaboration with the independent sector and other partners.

<p>Performance Target</p>	<p>By March 2006 peripatetic “floating” housing support provision in place in each LHB/LA area under Supporting People assessment of need and planning arrangements.</p> <p>By March 2007 LA/LHB to undertake gap analysis in response to Audit Commission baseline review of local supported housing need.</p> <p>By October 2007 LA to develop a Strategic Plan.</p> <p>By April 2010 LA to have completed supported housing developments in response to Local Plan.</p>
<p>Monitoring Information</p>	<p>Local Supporting People Operational Plans and Local Homelessness Strategies.</p> <p>Evidence of incorporation of mental health need into local housing plans.</p> <p>Local gap analysis completed of floating support schemes.</p> <p>Local audit of delays in access to general housing stock.</p> <p>Local audit of delayed transfers of care due to shortages of supported accommodation.</p>

Key Action 9b

Services are to be provided for homeless people with mental health problems which identify and meet their care and support needs, and which are comparable in quality of care to those who are housed.

Performance Target	By March 2007 LA/LHB to develop mechanisms to deliver supportive outreach. By March 2008 LA/LHB to ensure access to services for homeless people with mental health problems.
Monitoring Information	Production of protocol for engaging homeless people. Inclusion of supportive outreach. Evidence of Community Mental Health Team (CMHT) procedures for in-reach to homeless people's services.

Key Action 9c

Teams admitting people to hospital are to consider practicalities such as keeping up rent or utilities payments as part of the care plan. They are to work with housing and advice agencies to ensure that people will not be homeless following discharge, and that their housing conditions do not undermine their recovery.

Performance Target	By March 2006 LAs/LHB/NHS Trusts to have included in its CPA guidance reference to maintenance of tenancy during an admission to hospital. By March 2006 LAs/LHBs/NHS Trusts to include housing need as part of inpatient assessments and integrated into care and discharge plans. By March 2007 LAs/LHBs/NHS Trusts to develop protocols between Local Authority housing departments and mental health services re tenancy maintenance.
Monitoring Information	Evidence of integration of housing need into CPA guidance and discharge planning protocols. Development of protocols to ensure that housing and utility costs during admission are managed via benefit claims and appropriate systems. Protocols between mental health services and LA Housing departments covering management plans for mental health admissions.

Key Action 10

Employment (including meaningful unpaid activities) has been shown to be of significant benefit to the mental health of everyone.

For users in employment/meaningful activity, support is to be made available to help them maintain their employment. For users seeking new opportunities, a range of training, advice and support is to be available. Suitable opportunities should be available for groups with particular needs, including homeless people. Local employers are to be engaged in this process to ensure that they understand the needs of workers with mental health problems and are supported.

People with mental health problems and their carers have the same needs for friendship and social, leisure/recreational and educational/training/lifelong learning activities as any other person in the community. Some individuals may require additional support to access such opportunities.

An up to date list of employment/volunteering opportunities is to be available in all areas, drawn up with specific emphasis on the needs of those with mental health problems and supplementing services provided by job centres.

<p>Performance Target</p>	<p>By March 2007 in support of work on social inclusion LAs/LHBs to develop a local day activity service and employment strategy including social leisure/recreational and training and lifelong learning opportunities.</p> <p>By March 2008 LAs/LHBs to implement actions in accordance with this strategy.</p>
<p>Monitoring Information</p>	<p>Publicly accessible information available in each local authority area of volunteering/employment schemes.</p> <p>Numbers of places per day on employment and occupation focused day services.</p> <p>Total number of service users accessing schemes.</p> <p>Total number of people in contact with mental health services accessing paid or voluntary employment through formal schemes.</p> <p>Total number of mental health drop in services available per local authority and staff in these services.</p> <p>Total number of low level social support sessions available per local authority.</p> <p>Total number of drop in service attendees.</p> <p>Total number of recipients of social support sessions.</p> <p>Total number of people in contact with mental health services accessing mainstream or supported education and life long learning services through formal schemes.</p>

Key Action 11

Key Action 11 has been amalgamated with Key Action 10.

Standard 4

Providing equitable and accessible services

Aim

To provide equitable, accessible, comprehensive mental health services for all the people of Wales based on need, irrespective of where they live, their age, gender, sexuality, disability, race, ethnicity or their social, cultural and religious background. This will require services that:

- ensure a non-discriminatory and consistent level of advice and support for people with mental health problems across Wales.
- are sensitive to cultural and social needs, including the needs of people from BME communities, people with disabilities, homeless people, and people caring for others including their children.

Key Action 12

There is to be good information available to commissioners to support the implementation of this NSF.

Performance Target	By April 2007 the Welsh Assembly Government will develop a minimum data set for adult mental health services in order to support commissioners (See also Key Action 17).
Monitoring Information	Minimum data set established and information made available.

Key Action 12a

In keeping with the Welsh Assembly Government Race Equality Scheme for health and social care mental health services are to support people from all BME groups to live healthy and independent lives and work to eliminate unlawful discrimination and promote good relations in NHS and social care settings.

Performance Target	By March 2006 the Welsh Assembly Government will develop a race equality action plan for mental health services in Wales.
Monitoring Information	The publication of a mental health race equality action plan. Collection of data as identified in race equality action plan. Presence of cultural issues within assessment and care planning processes under Care Programme Approach (CPA)/Unified Assessment Process (UAP).

Key Action 13

Any individual with an identified serious mental illness is to be able to contact local services on a 24-hour basis in order to have their needs assessed and receive appropriate advice, treatment, care and/or support.

Authorities and agencies are to ensure that users and carers and other organisations (e.g. police, homelessness agencies) are informed about how to contact local services and are to establish robust and clear routes of referral (including out of hours) between primary and secondary care to ensure access to services.

Performance Target	By March 2006 LAs/LHBs multi agency protocols are to be in place to ensure the existence of clear referral pathways to mental health primary and secondary services including out of hours.
Monitoring Information	Access and referral protocol in place and agreed between LA, NHS Trust, LHB & Police. Publicly accessible information available on locally agreed referral pathways.

Key Action 14

People with mental health problems are to be made aware of the national mental health helpline CALL and other available helplines.

Performance Target	By March 2006 LAs/LHBs to ensure that information is accessible to local services, service users and carers on the availability of national helplines. By March 2007 the Welsh Assembly Government to review the focus, range and resourcing of national helplines in order to ensure adequate service is being delivered.
Monitoring Information	CALL data by LA/LHB area. Information from NHS Direct.

Key Action 15

This Key Action has been amalgamated with Key Action 21.

Standard 5

Commissioning effective, comprehensive and responsive services

Aim

Effective services are to be jointly planned, commissioned and delivered in an efficient co-ordinated manner in order to provide responsive, seamless care. This requires:

- Joint planning with key stakeholders from statutory and non-statutory sectors, users and carers working together.
- Full use of the Health Act “Flexibilities” powers, to ensure effective planning and delivery.
- Rigorous processes, infrastructure and funding to ensure that comprehensive services based on locally agreed models of care are available for all those who need them.

Key Action 16

The Welsh Assembly Government must ensure that delivery of the Adult Mental Health Strategy and the NSF is implemented, progress monitored and targets achieved.

Performance Target	By October 2006 LAs/LHBs to develop local plans in response to national action plan.
Monitoring Information	Production of local action plans. Local progress of action plan monitored. Welsh Assembly Government's Implementation Advisory Group to receive progress reports from the Regional Offices.

Key Action 17

Effective services are to be planned, designed and delivered to meet the needs of the population. They should take an epidemiological approach following formal comprehensive needs assessment at both national and local levels and a gap analysis of service provision. There is to be recognition of national assessments of core service requirements for example, publications by the National Institute for Health and Clinical Excellence (NICE), the National Public Health Service (NPHS) for Wales, the Wales Audit Office and the Office of National Statistics publications and "Treatment Choice in Psychological Therapies" published by the Department of Health.

Performance Target	By March 2006 the NPHS will develop a national mental health profile that will collate relevant available data on mental health service usage, identify data gaps, and provide analysis at a national and where possible local level (See also Key Action 12). By March 2007 LAs/LHBs to undertake a regional and local gap analysis to produce local and regional whole systems models and produce costed plans using all available commissioning data including unmet need identified through CPA process.
Monitoring Information	Explicit whole system models available at regional and local levels. Recording of unmet need identified through CPA process leading to analysis by commissioners and providers as systems develop to facilitate this process.

Key Action 18

Every Health, Social Care and Well Being Strategy is to include a comprehensive mental health component.

A Local Mental Health Strategic Planning Group is to be set up in each LA/LHB area to co-ordinate the local planning, design, monitoring and evaluation of services in line with Welsh Assembly Government commissioning guidance This will ensure the adoption of a comprehensive, integrated and seamless approach. This may in some areas require consideration of cross boundary flows e.g. England/Wales or between different Local Authority areas.

Representatives of all relevant authorities and agencies, including the voluntary sector and users and carers should participate in such strategic planning groups.

Local Authorities, Local Health Boards and voluntary agencies, should identify how they will meet the needs of groups which have particular difficulty accessing services, such as homeless people, people from BME groups (including travellers) and people with disabilities.

Performance Target	<p>By March 2006 LAs/LHBs to establish Local Strategic Mental Health Planning Groups (LMHSPGs) in each area in line with Commissioning guidance and “Stronger in Partnership”.</p> <p>By October 2006 the Welsh Assembly Government to undertake an option appraisal of regionally based commissioning of mental health services.</p> <p>By March 2007 Welsh Assembly Government to issue revised mental health commissioning guidance taking into account review of regional mental health organisations.</p> <p>By April 2007 LMHSPGs to be reviewed in line with revised commissioning guidance.</p>
Monitoring Information	<p>Monitoring of compliance with commissioning guidance and reports from self audits using “Stronger in Partnership” Checklist.</p> <p>Local periodic review of NHS Trust Board, Local Health Board and Local Authority Committee minutes.</p>

Key Action 19

The full range of flexibilities provided by the Health Act 1999 is to be utilised. This will help give increased opportunities for effective joint working and delivery of NSF standards.

Performance Target	By March 2006 LAs/LHBs to formally consider the use of Health Act 1999 flexibilities in service developments.
Monitoring Information	Committee reports considering use of Health Act flexibilities.

Standard 6

Delivering effective, comprehensive and responsive services

Aim

Services should be responsive, effective and offer high quality, evidence based care in an environment and an atmosphere that provides dignity, privacy and support. There should be a comprehensive range of accessible services 24 hours a day, 365 days a year.

Key Action 20

There is to be effective communication and liaison between primary and secondary care, including between Community Mental Health Teams (CMHTs) and primary care teams. Primary care should also have access to a range of Tier 1 services to offer to appropriate

individuals with mental health problems such as counselling, bibliotherapy schemes, exercise on prescription, volunteering on prescription, etc.

- Protocols for referrals and management of conditions are to be established taking due account of appropriate NICE or other guidelines.
- GPs should receive information on discharge/transfer of care within 3 working days and copies of patient care plans within 7 working days of discharge from hospital. (See K.A. 32)
- CMHTs will be “sector” based around locally agreed geographical primary care groupings.
- If people do not have a GP then efforts should be made to register them.
- LHBs to ensure arrangements in place for a second medical opinion where required and protocols in place to facilitate treatment out of area if relations break down.
- People should not be prevented from receiving primary or secondary care just because they do not have a home address.
- Arrangements should be in place for providing people with access to continuity of care when they move across Local Authority boundaries.

Performance Target	<p>By March 2007 LAs/LHBs to base CMHTs around Primary Care Groupings.</p> <p>By March 2007 LHBs should ensure an appropriate range of Tier 1 services are available in primary care.</p> <p>By March 2008 LHBs to develop protocols to ensure appropriate liaison between primary and secondary care and care pathways are in place drawing upon the outcomes of the National Leadership and Innovation Agency for Health (NLI AH) AIM collaborative. These protocols to address any local border anomalies.</p>
Monitoring Information	<p>Range of available Tier 1 Services.</p> <p>Regular review of protocols.</p>

Key Action 21

Inpatient and community services are to be provided in fit for purpose environments. These are to offer dignity, privacy and appropriate space and resources for purposeful activity for users and staff. A therapeutic, supportive environment is to be created and properly staffed. All inpatient wards are to offer the choice of single sex environments. People are to be treated in the least restrictive environment possible. All accommodation is to conform to the provisions and standards as contained in the Care Standards Act 2000 where that is relevant.

<p>Performance Target</p>	<p>2005 - 2015 new provision of inpatient facilities as per “Designed for Life”.</p> <p>By March 2006 LHBs/NHS Trusts to implement the ‘Tidal’, ‘Re-focusing’ or similar model in all inpatient units in line with SAFF target.</p> <p>By March 2007 Welsh Assembly Government to issue Policy Implementation Guidance on fit for purpose environments.</p> <p>By December 2007 Welsh Assembly Government to evaluate the advantages of a national occupancy database for mental health beds.</p> <p>By March 2008 LHBs/NHS Trusts/LAs to ensure that existing inpatient and community care facilities are in fit for purpose environments, which are suitably staffed, offering privacy and dignity within units offering single sex environments.</p>
<p>Monitoring Information</p>	<p>Baseline drawn from ‘Under Pressure’ report and Wales Audit Office Baseline Review.</p> <p>Audit of bed occupancy and turnover.</p> <p>Monitoring of complaints and clinical governance audits of inpatient environments with particular reference to the availability of single sex environments.</p> <p>Service user information on quality generated using “Stronger in Partnership”.</p> <p>Audit against 2005/6 SAFF target.</p> <p>Care Standards Inspectorate Wales inspection reports of independent provision.</p> <p>Healthcare Inspectorate Wales inspection reports on NHS provision.</p>

Key Action 22

Community Mental Health Teams are to be multi disciplinary and working from a common base. They are to have effective liaison with primary care and specialised services.

Performance Target	<p>By March 2006 LAs/LHBs/NHS Trusts to have fully multidisciplinary CMHTs working from common bases.</p> <p>By October 2006 Welsh Assembly Government to produce Policy Implementation Guidance on CMHT functions.</p> <p>By March 2007 LAs/LHBs/NHS trusts to review skill mix within CMHTs in light of Policy Implementation Guidance, giving consideration to the use of support workers and assistants in strengthening CMHT operation.</p> <p>By March 2007 CMHTs to establish liaison workers to specialist services.</p> <p>By March 2007 LAs/LHBs to ensure explicit joint management arrangements between health and social care services are in place.</p> <p>By April 2007 CMHTs to identify primary care liaison workers.</p>
Monitoring Information	<p>Self audit of compliance with Policy Implementation Guidance on CMHT functions.</p> <p>Liaison workers identified.</p>

Key Action 23

Out of hours access to services, including CMHTs, is to be available during public holidays, at weekends and during the evening.

Specific protocols to enable people on enhanced CPA, and other services - such as homeless hostels and the police - to access out of hours specialist advice is to be established.

There continues to be a requirement for 24-hour access to emergency medical and social work assessment for all individuals requiring assessment under the Mental Health Act 1983.

Performance Target	<p>By March 2006 LAs/LHBs to ensure Crisis Resolution Home Treatment services are established in line with SAFF target and Policy Implementation Guidance.</p> <p>By March 2006 LAs/LHBs to ensure adequate arrangements for emergency assessment under the Mental Health Act 1983 including S12 (2) cover.</p>
Monitoring Information	<p>Monitoring of SAFF target 17 2005/6.</p> <p>The availability of Approved Social Workers and S12(2) doctors.</p> <p>Medical and approved social work systems in place for the smooth running of assessments under the Mental Health Act 1983.</p>

Key Action 24

Each LA/LHB area is to have a range of alternatives to admission and facilities to support individuals after discharge, including day services. This should include supervised short or medium term accommodation with residential care staff on site and mechanisms to support people in their own accommodation (see also K.A. 9a and 23).

Performance Target	By March 2007 LAs/LHBs to undertake an analysis of the range of alternatives to admission and access to day care, employment and educational schemes based upon local baseline audit report and produce a plan where gaps are identified.
Monitoring Information	See monitoring information Key Actions 9A, 10, 11 & 23.

Key Action 25

A range of specialist services is to be available and accessible across Wales. These should include eating disorder services, mother and baby units, low secure care, liaison psychiatry, neuropsychiatry and early intervention services accessible to each Trust area.

Performance Target	<p>By March 2007 LHBs/NHS Trusts/Health Commission Wales (HCW) to ensure timely access to specialist tertiary inpatient care where necessary via an agreed referral route. Referral will include ensuring that all opportunities to deliver care via specialist community services or secondary care inpatient settings have been explored and assessed as inappropriate.</p> <p>By March 2007 LHBs/HCW to examine provision of inpatient mother and baby facilities, low secure environments and inpatient eating disorder services and develop appropriate services in line with their commissioning strategies.</p> <p>By March 2009 LHBs/NHS Trusts to ensure that arrangements are in place at all District General Hospitals to deliver effective liaison psychiatry services.</p>
Monitoring Information	<p>Audit of the presence and suitability of locally agreed referral routes to specialist provision.</p> <p>Analysis by region of specialist inpatient provision and Out of Area Treatment (OAT) expenditure.</p>

Key Action 26

A comprehensive evidence based range of psychological therapies is to be accessible across Wales, with access to more specialist services. All staff that provide psychotherapy and counselling should be appropriately qualified and receive formal supervision. NHS staff will be subject to clinical governance.

Performance Target	<p>By March 2007 LAs/LHBs to have a plan for the establishment of a range of psychological therapies in each area.</p> <p>By March 2009 LAs/LHBs to have structured counselling available in primary care.</p> <p>By March 2010 LAs/LHBs to have a full range of psycho-social interventions available in secondary care.</p>
Monitoring Information	<p>The number of sessions of psychological therapy available within primary care per 10,000 of population.</p> <p>The number of sessions of psychological therapy available within CMHTs per 10,000 of population.</p> <p>The number of sessions of psychological therapy available within inpatient settings per 10,000 of population.</p> <p>The percentage of CMHT staff trained in delivering evidence based therapies together with a formalised system to ensure trained staff can deliver therapy.</p> <p>The number of sessions of clinical psychology time spent in each CMHT.</p> <p>The number of formal psychological sessions available per 10,000 of population.</p>

Key Action 27

All areas are to have a comprehensive range of rehabilitation services aiming to maximise the independence and recovery of users. This will include 24-hour staffed slower stream and fast track rehabilitation, with adequate facilities for continuing care for the small numbers of users with such needs. There is to be a range of community rehabilitation services providing multi-agency care for users with long term needs and delivering an assertive community treatment methodology. There is to be meaningful activities during the day which promote recovery and access to employment and education.

Performance Target	<p>By March 2007 Welsh Assembly Government to issue Policy Implementation Guidance on comprehensive rehabilitation services.</p> <p>By March 2009 LAs/LHBs to ensure that a full range of community peripatetic and residential rehabilitation services are in place. This should include an ability to provide a supportive/assertive outreach approach for complex cases where continuous engagement is difficult to achieve and a focus on recovery based day services.</p>
Monitoring Information	<p>Audit of supportive/assertive outreach activity.</p> <p>Information on bed occupancy for medium term rehabilitation.</p> <p>Evidence on the availability of slow stream rehabilitation and continuing care and day activity provision in line with rehabilitation Policy Implementation Guidance.</p>

Key Action 28

Ideally, children are not to be cared for on adult wards. However, each area is to have a designated unit in which staff will have undergone training and been police checked, with formal protocols in place for management of older adolescents if a brief stay is needed on an adult ward in an emergency.

Performance Target	<p>By March 2006 all NHS Trusts to identify adult wards to which children and adolescents may be admitted where exceptional circumstances require a short emergency admission.</p> <p>By March 2006 all NHS Trusts to have established policies and protocols to safely manage any such admissions (policies are to include arrangements for the induction of new staff.)</p> <p>By March 2006 all staff working on wards to which children may be admitted to have been police checked, received relevant training and be fully aware of relevant policies and protocols.</p>
Monitoring Information	<p>Record of policies and protocols having been agreed by Trust Board, incorporated within corporate Trust policies and procedures and subject to regular review.</p> <p>Record of police checks carried out on relevant staff covering identified wards.</p> <p>Induction arrangements in place within each NHS Trust ensuring compliance with policies and protocols.</p> <p>Monitoring of the numbers and duration of admissions of children to adult wards.</p>

Standard 7

Effective client assessment and care pathways

Aim

Effective high quality care based on the best evidence and including provision for the medical, physical, psychological and social needs of service users and carers.

- Communication through services and within services must be robust, with mechanisms to ensure people cannot fall between the general service and specialist provision.
- Rigorous approaches to assessment, treatment and aftercare must be in place.
- All users with complex and enduring needs must receive a structured formal assessment and should receive care, which encourages engagement, anticipates or prevents a crisis, and reduces risk. This should include people with mental health problems and other needs such as learning disability and substance misuse.
- All users of secondary care services will have a copy of a written care plan.

Key Action 29

The Care Programme Approach (CPA) has been introduced across Wales for all people with serious mental health problems and/or complex enduring needs. CPA combines Care Planning and Case Management and is integrated with the Unified Assessment Process (UAP) to provide a framework for care co-ordination in mental health care.

The background and guiding principles relating to CPA are set out in Policy Implementation Guidance issued by the Welsh Assembly Government in February 2003.

This document can be accessed at:

<http://www.wales.nhs.uk/sites/page.cfm?orgid=438&pid=3672>

Performance Target	By March 2007 LAs/LHBs to ensure full integration of CPA procedures with UAP. By March 2008 LAs/LHBs to develop an IT system to support CPA.
Monitoring Information	CPA implementation including the % of people on standard and enhanced CPA with a copy of their care plan.

Key Action 30

Health and Social Services are to identify a lead officer with authority to work across all agencies to deliver an integrated approach to the CPA and Care Management. These individuals may work across LHB/LA or Trust areas as deemed appropriate locally, and may be appointed utilising the Flexibilities introduced into the Health Act 1999.

Performance Target	By March 2006 LAs/LHBs to identify the joint lead CPA officer who will produce an annual audit report on CPA.
Monitoring Information	Name of lead officer in annual audit reports. Evidence in audit reports of local agreement for lead officer to work across organisations.

Key Action 31

All service providers are to review annually their risk management strategies in the light of any lessons learnt or information generated by the CPA, untoward incidents and complaints. Such reviews should inform clinical governance, management arrangements and practice, and where required have an identifiable action plan to address any issues raised. Health and Social Care agencies to develop cross agency risk management strategies where appropriate.

Performance Target	By March 2007 LAs/LHBs/NHS Trusts to ensure annual risk management strategies and action plans are informed by CPA, untoward incidents and complaints. By March 2008 development of cross agency health and social care risk management strategies where appropriate.
Monitoring Information	Production of strategies and action plans. Monitoring of their implementation.

Key Action 32

All users of specialist mental health services who have a serious mental illness or complex needs are to be offered written copies of their care plans drawn up in collaboration with them and their carer. This should be a holistic plan and will contain at least such details as:

- the action to be taken in a crisis by the service user, their carer, and their care co-ordinator;
- a list of relevant contact names, addresses and telephone numbers;
- prescribed medication;
- interventions and anticipated outcomes;
- the actions necessary to achieve the agreed goals;
- pre-arranged regular review dates agreed by the user, carer and their care co-ordinator;
- the advocate's name.

The GP is to receive a copy within 7 working days. The written care plan is to be shared as appropriate with the carer in a form acceptable to the user, normally as a duplicate. The service user can choose not to share with their carer unless this is overridden by issues relating to duty of care or risk.

Performance Target	By March 2006 LAs/LHBs/NHS Trusts to involve service users subject to standard or enhanced CPA in drawing up their care plan and ensure that the user receives a copy of the care plan in accordance with CPA policy guidance. The care plan shall include the outcome of specialist CPA assessment and any relevant UAP domains.
Monitoring Information	Sample audits to be conducted routinely and included in annual joint CPA report. Audit to include recording delays in meeting 7 day despatch of care plan to GP.

Key Action 33

Healthcare organisations are to ensure that patients and service users are provided with effective treatment and care that conforms to the National Institute of Clinical Excellence (NICE) technological appraisals and interventional procedures and the recommendations of the All Wales Medicines Strategy Group (AWMSG) and is also based on nationally agreed best practice guidelines as defined in NSFs, NICE clinical guidelines, national plans and agreed national guidance on service delivery.

Performance Target	By March 2006 LHBs/NHS Trusts to develop arrangements for the consideration, incremental implementation and audit of NICE guidelines and technical appraisals. By March 2007 LHBs/NHS Trusts to undertake a systematic review of NICE guidelines and technical appraisals and the development of a local incremental implementation plan.
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Monitoring Information	<p>Clear and agreed arrangements established to manage the implementation of NICE guidelines.</p> <p>Self assessment against standards in “Healthcare Standards of Wales” (Standard 12).</p> <p>Audit of review and incremental implementation plans for NICE guidance.</p>
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Key Action 34

People with mental health problems have the same needs for effective care of physical health problems including dental, visual and hearing needs as the general population. Primary care working jointly with the mental health services and with the support of specialist services such as the community dentistry services are to ensure all those requiring care have access to and receive effective services, whatever their circumstances.

Performance Target	<p>By March 2007 LAs/LHBs/NHS Trusts to clearly identify each service user’s physical health problems through the application of the Unified Assessment Process identifying within relevant domains any such needs, the plan to meet them and ensuring equity of access to these services.</p> <p>In line with the GMS contract quality indicators, a register of patients with a serious mental illness within each practice is to be developed.</p> <p>Regular reviews of the physical health problems and prescribed medication of patients with a severe and enduring mental health problem to be undertaken in line with GMS contract (subject to review of GMS contract).</p>
Monitoring Information	<p>Audit of CPA to monitor the use of UAP to specifically plan the delivery of the physical health care needs of mental health service users.</p> <p>Monitoring by LHBs of primary care compliance with GMS contract.</p>

Key Action 35

Key Action 35 has been amalgamated with Key Action 37.

Key Action 36

Primary care teams, Community Mental Health Teams and LHBs are to develop medicine management systems for those people where medication is part of the care plan. This is to form part of the services provided by community pharmacists to support individuals, many of whom will need complex medication regimes, by helping users’ self management. Additionally LHBs need to establish an appropriate level of pharmacy advice to ensure a smooth transition for the pharmaceutical needs of people with mental illnesses from secondary care through to community pharmacy.

Performance Target	<p>By March 2006 LHBs/NHS Trusts to ensure that primary care teams and CMHTs have medicine management systems. LHBs to ensure that pharmacy advice is available to support service users where medicine management is delivered within community pharmacy.</p>
Monitoring Information	<p>Effective medicine management systems in place.</p> <p>Availability of pharmacy advice.</p>

Key Action 37

Communication within and between services must be robust. There are to be effective protocols in place for communication of risk and sharing information both to the individual and to others including those providing services.

- There is to be agreed mechanisms in place to ensure that people cannot, for example, fall through the services 'net' between general and specialist services for drug and alcohol, criminal justice/forensic mental health, child and adolescent mental health, learning disability services and mental health services for older people.
- Specific jointly agreed protocols are to be in place to ensure effective and seamless transitional arrangements for individuals (for example on transfer of care or discharge to the CMHT and the GP). Shared care arrangements should be in place for individuals who have long term needs.
- Some people need particularly responsive services and information. These include individuals with other concurrent needs, for example, those people with a physical or sensory impairment and/or a learning disability. Protocols for the management of such cases that ensure equality of access to the range of services to address their needs are to be jointly agreed and in place in all Trusts and Local Authorities.

<p>Performance Target</p>	<p>By March 2007 LAs/LHBs/NHS Trusts to develop local protocols for communication of risk and transfer of care, the sharing of care within and between agencies and to ensure that people achieve equality of access to the range of services. Protocols should cover the following areas:</p> <ul style="list-style-type: none"> ▪ Young people in transition to adult services. ▪ People with a co-occurring learning disability. ▪ Older people in transition from adult services. ▪ People in contact with criminal justice services. ▪ People with co-occurring mental health and substance misuse (the protocol should take account of the Substance Misuse Treatment Framework for co-occurring mental health and substance misuse).
<p>Monitoring Information</p>	<p>The existence of protocols together with review arrangements in place.</p> <p>Audit through CPA of shared care, consultancy and liaison.</p> <p>Audit during inspection by statutory inspectorate bodies.</p>

Key Action 38

There are to be arrangements in place to support criminal justice services including prisons and youth offending teams. Other provision is to include diversion from custody and in-reach into prisons to ensure as seamless care as possible for offenders with mental health problems. There is to be clear protocols to manage individuals who have a history of offending.

Performance Target	<p>By March 2007 LAs/LHBs to ensure implementation of the Prison Mental Health Care Pathway.</p> <p>By March 2007 LAs/LHBs/Police to establish mentally disordered offenders (MDO) operational planning groups within each police force area with clear multi agency joint working protocols.</p> <p>By March 2008 LAs/LHBS to ensure effective court diversion arrangements are established across Wales.</p>
Monitoring Information	<p>Monitoring by LHBs with prisons within their catchment of presence and make up of prison in-reach services and case loads.</p> <p>Court diversion scheme activity figures.</p> <p>Review of MDO protocols.</p>

Key Action 39

The needs of vulnerable children and young people whose parents/guardians have mental health problems are to be considered very carefully. There is to be careful planning to ensure their needs are fully taken into account especially in situations where they are acting as carers. The issue of parents with a co-morbid mental health and substance misuse problems are of particular note and the needs of children of people who misuse substances are highlighted in the document Hidden Harm.

Performance Target	By March 2007 LAs/LHBs to develop a strategy to address the needs of children experiencing need/vulnerability as a consequence of their parent/guardian's mental health problem.
Monitoring Information	<p>The implementation of local strategies.</p> <p>Presence of protocols between mental health and children's services.</p>

Key Action 40

Key Action 40 has been amalgamated with Key Action 37.

Key Action 41

Suicide prevention is a priority for services. It is to be addressed by delivering high quality and responsive effective evidenced based care using relevant NICE guidelines and the recommendations of National Confidential Inquiry into Homicide and Suicides "Safety First". This applies to both primary and secondary care.

Care plans for all discharged inpatients who have a severe mental illness or recent history of deliberate self harm are to include specific follow-up arrangements for the first week after discharge and more intensive provision for at least the first three months.

Mental health services are to work with local prison staff and the in reach service in preventing suicides among prisoners.

There should be local systems for suicide audit, (and all other significant untoward incidents) to learn lessons and take any necessary action.

<p>Performance Target</p>	<p>By March 2006 the Welsh Assembly Government to produce suicide prevention guidance.</p> <p>By March 2007 NHS Trusts to establish discharge and follow up protocols for use in primary and secondary care services including within crisis resolution home treatment teams.</p> <p>By March 2007 suicide audit systems to be developed by each NHS Trust as part of its untoward incident reporting systems.</p>
<p>Monitoring Information</p>	<p>Existence of discharge and follow up protocols with review arrangements within each NHS Trust.</p> <p>Audit of care plans to ensure that discharge and follow up arrangements are clearly identified and delivered.</p> <p>Monitoring of suicide and undetermined death audit systems and formal sharing of learning with partner organisations.</p>

Standard 8

Ensuring a well staffed, skilled and supported workforce

Aim

To recruit and maintain a workforce skilled in mental health across all sectors including primary care that is sufficient in numbers, well motivated, well trained, well led and well supported to deliver this National Service Framework. Human resources must be identified clearly as central to the service delivery and planning agenda.

Staff should have the time and skills to:

- listen and communicate effectively with users and carers giving their views time and respect.
- develop a holistic understanding of individual users' needs.
- work in partnership with the service user and their carer and other disciplines and agencies.
- assess and document user needs including assessment of risk and prepare plans to be regularly reviewed with full user involvement.
- demonstrate a commitment to Equal Opportunities.
- have protected time for further training and development of their expertise.

Key Action 42

Health and Social Care service commissioners and providers are to work together to undertake workforce reviews using a “Care Group” workforce planning approach. These reviews must ensure a multi-agency approach to workforce planning, making best use of the health and social care workforce in the statutory, non-statutory and voluntary sectors. The reviews are to make clear how potential staff will be identified and attracted into services. They should also outline staff retention strategies that aim to ensure high staff morale.

This approach to workforce planning will ensure that sufficient numbers of staff are recruited, to replace vacancies in existing services and to fill posts arising from planned service developments.

Performance Target	<p>By March 2006 Welsh Assembly Government to publish Policy Implementation Guidance relating to Standard 8.</p> <p>By March 2007 LAs/LHBS/NHS Trusts to have planned in detail for the workforce implications of the Mental Health Bill.</p> <p>By March 2008 LAs/LHBs to have detailed mental health workforce strategies and plans based on care group methodologies in place.</p> <p>By March 2011 Mental Health Workforce Redesign Programme to be completed.</p> <p>By March 2012 evaluation of achievements against Standard 8 to have been carried out.</p>
Monitoring Information	<p>Performance management via SAFF process.</p> <p>Ongoing monitoring and evaluation of workforce modernisation by NLIAH.</p> <p>Report on formal evaluation of achievements against Standard 8.</p>

Key Action 43

All staff in the statutory and non-statutory sectors are to be supported and given protected time and resources to develop their skills. Priority is to be given to training to develop knowledge, skills and attitudes required to deliver the NSF and with reference to relevant National Occupational Standards.

Users and carers also need support to develop their skills in areas including participation in planning, developing, delivering (e.g. training staff about user perspectives) and monitoring services.

Performance Target	<p>By March 2006 LHBs/NHS Trusts to have in place interim Continuous Professional Development (CPD) strategies.</p> <p>By March 2008 LAs/LHBs/NHS Trusts to have detailed CPD Strategies (informed by the new Mental Health Workforce Strategies and Plans) in place.</p>
Monitoring Information	<p>Internal audits of performance with data available for scrutiny.</p> <p>Health Inspectorate Wales, Social Services Inspectorate Wales inspection reports.</p> <p>Reports to NHS Trust Clinical Governance Committees.</p> <p>Reports to NLI AH on request on training needs to enable implementation of strategies.</p> <p>Number of service users trained in participation available.</p>

Key Action 44

Effective systems are to be in place to lead, manage and support the workforce and ensure that all required processes are in place to deliver an effective service.

This will require explicit formal systems in place for management and supervision of staff, workload/caseload management, documentation and audit of processes as identified by Programme for Improvement/Best Value and Clinical Governance. This is also regarded good practice in non-statutory bodies.

Performance Target	<p>By March 2007 integrated health and social care processes to be in place to ensure that all staff benefit from effective and meaningful operational management, clinical supervision and caseload management.</p>
Monitoring Information	<p>Internal audits of performance with data available for scrutiny.</p> <p>Health Inspectorate Wales, Social Services Inspectorate Wales and Local Authority Programme for Improvement/Best Value reviews.</p> <p>Reports to NHS Trust Clinical Governance Committees.</p> <p>Reports to NLI AH on request.</p>

12. Progressing the Standards since the original NSF was published

The Adult Mental Health Services 'National Service Framework for Wales' (NSF) was first published in April 2002 following publication of the Adult Mental Health Strategy, 'Equity, Empowerment, Effectiveness, Efficiency' which was published in September 2001.

Our Strategy and NSF have taken us from a purely illness, disease and treatment approach to one that makes the links between good mental health poor mental health and the quality of life of individuals and communities. Improving the quality of people's lives is at the heart of this strategy.

Progress has been made in the first 3 years since the NSF was published, and the baseline review conducted by Wales Audit Office acknowledges and identifies many encouraging examples of good practice. But there is much more to achieve over the course of the next 7 years.

Some of the achievements in the first 3 years include:

Standard 1: Social inclusion, health promotion and tackling stigma

Action taken

A cross-Assembly working group was established in May 2005 to look at what more could be done in Wales to promote better mental health and tackle social exclusion.

A literature review was carried out in Wales on the causes of stigma, and identified a set of key issues that need to be addressed to help combat stigma and discrimination.

Around half of LHB/ LA areas are currently working towards developing a mental health promotion strategy, with 6 areas having developed one already.

Through the Health Challenge Wales Voluntary Sector Grant scheme (HCW VSGS) help and support has been given to develop the capacity and capability of national voluntary organisations in Wales to work in partnership with the Welsh Assembly Government to promote health and well-being through support for projects and core activities.

'Healthy Minds at Work' is an initiative developed in Wales and supported by the European Social Fund (ESF) EQUAL programme. It has brought together a range of employers, stakeholders, charities and beneficiaries who have the experience of managing mental health conditions. The initiative aims to create excellence in the field of work-place support to employees experiencing anxiety, stress or depressive disorders.

Six mental health promotion workshops organised by the Welsh Assembly Government and facilitated by Mentality took place in Cardiff in July 2005. Subjects covered included 'Parenting and Early Years', 'Children and Young People', 'Workplace Mental Health Promotion', 'Tackling Stigma and Discrimination', 'Mentally Healthy Ageing', 'Communities and Regeneration'.

The Welsh Assembly Government is developing a mental health promotion action plan to support implementation of Standard 1 of the NSF. The action plan will aim to promote the mental health and well-being of the population of Wales and tackle discrimination and promote social inclusion for people with mental health problems. The plan is being developed over the next year and will engage stakeholders across Wales. The evidence base for the best way to tackle stigma and discrimination will be considered and recommendations will be made.

Standard 2: Empowerment and support of service users and carers

Action taken

The Wales Audit Office's baseline assessment reports that the majority of areas now have a user focus group or forum, and a carer focus group or forum. It also reports that independent, trained and dedicated advocacy services are available at adult mental health inpatient sites in Wales, and are available in community settings in 15 areas, but goes on to say that the extent and availability of the service varies significantly.

Introducing arrangements to ensure participation in the planning, design, delivery, monitoring and evaluation of mental health services was made a priority by the Welsh Assembly Government in 2004/05 and made a specific SAFF target.

The Welsh Assembly Government has produced guidance called, 'Stronger in Partnership' to support implementation of the SAFF target. This sets out to provide advice and information on how to effectively involve people who use mental health services and their carers in the design, planning, delivery and evaluation of those services. It re-affirmed the Assembly Government's view that service user and carer involvement should not be seen as a one-off intervention or a discrete piece of work, but a broader and more empowering way of working that should be integral to all aspects of mental health design, commissioning and provision.

The Assembly's Health and Social Services Committee has conducted a review of this standard and taken written and oral evidence from organisations and individuals. Its final report is due to be published later in 2005.

Successful new initiatives have taken place around service users being involved in recruiting nursing staff, e.g. in North Glamorgan NHS Trust, and service users and carers being involved in local strategic planning groups.

Service user groups have been involved in the design and development of new mental health units throughout Wales.

Service users and carers are part of the all Wales Implementation Advisory Group that is co-chaired by the Chair of the User Survivor Network in Wales. This Advisory Group oversees implementation of the Adult Mental Health Services Strategy and provides advice and guidance to the Welsh Assembly Government on delivering the key actions of the National Service Framework.

Piloting and evaluation has been carried out on user involvement posts within 4 Local Health Board/Local Authority areas.

Standard 3: Promotion of opportunities for a normal pattern of daily life

Action taken

A Department for Work and Pensions (DWP) initiative, 'Pathways to Work', has been developed and includes a pilot project covering Bridgend/Rhondda Cynon Taff LHB areas. This project improves the process for people making new claims for Incapacity Benefit and provides an enhanced package of support and assistance to help people return to work.

A pilot project developed and funded through 'Building Strong Bridges' relating to 'Volunteer Befriending' and facilitated by Gofal Cymru. The project provides support by volunteers for mental health service users over and above statutory service provision. The independent evaluation of the scheme, by Swansea University, reported that service users were unanimous in their views that they had received benefit from the befriending scheme and the volunteers themselves also expressed similar views. The final report concludes that the scheme illustrates good practice in volunteering for health & social care and could provide a useful reference for new service development.

A trailblazer project has been established that has various strands focusing on getting local Incapacity Benefit customers into local jobs that the Trust cannot fill.

Standard 4: Commissioning equitable and accessible services

Action taken

Specific targeted initiatives have been developed in Wales to meet the needs of people from BME communities, including:

- A Somali Mental Health Project - producing good practice guidance, helping and supporting the Somali community through the appointment of Somali link workers in Cardiff (This initiative received a bursary award through the Wales Mental Health in Primary Care network);
- The production of leaflets in a wide range of languages;
- Interpretation services being made available;
- Liaison between asylum seekers and mental health services;
- Befriending services aimed at people from BME communities.

The Welsh Assembly Government funded the BE4 study, a 2 year project carried out by the University of Glamorgan on behalf of AWETU, a BME mental health voluntary organisation, which looked at improving the quality of access to information and appropriate treatment in mental health and social care to people from BME communities in South East Wales.

Deafness may present special problems in the diagnosis and treatment of mental health problems, and through poor communication mental health problems may go unrecognised and therefore untreated. A stakeholder group has been established in Wales and is developing good practice guidelines for services.

Standard 5: Commissioning effective, comprehensive and responsive services

Action taken

The Welsh Assembly Government's produced generic commissioning guidance, '*Planning and Commissioning NHS Services: Guidance*' in 2003. Within this was specific guidance relating to commissioning mental health services. Each area within Wales has developed a multi agency planning group.

A conference focusing on mental health commissioning was held in 2004, and a commitment given by the Welsh Assembly Government to supplement the existing guidance on commissioning that was issued in 2003. 'Stronger in Partnership' guidance has been issued relating to involving service users and carers in commissioning services.

Co-occurring mental health and substance misuse good practice guidance has been issued.

Guidance is currently being developed relating to Personality Disorder, Suicide Prevention and Eating Disorder service models.

A detailed needs assessment relating to 'low secure' services has been undertaken by each of the 3 Regional Offices.

An Implementation Advisory Group (IAG) was established to oversee implementation of the Adult Mental Health services strategy and provide advice and guidance to the Welsh Assembly Government on delivering the key actions of the NSF.

A number of mental health networks have been established or supported including: the Wales Mental Health in Primary Care Network, the Wales Collaboration for Mental Health that includes representatives from academic institutions, a Wales Mental Health Managers network, Mental Health Action Wales a network of local voluntary sector providers, the Wales Alliance for Mental Health a network of mental health national organisations, the US Network, the mental health clinical Directors network, and others.

Standard 6: Delivering responsive, comprehensive services

Action taken

The Welsh Assembly Government has funded the Community Advice and Listening Line (CALL) since 2001. This provides free and confidential help and advice and offer emotional support and practical help to all the people of Wales including those living in rural communities. It includes providing information about all aspects of rural life including transport, business advice, voluntary organisations, local groups and clubs and health and Local Authority services.

SaFF targets were established for 2005/6 requiring the development of Crisis Resolution and Home Treatment (CRHT) services and requiring the improvement of inpatient environments across Wales.

Policy Implementation Guidance has been issued in support of the development of CRHT services.

Book Prescription Wales has been launched across the whole of Wales demonstrating an effective and constructive partnership between the Health and Library services to provide an innovative means of delivering bibliotherapy. Patients experiencing mild to moderate mental health problems can now be assessed and prescribed specially selected and approved self-help books as part of their treatment and access those books in any library across the whole of Wales. This is an alternative treatment option that can be used to support existing psychotherapeutic services giving greater patient choice and empowerment.

Significant progress has been made in the re-provision of outdated mental health hospitals in Wales. This includes new mental health units in; Haverfordwest, Llanelli, Carmarthen, Port Talbot, Bridgend, Llantrisant, Llandough, etc. as well as the replacement and expansion of the Caswell Clinic, the regional medium secure unit for South and Mid Wales. Where hospitals/units have not yet been replaced significant progress has been made in the development of proposals for their re-provision.

New models of care have been introduced in many parts of Wales, examples include; Crisis Resolution Home Treatment services, Intensive Support services and Rehabilitation services. Services have also been introduced to improve liaison between primary and secondary care, as well as between psychiatric and medical care. Structured counselling services have been introduced in many primary care practices within Wales.

Standard 7: Effective client assessment and care pathways

Action taken

Guidance on the Care Programme Approach (CPA) has been developed and published in Wales by the Welsh Assembly Government and a programme of training and awareness events took place across Wales in early 2003.

Most areas in Wales have appointed a lead officer to work across health and social care to co-ordinate the implementation of CPA. Many areas have also introduced IT systems to support the introduction of CPA but more work is needed in this area.

The Assembly Government's Health and Social Services Committee received a report in October 2004 on progress made in implementing CPA. The report illustrated that in some areas CPA had been fully implemented, others were on track to meet the target date of December 2004 and that a small number would meet the target early in 2005. CPA is an iterative process and improvements will need to continue beyond implementation.

In November of last year the Welsh Assembly Government published the first 5 key modules of the Substance Misuse Treatment Framework for Wales:

- Community Prescribing
- Needle and Syringe Exchange Services
- Residential Rehabilitation
- Inpatient Detoxification
- Co-occurring Substance Misuse and Mental Health Problems (dual diagnosis)

To support the implementation of the co-occurring module officials have been working with the Welsh Institute of Health and Social Care at the University of Glamorgan to develop and deliver a series of workshops across Wales. These workshops are bringing together professionals from mental health and substance misuse services to agree operational procedures and protocols for the provision assessment, care management and discharge of service users with co-occurring substance misuse and mental health problems.

All Welsh prisons have mental health in-reach workers.

A mental health collaborative 'Action In Mental Health' (AIM) has been established with teams covering the whole of Wales. The project is seeking to improve patient pathways and make improvements where blockages are identified. Local projects will share learning with other teams as the project progresses.

Standard 8: Ensuring a well-staffed, skilled and supported workforce

Action taken

A mental health workforce group has been developed and produced a position paper that:

- scopes current workforce pressures;
- highlights the impact of pending policy and legislative developments on the mental health workforce and
- outlines the principles and overarching actions that need to be taken in order to address the workforce modernisation agenda.

NHS service providers have started to factor in the impact of the mental health strategy, the NSF and the implications of the proposed new Mental Health Act into their workforce planning.

An overarching approach to service and workforce modernisation for the next decade has been signalled in 'Designed for Life' (2005).

Plans are progressing to transfer key workforce planning functions to the National Leadership and Innovations Agency for Healthcare (NLI AH). It is intended that from April 2006 the Agency will have lead responsibility for progressing the workforce modernisation agenda, including that relating to mental health services.

Since the launch of the adult mental health strategy in September 2001 there has been a 7% increase in the number of psychiatry consultants, a 6% increase in psychiatry nursing and a 45% increase in clinical psychology posts.

Further work is underway to develop Policy Implementation Guidance to underpin Standard 8.

**Mental
Health
Action Plan
for
Wales**

1. INTRODUCTION AND BACKGROUND

An implementation Action Plan timescale has been produced as part of the review of the Adult Mental Health NSF. It serves to provide an addendum to the NSF integrating the outcome of the various reviews undertaken in mental health since its publication. The majority of the recommendations emerging from the mental health reviews serve to re-iterate the importance of implementing the NSF and have been incorporated into a revised timetable for NSF implementation. The Action Plan should therefore be read in conjunction with the performance tables within the revised NSF.

In addition to the Director of Mental Health's review of the NSF (see page 5) a number of mental health service reviews with national implications have been commissioned and undertaken these include: -

- "A Baseline Review of Service Provision - Adult Mental Health Services in Wales". Wales Audit Office.
- The Risk and Quality Review of NHS Mental Health Services "Under Pressure". Wales Collaboration for Mental Health.
- The Root Cause Analysis of the Homicide in Prestatyn. Report published November 2004. (Homicide committed on 25th March 2003. Inquiry conducted from January 2004-November 2004.)
- The Independent External Review into the Homicide and Suicide at Llangadog. (Inquiry conducted from September 2003 to March 2005)
- The Review of Adult Mental Health Medium Secure Units in Wales conducted by Health Inspectorate Wales.

In addition to these reviews a number of other developments have occurred since the publication of the Adult Mental Health Strategy and NSF which have consequences nationally for mental health services these include: -

- The Mental Capacity Act that received Royal Assent in May 2005 and due to be commenced in 2007.
- The progression of the Mental Health Bill through Pre-Legislative Scrutiny and inclusion in the Queen's Speech. Parliamentary time has been set aside to progress the Bill in this session of Parliament. Commencement of a reformed Mental Health Act is anticipated for 2007.
- The publication of "Designed for Life - Creating World Class Health and Social Care Services in the 21st Century" (May 2005).
- Continuing workforce shortages requiring a re-evaluation of the way in which the mental health workforce will be deployed in the future.

The Wales Audit Office Baseline Review of Mental Health Service Provision in Wales

This review was commissioned in line with Standard 4 Key Action 12 of the adult NSF. Its fieldwork was conducted during 2004 with local reports being completed and provided to each of the 22 Local Health Boards and Local Authorities in Wales. A national report was also produced providing benchmarking information and the following national recommendations for service development:

The Welsh Assembly Government should:

Use the findings of the baseline review, alongside those from separate external reviews of mental health services, to identify service priorities and associated milestones for the remodelling of adult mental health services in Wales.

Change the funding arrangements for adult mental health services in Wales with the aim of:

- Ensuring that adequate levels of investment are available to support long term sustainable service development;
- Ensuring the necessary “pump priming” funds are available to remodel services; and
- Ensuring that resources released from mental health efficiency savings and service reform are re-invested into mental health services wherever appropriate.

Strengthen current commissioning arrangements for adult mental health services in Wales by:

- Developing guidance on joint commissioning between NHS bodies, Local Authorities and Health Commission Wales that promotes joint investment in adult mental health services and integrated service delivery;
- Developing lead commissioning roles at a regional level.

Issue evidence based policy guidance to planners, commissioners and providers on the following aspects of mental health care:

- Development of a whole system model of mental health care, including expectations on what service should be provided from within primary care and when it is appropriate to refer to specialist services;
- Mental health promotion and reducing stigma;
- Treatment of patients with a dual diagnosis of mental illness and a drug/alcohol problem;
- Interface with the criminal justice system; and
- Mental health service workforce development

Develop an information strategy for adult mental health services to support implementation of the NSF. The strategy should incorporate the identification of a minimum data set for adult mental health services and should seek to provide the staff that plan, commission and provide services with the necessary information to support decision making and to make the best use of finite resources.

Develop a performance management framework for mental health services that incorporates the necessary performance indicators to track progress with the implementation of the NSF over time.

Local agencies delivering mental health care services should:

Develop a whole system approach to mental health services that:

- Is informed by a comprehensive assessment of local mental health needs undertaken as part of the on-going development of HSCWB Strategies
- Drives integrated service delivery by identifying how primary, community, secondary and tertiary services should be configured to meet the diverse and complex needs of people with mental health problems.

- Is supported by local funding decisions across health and local government agencies that protect the necessary investment in mental health services and make full use of Health Act “Flexibilities”.
- Is translated into joint local commissioning plans between health bodies and Local Authorities that facilitate integrated mental health service delivery.

Have staff in post with the necessary specialist skills and capacity to plan and commission adult mental health services.

Increase the range of initiatives and focus on mental health promotion and early intervention. There should be a philosophy of identifying people in the early stages of mental illness and putting support packages in place that prevent the development of more severe problems. Resources for early intervention and support will need to be protected given that services are typically stretched by the need to deal with people in crisis.

Increase the provision of community based treatments and support which can provide an alternative to hospital admission and which facilitate safer and speedier discharge from hospital. Central to this is the need to develop crisis resolution services in the community and to ensure that appropriate supported accommodation, day-care services and rehabilitation facilities are available that allows care for people with mental health problems to be provided in the most appropriate setting.

Strengthen mental health services within general practice to support whole system models of care. Training of GPs and practice staff, and liaison arrangements with specialist staff will need to be enhanced. In many parts of Wales there will also be a need to increase the provision of important services such as counselling and psychological therapy in general practice settings.

Develop capital investment plans to replace and reconfigure outdated hospital estate as part of locally agreed whole system models of care. It will be important to ensure that the proposed service developments meet best practice in terms of safety, privacy and therapeutic outcomes, and that old models of institutional care are not replicated within new hospital buildings.

Increase the extent to which users and carers are involved in service planning and evaluation. Best practice on user involvement needs to be spread more widely and more needs to be done to involve carers, who will have their own needs and also have valuable insights into the needs of the people they support.

Develop an integrated approach to workforce planning across health and social care services that supports service reform and whole system working, and ensure appropriate staffing levels and skill mix are in place.

The Risk and Quality Review of NHS Mental Health Services “Under Pressure”

This report was commissioned in order to establish the priority risk areas in adult and older adult mental health services in Wales. The review was undertaken by the Wales Collaboration for Mental Health during the autumn of 2004 by means of visits to the Powys Pathfinder LHB and 10 NHS Trusts and their partner organisations including service user and carer organisations.

The following two major indicators of pressure within the system were identified as:

- Over occupancy of inpatient units - at times exceeding 100%
- The high workload of community mental health services

The report highlighted that whilst the mental health service system is operating under great pressure staff remain dedicated creative and committed to their work. However, the pressure within the system creates the risk of patient care being compromised, the potential for an increased likelihood of high profile incidents where the safety of the public is jeopardised and a reduction in staff morale.

The Root Cause Analysis of the Homicide in Prestatyn. (Homicide committed on 25th March 2003). Independent External Review conducted from January 2004- November 2004. Report published November 2004

In March 2003 a homicide was committed in Prestatyn North Wales by a mental health service user who was under the care of Cardiff and Vale NHS Trust and Cardiff City and County Council Social Services Department. Following the tragic incident the Director of Health and Social Care for Wales requested that Cardiff Local Health Board commission a review into the treatment and care provided to the perpetrator using Root Cause Analysis methodology. The review was conducted by an independent organisation specialising in such investigations. The report found the following failures: -

- The failure to meet specified conditions on discharge and supervised aftercare;
- Failure to monitor substance misuse as a condition of discharge;
- Failure to inform the Home Office of the admission to Whitchurch Hospital on the 19th April 2002;
- Failure to ensure medication compliance whilst in hospital;
- Failure to apply the 12-hour missing rule as required in the care plan by the Community Mental Health Team;
- Lack of specific and Measurable Relapse Indicators.

The report made a number of recommendations for both local and national learning. The local agencies have developed action plans to address the issues highlighted in the Inquiry report within their own services. The relevant Local Health Boards and Local Authorities are monitoring progress against these action plans.

The report also made a number of recommendations for broader learning these have been integrated with the recommendations from the Llangadog homicide and suicide inquiry into the Action Plan.

The full Inquiry report is available at:

<http://www.wales.nhs.uk/lhg/documents/PKReport.pdf>.

The Independent External Review into the Homicide and Suicide in Llangadog. (Published June 2005)

In February 2003 a 59 year old man who was under the care of Pembrokeshire and Derwen NHS Trust shot and killed a 27 year old woman and then committed suicide at the scene of the homicide. The Director for Health and Social Care requested that Carmarthenshire Local Health Board commission an independent external review. The review was undertaken between September 2003 and March 2005, and chaired by a solicitor, Mr Alan T Jenkins.

The report was published on the 14th June 2005, and made a number of recommendations for improvement, many focusing upon local service issues. However a number of them provide wider learning for services these can be summarised as:

- The need to improve clinical risk assessment and risk management using specific tools and efficient history taking;
- The need to review services to ensure that they have sufficient staffing establishment and that arrangements for a clear chain of command are in place including medical on call arrangements;
- The need to adopt processes to ensure effective risk management is linked to CPA;
- The need for clinical risk information to be shared between disciplines;
- The need for integrated records to be developed and stored on computerised systems;
- The need for risk management plans to be shared between agencies;
- The need for robust liaison arrangements between health, social care, and police services to be in place;
- The need for clear arrangements to be in place to ensure access by local services to specialist forensic services in a timely manner;
- The need for formal training programmes to be in place to support these developments.

The full independent external review report is available at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=251&pid=9318>

The Healthcare Inspectorate Wales Review of Adult Mental Health Medium Secure Units in Wales

Following the publication of the external review report into the homicide in Prestatyn the Welsh Assembly Government requested that Healthcare Inspectorate Wales and Health Commission Wales undertake a review of medium secure units in Wales.

The four medium secure units in Wales are:

- Caswell Clinic, Bro Morgannwg NHS Trust, Bridgend
- Ty Llywelyn, North West Wales NHS Trust, Llanfairfechan
- Llanarth Court, Partnerships in Care, Raglan
- Cefn Carnau, Uchaf Craegmoor Healthcare, Caerphilly

The terms of reference for the review included: to undertake a review and an audit of the discharge planning arrangements from adult medium secure mental health service provision in Wales and to undertake a clinical governance inspection of NHS funded adult medium secure mental health services in Wales.

The aim of the audit of discharge arrangements was to identify the extent of compliance with statute and the Code Of Practice for the Mental Health Act 1983 (MHA) and other national guidance.

The review made a number of recommendations the majority of which were specific to all four of the medium secure units or in some cases individual units. Each unit has been required to develop an individual action plan to address the report's recommendations. Health Inspectorate Wales and Health Commission Wales will oversee the performance management of these action plans.

The report did also make the following recommendation for action by the Welsh Assembly Government:

The Welsh Assembly Government should co-ordinate the development of a new strategy and guidance for the delivery of continuity in services for patients suffering from mental disorders who experience periods of treatment in medium secure units, paying particular attention to:

- a) The requirement for all relevant parties to be involved in timely pre-discharge planning and for details of discussions to be recorded appropriately;
- b) Clarity concerning funding and responsibility for patients throughout the stages of their care (including engagement of commissioners and the improvement of communication between organisations);
- c) Identification of the need for 'step down' provision in Wales;
- d) The responsibility of local services for post discharge management of patients, including full and timely reporting arrangements.

The Mental Capacity Act 2005 (MCA)

The Mental Capacity Act received Royal Assent prior to the conclusion of the last Parliament in May 2005. It is scheduled for commencement in April 2007. The implementation of the MCA 2005 will have implications for all areas of health and social care when delivering care to people who lack mental capacity to consent. All Local Health Boards, NHS Trusts, Local Authorities and voluntary sector providers must take necessary steps to bring them into line with the legislative requirements of the MCA 2005.

The Mental Health Bill

The Mental Health Bill has been the subject of Pre-Legislative Scrutiny by a joint committee of the Houses of Commons and Lords. This Committee reported in March 2005. The Bill was included in the Queen's Speech at the commencement of this Parliament with time set aside for the current session. It is anticipated that the commencement of the reformed Mental Health Act will take place in 2007. The key proposals within the Bill are as follows: -

- The introduction of a new legal framework for the treatment of people with mental disorders without their consent, when this is necessary to protect them or others from harm:

- The setting out of the conditions which have to be met for someone to be treated without their consent;
- The setting out of procedures for the use of compulsion (compulsion will be permissible in the community as well as in hospital, although there will be no forcible treatment in the community);
- The safeguards, including a Tribunal, for the authorisation of compulsion to protect patients;
- Provision for the management and treatment of mentally disordered patients concerned in criminal proceedings;
- Provision of special safeguards for certain types of treatment, such as psychosurgery or electroconvulsive therapy (ECT);
- Provision for patient representation through nominated persons and mental health advocates;
- Provision of rights of appeal against the Mental Health Tribunal;
- Provision for the Commission for Healthcare Audit and Inspection to have investigation functions.

The implications for mental health services will be very significant not least upon workforce and working practice. In order to prepare for the commencement of a reformed Mental Health Act an Action Plan has been developed to ensure the delivery of the necessary workforce, system and service changes. (See page 81).

“Designed for Life - Creating World Class Health and Social Care Services in the 21st Century”. May 2005

“Designed for Life” has been developed to provide strategic direction to health and social care services in Wales over the next ten years. Its key aims are to: -

- Focus on health and wellbeing, not illness.
- To get supply and demand into balance.
- Create sustainable services Wales can be proud of.

“Designed for Life” has implications for mental health services in terms of the overarching change agenda it sets for health and social care services and in the specific priorities it sets for mental health services. It seeks to build upon the firm foundations established between 2001-2005 of which the development of the Adult Mental Health Strategy and NSF form a part. Its vision is to develop world class services by 2015 by means of the following three yearly strategic frameworks with intermediate fit for purpose strategic reviews: -

- | | |
|-------------------------------|-----------|
| ▪ Redesigning care | 2005-2008 |
| ▪ Delivering higher standards | 2008-2011 |
| ▪ Ensuring full engagement | 2011-2014 |

The vision will be realised by means of three fundamental design principles:

- User-centred services
- Getting the most from resources
- Targeted continuous performance improvement

“Designed for Life” Strategic Framework 1 Redesigning Care 2005-8 requires more prevention, better access and better services with the following being seen as priorities (but not in priority order) for service improvement in mental health and serve to reinforce the importance of NSF implementation and the recommendations of the recent mental health reviews: -

- Perinatal mental health
- Liaison psychiatry
- Work entry programmes
- Day activity services
- Tackling substance misuse
- Court diversion
- Psychological therapies
- Comprehensive rehabilitation facilities
- Risk management skills
- Primary care
- Workforce reconfiguration
- Low secure services
- Eating disorder services

Priority is also given to undertaking a review to consider whether a move to Regional Mental Health Service Organisations will improve standards and services for patients. This review will incorporate the learning from the mental health collaboration Action in Mental Health (AIM).

The strategic developments set out in “Designed for Life” have been incorporated into the NSF implementation Action Plan. (See page 54)

“Designed for Life” also sets out an ambitious plan for specific capital investment in mental health services with an indicative funding requirement exceeding £159 million having been set aside.

A full copy of the report is available at: www.wales.gov.uk/subihealth/index.htm

Workforce development

Mental health workforce modernisation is essential if we are to effectively realise the aspirations that are set out in the Adult Mental Health Strategy and its associated National Service Framework. Workforce modernisation is also necessary if we are to meet the well-recognised challenges that are emerging as a consequence of significant policy and legislative developments. Not least of these are the introduction of the European Working Time Directive and the review of the mental health legislation for England and Wales.

The extent of the challenge of workforce modernisation is immense and the planning and operational agenda that underpins it is complex. A huge culture shift will be necessary if service stakeholders are to effectively tackle this agenda. This will require a change in both service user and staff expectations relating to where, when and how services are delivered. The scale of this reform cannot be underestimated and will require:

- Closer integration of health and social care commissioning and provision;
- Improved workforce planning at all levels;
- The development of a new non professionally affiliated workforce to support staff in all disciplines to undertake their reformed roles;
- Better utilisation of non-statutory services and workforce;
- The development of new roles and responsibilities including ongoing continuous professional development of the current workforce.

Workforce modernisation has already commenced at both a policy level nationally and at an operational level within mental health services across Wales. This needs to continue at an accelerated pace if service reform is to progress. Without radical and prompt change, scarcity of staff will prevent the development of new service models and the support of existing services.

2. NSF IMPLEMENTATION ACTION PLAN TIMESCALE

Mental Health Action Plan, NSF Standard 1 (Social inclusion, health promotion and tackling stigma)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 1 Mental Health Promotion Strategy incorporated in strategic partnership initiatives.</p>	<p>Development of cross government network on mental health promotion/ stigma and discrimination Publish draft national mental health action plan for consultation.</p>	<p>Publication of final national mental health promotion action plan.</p>	<p>Production of local mental health promotion strategies (to include action on stigma and discrimination).</p>					
<p>Key Action 2 Local & National publicity and awareness campaigns.</p>				<p>Implement a programme of local and national action to tackle stigma and discrimination as part of Mental Health Promotion Action Plan. Take account of the findings of the Disability Rights Commission investigation into stigma and discrimination in the NHS.</p>	<p>Ongoing programme of publicity and awareness.</p>			

Mental Health Action Plan, NSF Standard 1 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 3 Promoting Social Inclusion.				Implementation of national and local action plans to promote social inclusion.				

Mental Health Action Plan, NSF Standard 2 (Empowerment and support of service users and carers)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 4 See KA 32								
Key Action 5 Comprehensive information widely available.	Production of bilingual locally accessible service directories.	Advice available on access to interpreters.		Mental Health Information available in minority languages, tape & Braille.				
Key Action 6 Development of a range of independent, trained advocacy services.		Policy Implementation Guidance on statutory advocacy and non-statutory advocacy. Statutory advocacy available.		Non- statutory inpatient advocacy to be in place.	Non statutory community advocacy to be in place.			
Key Action 7 User and carer participation arrangements in place.	User and carer participation in local planning in line with “Stronger in Partnership” Policy Implementation Guidance.	Review of “Stronger in Partnership”. Audit compliance with “Stronger in Partnership”.	Users involved in recruitment and quality reviews. User and carer development workers in all LHB/Local Authority areas.					

Mental Health Action Plan, NSF Standard 2 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 8 Carers, including young carers, have the right to an assessment.</p>	<p>Carers of individuals subject to CPA receive an assessment where they have requested one.</p>							

Mental Health Action Plan, NSF Standard 3 (Promotion of opportunities for a normal pattern of daily life)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 9A Range of housing options with support in each LA.	Floating support schemes in place (Supporting People).	Gap analysis in response to Wales Audit Office Baseline Review of local supported housing need.	Strategic plan developed in each Local Authority area.		Supported housing developments in response to local plans, to be complete.			
Key Action 9B Mental illness services provided for homeless people.		Mechanisms for supported outreach developed to ensure that services are fully accessible to mentally ill homeless people.	Ensure access to services for homeless people with mental health problems.					
Key Action 9C Maintenance of tenancy.	CPA care plans to include specific reference to the maintenance of tenancy arrangements. Inclusion of housing need as part of inpatient assessments.	Development of protocols between local authority housing departments and mental health services re tenancy maintenance.						

Mental Health Action Plan, NSF Standard 3 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 10 Range of employment/ meaningful activity schemes.		Local day services and employment strategy developed (see KA 3).	Commence implementation of local strategy.					
Key Action 11 See KA 10.								

Mental Health Action Plan, NSF Standard 4 (Commissioning equitable and accessible services)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 12 Good information available to commissioners to support the implementation of this NSF.		Development of minimum data set of mental health.						
Key Action 12a Support all BME groups to live healthy and independent lives and work to eliminate unlawful discrimination and promote good relations in NHS and social care settings.	Develop a race equality action plan for mental health services in Wales.							
Key Action 13 24-hour assessment/treatment contact and provision.	Protocol in place re: referral pathway.							

Mental Health Action Plan, NSF Standard 4 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 14 Access to helplines.	Ensure information is widely available regarding access to helplines.	Welsh Assembly Government to review focus, range, and resourcing of helpline services.						
Key Action 15 See KA 21.								

Mental Health Action Plan, NSF Standard 5 (Commissioning effective, comprehensive and responsive services)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 16 Welsh Assembly Government responsible for implementation progress and monitoring.	Welsh Assembly Government mental health action plan published and incorporated into performance management.	Local plans developed in response to national action plan.	Ongoing performance management.					
Key Action 17 Effective service planning design and delivery.	National Public Health Service (NPHS) develops national mental health profile.	Regional and local gap analysis and costed service models agreed, including CPA unmet need data.						
Key Action 18 Establishment of effective local commissioning arrangements.	Local mental health strategic planning groups established in all LHB/LA areas. Welsh Assembly Government undertake option appraisal of regionally based commissioning.	Revised commissioning guidance.	LMHSPGs to be reviewed.					

Mental Health Action Plan, NSF Standard 5 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 19 Use of Health Act 1999 flexibilities to be considered.	LHBs and LAs to formally consider the use of the Health Act flexibilities.							

Mental Health Action Plan, NSF Standard 6 (Delivering responsive, comprehensive services)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 20 Effective liaison and communication between primary and secondary care and access to continuing care.		CMHTs to be explicitly sector based around primary care groupings. Appropriate range of Tier 1 services available.	Each LHB to have protocols for liaison and supporting pathways in place.					
Key Action 21 Inpatient services should be provided in fit for purpose environments.	LHBs and NHS Trusts to implement Tidal, refocusing or similar model in all inpatient units in line with SAFF target.	Policy Implementation Guidance produced on fit for purpose inpatient environments. Local service and estates plans developed in response to that guidance.	Local service and estates plans implemented in response to Policy Guidance. Assembly to evaluate the advantages of a national occupancy database for mental health beds.	Capital developments ongoing.				

Mental Health Action Plan, NSF Standard 6 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 22 Fully multi-disciplinary CMHTs in place with nominated link workers.</p>	<p>All CMHTs fully multi-disciplinary teams working from common bases.</p>	<p>Policy Implementation Guidance developed on CMHT functions. Identify liaison workers for primary care and interfaces following review of skill mix. Explicit joint management arrangements between health and social care in place.</p>	<p>Specialist liaison workers and pathways in place.</p>					
<p>Key Action 23 Out of Hours services present and audited.</p>	<p>Crisis Resolution and Home Treatment services established in all areas. Adequate S12(2) arrangements.</p>							

Mental Health Action Plan, NSF Standard 6 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 24 Availability of alternatives to admission.		Joint review of day services undertaken.	Local plans developed.	Implement local plans.				
Key Action 25 Range of specialist services available.		Revised and agreed tertiary referral routes to be in place. Plans developed in relation to specialist service.		Liaison Psychiatry services in all District General Hospitals.	Regional low secure services established.	Regional and local perinatal services in place.	Early intervention services in place.	Regional Neuro psychiatry services in place with clear pathways for referral.
Key Action 26 Range of NHS psychological therapies available.	Book Prescription Wales rolled out across Wales.	Local plans developed to ensure the delivery of psychological therapies in Primary and Secondary care.		Structured counselling to be available in primary care settings.	Full range of psychosocial interventions available in secondary care settings.			

Mental Health Action Plan, NSF Standard 6 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 27 Full range of rehabilitation services.		Policy Implementation Guidance produced on fast track, slow stream, and community rehabilitation including assertive community treatment.	Local plans developed to integrate service developments in line with guidance.	Comprehensive range of rehabilitation services available.				
Key Action 28 Appropriate arrangements for the admission of children and young people.	Wards identified. Protocols and police checks in place.	Audit of Trust arrangements.						

Revised NSF Timetable Standard 7 (Effective client assessment and care pathways)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 29 CPA fully introduced across Wales.		Full integration of CPA and Unified Assessment. Agreed cross agency plans in place for CPA IT system.	CPA IT systems in place.					
Key Action 30 Identified CPA lead officer in each LA area.	Lead officer re CPA to produce annual audit report.							
Key Action 31 Risk management reviews.		Annual review commenced of use of risk management strategies using feedback from CPA, complaints, untoward incidents, etc.	Introduce integrated risk management procedures between health and social care where appropriate.					

Revised NSF Timetable Standard 7 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 32 Copies of care plans available in collaboration with carers.</p>	<p>All service users to be involved in drawing up the care plan and to receive a copy.</p> <p>Care plans to comply with CPA/UAP policy guidance.</p>							
<p>Key Action 33 Assessment, clinical management and audit relating to NICE.</p>	<p>Develop arrangements for consideration, incremental implementation and audit of NICE guidance and technical appraisals.</p>	<p>Undertake a systematic review of the incremental implementation of NICE guidance and technical appraisals and develop local incremental implementation plan.</p>	<p>Annual audit of action plan.</p>					

Revised NSF Timetable Standard 7 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 34 Access to effective General Medical Services.		Implementation of Unified Assessment (UJAP) integrated with CPA. Regular reviews in primary care of prescribed medication and physical health undertaken.						
Key Action 35 See Key Action 37.								
Key Action 36 Medicine management systems in place.	Medicines management systems in place.							
Key Action 37 Protocols for transfer of care and shared care in place within and between agencies.		Protocols in place.	Local implementation of training programme.					

Revised NSF Timetable Standard 7 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Key Action 38 Court diversion facilities In-reach provision to all prisons.		Prison mental health care pathway implemented MDO groups established. Effective liaison between in reach services and local mental health services for all Welsh prisoners.	Court diversion schemes to be fully established across Wales.					
Key Action 39 Identify professionals to represent the needs of children at adult mental health multi-disciplinary team meetings.		Strategy developed to meet the needs of children experiencing need/ vulnerability as a consequence of their parent/guardian's mental health problem and young carers.						
Key Action 40 See KA 37.								

Revised NSF Timetable Standard 7 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 41 Self harm discharge and follow-up protocols in place. Suicide audit.</p>	<p>Welsh Assemlby Government produce suicide prevention guidance. Development of discharge protocols.</p>	<p>Each NHS Trust to establish discharge and follow up protocols for use in primary and secondary care services Suicide audit systems to be developed.</p>						

Mental Health Action Plan, NSF Standard 8 (Ensuring a well staffed, skilled and supported workforce)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 42 Trusts and LHBs to commence annual review of workforce plans.</p> <p>HR resources identified -needs to link to planning guidance.</p>	<p>WAG to publish Policy Implementation Guidance relating to Standard 8.</p>	<p>Service commissioners and providers to have detailed mental health workforce strategies and plans in place based on care group methodologies.</p> <p>Service commissioners and providers to have detailed mental health workforce strategies in place to deal with the implications of the Mental Health Bill.</p> <p>Each Local Authority and NHS Trust to have interim workforce plans in place</p> <p>Mental Health Workforce Redesign Programme commenced.</p>				<p>Workforce Redesign Programme complete.</p>	<p>Formal evaluation of achievements against Standard 8.</p>	

Mental Health Action Plan, NSF Standard 8 (continued)

Key Actions	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<p>Key Action 43 Continuous Professional Development/ Career Strategies to be drawn up by each agency. All staff to have Continuous Professional/ career Development folders and minimum 6 monthly reviews with line managers.</p>	<p>Interim Continuous Professional Development (CPD) strategies to be in place.</p>		<p>Service Commissioners and Providers to have detailed CPD Strategies (informed by the new Mental Health Workforce Strategies and Plans) in place.</p>					
<p>Key Action 44 Effective workforce management support mechanisms in place.</p>		<p>Integrated health and social care processes will be in place to ensure that all staff benefit from effective and meaningful operational management, clinical supervision and caseload management.</p>						

3. NATIONAL LEARNING POINTS ARISING FROM HOMICIDE EXTERNAL REVIEWS AND REVIEW OF MEDIUM SECURE PROVISION

National learning identified from homicide external reviews and review of medium secure provision	Action Welsh Assembly Government	Action Health Commission Wales	Action NHS Trusts LA Providers	Action LHBs LA Commissioners
<p>1. The need for a revised secure mental health services strategy</p>	<p>By March 2007 develop a Secure Mental Health Services Strategy which includes the relationship of criminal justice, health and social care services and takes account of the issues highlighted in the HIW review of medium secure units.</p>	<p>By December 2005 collate and review information on delayed transfers of care in relation to high and medium secure beds.</p> <p>By March 2006 complete needs assessment of medium secure beds.</p> <p>By September 2006 review utilisation of medium secure beds including out of area provision.</p>		
<p>2. The commissioning of medium secure units</p>		<p>By March 2006 ensure that the individual medium secure units comply with the recommendations of the HIW/HCW review of medium secure provision.</p>		

National learning identified from homicide external reviews and review of medium secure provision	Action Welsh Assembly Government	Action Health Commission Wales	Action NHS Trusts LA Providers	Action LHBs LA Commissioners
<p>3. The need for all relevant agencies to monitor in cases of conditional discharge patient compliance with specified conditions</p>	<p>By December 2005 issue guidance on the roles of commissioners and providers when conditions of discharge cannot be met.</p> <p>By March 2006 produce an all-Wales audit tool in respect of move-on facilities.</p>		<p>By December 2005 systems to be in place to ensure commissioning authorities are made aware of any difficulties in obtaining aftercare services either pre or post discharge.</p>	<p>By December 2005 develop mechanisms to monitor compliance with aftercare arrangements in line with Section 117 responsibilities through the receipt of copies of reports prepared for the Home Office.</p>
			<p>In accordance with NSF Key Action 9a by 2009/10 Social Services Departments to ensure 24 hour hostel accommodation is always available and to notify LHBs and HCW if such accommodation is not available.</p> <p>By December 2005 consideration to be given to whether conditionally discharged patients are capable of independent living or whether they should be placed in supervised hostel accommodation. This issue to be routinely assessed in reviews post discharge.</p>	<p>By March 2006 establish arrangements to monitor the availability of supervised accommodation.</p>

National learning identified from homicide external reviews and review of medium secure provision	Action Welsh Assembly Government	Action Health Commission Wales	Action NHS Trusts LA Providers	Action LHBs LA Commissioners
4. The need for improved case management and multi-agency working		By March 2006 develop a proposal for a register of patients subject to supervision and conditional discharge.	By December 2006 consideration should be given of the need to include staff when required with forensic psychiatry experience and to follow RCPsych guidelines in respect of MAPP and MARAC meetings.	By December 2005 consider risk assessment processes as a component of local and out of area services performance monitoring.
		By December 2005 CPA risk assessment processes to form part of performance monitoring in high and medium secure units.	By March 2006 risk assessment processes to include arrangements for the production of risk management plans, the sharing of information, regular review as well as access to forensic psychiatric assessments/opinions in a timely manner.	
			By March 2006 care plans to be developed drawing on the views of all professionals involved in the case. These care plans including contingency plans to be disseminated to the multidisciplinary group and reviewed regularly.	

National learning identified from homicide external reviews and review of medium secure provision	Action Welsh Assembly Government	Action Health Commission Wales	Action NHS Trusts LA Providers	Action LHBs LA Commissioners
			<p>By October 2006 local reviews of CMHTs to be undertaken ensuring an establishment of suitably qualified staff for the provision locally of</p> <ul style="list-style-type: none"> - support and leadership - clinical leadership and supervision - cover for staff absence and continuity of leadership. 	
5. The need to ensure the production of clear care plans in the supervision of conditionally discharged patients			<p>By December 2005 ensure mechanisms are in place to monitor medication compliance of conditionally discharged patients.</p>	
			<p>By December 2005 review care plans of patients who have a condition set at discharge concerning screening for use of substances. Arrangements should be made to test in accordance with the condition. Where such substance misuse gives rise to dangerousness, a low threshold of tolerance should be set in care plans with a management plan established in the event of substance use occurring.</p>	

National learning identified from homicide external reviews and review of medium secure provision	Action Welsh Assembly Government	Action Health Commission Wales	Action NHS Trusts LA Providers	Action LHBs LA Commissioners
			By December 2005 ensure substance misuse screening continues when patients transfer from and to other Trusts.	
			By March 2006 care plans in respect of conditionally discharged patients to incorporate relapse indicators using a system of weighting between different indicators and identifying actions to be taken in the event of relapse.	
6. The need for improved multidisciplinary multi agency training	By 31 March 2006 commission the development of an evidence based risk assessment/ management training curriculum.		By October 2006 have a clear training strategy covering: Clinical assessment - The use of evidence based clinical risk assessment tools and their relationship to CPA - Diagnostic skills including specific training on morbid jealousy - The ability to recognise and respond to psychiatric emergencies and how to manage risk in such circumstances.	

<p>National learning identified from homicide external reviews and review of medium secure provision</p>	<p>Action Welsh Assembly Government</p>	<p>Action Health Commission Wales</p>	<p>Action NHS Trusts LA Providers</p>	<p>Action LHBs LA Commissioners</p>
			<p>Case management:</p> <ul style="list-style-type: none"> - Key worker, care co-ordinator and team leader roles - Incident reporting mechanisms - The management of public protection risks - Patient history taking - Effective communicating with patients - Effective communication with patient's friends and families. <p>This strategy should encompass whole team training, attendance of courses outside the home Trust area staff exchange schemes and visiting speakers.</p>	
<p>7. The need to review policies and procedures</p>			<p>By March 2006 undertake a review of current policies and procedures to ensure compliance with Home Office Mental Health Unit reporting requirements for medical and social supervisors.</p>	

4. MENTAL HEALTH BILL - ACTION PLAN TIMESCALE

This Action Plan assumes that the Bill will be enacted during 2007. This date however depends upon a successful passage through Parliament.

Changes to the date of enactment will result in changes to this timetable.

By March 2007	<ul style="list-style-type: none">• Welsh Assembly Government to have the Code of Practice finalised• Welsh Assembly Government to have all secondary legislation in place• Department of Constitutional Affairs to have recruited sufficient members for the Mental Health Tribunal• Welsh Assembly Government to have ensured that Approved Mental Health Professional (AMHP) training has been established• Welsh Assembly Government to have ensured the establishment of the Expert Panel• Welsh Assembly Government will have issued the specification of roles for those carrying out functions under the Act and LAs/LHBs/NHS Trusts to implement• LAs/LHBs to implement statutory advocacy (see Key Action 6)
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