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Adult mental health services in Wales:
A baseline review of service provision

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Summary

1 Mental illness is a common condition, but typically is not well understood. People are frightened of it and it carries a stigma which adds to the burden of the illness itself and can lead to discrimination and social exclusion. Historically mental health services have had a Cinderella status and have not featured amongst the priorities of service planners and commissioners. Traditional care models for mental health have focused on medical illness rather than taking a holistic view that makes links between the individual and their wider social and environmental circumstances. Moreover, people with mental health problems have not always had the necessary access to the range of specific services they need to support their well being and recovery.

2 Mental health has been identified as one of the Welsh Assembly Government's (Assembly Government) health priorities. A strategy for mental health services for adults of working age in Wales was published by the Assembly in September 2001 and set out aspirations for a modern, community focused mental health service based on the principles of equity, empowerment, effectiveness and efficiency. In April 2002, these aspirations were translated into a National Service Framework (NSF) for Adult Mental Health Services that set standards and key actions to drive up quality and reduce variations in health and social care provision. More recently Designed for Life, the Welsh Assembly Government's ten year strategy for health and social care in Wales has signalled the intention to remodel mental health services to meet legislative and NSF requirements and to provide significant capital investment to support service modernisation.

3 This report contains the findings from a whole system review of adult mental health services in Wales undertaken by the Wales Audit Office's predecessor body, the Audit Commission in Wales. The review, which was commissioned by the Welsh Assembly Government, sought to determine whether the current configuration of adult mental health services supports the delivery of the NSF standards and key actions. The review was designed to provide a baseline from which future progress can be assessed and to make recommendations to support service development and reform.

4 The report examines the extent to which:

■ current models of service provision are supporting implementation of the NSF (Part 1);

■ adult mental health services are integrated and co-ordinated across different agencies and care sectors (Part 2);

■ mental health services engage and empower service users and carers (Part 3); and

■ current planning and commissioning arrangements support the development of integrated, whole system models of care (Part 4).

5 Appendix 1 summarises the findings against each of eight standards in the NSF, whilst Appendix 2 contains a checklist for action that is designed to support service development and NSF implementation at a local and national level.

6 The baseline review identified many encouraging examples of good practice, but found that the overall way in which adult mental health services are currently planned, organised and funded does not support delivery of the NSF. In particular the review found that:

- There are significant gaps in key elements of service delivery that are currently preventing the full implementation of the NSF;

- there is scope for greater integration and co-ordination of adult mental health services across different agencies and care sectors

- the approach to empowering and engaging service users and carers varies considerably; and

- current planning and commissioning arrangements do not fully support the development of whole system models of care.

7 These findings need to be considered alongside those from other external reviews, most notably the Quality and Risk Review undertaken by the Wales Collaboration for Mental Health and also Clinical Governance inspection work undertaken by the Healthcare Inspectorate for Wales. The Assembly will need to ensure that the findings and recommendations from these various reviews are brought together and used to develop a clear and coherent approach to help modernise and improve adult mental health services across Wales.

There are significant gaps in key elements of service delivery that are currently preventing full implementation of the NSF

There has been a limited focus on mental health promotion, tackling stigma and early intervention

8 Reducing the number of people developing mental health problems and tackling the stigma associated with mental illness should be key aims of the agencies that provide mental health services. However, much remains to be achieved in this area. Only six out of 22 Local Health Board (LHB) / local authority (LA) areas have developed a mental health promotion strategy and, although more areas have identified mental health promotion and reducing stigma as service priorities, progress has typically been inhibited by a lack of capacity and resource.

9 Although activities to raise awareness and understanding of mental health problems are underway in many parts of Wales, initiatives are often ad hoc and uncoordinated. There is a particular need for more widespread mental health awareness training within NHS agencies, local government and criminal justice services.

10 A key challenge will be to re-focus services so that they support earlier intervention with the aim of preventing the development of more serious mental health problems. Many users and carers indicated that support from statutory agencies was only available when a person was in crisis and there is frustration that health and social care services can be slow to react to early signs of deterioration in a person's mental health. The frustration is shared by some practitioners who feel that resource constraints force them to focus their activities on people in crisis.

Mental health services in general practices are often underdeveloped

11 Most people with less severe mental health problems will receive their care entirely from within primary care. Primary care also plays a significant role with people with severe mental health problems, acting as the main point of referral to specialist mental health services. However, there is a lack of clarity and consistency over what care and support should be provided from within primary care. Less than half of the LHB areas in Wales have agreed protocols for the assessment and management of adults with mental health problems in primary care. In some areas guidelines for referral to specialist services have not been developed, and in areas where they do exist, general practices are not always aware of them.

12 In many parts of Wales primary care mental health services need further development. Training for GPs, practice nurses and other practice staff is an issue that requires urgent attention in many LHB areas. Psychological therapy and counselling services are not always available, and where these are in place people can wait up to 6 months to access these services.

13 Although there have been positive developments in many areas to improve communication and liaison between primary care and specialist services, there is still scope for further progress. Sixty nine percent of practices who responded to our baseline review survey stated that they wanted more support and better communication with and from specialist services. Many practices also highlighted the need for guidance and support in managing people with a mental health and drug/alcohol problem.

There are key gaps in community based services which can act as an alternative to hospital admission, and support safer and more prompt hospital discharge

14 Crisis resolution / home treatment services are needed to provide prompt and intensive community-based treatment for those individuals experiencing a mental health crisis that would otherwise require admission to hospital. At the time of the baseline review only nine LHB/LA areas had these services in place, or were in the process of setting them up. Where adequately resourced crisis resolution services are in place they appear to be working well and are highly regarded by service users. However, not all crisis services are adequately resourced and as a result are not able to provide an effective service that meets local need.

15 It is generally accepted that improving the provision of supported housing can reduce the need for hospital admissions and speed up discharge for those already in hospital. Yet a major concern for mental health services in Wales is the availability of residential accommodation with varying degrees of support. Only three LHB/LA areas felt that they had an adequate range of housing options with appropriate support for people with mental health problems. The Supporting People Programme has resulted in the expansion of accommodation with low level support. However, this is often still inadequate to meet demand. There are also significant gaps in the provision of accommodation with medium (day staffed) and high (24 hour staffed) levels of support including crisis accommodation. Problems can be further exacerbated by existing provision becoming "blocked" with long term residents who are not able to access alternative schemes.

16   Mental health services need to maintain contact with users who have complex or enduring problems or who may pose a risk to themselves or others. This is particularly important for service users who have a forensic history and/or an associated drug or alcohol problem. "Supportive outreach" models of care are needed to maintain contact with these service users, to detect the early signs of them becoming unwell and to promote engagement with services and compliance with treatment regimes. Despite the importance of these services being recognised, they were only in place in six LHB/LA areas at the time of the baseline review.

17   Day services, provided by either health, social care or voluntary agencies have an important role in supporting well being and recovery and can act as direct alternative to hospital admission. Many areas have identified the need to make better use of day provision with the intention of moving towards more integrated and better co-ordinated services. Development of day provision should include accessibility to services in the evenings and at weekends and ensuring that day care is appropriately linked to rehabilitation.

18   People with mental health problems need to be supported to maintain their existing employment or seek new employment. Good progress has been made in some areas with partnerships being developed between various statutory and voluntary agencies. However, the range of schemes available varies considerably. In most parts of Wales there is a particular need to develop initiatives which help people with a mental health problem to maintain their existing employment.

19   Specific initiatives are also needed to help meet the education, recreation and leisure needs of people with mental health problems and to enable people to access services available to the general public; currently the provision of these schemes across Wales is patchy. Similarly, more needs to be done to meet the needs of specific groups of mental health service users such as people from ethnic minorities, people with a physical disability, or those who are parents.

Modernised, fit for purpose inpatient services and facilities are not in place in all parts of Wales

20   The NSF has set a target of closure of the remaining old 'Victorian type' hospitals by the end of 2008, with a range of alternatives services in place by the end of 2006. Whilst new inpatient facilities have been set up in several areas and business cases are being developed in other areas, the service faces a significant challenge if it is to fully achieve the NSF target in the time periods identified.

21   The number of acute adult beds relative to population varies considerably between areas and frequently does not appear to reflect the extent to which key community based services have been developed. There can be problems in accessing intensive care beds in some parts of Wales. Few areas have developed 24 hour staffed fast track rehabilitation services, and the existence of hostel or hospital wards in the community that are an extension of an NHS inpatient unit is similarly limited.

22   The physical and therapeutic environment on mental health wards needs attention in some parts of Wales. A common concern for users and carers was the lack of activities and stimulation

that is available on wards once a person's condition is stabilised and they are making a recovery. Mixed sex wards are a feature of inpatient units in Wales, and although there has been a greater focus on ensuring a private and safe environment, these arrangements can vary significantly from ward to ward.

23   There is also concern about the appropriateness of placement of some patients on general adult psychiatry wards. This applies to mental health service users who have an associated drug and alcohol problem, and also to children or adolescents who may be placed on adult wards in emergencies. Not all NHS Trusts have appropriate facilities for children or adolescents on adult wards such as seclusion suites or similar.

There is scope for greater integration and co-ordination of adult mental health services across different agencies and care sectors

Community mental health teams provide important multidisciplinary assessment, support and treatment but few teams have fully integrated management arrangements and there are gaps in out of hours cover

24   Community mental health teams (CMHTs) play a vital role in assessing the needs of individuals and providing support and access to services. They also have an important role in developing and maintaining effective links with primary care. All CMHTs in Wales demonstrate some form of integration between health and social care, although there are still very few examples of CMHTs which have genuinely integrated management arrangements.

25   Multi-disciplinary working within CMHTs is well developed although in a few areas psychiatrists are not integrated into the team. Moreover, not

all CMHTs have identified primary care liaison officers or link workers for specialised services such as criminal justice and drug and alcohol services. The baseline review has shown that typically CMHTs only operate during normal working hours raising concerns about access to specialist assessment outside these hours.

A change in working practices and culture is needed if the Care Programme Approach is to be fully implemented

26   The Care Programme Approach (CPA) is a new system of co-ordinated care management that combines care planning and case management and requires agencies to work together to provide integrated services wherever possible.

27   The baseline review found that most areas had made positive progress in achieving CPA implementation and the majority of areas had appointed a lead officer to work across health and social care to co-ordinate the implementation of CPA. However, many areas struggled to meet the Service and Financial Framework target of full CPA implementation by December 2004.

28   There were indications that the increased workload associated with CPA and care plan reviews was causing problems in some parts of Wales. There was also a concern that the focus of action to date has been on the introduction of new documentation rather than the changes in working practices and culture that CPA is designed to stimulate.

The transition between child and adolescent and adult mental health services is problematic and gaps exist in services for adults with early onset dementia

29   As mental health services are typically organised around separate teams for children and

adolescents, adults and older people, a well managed and co-ordinated approach is needed to ensure effective transition from one team to the next.

30 A number of problems exist in relation to the transfer of patients from child and adolescent mental health services (CAMHS) to adult services. They centre around inconsistencies in the age of transfer to adult services and the different eligibility criteria for support that exist between CAMHS and adult CMHTs. There can also be problems in providing appropriate facilities for younger people within adult services and in ensuring that staff who deal with adolescents have received the appropriate training.

31 The transfer of patients between adult and older people's services is less problematic, and well defined protocols are in place in the majority of areas. However, very few areas have developed specific services for dealing with early onset dementia amongst adults. People with this problem typically attend services designed for older people.

There is scope for better co-ordination of care between mental health services and other specialist services such as criminal justice and drug and alcohol services

32 Surveys have shown that as many as 90 percent of prisoners have a diagnosable mental health disorder, substance abuse problem, or frequently both. It is also known that mental illness can contribute to re-offending and problems of social inclusion.

33 Specific action in a number of areas is needed to improve and modernise mental health services for offenders in Wales. To date there has been a forced separation of prison and mainstream mental health services. Commissioners and service planners will need to

ensure that mental health services for prisoners are seen as an integral part of mental health services in the wider health community. This must include the provision of necessary mental health care to offenders on release from prison.

34 Most areas in Wales have identified a need to improve services for people with a dual diagnosis of a mental health problem and a drug/alcohol dependency. A number of issues need to be resolved, including a lack of clarity over who is responsible for providing care to this group of people, and a lack of resources and specialist services.

An integrated approach to workforce planning across health and social care is generally not in place to help address variations and potential shortfalls in staff resources

35 Workforce development will be essential to support the modernisation of services. Scarcity of staff will undoubtedly prevent the development of new service models and new professional roles and new ways of working will need to be developed to actively address this issue.

36 The baseline review identified a number of key workforce issues:

- wide variations in CMHT staff resources and skill mix across Wales;

- at the time of the baseline review 26% of general adult psychiatry consultant posts were vacant and the time taken to fill vacancies can be considerable;

- many areas in Wales report problems with recruiting approved social workers and there can also be problems in some parts of Wales with the recruitment of ward nurses, community psychiatric nurses, psychologists and occupational therapists; and

- in general, an integrated approach to workforce planning across health and social services is not yet well developed.

The approach to empowering and engaging service users and carers varies considerably

Access to information and advocacy services can be a problem for many service users, whilst the extent to which users and carers are involved in the development of their care plan varies significantly

37   Although virtually all parts of Wales have some form of "directory" of mental health services, many users and carers do not know how to access this information. Moreover, the directories in some parts of Wales are either out of date or do not cover all the relevant statutory and voluntary sectors. There can also be problems with the format in which the information is provided and gaps in the provision of important information such as medication and its side effects.

38   Independent advocacy services are generally available for in-patients but often need to be developed and strengthened to ensure they are available to meet the needs of people in community settings. Advocacy services were felt to be at risk in just under half the LHB / local authority areas in Wales due to uncertainty over future funding arrangements.

39   The extent to which users and carers constructively participate in the development of their care plan varies across Wales. There are some encouraging initiatives that focus on empowering the service user to manage their own condition. However, this good practice needs to be more widely spread given that many service users and carers who took part in the baseline review were critical of the care planning process.

The extent to which service users and carers are involved in assessing services and planning improvements varies considerably across Wales

40   In some parts of Wales there has been positive progress with encouraging participation by service users and carers in mental health services planning and evaluation. However, the picture across Wales is very variable.

41   Most, but not all, of the multi-agency mental health planning groups have service user representatives, although fewer have representation from carers. There are a range of user and carer networks and groups across Wales. Despite this, users and carers in many parts of Wales were critical of extent to which they are engaged in the planning and delivery of services. There are allegations of tokenism in some areas and also frustration that when views are sought nothing appears to happen as a result. More than a third of LHB / Local authority areas have yet to formally gather service user and carer views on satisfaction with services and priorities for service development. User and carer engagement would be supported in many areas by providing appropriate training in user and carer enablement for health and social care professionals. Agencies should also consider what specific training and support needs to be provided to service users and carers to encourage their participation.

Current planning and commissioning arrangements do not fully support the development of whole system models of care

Mental health services are not always seen as a local priority

42 Although mental health has been identified as one of the Assembly Government's health priorities, the extent to which it features as a local priority varies considerably across Wales. Adult mental health services feature strongly in the Health Social Care and Well Being Strategies and Wanless Action Plans of some areas, but in other areas they only have minimal coverage despite an NSF key action requiring every Health Social Care and Well Being Strategy to include a comprehensive mental health component.

Few areas have developed an explicit multi agency vision for future mental health services and whole system service development is made difficult and complex by fragmented commissioning arrangements

43 At the time of the baseline review very few areas had a comprehensive and up to date mental health strategy that set out a whole system approach to service development.

44 Current commissioning arrangements for mental health services are complex and fragmented. Responsibility for commissioning various elements of mental health services is spread between LHBs, local authorities, Secondary Care Commissioning Groups and Health Commission Wales. Approaches based upon joint commissioning at a local level are not well developed and as such current arrangements do not support the development of the integrated, whole system models of care which are needed.

45 Skills and capacity in relation to the commissioning of mental health services also needs to be enhanced. Current Assembly guidance on health commissioning states that each LHB should have at least one person with a specialist knowledge and expertise of mental health commissioning and provision. However, a number of LHBs lack this specialist knowledge and dedicated capacity.

The effectiveness of local multi-agency planning groups varies across Wales and some areas have limited capacity to stimulate, drive and implement change

46 All LHB/local authority areas in Wales have a multi-agency mental health planning group, however, the effectiveness of these groups varies across Wales and there is a need to improve the links between the mental health planning groups, local commissioning arrangements and executive decision makers in local agencies.

47 More work is also needed to ensure that all the relevant authorities and agencies participate fully in strategic planning processes for mental health services. The voluntary sector is not always treated as a key partner and in some areas housing, education and criminal justice services need to be more closely involved in planning processes.

48 Capacity to support the planning and improvement of mental health services has been addressed in some parts of Wales where a mental health lead officer has been appointed to work across the LHB and local Authority area. It is evident that these posts can have a very positive impact on the progress that is made at a local level. In areas that have not made such appointments the lack of capacity is often identified as a barrier to improvement.

There are key gaps in the information that is available to support planning and commissioning and performance management arrangements are underdeveloped

49 Effective strategic decision making and priority setting are being hampered in most parts of Wales by a lack of comprehensive needs assessment mechanisms and robust and detailed financial data.

50 Multi agency performance management is generally poorly developed and is not supported by comprehensive monitoring information on the quality of services and service outcomes across all agencies. The development of an information strategy and a performance framework for adult mental health services would help local agencies remedy this gap and support wider implementation of the NSF.

51 There are a number of mental health networks across Wales that provide a vehicle for identifying and sharing notable or good practice. However, there is scope for greater co-ordination of activities between the different networks.

The way in which mental health services are currently funded does not facilitate effective long term service planning and development

52 Designed for Life highlights the Assembly Government's commitment to provide significant new capital investment to support modernisation of mental health services over the next three years. The gaps in services identified by the baseline review show that the additional investment needed to meet the Assembly Government commitment is likely to be substantial.

53 Current funding arrangements for mental health services do not support long term service development. Agencies are typically dependant upon securing funding from one of a number of different funding streams. There can be issues with different providers within an LHB/Unitary Authority area 'chasing' the same 'pot of money', and funding can be limited to short term projects or targeted on particular aspects of service which may not necessarily be the highest local priority.

54 Investment in mental health services will need to done in the context of the wider requirements on the NHS to identify efficiency savings and cost improvements. In this context, the lack of local priority given to mental health services in some parts of Wales means that just retaining current levels of investment in mental health services can be a challenge. If genuine service improvements are to be achieved, it may be necessary to ensure that efficiency savings are retained within mental health budgets to support the necessary service developments.

55 The lack of transitional or pump priming funding to facilitate remodelling services has also been raised by many mental health professionals as a key barrier to change. Where remodelling of services results in the release of resources it will be important to ensure that sufficient priority is given to re-investing these resources in mental health services to support service modernisation.

56 The extent to which services can be remodelled and modernised using existing resources varies between each area. There will naturally be more scope for remodelling and reinvestment in those parts of Wales that have a major institution to close or reconfigure. Investment is going to be needed over time if the NSF standards are going to be met. Long term investment plans will be needed to support service modernisation and the development of important services such as crisis resolution and home treatment, supported accommodation and supportive outreach.

Recommendations

The Welsh Assembly Government should:

I. 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 adult mental health services in Wales

II. Ensure that funding arrangements for adult mental health services in Wales are consistent with service priorities, recognising that:

- levels of investment should support long term sustainable service development;

- "pump priming" funds may be needed to remodel services; and

- resources released from mental health efficiency savings and service reform may need to be re-invested into mental health services.

III. 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.

IV. Issue 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;

V. 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 who plan, commission and provide services with the necessary information to support decision making and to make the best use of finite resources.

VI. 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 should:

VII. 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 local Health Social Care and Well Being 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"; and

- is translated into joint local commissioning plans between health bodies and local authorities that facilitate integrated mental health service delivery;

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

IX. 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;

X. 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.

XI. 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.

XII. 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.

XIII. 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.

XIV. 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.

Part 1: There are significant gaps in key elements of service delivery that are currently preventing full implementation of the NSF

There has been a limited focus on mental health promotion, tackling stigma and early intervention

1.1 Mental health promotion focuses on both maintaining good mental health and also on developing skills and resources necessary to enable people to live with mental illness. Mental health promotion and the prevention of mental illness are central elements of the public health agenda and require population based initiatives that tackle social disadvantage, including bullying, abuse, the impact of poverty, poor housing, homelessness, unemployment and stress in the workplace.

1.2 The promotion of good mental health will be aided by increased awareness and understanding of mental health problems. This can help promote early recognition of mental health problems and also help reduce public misconceptions of mental illness which result in people suffering from mental illness being stigmatised.

1.3 The baseline review has shown that local responses to mental health promotion are generally poorly developed, and mental health promotion and reducing stigma remain high priorities for many users and carers. Only half of all LHB/Unitary Authority areas had or were working towards developing a mental health promotion strategy. Six areas had developed a mental health promotion strategy some of which were still being agreed during the course of the baseline review. In some of the other areas who had committed themselves to developing a strategy very limited progress had been made.

1.4 The most frequent way of developing plans and initiatives was through formation of a sub group of the local multi agency planning group. However, there was not always adequate representation from important stakeholders such as general practitioners, housing services and carers.

1.5 There are many examples of local initiatives that focus on mental health promotion and raising awareness. Typically these take the form of Healthy School Schemes (in place in 14 of the 22 areas), Good Parenting Schemes (in 13 areas), and Life Long Learning Schemes (in 10 areas). In addition, a small number of areas have developed other mental health promotion schemes that incorporate young people/children, older people, Black and Ethnic Minority Communities and Valued Occupation Groups and Colleges.

1.6 However, these initiatives tend to be ad hoc and irregular and:

- less than one third of areas have a mental health publicity and awareness campaign;

- initiatives to increase the public's awareness of mental health issues are often limited to holding an annual mental health awareness day – often tied into national and international awareness days;

- more can be done to educate staff working in statutory agencies - less than half of all areas have initiatives to educate local authority officers and members or criminal justice professionals, and only 60% of areas have initiatives to educate NHS staff;

■ there is little substantive work in general practices that promotes good mental health or is targeted at improving the understanding of mental health issues and reducing stigma in the practice population.

1.10 Key local development priorities relating to mental health promotion and reducing stigma have been identified by agencies in 12 areas. Many of these priorities involve improving information and training through videos, workshops and other events. Agencies have

Exhibit 1: Rights awareness training

	Number of LHB/Unitary Authority areas with initiatives to raise awareness amongst:				
	Local Authority officers	Local Authority members	Health staff	Service users	Carers
Mental health rights under Disability Discrimination Act	10	4	9	7	6
Mental health rights under Human Rights Act	11	6	10	5	5

Source: Baseline review survey

1.7 In addition, awareness training on the rights of people with a mental health problem under the Disability Discrimination Act and the Human Rights Act is very variable (exhibit 1).

1.8 Responsibility for mental health rights under the Disability Discrimination Act appears to vary across Wales. In some areas this falls under the remit of Equal Opportunities Officers and is included within general equal opportunities awareness and training. In some areas agencies are utilising advocacy services and user/carer groups to raise awareness. Regardless of local arrangements the multi agency planning groups need to ensure that adequate awareness training is taking place in each LHB/Unitary Authority area.

1.9 Approximately half of all areas educate health staff and local authority officers on mental health rights under the Human Rights Act. Most areas use training sessions as the main means of raising awareness, although Human Rights training tends to be general and not specifically from a mental health viewpoint.

pointed out that lack of capacity prevents expansion of services even though the will is there to improve mental health promotion and reducing stigma.

1.11 Support to local agencies in developing health promotion strategies and initiatives is often very limited and there is a clear need for a greater input from public health professionals. There are, however, isolated examples of Health Act Flexibilities monies being used to jointly appoint a National Public Health Service & Mental Health Promotion Information Officer to provide a capacity to address mental health promotion and stigma issues.

1.12 Local initiatives aimed at promoting better mental health, prevention of mental illness and reducing stigma would be strengthened by the development of evidence based policy guidance from the Welsh Assembly Government. Moreover, locally developed initiatives are more likely to have greater impact if they are undertaken as part of a co-ordinated approach across Wales.

Mental health services in general practices are often underdeveloped

1.13 Primary care plays a fundamental role in caring for people with mental health problems. Most people with less severe mental health problems will receive their care entirely from within primary care. Primary care also plays a significant role in the treatment of people with severe mental health problems by acting as the main point of referral to specialist mental health services.

1.14 The service users and carers surveyed as part of the baseline review had very diverse experiences of mental health services in primary care. Many were very positive about the support provided by GPs and practice staff. However, many other service users and carers complained about a lack of knowledge and understanding of mental health in general practices.

1.15 As part of the baseline review a survey of general practices in Wales was undertaken to establish the extent of mental health service provision in primary care. The survey showed that there can be a lack of clarity and consistency over the care provided from within primary care. Clearer guidance is needed on what care should be provided to which groups of mental health patients by general practices. Defined care pathways for mental health are generally not in place across Wales and less than half (10) of all areas have agreed protocols for the assessment and management of adults with mental health problems in primary care.

1.16 Although referral guidelines between primary care and specialist mental health services have been developed in 17 LHB/Unitary Authority areas, it is often the case that general practices say they are not aware of these. Typically, there is no systematic audit activity to assess and monitor compliance with the referral guidelines.

1.17 Responses to the survey indicated that typically between 10% and 20% of surgery time is taken up with dealing with the mental health problems of adult patients. The survey also identified considerable variation between and within LHB areas in the mental health services available in general practice settings.

1.18 63% of practices stated that there are counsellors available at practice premises for adults with a mental health problem, however:

■ the availability varies between areas - counsellors are available at all practices in some areas (case study 1), but at very few in other areas;

■ the number of sessions available and waiting times for a first appointment with a counsellor vary between practices both within and between areas - waiting times can range from one week up to 6 months; and

■ some professionals have expressed concern that GPs can often refer inappropriately to counselling services rather than targeting support on those people most likely to benefit from this intervention.

Case study 1: Primary care counselling services in Gwent

A primary care counselling service has been developed in Gwent, which is managed and supervised by the Gwent Healthcare NHS Trust Clinical Psychology Department. Counsellors have been offered to every GP practice and are allocated counselling time according to the size of their patient population. Counsellors see people with mild to moderate mental health problems, offering brief therapy involving assessment and up to 6 further sessions according to individual need.

1.19 Development of primary care mental health services can be facilitated by having a formally nominated practice lead for mental health. Approximately half of the practices responding to the baseline review survey stated that they have a lead person with an interest in mental health, the vast majority being GPs. This indicates that there is scope for LHBs to encourage the remaining practices to develop such arrangements.

1.20 Training in mental health is an issue in many practices. In 42% of practices responding to the survey, no GP had attended any postgraduate training to help them diagnose and manage adults with a mental health problem in the last 3 years. The position is even worse for practice nurses with 83% of responding practices having no nurses that have attended any training on adult mental health in the last three years (exhibit 2). The baseline review also identified that little training of receptionists and other support is taking place.

1.21 The extent to which GPs have received post graduate training in mental health varies between LHB areas, as illustrated in (exhibit 3). There is less variation between areas in relation to practice nurse training with between 72% and 100% of practices reporting nurses not having received mental health training in the last three years.

1.22 The main reasons given by practices for the lack of training are that mental health is not as high a priority as some other conditions, practice staff being too busy, and either an absence of training courses or a lack of knowledge about what courses are available.

Exhibit 2: Mental health training in general practices

We asked practices: How many of your GPs and practice nurses have attended training on adult mental health services in the last 3 years?

Category	Practice Nurses	GPs
No reply	6.3%	6.7%
All	0.9%	16.1%
Approx half or more	4.5%	19.7%
Less than half	5.8%	15.2%
None	82.5%	42.2%

Percentage of practices
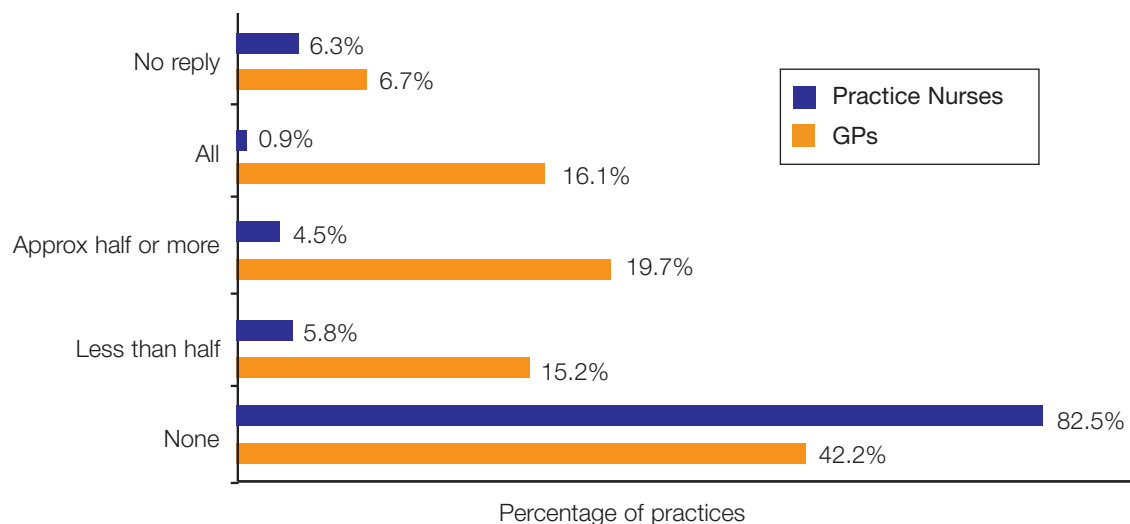
Source: Baseline review survey of General Practices in Wales

Exhibit 3: Mental health training in general practices by LHB area

Percentage of practices at which no GP has attended any postgraduate training to help them diagnose any adults with a mental health problem in the last 3 years
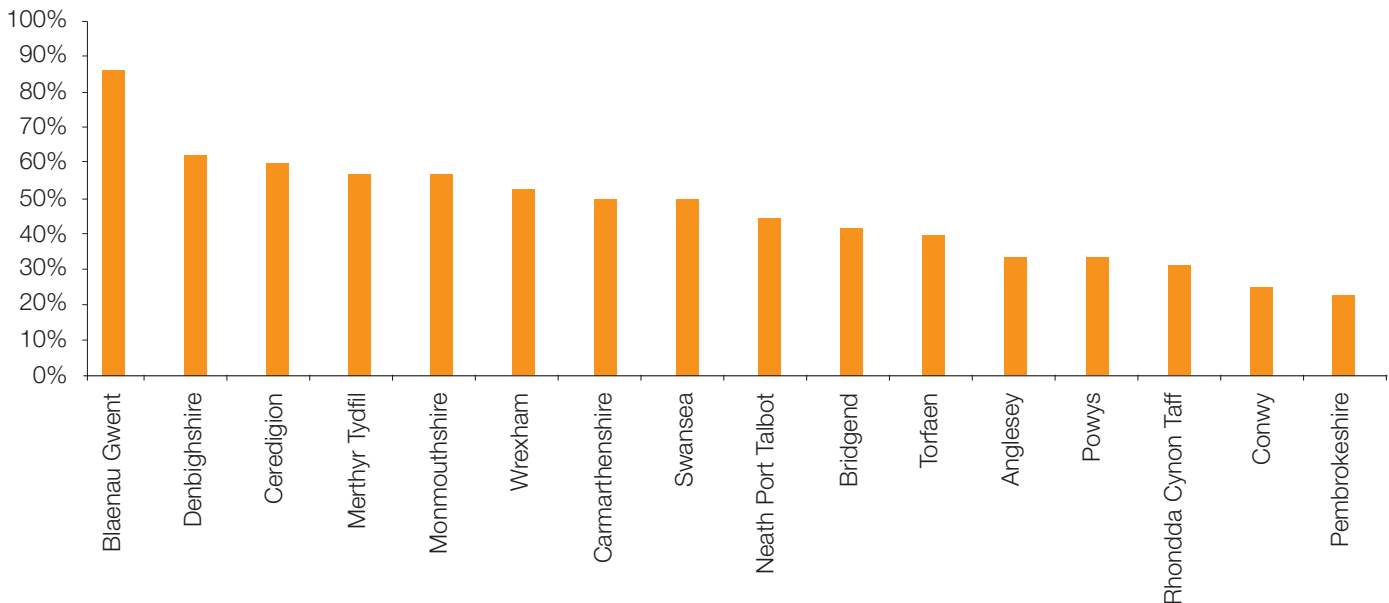
Source: Baseline review survey of General Practices in Wales
Note: LHB areas with a response rate of under 30% have been excluded

1.23 Only 33% of the general practices responding to the survey are using standardised tools or protocols to help diagnose adults with a mental health problem, whilst only 26% are using standardised tools or protocols to help assess risk of suicide or self harm risk.

1.24 In addition, many parts of Wales have relatively few GPs who are approved to undertake compulsory admissions of mentally ill people to hospital under Section 12 (2) of the mental Health Act (1983). There was evidence of some LHBs addressing this problem through practice development plans and where necessary covering the cost of locum cover for GPs to attend the necessary training.

1.25 The support to and links with primary care from specialist services are being strengthened in a number of parts of Wales (these are detailed later in the report). However, in overall terms, the baseline review has identified the need to enhance the arrangements to provide specialist support to primary care given that:

- periodic liaison meetings with psychiatrists or other CMHT members never happen in 52% or practices or very infrequently in 21% of practices;

- 69% of practices stated that they want more support and better communication with and from specialist services;

- the lack of services in many areas for people with less severe mental health problems is leading to inappropriate referrals to specialist teams; and

- GPs do not always signpost patients to appropriate statutory and voluntary sector services.

1.26 Collectively, these findings indicate that important action in a number of areas is needed to strengthen mental health services in primary care. The baseline review did however, identify several examples of encouraging, if ad hoc, initiatives designed to enhance adult mental health services in primary care (box A) which will provide a platform for further service development.

Box A: Examples of initiatives to enhance mental health services in primary care

The baseline review identified a number of initiatives across Wales, designed to improve mental health services within primary care, these included:

- regular training of the whole practice team including health visitors, nurses, and receptionists by a CPN link nurse designated to support the practice.

- an in-house mental health awareness day for practitioners and practice staff with user and carer input.

- Bibliography prescribing schemes which allow GPs to 'prescribe' a range of approved self help books for patients with for example depression, anxiety, or stress. The materials are available at local libraries.

- "screening" for postnatal depression using a standard tool (the Edinburgh Questionnaire).

- relaxation therapy provided by a trained Practice Nurse.

- open access clinics for patients with depression run by a GP.

1.27 General practices in Wales were asked to identify their main priorities for service development. A number of common themes emerged from which it is possible to highlight three major areas where GPs felt service improvements were most needed:

- services for difficult to manage patients such as people with a mental health and a drug and alcohol problem;

- psychological therapy services; and

- crisis resolution and emergency assessment.

1.28 At the time of the baseline review only 8% of practices responding to the primary care survey felt that that the new GMS contract would lead to significant improvements in mental health services at a practice level. Mental health services are amongst the Clinical Domains of the Quality and Outcome Framework, with practices free to choose which domains they focus upon. It is possible, therefore, that some practices may choose to focus their attention on other Clinical Domain areas at the expense of developing mental health services. LHBs will therefore have an important role in encouraging practices to develop their adult mental health services within the framework of the new GMS contract.

There are key gaps in community based services that act as an alternative to hospital admission, that support safer and more prompt hospital discharge and that support well being and recovery

1.29 A broad range of services are needed to provide support to adults with a mental health problem to help maintain well being and recovery. Early diagnosis and intervention is important in promoting well being and ensuring effective recovery amongst people with a mental health problem. Developing appropriate outreach

services will also help improve support for people who may have difficulty engaging in traditional services.

1.30 A recent report by the Social Exclusion Unit for the Office of the Deputy Prime Minister, Mental Health and Social Exclusion June 2004, highlighted that returning to work and overcoming social isolation is associated with better health outcomes. The report also highlighted the problems people often face in accessing basic services such as housing, transport, education and sport and leisure.

1.31 The baseline review has shown that achieving a better balance between services that support people in crisis and services that support recovery and well being is a major challenge across Wales. Service users and carers were often critical of the availability of services that help support recovery, and they regularly commented that support from statutory services was often only available when the person was in crisis. A common frustration was that services can be slow to react to early signs of deterioration in someone's mental health, and that people have to be in crisis for services to respond. This frustration is also shared by some practitioners in Wales who, due to resource restraints, feel they are only able to focus on people in crisis.

1.32 In supporting recovery and well being it is important to help people to stay at home. However, the number of adults with a mental health problem that Unitary Authorities in Wales have helped to live at home varies across Wales (exhibit 4).

Exhibit 4: Supporting adults with mental health problems to live at home

The number of adults with mental health problems under 65 who the authority has helped to live at home per 1,000 adults under 65
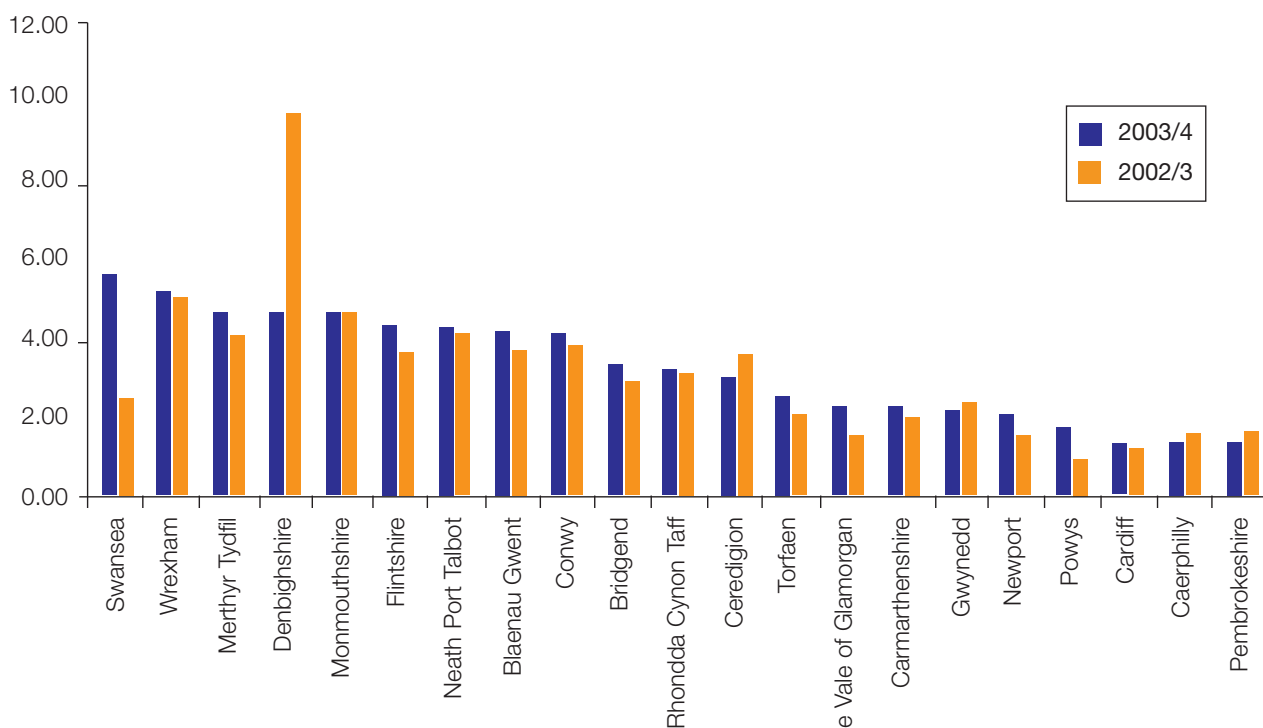
Source: National Assembly for Wales Performance Indicators 2003/04
Note: No accurate and comparable data is available for Anglesey

Crisis resolution and intensive home treatment services need further development in many parts of Wales

1.33 Crisis resolution services are needed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and to give support to informal carers. Such services can be delivered in a number of ways including crisis resolution teams and crisis accommodation. The Welsh Assembly Government's review of the NSF has recommended the development of crisis resolution and home treatment teams as a priority for early implementation. The Service and Financial Framework for 2005-2006 sets a target for having a crisis resolution and home treatment service in place by 31st March 2006.

1.34 At the time of the baseline review, crisis intervention and home treatment services were in place or were being set up in just 9 of the 22 LHB areas in Wales. Where these services are absent there is a reliance on social services emergency duty teams. However, this adds to the pressures these teams are already under as a result of problems with recruitment of approved social workers.

1.35 Where crisis intervention and home treatment services are in place, they appear to be working well and are generally well regarded by service users. There are also positive examples of voluntary sector support for crisis resolution services (case study 2).

1.36 However, the baseline review highlighted problems with existing crisis resolution services in some parts of Wales:

- Several users reported difficulties with contacting and accessing existing crisis resolution services;

- Limited staff resources mean that some crisis resolution / home treatment services struggle to adequately respond to the needs of service users with a risk that some teams are focusing more on assessing the need for inpatient treatment rather than on providing comprehensive home support;

- Services in some parts of Wales are limited at weekends and outside of normal working hours; and

- Multi-disciplinary working is not always well developed and some teams consist only of health staff.

Case study 2: Voluntary sector support for crisis resolution services

Emotional and Social Support Service in Bridgend

The Emotional and Social Support Service run by Gofal across the Bridgend area provides telephone and visiting support to people with severe and enduring mental illness out of normal office hours - the scheme has gradually built up a caseload of regular service users, and can include support workers enabling people to undertake social activities. This service compliments and supports the intensive home support team run by statutory services.

Crisis card in Bridgend

The Mental Health Service User Forum in Bridgend has developed a crisis card that is designed to be carried by service users. This contains the service users name and address and the contact details of who to contact should the service user appear to be confused or distressed. It also includes details of helpline information numbers.

1.37 Access to community residential care may be needed when treatment within the home is not practical. Non-hospital facilities such as cluster homes, community hostels and day care can be effective in the management of a mental health crisis and can provide respite for families and carers. However, there is limited provision of these facilities across Wales. Only 6 LHBs areas had any provision of crisis accommodation, and most of these areas only had one place available. The provision of both planned and emergency respite is similarly limited.

Most areas do not have dedicated services in place for early intervention in psychosis or supportive outreach

1.38 Mental health services need to provide the necessary support when someone first develops a psychotic illness. Early intervention in psychosis services provides quick diagnosis on the first onset of a psychotic disorder and appropriate treatment including intensive support in the early years. Mental health services also need to maintain contact and increase compliance with severely mentally ill people who are 'difficult to engage' in more traditional services, many of whom will have a forensic history and a dual diagnosis. Supportive or Assertive Outreach services can provide intensive support to this group.

1.39 In general, early intervention and supportive outreach services are poorly developed across Wales. Very few areas have a dedicated early intervention and treatment service or team. A number of CMHTs report that they include early intervention as part of their remit, and in one area a limited number of CMHT staff have been identified and trained to provide an early intervention service. However, any early intervention service provided from within a CMHT is unprotected and risks being 'squeezed out' by the need to focus on supporting people in crisis.

1.40 Supportive outreach or similarly focussed teams are more frequently to be found, but are still only in place in 6 areas in Wales. One of these is a very small team that is seen locally as a starting point for the development of an adequate service. Many areas have identified the need to develop these services but have not yet secured any funding to do so. Where teams are in place, early evidence suggests that they can have a positive impact (case study 3).

Case study 3: Supportive outreach in Torfaen

The ORBIT initiative (Outreach in the Borough of Torfaen) began operation in March 2004. The team operate a model of assertive community treatment in line with requirements set out in the Adult Mental Health NSF. The team consists of a G Grade nurse/team manager, an F Grade Nurse, 2 full and 1 part time Support Workers, a Social Worker and a Team Secretary. There is sessional input from Psychiatry. Service users referred to the ORBIT Team need to meet strict criteria and caseloads are kept low to enable intensive and regular support. Although the ORBIT Team have only been operational for a short period of time, early evaluation indicates that it is achieving its stated aims in several areas including:

- improved engagement levels

- reduced crisis admissions, emergency assessments and use of the Mental Health Act

- reduced bed days and length of stay.

Many parts of Wales do not have adequate levels of supported housing for people with a mental health problem

1.41 Good quality, well managed housing is an important element of successful community care

for people with mental health problems. A comprehensive range of residential accommodation is needed with varying degrees of support ranging from low level and "floating" support to more intensive support in the shape of accommodation with 24 hour staff support.

1.42 The Supporting People Programme has resulted in an increase in some forms of supported housing. However, the adequacy of supported housing remains a major issue in most areas in Wales. Only three areas in Wales believe that they have an adequate supply of all forms of supported housing. Inadequate local provision of supported housing means that many users can end up living in inappropriate or poor accommodation. It also typically results in an over-reliance on inpatient beds and can result in people being placed in accommodation outside of their local area, often with high associated costs.

1.43 All parts of Wales reported having some provision of low support accommodation, which had been expanded through the Supporting People Programme. However, only 7 areas believed that their current level of low support housing was sufficient to meet demand. There was also concern that the planned reduction in Supporting People monies could have an adverse impact on housing provision for mental health service users in future years.

1.44 Around one third of LHBs areas reported not having any medium support (day staffed) accommodation whilst just under half of LHB areas report not having any high support (24 hour staffed) accommodation. Where medium to high level supported accommodation is in place, local agencies again raised concerns that it was inadequate to meet demand and also identified problems with existing provision becoming "blocked" by long term users who cannot be moved on to more appropriate schemes.

1.45 During the baseline review, many areas in Wales were looking to increase the levels of supported accommodation that was provided locally. This was often being done in conjunction with neighbouring authorities with a view to reducing the need for costly out of area placements and providing accommodation for people that is closer to their family and friends.

1.46 Although many areas indicated that their current levels of supported accommodation were inadequate to meet demand, very few have undertaken any detailed needs assessment to accurately establish the type and extent of accommodation that is needed. Where reviews have been undertaken they have been helpful in identifying priorities for re-provision of existing services (case study 4).

Case study 4: Review of accommodation and support needs of adults with mental health problems in Bridgend

Agencies in Bridgend commissioned the Centre for Mental Health Service Development in Wales (CMHSD) to undertake a needs assessment of mental health supported accommodation in 2003. This identified that local supported accommodation services were unable to meet the identified needs of adults with a mental health problem and that existing provision did not allow movement through services as supported accommodation was often 'blocked'. The needs assessment identified that there was a gap in the range and mix of provision rather than in the overall level of provision. The main gaps were identified and quantified, allowing a forward programme of service re-provision to be developed.

1.47 The baseline also identified a number of other issues in relation to the provision of housing for people with a mental health problem which will need addressing; these are as follows:

- A minority of areas report using hotel or Bed & Breakfast accommodation for people with emergency housing needs who are waiting for a mental health assessment. However, accompanying accreditation and training schemes for landlords are not well developed and CMHTs are only able to provide the necessary support in half the areas using such placements.

- Less than half of all local authorities in Wales award any special priority or weighting to a person with a diagnosis of mental illness in their Housing Allocations policy.

- Although there are isolated examples of good practice, very few areas in Wales have developed any specific service initiatives targeted at homeless groups of people with a mental health problem. Whilst generic schemes such as Supporting People and Homeless Outreach teams can help address the needs of homeless people with a mental health problem, specialist mental health services are not always well linked into such schemes.

- Appropriate housing for people with a mental health problem who also have a drug or alcohol problem has been identified as a significant problem in many areas. Some housing providers have a "zero tolerance" policy and there can be problems with locating appropriate accommodation for this group of people which is suitable to their mental health needs.

- Better links are possible between mental health and housing in planning services. Housing representatives are not part of local multi-agency planning groups in 8 LHBs areas, and the representation on many of the other groups is limited to someone from the Supporting People programme. Five multi-agency planning groups indicated that they had no input into the Supporting People Operation Plan whilst around half of all local housing strategy partnerships do not have representation from mental health professionals.

The availability of counselling and psychological therapy services varies significantly across Wales

1.48 Psychological treatment or psychotherapy is recognised as being effective in the treatment of a range of mental illnesses. These services are required in all parts of mental health services, including primary care. The baseline review has indicated that availability of counselling and psychological therapy services is a significant issue across Wales, and is reflected in the priority that service users, carers and General Practices attach to the further development of these services.

1.49 All areas in Wales have some level of counselling and psychological therapy services available. These services are mainly available from counsellors available in general practices (either as part of statutory or voluntary sector services), and clinical psychologists and psychological therapists/counsellors either as part of CMHTs or a centrally provided service by the NHS Trust.

1.50 However, the availability of these services is very variable and as mentioned earlier in the report, there can be long waits to see a counsellor in primary care. The number of clinical psychologists and psychological therapists/counsellors based with or linked to a CMHT also varies across Wales. Moreover, some areas can be poorly resourced in both primary and secondary care whilst in other areas there are comparatively high levels of provision in both settings (exhibit 5).

Exhibit 5: Psychologist & psychological therapists per 10,000 adult head of population compared to percentage of practices with counselling services.
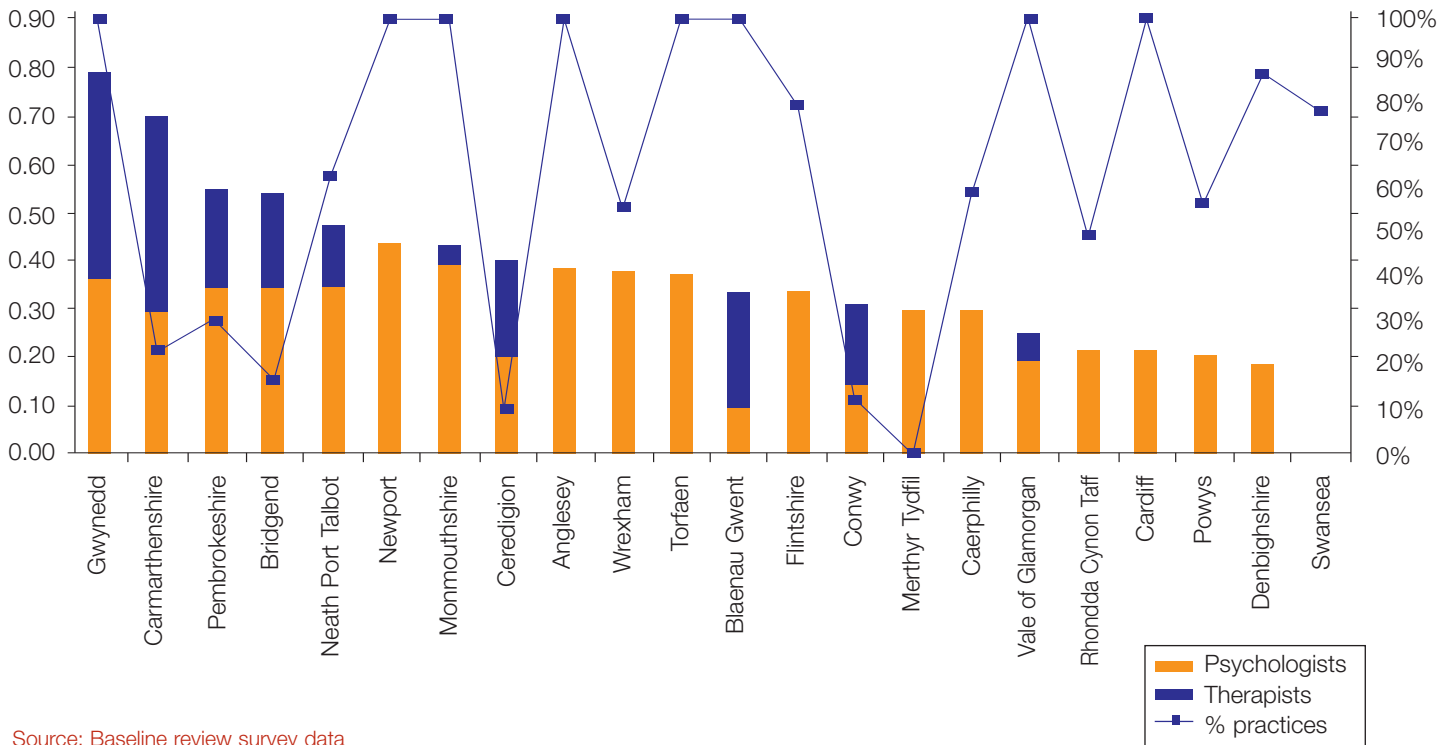
Source: Baseline review survey data

1.51 In addition, the baseline review has identified a number of other issues that require review:

- clinical psychologists are often not integrated into CMHTs;

- in some areas clinical psychologists predominately operate from a hospital base and are not very accessible in community settings;

- waiting times for a first psychological therapy session with a clinical psychologist are reported to vary from 2 weeks to 19 months, with most areas having waiting times of 6 months or longer; and

- there is a general lack of specialist psychological therapy for specific difficulties such as eating disorders, obsessive compulsive disorders, and personality disorder.

There is scope for better integration in the way day services are provided by the statutory and voluntary sector

1.52 Day care can be provided by health (day hospitals or treatment centres) or social care agencies (day centres). Voluntary organisations also make an important contribution to day care provision. Health and social care agencies need to plan their day care provision together to make sure they make best use of all available resources and to ensure that the type of provision by one agency facilitates, rather than inhibits, the functioning of other agencies.

1.53 The baseline review found that service users and carers were generally satisfied with the day services they receive from voluntary sector organisations although the lack of funding for these services in the evenings and at weekends

was a common issue. Service users and carers had more variable views on day hospital and day care services provided by health and social care services, and they reported issues with the:

- lack of variety and stimulation provided at some day hospitals;

- need to pay for social services day care;

- lack of local services and transport; and

- access to day services in the evenings and at weekends.

1.54 There is a need for greater clarity over the role and function of different elements of day care in some parts of Wales. In particular, day hospitals can loose their focus on intensive time limited support and become more of a general day care service, sometimes duplicating day provision by social services or the voluntary sector. In addition, there is scope for day services in Wales to develop models of care that are focused on recovery and which promote social inclusion through improved access to mainstream services in the community.

1.55 At the time of the baseline review, many areas in Wales had undertaken (or were in the process of undertaking) comprehensive reviews of day services with the intention of moving towards a more integrated approach between health, social care and voluntary sector provision. These reviews are necessary and provide the opportunity address the role of different elements of day care, the main gaps and deficiencies in services and duplication of services between different providers. The reviews have the potential to make better use of existing resources as well as identifying areas in which additional investment would better meet service user needs. As a result of these reviews some areas are now moving towards new day service models (case study 5).

Integrating day services in Bridgend

In Bridgend a joint Day Services Co-ordinator has been appointed to implement a new model of day service. The intention is to integrate all health and social services provision under joint management. This post is directed at developing a new integrated model of day service based on ordinary mainstream services with access to support and specialist services when needed. The service model is based on a multi-disciplinary core service for assessment, planning and co-ordinating support that will provide access to a range of ordinary and specialist projects. The service will promote the use of mainstream facilities such as college courses, work placements, volunteering, as well as the use of leisure centres and libraries. Specialist projects will promote work skill development, sheltered employment, independent living skills, drop-ins and self help groups. The final strand of this model is to develop a work retention scheme to encourage employers to keep jobs open during periods of hospitalisation and to provide support to people on returning to work

Improving access to day services in Swansea

In the Swansea LHB/Unitary Authority area a single point of access to statutory and voluntary sector day services has been developed (known as CREATE). Service users receive one assessment and are then referred and signposted into appropriate services. A CD Rom is available on the services that are available locally.

1.56 Although around half of all LHB / four local authority areas report that they jointly fund day services, this generally relates to the joint funding of voluntary sector services. Only four areas in Wales have elements of day care provision that are jointly managed by health and social services.

1.57 The voluntary sector is a key provider of day services, and some areas in Wales are very reliant on the services they provide. However, the co-ordination and integration of services can be an issue in some areas, with voluntary sector organisations reporting that:

- service users are not always referred to or made aware of voluntary sector services;

- funding can be insecure and short term;

- reductions in day services provided by statutory agencies in some areas was leading to far greater demands on existing voluntary sector services;

- they are not dealt with as an equal partner alongside the statutory agencies in the planning and commissioning of services; and

- partnership working with statutory services can be made more difficult by the need to maintain their independence when representing the views of service users

1.58 A number of additional development needs for day services across Wales were identified by the baseline review:

- only 6 areas had day services that act as a direct alternative to hospital admission

- only 8 areas reported that their day services were suitable for young adults; and

- only 7 areas had day services that were linked to rehabilitation services.

1.59 Rurality is another significant issue affecting the development of day care services in many parts of Wales that creates difficulties for people to get to and from day provision. There was evidence of some agencies overcoming this by providing transport and attempting to ensure that services operate from a range of urban and rural locations, and by voluntary agencies operating satellite day services from general community service bases.

Good practice in relation to helping people with a mental health problem find and maintain employment needs to be more widely spread

1.60 Most users of mental health services want to work. Aside from financial benefits that this brings, employment creates greater self esteem and can reduce stigma. Support in obtaining, and in particular, maintaining employment was raised as a key issue by a number of service users during the baseline review.

1.61 Most areas have some form of initiative or scheme to help people with mental health problems obtain meaningful employment. Initiatives can include:

- work opportunities (paid and voluntary) with local mental health voluntary organisations;

- voluntary organisations such as Hafal and the Shaw Trust providing work training opportunities, links to further education opportunities, and assistance in obtaining employment;

- Occupational Therapists undertaking vocational assessments;

- sheltered work experience opportunities;

- appointing employment workers to provide advice to service users; and

- providing training in mental health awareness for community based agencies involved in education, volunteering and vocational support.

1.62 Moreover, a number of initiatives have been developed in partnership with the voluntary sector and with local employers (case study 6), whilst European Social Fund (ESF) monies have been used to support a number of training and employment schemes (case study 7).

Case study 6: Employment initiatives for people with a mental health problem

"Sparks" project in Conwy and Denbighshire

"Sparks" has been developed from a formal EEC objective 1 partnership of Statutory and Voluntary agencies. It provides employment and activity opportunities for people with a wide range of mental health problems. These range from meaningful day activity through to preparation for employment in a wide range of sectors. As with all such EEC objective 1 schemes continuation is dependent on future funding but the solid nature of the partnership bodes well for the future.

Pathways to work in Rhondda Cynon Taff

Rhondda Cynon Taff is a pilot area for 'Pathways to Work'. This scheme offers support to people with newly diagnosed depression to help them combat their problems and find work, and is accessed through GPs.

Social Firms Network in Bridgend

A Social Firms Network has been established in Bridgend focussed on encouraging the development of social firms. A social firm is a not-for-profit business enterprise whose purpose is to create employment for people with a disability who are excluded from the labour market. This activity is being undertaken jointly with Social Services, Economic Development Unit, Bridgend College, Independent Sector Organisations and Bridgend Association of Voluntary Organisations.

Hafal Work Preparation & Carer Support Service in Bridgend

The service provides an introduction to the routines of work and a work-focussed lifestyle. It supports people in developing work related skills and in moving on into work, volunteering or training. An ancillary project offers support to carers. The service is also directed at preventing relapse and reducing the demand on acute services.

Some areas have been successful with bids for European Social Fund monies to support training, education and employment initiatives

Next Steps Project in Flintshire

This project enables people with mental health problems to return to work or other valued occupation.

Development workers in Powys

ESF money was used to undertake research into the valued occupation needs of people with mental health problems in Powys. The resulting "Working Futures Report" led to a number of agencies in Powys agreeing to joint fund a Development Worker to take forward the Development Strategy outlined in the report. A further bid for European money led to the establishment of a one to one service for mental health service users seeking employment which is currently running for two years.

1.63 However, the extent to which this good practice is adopted across Wales varies widely. Significantly, very few areas report having initiatives in place to help support service users once they are in employment. This lack of support in maintaining employment was an area of concern for a number of service users. Access to specialist support such as that provided by CMHTs and the voluntary sector is frequently problematic for people in employment given that these services are generally not available outside of working hours.

1.64 Many users raised concerns over the 'benefits trap' with a number of people pointing out that they would be financially worse off if they took up paid employment. There was also concern from a number of users about the potential loss of some benefits if they undertook voluntary work or even attended training or service planning meetings.

Many parts of Wales could do more to ensure that people with a mental health problem have access to educational, recreational and leisure activities

1.65 The NSF recognises that people with mental health problems and their carers have the same needs for social, recreational and educational activities as any other person, but that they may require additional support to access such opportunities. There are examples of initiatives to facilitate this in some parts of Wales (case study 8), however, across Wales as a whole activity in this area is not well developed.

Case study 8: Improving access to education

Enabling a transition into further education in Bridgend

Bridgend College have developed introductory courses to smooth the transition from day services to further education, and tutors from Bridgend and Pencoed Colleges provide training at day hospitals to help facilitate the transition to college study.

Education initiatives in Cardiff

Cardiff Council through its Disability Advice and Resource Team (DART) and Hafal the voluntary organisation provide educational courses specific to people using mental health services, and also promote educational and taster sessions relating to tertiary courses.

1.66 The NSF identifies a performance target of providing support networks that comprise initiatives such as befriending schemes, drop-in centres and support workers. Currently such services are mainly provided by the voluntary sector. Service users frequently commented on the importance of these services in providing valuable social contacts. The baseline review also identified examples of initiatives that seek to meet the emotional and social support needs of service users. However, action to date by statutory authorities in this area has been ad hoc.

The all Wales Mental Health Helpline provides an important service but awareness of the facility varies across Wales

1.67 The Welsh Assembly Government provides funding for a mental health helpline which is hosted and managed by North East Wales NHS Trust. This service was reviewed in advance of the main adult mental health baseline review in the second half of 2003. At the time of the review there were two separate helplines, the Community Advice and Listening Line (CALL) and the Wales Rural Stress Helpline (WRSH). These two services have subsequently been merged.

1.68 The review found that the helpline service was well regarded by both users and health professionals, was generally well managed and offered a unique approach to supporting people with mental illness or psychological crises. However, the review also showed that there was a need to strengthen existing service delivery arrangements given that:

- The helpline often struggled to cope with the volume of calls that was received;

- the helpline had a poor capacity to respond to calls in Welsh;

- there was considerable variation in the extend to which the helpline was used by people from different of Wales, reflecting varying degrees of awareness on the helpline (exhibit 6);

- no formal protocols had been developed for liaison with NHS Direct despite the fact that a significant numbers of callers are referred to the mental health helpline from NHS Direct; and

- opening hours are restricted by budget and the availability of volunteer telephonists.

Exhibit 6: Call volume by local authority area adjusted for population

Calls per 10,000 population
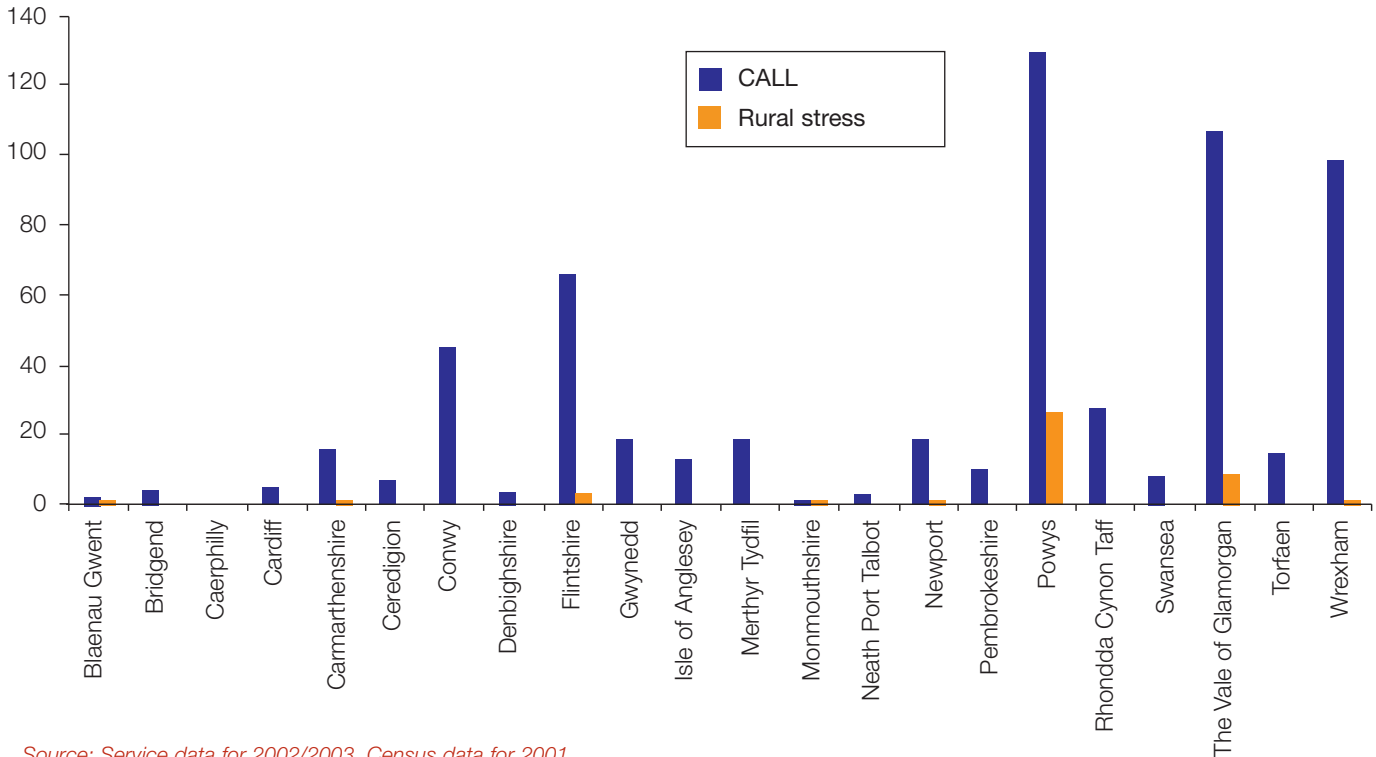
Source: Service data for 2002/2003, Census data for 2001

1.69 Our review also highlighted a number of actions for the Assembly:

- As commissioners of the service, the Assembly in partnership with all the relevant stakeholders, needs to clarify the scope and extent of services to be provided by the helpline;

- investment in the service needs to be reviewed once the scope of the service has been clarified; and

- an appropriate set of performance measures for the helpline needs to be established to allow monitoring of the helpline's performance against the agreed levels of service delivery.

Services for some specific groups of service users need further development in many parts of Wales

1.70 Specialised services are needed for a range of adult groups with mental health problems such as black and minority ethnic populations, people with a mental health problem and a physical disability, and parents who have a mental health problem.

1.71 Cardiff and Newport areas have the largest black and minority ethnic populations and unsurprisingly have focussed more attention on developing specific services for these groups. However, a few other areas such as Swansea have also introduced some limited initiatives.

1.72 Specific targeted initiatives that have been developed to meet the needs of individuals

from ethnic minorities with mental health problems include:

- the appointment of Somali link workers;

- the availability of leaflets in a wide range of languages;

- interpretation services;

- liaison meetings with asylum seekers and CPN Liaison into asylum seekers Primary Care Team (such schemes are available in 5 areas of Wales);

- befriending service aimed at supporting black and ethnic minority people confronted by mental health problems; and

- specific research on needs assessment.

1.73 However, even in Cardiff and Newport many practitioners and voluntary sector representatives are concerned that initiatives were still insufficient to meet the needs of many black and ethnic minority people, and that significant improvements were required to bring the level of service provision up to an adequate level. Few areas have developed specific initiatives to recruit people from black and ethnic minority groups.

1.74 Only the Vale of Glamorgan report that specific services are in place for people with a mental health problem and a physical disability. The council has developed a specific initiative relating to mental health services for deaf people. Practitioners in some parts of Wales raised concerns that people with severe hearing and sight impairments and a mental health problem have difficulties in accessing services. For example, problems can arise through a lack of availability of sign language interpreters in primary care, and CMHTs may also struggle to provide an appropriate service for this group. Services in some

parts of Wales rely on specialist mental health services in England to provide the necessary care but long waiting times are reported for an initial appointment. There is evidence of action being commenced in some parts of Wales to address development of services for people with a mental health problem and a physical disability through mechanisms such as task and finish groups.

1.75 Around half of all areas in Wales have developed specific targeted initiatives to meet the needs of parents who have a mental health problem (case study 9).

Case Study 9: Support for parents with a mental health problem

Specific services have been developed in a number of parts of Wales to support parents with a mental health problem:

CPNs provide training for health visitors on post natal depression in Blaenau Gwent.

A self-help group for young mothers with identified mental health needs is run at a Day Centre in Bridgend with support from a Day Service Worker - a crèche is provided for the young children while the mums are in the group.

A checklist is used by the community mental health teams in Monmouthshire to identify whether children's needs are being met when a parent has mental health difficulties.

Parenting classes are provided by CPNs in Pembrokeshire; and

A specialist mother & baby in-patient unit has been established by Cardiff & Vale NHS Trust, and a perinatal psychiatry service is also operational.

Modernised, fit for purpose inpatient services and facilities are not in place in all parts of Wales

1.76 The NSF states that 'all people in Wales should have timely access to safe, appropriate fit for purpose hospital or alternative accommodation if they are assessed as requiring care away from home'. The NSF also outlines the need for all inpatient wards to offer the choice of single sex environments; general medical liaison services to be in place; and for a range of 24 hour staffed rehabilitation options including fast track to be available. Once people are admitted to hospital, services are needed in the community that ensure discharge can take place at the earliest most appropriate time.

1.77 The Service and Financial Framework for 2005-2006 sets a target to improve the therapeutic outcomes and de-stigmatise the mental health ward environment through the implementation by March 2006 of the Tidal or Re-focusing model of care (Box B). There is also a target for health communities to work together to ensure that processes are in place and placements are available in order to reduce the delayed transfers of care in mental health services by 15% compared with the 2004-05 average.

Box B: Inpatient models of care

Tidal model of care

The Tidal Model is an interdisciplinary model of care, which emphasises the core need for empowerment. It recognises that many different individuals, groups and disciplines may be required at different times to arrange and deliver this kind of care, from traditional health and social care workers to family members, friends and others who have had experience of the

recovery journey. The heart of the model is a unique set of assessment and intervention methods, all of which emphasise the need to adapt care, constantly, to fit the changes occurring in the person's presentation. The central task of care is to help the person develop awareness of how distress comes and goes and most importantly what the person, or others, are doing that appears to influence it. The model has been evaluated and found to result in marked gains in the quality of in-patient care.

Refocusing model of care

The 'refocusing' model for working with in-patients in psychiatric wards is a reflexive approach that applies equally to patients and staff. It aims to increase the individual's sense of personal control and responsibility; reduce the onerous demands that the environment makes upon the individual; increase the level of support provided to the individual. An assessment of the model on one adult psychiatric ward has demonstrated a range of benefits including complaints being reduced by half, violence and aggression being down by a third, deliberate self harm being reduced by two thirds and absence without leave down by almost half despite the withdrawal of the nurse on 'door duty'. Nursing sickness and absence was also down by almost two thirds – generating a significant saving on the staffing budget through reduced need for agency nurses.

1.78 A number of comparatively new inpatient facilities have been built in recent years in such areas as Pembrokeshire, Carmarthenshire, Neath Port Talbot, and Pontypridd and Rhondda. Business cases for the re-provision of outdated inpatient facilities in Cardiff, Gwent, Swansea, and Merthyr Tydfil/Cynon have also been developed, and these

need to be taken forward as part of a whole system approach to service development.

1.79 The NSF has set a target of closure of the remaining old "Victorian type" hospitals by the end of 2008. Achieving this target is going to be extremely challenging given the work that still needs to be done to develop the necessary community services that need to be in place before the old institutions are closed or re-configured.

1.80 Data provided by agencies as part of the baseline review illustrates that there is considerable variation in the number of acute adult beds per 10,000 adult population. In some parts of Wales, lower bed numbers are accompanied by higher levels of community staffing. However, there is no clear relationship between hospital beds and community staffing and several of the areas with

relatively high community team staffing levels also have comparatively high acute bed numbers (exhibit 7). The key challenge for service planners and commissioners will be to ensure that whole system models of mental health care are developed which contain the appropriate mix of acute and community sector provision, informed by accurate needs assessment exercises.

1.81 In many parts of Wales intensive care beds and rehabilitation/continuing care beds are provided on a Trust rather than LHB area basis. Some areas report problems in accessing the limited number of intensive care beds, and as a result are required to use their acute beds for this patient group. Baseline review data showed that there are significant variations in the mix and type of adult mental beds within NHS trusts in Wales, with some trusts having a comparatively

Exhibit 7: Acute beds & community staffing per 10,000 adult population
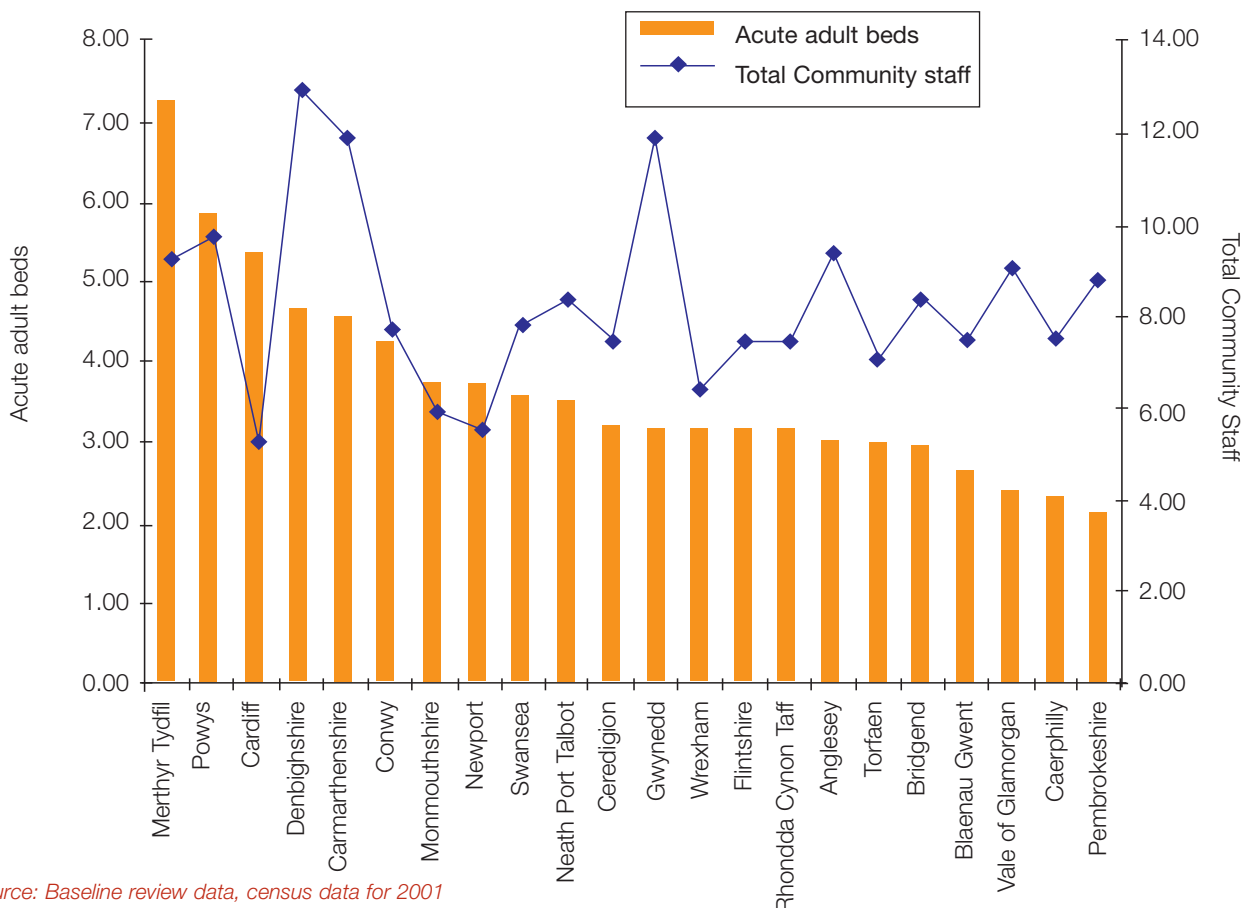
Source: Baseline review data, census data for 2001

Exhibit 8: Adult mental health beds by NHS Trust
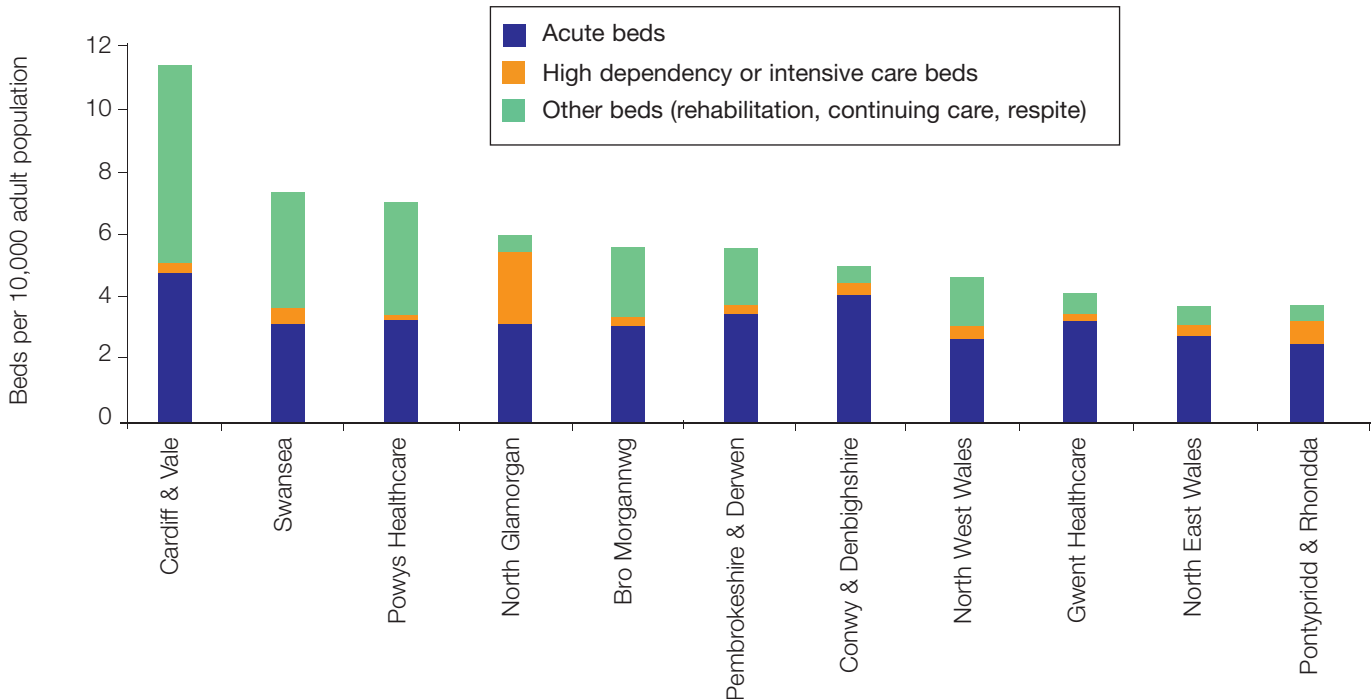
NB 'Other' beds includes rehabilitation and continuing care beds and any respite provision
Source: Baseline Review data collection

high number of rehabilitation and continuing care beds (exhibit 8).

1.82 Whilst most parts of Wales have either hospital or community based slower stream rehabilitation facilities for stays of under two years, few areas report having 24 hour staffed fast track rehabilitation available in either setting. In addition, the majority of areas do not have any hostel or hospital wards in the community that are an extension of an NHS inpatient unit.

1.83 Mixed sex wards are a feature of inpatient units in Wales. The focus of policy in Wales has been to ensure that these wards provide privacy and a safe environment, rather than to develop single sex wards. Nevertheless some users and carers report concerns and unsatisfactory experiences on inpatient wards. The extent to which mixed sex wards provide single rooms, gender specific lounge areas, separate entrance/exits to male

and female dorms and male and female bathing/toilet facilities can vary markedly between hospital units.

1.84 Another concern commonly cited by users and carers during the baseline review was the lack of activities and stimulation that is available on hospital wards once the service user is stable and making a recovery. This can, in part, be as a result of limited staff resources on mental health wards. Several NHS trusts reported problems with the retention and recruitment of ward staff, which can be compounded the fact that community based nursing roles are often seen as more attractive than those on an inpatient ward.

1.85 Ideally children or adolescents should not be placed on adult mental health wards. However, in emergencies this can happen and during the baseline review seven LHB areas reported having to place children under 16 years of age on an

adult mental health ward in the preceding 12 month period. This normally involved one or two individual cases during the course of the year, but in one LHB area the number was as high as six.

1.86 Some NHS Trusts are able to place under 16s in a seclusion suite or similar. In one Trust this involves a bedroom suite located in an adult unit but with a separate entrance. Worryingly, a number of Trusts report not having any options available other than to place under 16s on the main adult mental health ward. This was the case in four of the seven areas that admitted under16s to adult mental health units in the last 12 months.

1.87 The baseline review found that not all the ward staff on adult wards that may potentially receive children had undergone the appropriate police checks in line with best practice. Whilst it is now common practice for trusts to undertake police checks on all new ward staff that are appointed, there is a need to review practice in relation to existing staff.

1.88 Psychiatric in-reach to medical wards at NHS Trusts is in place across Wales. However, medical inreach to adult mental health wards is not always in place. Specialist liaison services covering hospital wards are relatively well developed, although a minority of Trusts had yet to put these arrangements in place. These services can include mental health liaison nurses for wards, A&E mental health liaison nurses, liaison psychiatrists, and self harm liaison nurses (case study 10).

Case study 10: Nurse led mental health liaison team at Bro Morgannwg NHS Trust

A 24 hour seven days a week liaison service is in place for people presenting at the Prince of Wales Hospital following an act of self harm or with an actual or suspected mental health problem. The acute Mental Health Assessment team is comprised of six full time mental health nurses who undertake assessments for people referred from A&E, hospital wards and primary care for an urgent assessment. Following assessments discussion takes place with the relevant or on-call doctor. This can lead to admission or an urgent assessment under the Mental Health Act or to onward referral and liaison with primary care, specialist mental health services or the voluntary sector. A nurse-led follow-up clinic is also provided.

1.89 Statutory agencies report that they were seeing an increasing number of people who had a mental health problem alongside a drug and/or alcohol problem. Typically within Wales there are no specialist inpatient facilities to treat individuals with a "dual diagnosis", although residential facilities are being developed in the private sector in some parts of Wales. Many practitioners and a number of service users and carers raised concerns over the appropriateness and safety of treating these patients within a general adult psychiatric setting. The importance of effective joint working between mental health and drug and alcohol services is considered further in Part 2 of this report.

1.90 Delayed transfers of care can be a particular problem for patients on mental health wards, and although good progress has been made in some parts of Wales delayed transfers of care

accounted for over 20% of all adult mental health beds in some NHS trusts when data for June 2004 was examined (exhibit 9).

1.91 A ward survey undertaken as part of the baseline review established that ward managers believed

1.92 Well co-ordinated discharge planning is necessary to ensure that people with mental health problems receive the necessary follow up care after they leave hospital. The baseline review indicated that individuals can typically wait between 5 and 7 days post discharge before

Exhibit 9: Delayed transfers of care as a percentage of adult mental health beds by NHS Trusts
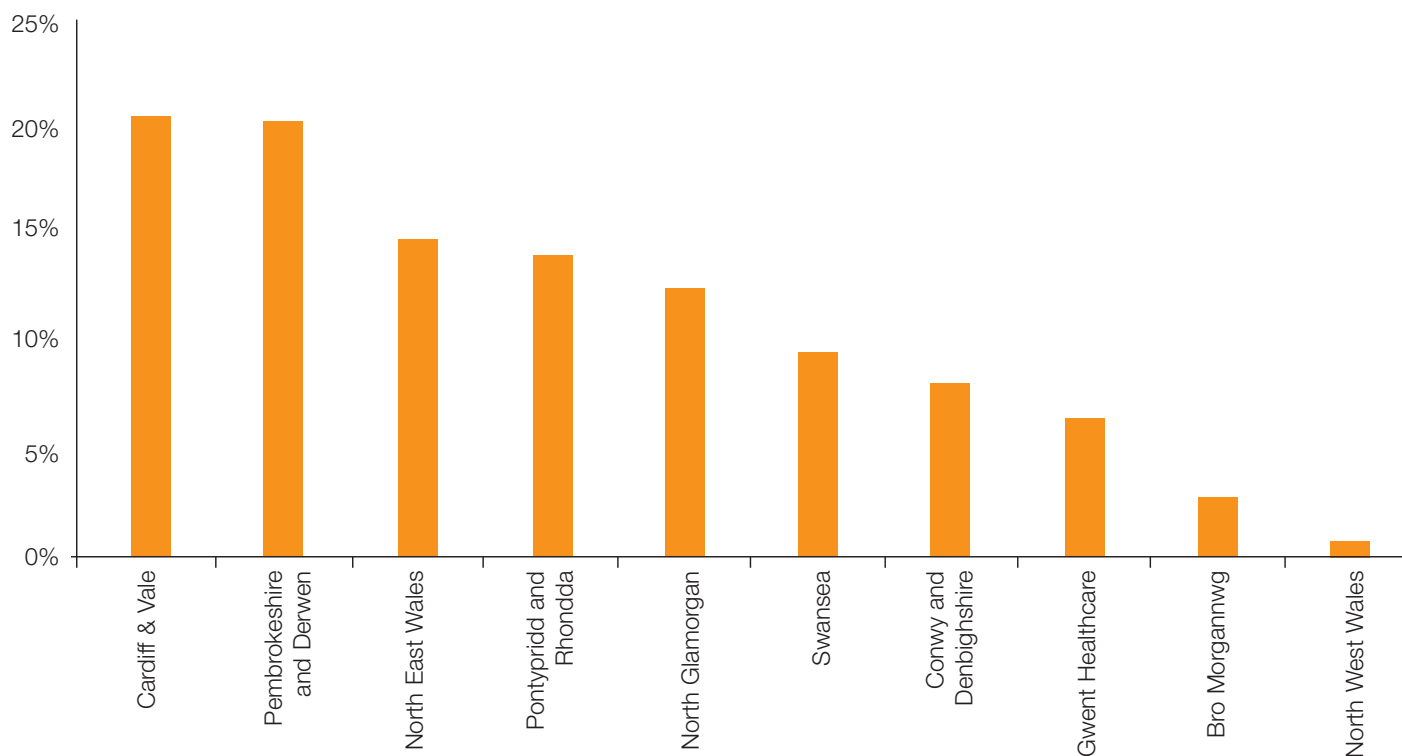
Source: Statistical Directorate, National Assembly for Wales, June 2004

that many admissions could be avoided and many inpatients discharged earlier if a more comprehensive range of community based services were in place. Ward managers identified the need for:

■ more comprehensive housing with appropriate levels of support;

■ 24 hour Community Mental Health Teams and the development of other out of hours services; and

■ crisis resolution services in the community.

they receive follow up care from CMHTs. Morever, follow up care is often not available at weekends. There was limited evidence of specialist community based staff working with inpatient staff to provide people with continuous and seamless care following discharge from hospital. Unsurprisingly, some of the users seen as part of the baseline review were critical of the lack of follow up that they have received following discharge.

1.93 A pilot discharge support scheme in Pembrokeshire was set up in an attempt to provide a more comprehensive discharge follow

up process. The scheme was run by Mind in conjunction with the local NHS Trust. The pilot, which lasted 3 months, involved taking people home from hospital and ensuring their home was ready for them by providing practical support such as initial shopping, dealing with post, and ensuring the phone was connected. Support visits then took place between two and three times a week for a four week period with necessary links being to other voluntary and statutory services. Despite being well received by users, cost pressures meant that the scheme was not developed beyond the pilot stage.

Part 2: There is scope for greater integration and co-ordination of adult mental health services across different agencies and care sectors.

Community mental health teams provide important multidisciplinary assessment, support and treatment but few teams are fully integrated and there are gaps in out of hours cover

2.1 Community mental health teams (CMHTs) play a vital role in assessing the needs of individual users, providing support and access to services. Multi-disciplinary CMHTs are the most commonly used approach to achieve joint working between agencies. The NSF indicates that CMHTs should be "fully multi-disciplinary by 2005, working from a common base and with clear remits". It also states that out of hours access to CMHTs should be available during the evenings, weekends and on public holidays.

2.2 All CMHTs across Wales demonstrated some form of integration between health and social services staff. However, progress is patchy as:

- in some areas psychiatrists are not integrated or co-located with the CMHT;

- although 10 areas report that joint case files for health and social services are in use across all CMHTs;

- only 2 areas (Flintshire and Wrexham) have introduced single joint team managers for CMHTs – although some areas are now planning to move away from separate managers for nursing and social care staff; and

- four areas reported that protocols for the assessment and management of adults with mental health problems by CMHTs had not been developed.

2.3 The baseline review showed that typically CMHTs only operate during normal working hours, raising concerns about access to specialist assessment services during the evenings, weekends and on public holidays.

2.4 CMHTs are designed to focus support on people with severe and enduring mental health problems. However, in many parts of Wales services for the less severely mentally ill are often underdeveloped and as a result CMHTs receive referrals from GPs for this client group. In some parts of Wales this is being addressed through the introduction of specialist teams to support and engage with primary care such as access teams or primary care liaison or link workers (case study 11).

Case study 11: Access teams in Wales

Wrexham and Flintshire have established First Access teams that comprise staff from the respective councils' Social Services Department and North East Wales NHS Trust. The teams provide support to people with common mental health problems. They work closely with primary care teams which has the benefit of enhancing mental health services in primary and reducing inappropriate referrals to more specialist services.

In the Neath Port Talbot area three locality based multi disciplinary Access Teams have been established to provide a single point of entry for all non urgent referrals to mental health services. These teams operate an initial screening, assessment and potential brief therapy function with further subsequent signposting to both local statutory and non-statutory services as defined by the needs of the individual. Those individuals with severe and complex needs are fast tracked into the respective Community Mental Health Teams in each of the three localities. The implementation of the Care Programme Approach has provided a complementary integrated care process, which underpins this service model. At the time of the baseline review, some other parts of Wales were in the process of developing similar arrangements.

A change in working practices and culture is needed if the Care Programme Approach is to be fully implemented

2.5 The Care Programme Approach (CPA) is a co-ordinated system of care management and is based upon a person centred approach determined by the needs of the individual. It combines care planning with case management and requires agencies to work together to provide integrated services wherever possible. CPA should compliment and supplement the unified assessment process (UAP), and be seen as a specialist assessment within the overall UAP.

2.6 The introduction of CPA was set as a Service and Financial Framework target for 2004/05 with a target for full implementation by December 2004. The Service and Financial Framework for 2005-2006 sets a target for the introduction of a unified assessment record and where appropriate an integrated personal care plan by March 2006 for all adult service user groups.

2.7 The NSF also includes a range of targets around care planning including the need for all users who have a serious mental illness or complex needs and their carers to have a care plan. Users and carers should also be able to constructively participate in the care planning process.

2.8 At the time of the baseline review 10 LHB / local authority areas had introduced CPA although 3 of these were on a pilot basis. Other parts of Wales were in various stages of implementing CPA. The majority of areas had appointed a lead officer with authority to work across health and social services to deliver an integrated approach to CPA and care management alongside unified assessment.

2.9 Early indications were that some areas had experienced problems with the introduction of CPA, particularly with the increased workload and with the resources available to undertake care plan reviews. Moreover, there are valid concerns that the focus of action to date has been on the introduction of new documentation rather than about new ways of working and the considerable shift in practice and culture that CPA demands. This is a view that was reinforced in comments

made by many users and carers indicating that much scope still exists to strengthen the care planning process across Wales.

2.0 Of the 10 areas that reported having implemented CPA, all had "enhanced" CPA in place for people with a psychotic illness, and people with combinations of severe mental illness and a history of harming themselves or others. Just two areas had enhanced CPA in place for homeless people, lone parents and parents with young children.

2.11 The baseline review has also shown that the monitoring of care plans needs to be further developed. Many areas report that they monitor the proportion of CMHT service users that have a copy of their care plan and that have signed/agreed the plan. However:

- a number of areas were unable to provide overall numbers of agreed or signed care plans;

- in some areas monitoring is only done by one of the statutory agencies; and

- the number of users reported to have a copy or signed/agreed their care plan in many areas is at odds with feedback obtained from service users.

2.12 In 13 areas there are no agreed protocols in place covering explicit arrangements for responding to non compliance and missed contact. The need for consistent arrangements is all the more important given that most areas have not established supportive outreach teams.

2.13 The arrangements for care planning for the carers of people with a severe and enduring mental health problem vary across Wales is less well developed than for service users. Some areas have a separate assessment and care plan for carers, whilst in other parts of Wales this is

done as part of the care planning for the service user. In other parts of Wales the voluntary sector organisation Hafal is used to produce care plans for carers. However, feedback from carers gathered during the baseline review indicated that many had not had their needs assessed and did not have a care plan.

2.14 Care planning can be significantly impeded by the general lack of a joint IT infrastructure between the key agencies involved. This is not simply a matter of easier administration and better management information and control. Joined up and shared IT is needed to ensure safe and appropriate care – all professionals in a variety of service settings should be able to access individual records particularly when an individual presents to the service with a mental health crisis.

The transition between child and adolescent and adult mental health services is problematic and gaps exist in services for adults with early onset dementia

2.15 Specialist mental health services are usually organised around separate teams for children and adolescents, adult and older people. A well managed approach, supported by jointly agreed protocols will help ensure effective and seamless transition from one team to the next.

2.16 Half of all areas have protocols for co-ordinating the transition of care between children and adolescent mental health services (CAMHS) and adult mental health services. Even so, nearly all areas acknowledged the need for improved arrangements in transition between CAMHS and adult CMHTs. Key areas of concern included:

- a lack of appropriate services and facilities for young people within the adult services;

- different eligibility criteria for support from specialist services between CAMHS and adult CMHTs, and different services being offered by each specialist group;

- inconsistent transition age, illustrated by school attenders remaining within CAMHS , whilst people over 16 and in employment are transferred to adult services;

- a lack of auditing of transitional arrangements to ensure consistency of care and identify and address issues; and

- a lack of appropriate training for staff to address the needs of adolescents.

2.17 In addition, few areas have developed any specific initiatives targeted at meeting the needs of young people with mental health problems who are leaving care homes

2.18 With the exception of two areas, all parts of Wales have separate CMHTs for adult and older people. Less problems were identified with the transition between adult and older people's mental health services, although arrangements can vary. Often older people with a functional mental illness can be retained on adult CMHT caseloads beyond their 65th birthday whilst new referrals of people who have attained their 65th birthday are directed to services for older people.

2.19 Most areas have developed protocols for co-ordinating the transition of care between adult and older people mental health services, however, these are not in place in six LHB areas. Although fewer problems with the transition between adult and older people services were reported, concerns were raised in some parts of Wales about a lack of flexibility on the age at which patients transfer between services. There

can also be problems with limited staff resources available in older people services which can place additional pressure on adult services to maintain support for older people with mental health problems.

2.20 The baseline review has indicated a need to strengthen arrangements for the management of early onset dementia. 12 areas do not have an agreed protocol for the management of adults with early onset dementia. Very few areas have developed specialist services for this group, and adults with early onset dementia generally attend services that are run for older people such as day centres. There are, however, isolated examples of specific initiatives aimed at supporting adults with early onset dementia (case study 12).

Case Study 12: Assistive Technology Project in Blaenau Gwent

In Blaenau Gwent, there is a dedicated case worker for adults with early onset dementia employed by the Alzheimer's Befriending Scheme, and an assistive technologies project that uses technology to maintain people's independence.

There is scope for better co-ordination of care between mental health services and other specialist services such as criminal justice and drug and alcohol services

2.21 Mental health services will typically need to interface with other professionals and specialist services, in particular the criminal justice services and prisons. Clearly defined working arrangements should be in place supported by protocols to manage individuals who have a history of offending. Specific arrangements also need to be in place to manage people with a serious mental illness complicated by an alcohol and/or drug misuse problem.

2.22 Numerous surveys have shown that significant numbers of prisoners have a diagnosable mental health disorder, substance abuse problem, or frequently both. It is also known that mental illness can contribute to re-offending and problems of social inclusion.

2.23 The baseline review has shown that arrangements for addressing prisoners' mental health needs in Wales could be improved. There is general need for commissioners and planners of mental health services to ensure that mental health services for prisoners are seen as an integral part of the mental health services in the health community in question. To date there has been a forced separation of prison and mainstream mental health services, which will hopefully be addressed when responsibility for the commissioning of all prison healthcare services is transferred to LHBs in April 2006.

2.24 Joint planning arrangements for services for mentally disordered offenders (MDOs) were in a state of flux in many areas during the course of the baseline review. Many MDO planning groups ceased to operate following the demise

of health authorities. However, MDO groups have continued or have been reconstituted in around half of all LHB/Unitary Authority areas in Wales. In one area mental health professionals were unaware of whether the MDO planning group was still in operation. There is no prison in North Wales as a result there is a reliance upon prisons in Liverpool and Manchester. As a result planning and communication arrangements are more complex and problematical in this part of Wales.

2.25 All prisons in Wales with the exception of Usk and Prescoed have a Registered Mental Nurse (RMN) as part of their primary healthcare team. However, these nurses are not always able to use their specialist skills to full effect as they have a high general workload within the prison primary healthcare team.

2.26 At the time of baseline review, all prisons in Wales, with the exception of Parc Prison in Bridgend, had specialist in-reach psychiatric services. For some prisons the specialist psychiatric support is provided by a Forensic Unit as opposed to the local general adult psychiatry team or CMHT, reflecting historical patterns of service delivery.

2.27 A need to improve the planning of mental health care pathways for prisoners has been identified and the creation of the National Offender Management Service (NOMS) and the piloting of the Assessment, Care in Custody and Teamwork (ACCT) initiative are seen as important developments. Initial assessment and well defined risk management will be necessary to ensure that the specialist prison in-reach teams receive appropriate referrals.

2.28 Court diversion schemes are also important in identifying whether a person has mental health problems prior to arrival at prison and to divert

people to more appropriate provision. At the time of the baseline review, seven LHB/local authority areas indicated that they did not have a local court diversion scheme in place.

2.29 Around half of all areas reviewed did not have multi agency training initiatives for staff dealing with mentally disordered offenders. Moreover, the majority of CMHTs do not have a designated lead or link worker for the criminal justice services. A few areas had begun to develop initiatives in this area, such as a specialist MDO/forensic social worker to work with this client group and liaise with secure services.

2.30 Another important area for attention is the continuity of care that mentally disordered offenders receive on release from prison. These individuals often have complex needs and it is reported that they cannot always get access to the appropriate specialist support they need on discharge. This can increase the risk of re-offending and contribute to problems of social exclusion. Continuity of care is also important when transfers within the prison system occur.

2.31 A need to enhance low security services in Wales has also been indicated by the baseline review. Commissioning groups have been set up in a number of areas to consider the funding arrangements for low security provision. Gwent Healthcare Trust has produced an outline business case for the low secure forensic psychiatry services for Gwent that includes a new low security inpatient unit.

2.32 In overall terms, the baseline review has confirmed that there is a need for specific action in a number of areas to improve and modernise mental health services for offenders in Wales. Closer communication between mental health services in the community and those in prisons will be necessary and will need to be driven and supported by more effective locally

commissioned mental health services for prisoners. There will also need to be ensure that prison mental health service are developed in line with the strategies and NSFs that have been developed for mental health.

2.33 All areas in Wales face the challenge of providing effective and co-ordinated care to adults with a serious mental illness and a drug/alcohol problem. Most areas in Wales identified a need to improve services for people with a "dual diagnosis", which was also one of the top three development priorities identified by general practices. The baseline review identified a number of areas that require development and review:

- around half of all areas in Wales do not have an agreed protocol for the management of individuals with a serious mental illness with drug and alcohol services;

- clarity can be lacking as to who has responsibility for people with a dual diagnosis – mental health services or drug and alcohol services;

- lack of resources and appropriate services for this client group e.g. often there is a lack of dedicated inpatient beds, and the adequacy of supported housing is a common issue;

- problems are reported with the availability of some specialist drug and alcohol services in Wales and as a result adult mental health services are being stretched; and

- a lack of knowledge and training for staff in dual diagnosis has been identified in some areas and the need for specialist dual diagnosis workers has been identified in a number of areas.

2.34 In comparison, the co-ordination and liaison between adult mental health and learning

disability services was not such a high profile concern across Wales. This may reflect the fact that mental health and learning disabilities services can be part of the same management structure in some agencies. However, it should be noted that only six areas have agreed protocols for the management of individuals with a serious mental illness and a learning disability.

An integrated approach to workforce planning across health and social care is generally not in place to help address variations and potential shortfalls in staff resources

2.35 Modernising mental health services will be dependant upon recruiting, training and retaining a well motivated workforce with appropriate staffing levels. Workforce plans are needed, ideally on a multi-agency basis to help deliver this objective. These plans will need to take due account of the European Working Time Directive and the requirements of the Mental Health Act reform. A mental health workforce planning group has been set up by the Welsh Assembly Government to examine workforce issues and recommend a way ahead.

2.36 Data collected as part of the baseline review showed that total CMHT staff resources and the skill mix between and within professions vary across Wales (exhibit 10). There does not appear to be any rationale for this variation. Some areas are comparatively poorly resourced, with teams in some parts of Wales having low numbers of both Community Psychiatric Nurses (CPNs) and approved social workers (ASW's) and other social workers, There are similar variations across other key staff groups such as occupational therapists and clinical psychologists.

Exhibit 10: CPN, ASW & other social worker funded posts per 10,000 adult population
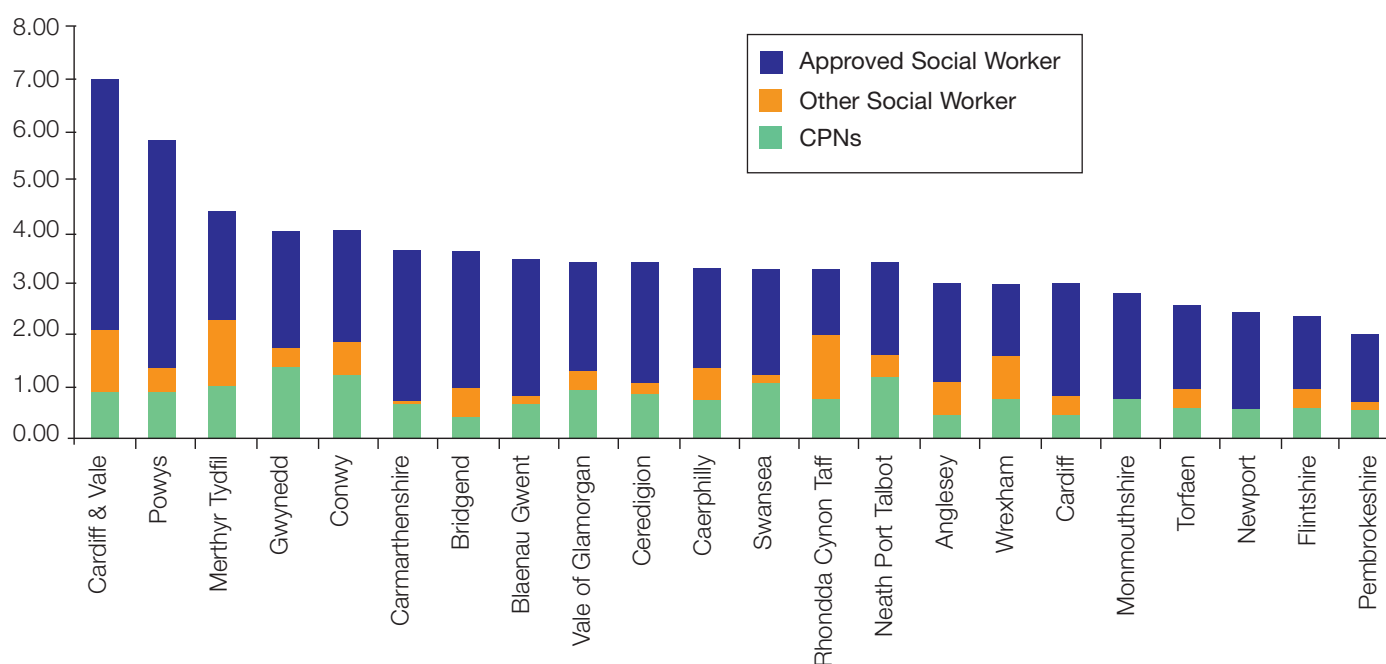
Source: Baseline review survey data

2.37 Skill mix is also an issue within CMHTs. In six areas in Wales CMHTs do not have healthcare assistants, and in many others there is very limited use of this staff group. There is a similar picture with social worker assistants (employed in CMHTS in only seven areas) and to a lesser extent social services support workers (employed in CMHTs in 16 areas). This limited use of assistants and support workers is surprising given:

Wales in April 2004. This repeated the survey that was undertaken in January 2002 by the Centre for Mental Health Services Development (CMHSD) Wales.

2.39 The survey showed that 26% of permanent consultant posts were vacant (compared to 24% at January 2002). For the purpose of the survey, a vacancy was defined as an established funded post with no permanent appointee in post, including posts covered by locums and posts

Exhibit 11: Social services skill mix

CMHT - social services funded posts per 10,000 adult population

Legend:
- Social services support worker
- Other social worker
- Approved social worker
- Social worker assistants
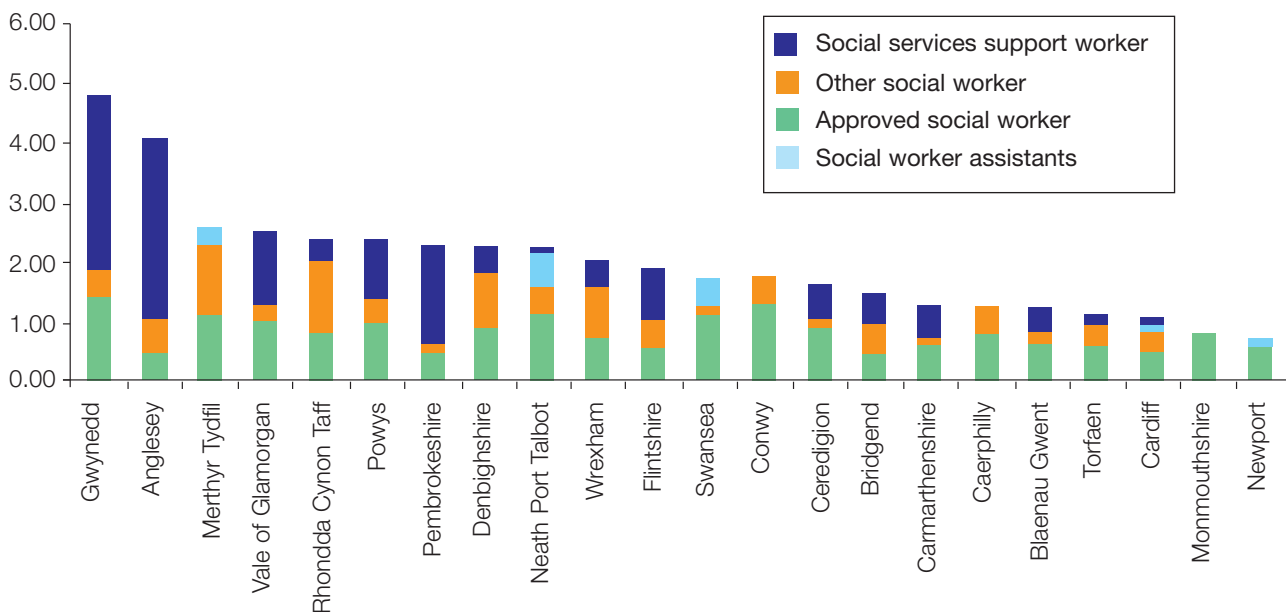
Source: Baseline review survey data

- the very positive feedback from those users and carers who have received support from these staff;

- the cost advantages; and

- the potential to develop roles of supporting staff when facing recruitment problems with social workers in some parts of Wales.

2.38 The baseline review included a snap shot survey of the workforce in general adult psychiatry in

where a new appointee had yet to take up position. The vacancy rate for consultant posts in general adult psychiatry was 29%, compared to the 12% vacancy rate for consultants in sub specialisms such as eating disorders, liaison psychiatry and neuropsychiatry.

2.40 The snapshot survey also demonstrated variations in the vacancy rates for adult general psychiatry consultant across Wales, with some trusts having no vacancies whilst others had up to 50% of posts vacant when data was examined during the baseline review (exhibit 12).

Exhibit 12: Vacant consultant posts

Percentage of WTE consultant posts that are vacant in General Psychiatry by NHS Trust
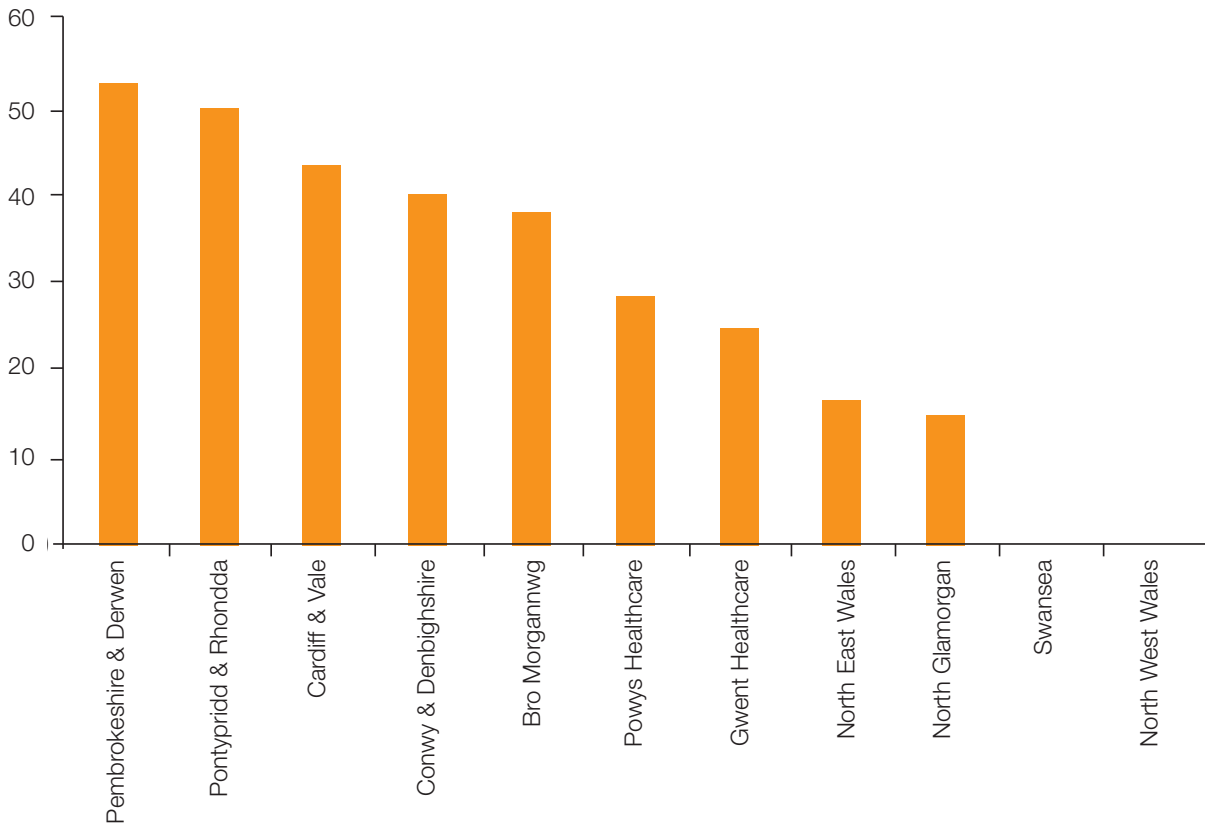
Source: Baseline review adult psychiatry survey (April 2004)

2.41 The time taken to fill a vacancy can be considerable, at the time of the survey the longest current vacancy in Wales was 60 months (exhibit 13). The high vacancy rate together with difficulties in filling posts is leading to a high usage of locums. Many areas also report using many locums to cover the same vacancy, for example in one trust 8 different locums covered one vacancy over an 18 month period, and it is common for locums to be changed every five to six months. This provides little consistency or continuity of care for service users and their carers and is a common cause of complaint.

Exhibit 13: Length of vacancies in months by Trust

Legend:
- Length of time last consultant post was vacant (orange)
- Longest current vacancy (blue)
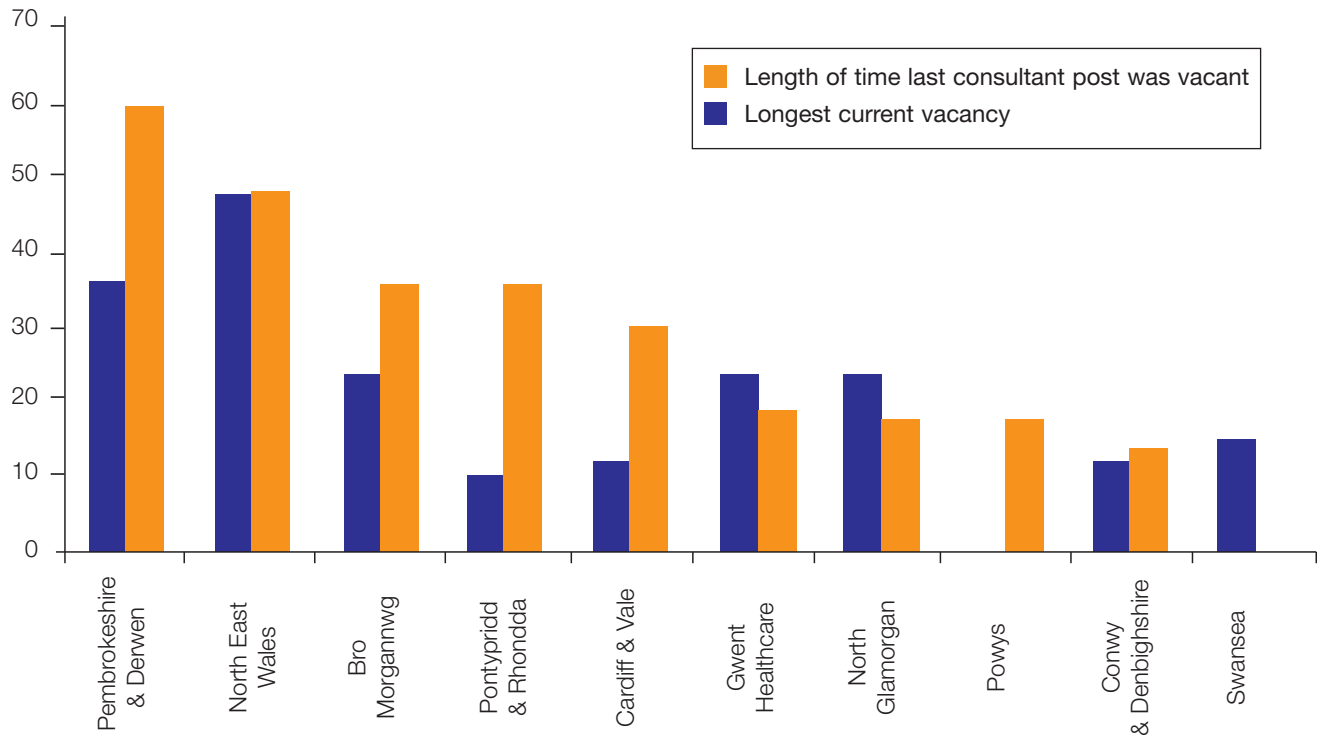
Source: Baseline review adult psychiatry survey (April 2004)

2.42 The baseline review showed that total adult psychiatry medical staffing levels relative to population can vary markedly across Trusts in Wales, although consultant staffing levels do not show as much variation as other medical grades, (exhibit 14).

Exhibit 14: Adult psychiatry – medical staffing levels in adult psychiatry by Trust

WTE per 10,000 adult population

Legend:
- Other medical staff sub specialists (Junior and Senior)
- Other Medical Staff General (Junior and Senior)
- Consultants sub specialist
- Consultants General Adults
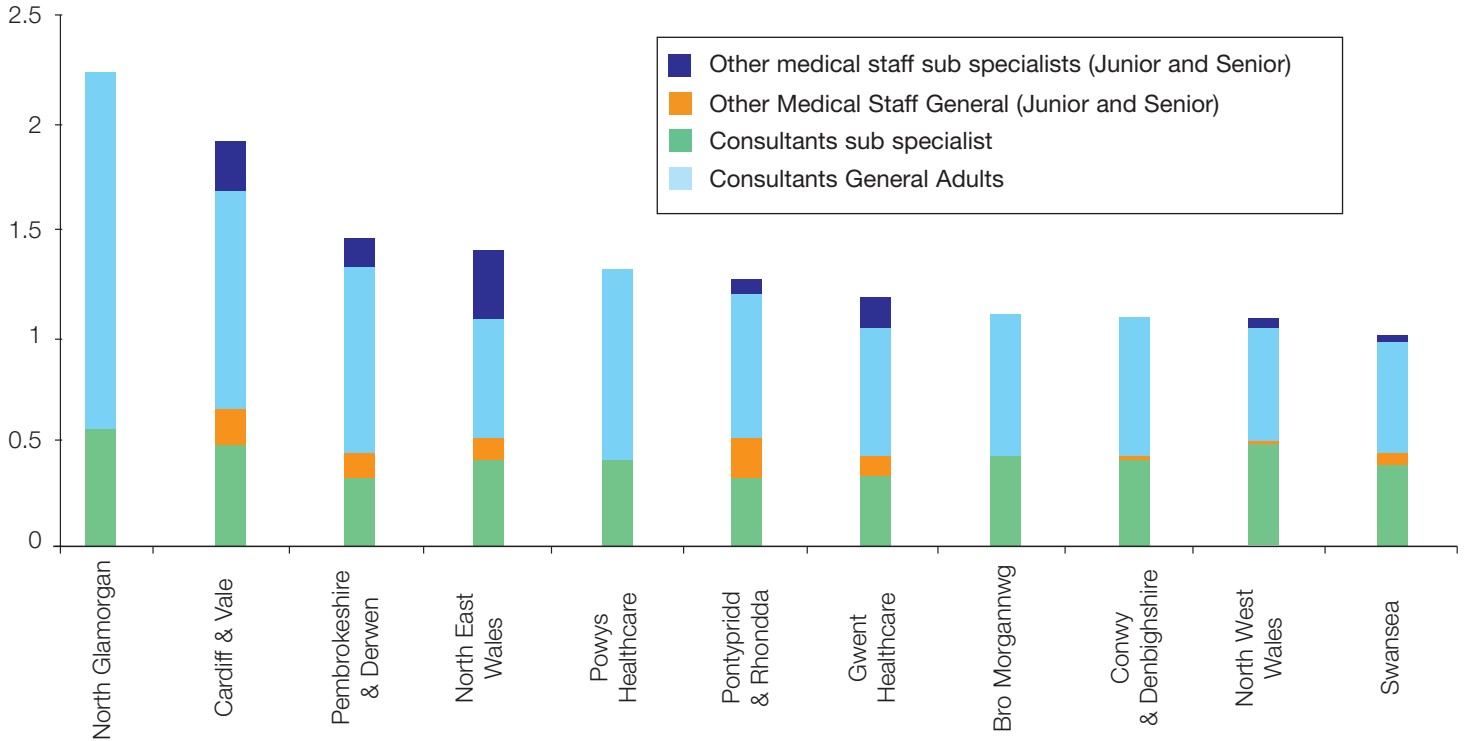
Source: Baseline review adult psychiatry survey (April 2004)

2.43 Many areas in Wales also reported problems with recruiting a range of other staff for mental health services. A number of areas have had problems in recruiting ASW's and some have responded by reviewing and uplifting salary scales. There is emerging evidence to suggest that this is leading to some staff moving between neighbouring areas within Wales, which resolves a problem in one area only to create one in another.

2.44 There can also be problems with the recruitment and retention of nursing staff. As mentioned earlier in this report, some areas reported problems in recruiting ward nurses, which can be compounded by an inadequate supply of bank and agency staff to cover vacancies and sickness. Problems in recruiting CPNs are less frequent although a few areas have reported experiencing difficulties with this staff group. A

number of parts of Wales also reported problems in recruiting clinical psychologists and occupational therapists.

2.45 Effective workforce planning is needed especially given the varied challenges faced across Wales in recruiting and retaining staff. However one Trust and seven social service departments report not having annual workforce plans for mental health staff. Where these exist they are rarely shared between agencies, and joint workforce planning is poorly developed.

2.46 A minority of areas report that they have identified the minimum or desirable staffing levels and skill mix across all agencies for CMHTs, other specialist community teams, or day services. The minimum staffing levels at inpatient sites are reported to have been identified in most, but not all, areas.

Part 3: The approach to empowering and engaging service users and carers varies considerably

Access to information and advocacy services can be a problem for many service users and carers, whilst the extent to which service users and carers are involved in the development of their care plan varies considerably

The arrangements for providing information to service users can be strengthened

3.1 Service users and carers need timely access to comprehensive, clear and appropriate information on what local services exist and how to access them. The information should be available in a range of appropriate formats and languages.

3.2 With the exception of one area, in which a service directory was under development, all parts of Wales indicated that they had some form of "directory" for mental health services in place. However, the position across Wales is not as positive as this would suggest, and there are a number of factors which prevent service users and carers receiving the information they require:

- many of the service directories in use are out of date and typically no processes are in place to regularly update them;

- information on the range of mental health services available is not always comprehensive – in one area the service directory only covers voluntary sector services, in another voluntary sector services are excluded, seven areas do not include information on specialist housing, and comprehensive information on services available for general practices is absent across Wales;

- directories are not always 'user friendly' – services can be just listed alphabetically rather than structured around user needs, and can contain lots of jargon;

- there can be problems in ensuring information is appropriately accessible and that users and carers know where to go to obtain it;

- in most parts of Wales, service directory information is not translated into other languages or provided in different formats such as audio tape, large print or Braille; and

- information on issues which are important to users and carers, such as drugs and their side effects and benefits and allowances is often not routinely available.

3.3 Only three LHB areas indicated that they had a system in place to monitor the extent to which directories are made available to users and only around half of the areas in Wales have identified any development priorities relating to the provision of information on adult mental health services to users and carers.

3.4 Agencies also need to consider their approach to providing information. Some areas, with the support of one off funding, had or were developing expensive service directories. Whilst these may look impressive there are

potential problems in updating these given that this may involve further investment. The ability to distribute these products widely may also be limited given high unit costs and limited supplies. Lower cost solutions may provide a more sustainable approach over time, and still meet the needs of users and carers.

Advocacy services in some parts of Wales are limited

3.5 The NSF highlights the need for a range of independent, trained and dedicated advocacy services to be available and promoted in both community and in-patient settings. It also indicates the need to ensure that the necessary support groups and networks are available to all people who may need them.

3.6 Whilst independent, trained and dedicated advocacy services are available at all adult mental health inpatient sites in Wales, community based advocacy services are only available in 15 LHB areas.

3.7 Advocacy services are typically provided by specialist voluntary sector groups, with some groups covering several areas (e.g. South Wales Mental Health Advocacy Project). In Powys both inpatient and community advocacy services are provided by the Community Health Council.

3.8 The extent and availability of the services varies significantly. In some areas the inpatient service is limited to a half day per week, whilst in other areas there is a service available 4 or 5 days per week during working hours. Advocacy services typically need to give priority to people detained under the Mental Health Act which means that they are not always able to support other service users, especially in community based settings.

3.9 Accessibility to advocacy services can be problematic given that inpatient advocacy services

tend to be based around fixed days and time slots within the working week when the advocate is present and visits the ward. Outside these times access to the service is via appointments. However, several areas reported that their local advocacy services were flexible and could be deployed to meet client needs. In addition, there are examples of open access and drop in advocacy services in some parts of Wales.

3.10 Most advocacy services are covered by Service Level Agreements or Specific Service Agreements with the funding body, typically the LHB, although these arrangements are not in place in all areas. Monitoring arrangements vary from the use of questionnaires to the collection of agreed Performance Indicators. In most areas advocacy services are evaluated at least twice a year but the frequency and nature of monitoring varies from area to area.

3.11 At the time of baseline review, 10 LHB areas indicated that they are looking to develop their inpatient and community advocacy services. This was based on the recognition that services are under resourced. Alongside this, a similar number of areas felt their advocacy services were at risk, largely as a result of uncertainty over future funding arrangements.
In Denbighshire, the current scope of advocacy service is so limited that practitioners and users have questioned the usefulness of maintaining it at all in its current form.

3.12 The baseline review has indicated that dedicated advocacy support for carers is an area that has scope for further development in many parts of Wales. Whilst there are examples of initiatives in this area, such an expansion is dependent in most cases on additional funding and will require successful bids and grant applications.

3.13 In addition to dedicated advocacy services, there are a variety of support groups and networks,

normally run by the voluntary sector, and which are available to service users and carers with a range of needs. These services are well regarded by those people using them. However, in some areas users and carers were critical of the extent to which statutory services inform them about the existence of these groups. Users and carers also identified the need for more user-led groups and for groups that provided very specific support services, such as for people who have been the victims of sexual abuse.

The extent to which service users and carers are involved in care planning varies significantly

3.14 The baseline review has indicated that not all service users with a serious mental health problem or complex needs have an up to date care plan. The extent to which service users and their carers have been engaged in the care planning process also varies across Wales and the baseline review highlighted sharply contrasting experiences of user and carer involvement in care planning. The Wales Empowerment Programme (case study 13) offers the opportunity to develop approaches across Wales which will help engage and empower service users in managing their recovery.

Case study 13: The all Wales Empowerment Programme

The Community Fund has provided three-year funding (October 2002 – September 2005) for the Hafal Empowerment Programme. The project, which runs across Wales, aims to empower adults with severe mental illness to manage their own development alongside the input from mental health professionals by assisting individuals to exercise choice, gain skills, confidence and experience in order to lead more productive lives.

3.15 Many carers who contributed to the baseline review felt that they had not been sufficiently involved in care planning for the person they look after. Statutory agencies need to take these views on board and ensure that the care planning process is as inclusive as possible and fully recognises the role of the carer.

The extent to which service users and carers are involved in assessing services and planning improvements varies considerably across Wales

3.16 User and carer views are vital in identifying where services are working or where they could be improved. It is important therefore that commissioners and service providers ensure that mental health service users are fully involved in the planning and delivery of those services.

3.17 The Welsh Assembly Government has issued Policy Implementation Guidance on involving service users and carers on the design, planning, delivery and evaluation of mental health services. The Guidance, Stronger in Partnership, was issued in September 2004, and provides advice and information on how to genuinely and constructively involve users and carers in all aspects of mental health services. It also contains a good practice checklist for agencies to use in assessing progress.

3.18 The baseline review highlighted encouraging examples of user engagement (case study 14). However, the overall picture is one of a variable approach across Wales:

- three areas reported that they did not have user representatives and nine areas that they did not have carer representatives on the local joint mental health planning group;

- only five areas reported having adopted user focussed monitoring (UFM) initiatives

- around half of all areas reported appointing a user development worker, although this is not always a dedicated or full time post;

- 11 areas report having users and six having carers on appointment panels; and

- 11 areas report undertaking a user satisfaction survey and a carer satisfaction survey.

Case study 14: Initiatives to improve user and carer engagement

User Involvement Development Officers in Cardiff and Vale of Glamorgan

This pilot project, funded by the Welsh Assembly Government, has created a User Development Officer post to work with adult service users and mental health agencies to promote good practice in service user involvement across Cardiff and the Vale. It has been well evaluated by Swansea University and is now jointly funded by both LHBs, Local Authorities and the NHS Trust. A parallel User/Carer Development Officer post has now been established for older people with mental health problems, the first in Wales.

User and Carer Involvement Project in Merthyr Tydfil and Rhondda Cynon Taff

A User and Carer Involvement Project Group has been established with representation from all stakeholders. The group assessed current service requirements and developed a two year action plan that included the following priorities:

- Development of user and carer policies for all agencies and for the planning team;

- Training to assist in the implementation of the above;

- Self – help / management training to empower service users;

- Developing a self assessment tool and (that will be compatible with CPA care plans) and other mechanisms to ensure that users and carers can shape their care plans;

- Employment of a Mental Health Carers Development Worker (now in post) to support carers to have more of a voice;

- Development of a carers assessment tool; and

- Training, courses and pamper days for carers.

3.19 Few areas have developed protocols or standards for service user and carer participation. A major concern is that a number of areas are yet to formally gather and document the views of service users and carers on their satisfaction with services and their priorities for future service developments (exhibit 15).

Exhibit 15: Gathering & documenting user and carer views

	Number of LHB areas reporting that they have gathered & documented views on	
	Satisfaction with services	Priorities for future development
Service users	14	13
Carers	10	11

Source: Baseline review survey data

3.20 In many parts of Wales users and carers were critical of the extent to which they are engaged by agencies in planning services. Users, carers and some practitioners refer to 'tokenism' and poorly developed approaches in some areas. In other parts of Wales users and carers are expressing frustration that whilst their views are being sought nothing appears to then happen as a result.

3.21 There is a need to develop robust processes to engage users and carers in a two way dialogue to assess services and plan and implement improvements. This needs to include those people not connected to existing networks, forums and support groups. Agencies need to work harder at explaining what decisions have been made and why, and on what is stopping them undertaking other key service developments. Specific training for staff needs to be considered given that less than half of all LHB areas reported that they provided training for Health and Social Care professionals in user and care enablement.

3.22 Training for users and carers is also necessary to enable them to fully contribute to service planning and evaluation. Although 14 LHB areas indicated that they provide training for service users there can be significant variation in the way training is organised. In some areas this is a formal process that is targeted specifically at service users, but in others the arrangements are more informal with ad hoc invitations to training sessions run by NHS or social services staff.

3.23 Thirteen areas reported that training is provided for carers, with this often being provided by voluntary organisations such Hafal, Age Concern and Carers Outreach. However, a few areas reported that training for carers is either very limited or entirely absent due to carers showing little enthusiasm for receiving training. In one part of Wales better engagement with carers has been achieved by identifying a facilitator to work with carers groups to identify training needs and develop a forward strategy for involvement.

3.24 Users and carers should also be offered the appropriate financial and social support if they are being asked to contribute to service planning and evaluation. The baseline review has shown that although travel expenses are routinely paid, there are different policies in place across Wales in relation to direct payment to users and carers, covering the costs of attending training sessions, and providing respite services that allow carers to attend the required meetings.
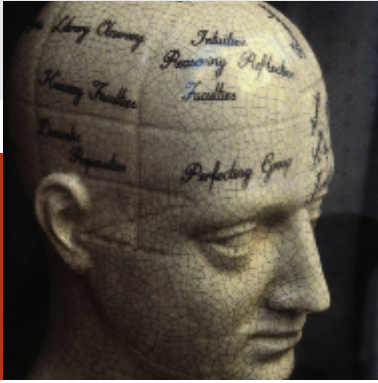
Part 4: Current planning and commissioning arrangements do not fully support the development of whole system models of care

Mental health services are not always seen as a local priority

4.1 The Welsh Assembly Government has identified mental health as one of its ministerial priorities for health. Moreover, the NSF states that each local Health, Social Care and Well Being plan should include a comprehensive mental health component. Despite this, the extent to which mental health services are identified as a local priority varies across Wales. Mental health services feature prominently in the Health Social Care and Well Being Strategies of some areas but are excluded from key local priorities that accompany these strategies in other areas. A similar variation is seen when local Wanless Action plans are reviewed.

4.2 A common concern highlighted during the baseline review was the extent to which mental health is "squeezed off the agenda" as a result of LHBs, Unitary Authorities and NHS Trusts needing to focus on other priorities.

The effectiveness of local multi agency planning groups varies across Wales and some areas have limited capacity to stimulate, drive and implement change

4.3 The importance of joint planning in commissioning and delivering effective mental health services is highlighted in both the NSF and in the Assembly's planning and commissioning guidance. The NSF has set out a requirement that each LHB / local authority area will have a local multi-agency mental health strategic planning group.

4.4 The baseline review has shown that although these groups are in place across all parts of Wales, some are better developed and more effective than others. Moreover, there are variations in the way these groups are organised and operate (exhibit 16). In some parts of Wales there is a concern that the multi-agency planning group has had little impact on service delivery with members having little confidence that this will change.

Exhibit 16: Operation of local multi agency planning groups

Issue	Position across Wales
Membership & attendance	All groups have representation from the NHS Trust, LHB, Social Services, and voluntary sector. However voluntary sector membership can be limited to just one representative. Three areas do not have a user representative on the planning group and nine do not have a carer representative. There can be problems with a lack of representation from important stakeholders such as GPs, local housing and education departments, the criminal justice service and, the independent sector. Attendance can be very good but in some areas there are problems with the frequency of attendance from some users and carers and in other areas from statutory agencies
Role and remit	Many groups have a clear focus for their work. However, comments from group members indicated that planning groups in some parts of Wales lacked clarity of purpose and would benefit from having clearer terms of reference and agreed objectives.

Issue	Position across Wales
How long established and frequency of meetings	In many areas the planning group was well established and had evolved over a number of years. In other areas the group was relatively immature and was in its first year of operation. Half of all groups meet monthly, with the rest meeting every two months.

Source: Baseline review survey data and fieldwork

4.5 Many planning groups have set up sub groups to address specific service aspects such as day services, or user and carer engagement. There is evidence that this is working effectively in some areas, with good progress being made by the sub groups and with formal and regular feedback to the main planning group.

4.6 The baseline review has also shown that the way in which the local multi-agency planning group are linked to strategic groups such as Partnership Boards, Health Social Care and Wellbeing Boards, and to key decision making bodies such as local authority cabinet and committees and health management boards needs to be strengthened in some parts of Wales. The fact that strategic planning structures were being developed and modified during the course of the baseline review contributed to a lack of clarity in some planning groups as to how they linked into the wider planning and commissioning structures.

4.7 Capacity to support the planning and improvement of mental health services has been addressed in some parts of Wales. In nine areas a mental health lead officer has been appointed to work across the LHB and local Authority area. These posts are often at a senior level and jointly funded between health and social services. It is evident that these posts can have a very positive impact on the progress that is made at a local level. Conversely, in areas that had not made such appointments a lack of capacity and mental health expertise was often identified as a barrier to the scale and rate of improvement.

4.8 The Mental Health Collaborative run by the National Leadership and Innovation Agency for Healthcare will help increase capacity in the short term, and will provide an additional opportunity to identify best practice and promote its take up more widely.

Explicit multi agency visions for future mental health services are generally not in place and whole system service development is made difficult and complex by fragmented commissioning arrangements

4.9 The Assembly's review of the NSF for Adult Mental Health Services has highlighted the fundamental importance of developing a whole system approach to service reform which looks holistically at mental health services across primary, secondary, community and tertiary services.

4.10 At the time of the baseline review explicit multi agency visions for future mental health services had not been developed for most parts of Wales. In addition, few areas had a comprehensive and up to date overarching mental health strategy, although a number of areas had indicated a clear commitment to draw up a new or updated adult mental health strategy. Positive examples of agencies working together were emerging during the baseline review. These included mechanisms to support whole system service remodelling (case study 15) and integrated approaches to mental health service delivery (case study 16).

Case study 15: Re-modelling of mental health services in Merthyr Tydfil and Cynon Valley

The planned closure of St. Tydfil's Mental Health Unit provided statutory agencies with an opportunity to consider plans for a new unit in the context of a whole system approach to mental health services. The Sainsbury Centre for Mental Health (SCMH) were commissioned to work with all partner agencies to develop a service model for adults of working age and those over 65 with mental health problems. The report that SCMH produced provided options for service remodelling. A new planning structure for mental health services has subsequently been established which will enable, amongst other things:

■ the development of joint commissioning and aligned budgets;

■ a jointly managed approach to the remodelling of services;

■ a financial mapping of current mental health expenditure to be undertaken;

■ the development of service specifications for new and altered service models; and

■ the development of costed commissioning plans.

In addition, ongoing evaluation of the impact of the changes in services on service users and carers is planned.

Case study 16: Fully integrating mental health services in Denbighshire and Conwy

Statutory agencies in Denbighshire and Conwy have committed themselves to developing a new model of service provision. Mental health services from both Conwy and Denbighshire have been brought together to form an integrated adult mental health and social care partnership. The partnership, which will fall within the management arrangements of Conwy and Denbighshire NHS Trust, demonstrates a clear commitment to joint working and to provide a clear strategic approach to the organisational development of adult mental health services. This is the first formal partnership to be developed in Wales.

4.11 Development and delivery of whole system models of mental health care is made difficult by the fragmented commissioning arrangements that are currently in place:

■ LHBs commission primary care mental health services at a local level;

■ inpatient mental health services are meant to be commissioned by Secondary Care Commissioning Groups (SCCGs);

■ community mental health services are commissioned through processes deemed to be most effective by local planners, commissioners and service providers;

■ Health Commission Wales (HCW) commission a range of specialist tertiary services that include medium and high secure forensic services, eating disorder services, perinatal

psychiatric services (mother and baby units) and mental health services for deaf people; and

■ Local Authorities commission a range of services including individual community care packages, day services and residential accommodation.

4.12 NHS Planning and Commissioning guidance issued by the Assembly in 2003 acknowledges the problems in developing integrated adult mental health services that are created by the specialist elements mental health care and other client specialisms such as learning disabilities and substance misuse. The guidance indicates that to overcome this problem "commissioning arrangements must ensure the integration of these specialisms at all levels of planning and commissioning". It also highlights the importance of joint commissioning between NHS bodies and Local Authorities. However, the baseline review has shown that joint commissioning arrangements for adult mental health services in Wales are not well developed.

4.13 The current commissioning guidance also states that each LHB should have at least one person with a specialist knowledge and expertise of mental health commissioning and provision. However, a number of LHBs lack this specialist knowledge.

4.14 At the time of the baseline review SCCGs were reported to be in place in most areas but:

■ five areas had not yet established a SCCG and a number of SCCGs were reported to be in a formative stage;

■ mental health issues were only being considered in 13 SCCGs;

■ links to the SCGG varied with 9 areas having a member of the local mental health planning group on the SCCG; and

■ there is some concern from practitioners that mental health will not feature as a priority for SCCGs given competing service areas – especially when mental health has a low profile in the health Social Care and Wellbeing Strategy.

4.15 The majority of areas have not yet developed robust joint planning or commissioning arrangements with neighbouring LHB and Unitary Authority areas. There is also a lack of central guidance on what range of services should be planned and commissioned at a local and supra LHB/Unitary Authority level. This is limiting the development of cost effective services that require a large population base. One exception to this is out of area placements which are being examined in a number of different parts of Wales, although closer links need to made between regional LHB planning for low secure services and the work of HCW. In West Wales a collegiate commissioning arrangement is evolving across a number of LHB and Unitary Authority areas (case study 17).

Case study 17: Collegiate commissioning model in West Wales

A Collegiate Commissioning arrangement has been established that is intended to address the commissioning of secondary care mental health and learning disability services across Ceredigion, Pembrokeshire, and Carmarthenshire. Pembrokeshire Local Health Board through a Memorandum of Understanding has lead responsibility for commissioning mental health services from Pembrokeshire and Derwen NHS Trust. A working forum has been set up with representatives from each LHB and Local Authority, the NHS Trust, voluntary sector, advocacy services, CHC and representatives from the locality planning groups. The initial work programme includes repatriation of high cost low volume out of area placements, reducing delayed transfers of care and agreeing future service models.

4.16 The arrangements for the commissioning of secure accommodation are also fragmented and in need of review not least for reasons of cost efficiency, clinical governance and service quality. At present HCW is responsible for commissioning high and medium security accommodation, whilst LHBs commission low security accommodation. This arrangement does not support a holistic approach to needs assessment or commissioning and creates perverse financial incentives for LHBs to keep patients in medium secure accommodation. Recent assessments in some parts of Wales indicate that around one quarter of people in medium secure accommodation are ready to step down to high support accommodation subject to appropriate facilities being available locally. At the time of the baseline review, LHBs were involved in reviewing these arrangements. However, progress has been slow and patchy,

and a general need for clearer guidance on responsibilities and definitions in relation to commissioning arrangements is indicated.

4.17 The commissioning of medium and high secure services by HCW is currently done mainly on an individual case basis, often in response to a direct referral from a clinician or the criminal justice system. There can be instances of referrals being made directly to provider institutions without reference to HCW, which can have budgetary implications and indicate the need for promoting a better understanding of commissioning arrangements.

4.18 The use of individual 'spot' contracts for low secure services also predominates at LHB level. Opportunities are being missed to use block contracts to achieve economies of scale, cost efficiencies, and better performance monitoring.

4.19 Historically there has not been accurate recording of the costs of medium and high security accommodation. This has created a concern that the current budgetary provision for the services that HCW and LHBs commission is not matched to actual need and that without uplifts in funding, HCW and LHBs will be unable to commission the necessary care packages. Clearly this is an issue that requires urgent attention. The possibility of pooling the resources deployed across HCW, LHBs and LAs for proactive commissioning of a regional low security 'step down' strategy should be considered if further cost escalation is to be prevented.

4.20 The arrangements for the planning and co-ordination of the care packages that are commissioned by HCW also require review. Currently commissioning staff within HCW staff perform a case management function in the absence of specialist care co-ordinators. Named patient agreements are established with

providers, many of whom are outside Wales. However, service provision is predominantly provider-driven rather than being based upon the needs of the patient / service user. This is a concern, particularly given the view that there is a wide variation in the current standard of service provision, and is an issue that needs to be tackled by regional and national commissioning strategies, particularly if there is to be any co-ordinated expansion in private sector low security accommodation.

4.21 The findings from the baseline review clearly demonstrate the need to review and strengthen the arrangements for the planning and commissioning of adult mental health services in Wales. The Assembly has already made a commitment to develop additional commissioning guidance for mental health services. Our review findings endorse the need for this.

There are key gaps in the information that is available to support planning and commissioning and performance management arrangements are underdeveloped

4.22 Effective strategic decision making and priority setting are being hampered in most parts of Wales by a lack of comprehensive needs assessment data and robust and detailed financial information.

4.23 Needs assessment for mental health services is poorly developed in many parts of Wales. The majority of LHB areas (16) reported having undertaken a needs assessment for mental health services in the last two years. However, in eleven areas this was limited to the work undertaken as part of the broader needs assessment required for the development of the Health Social Care and Wellbeing strategy and as a result the mental health component

was not particularly comprehensive or detailed. A few areas have commissioned a detailed needs assessment of specific service elements such as supported housing (case study 5 in part 1). However, in general there is a lack of detailed information on the needs of local populations that can be used to inform service design and provision.

4.24 Needs assessment should include epidemiological data yet many areas reported problems with obtaining input from Public Health professionals to support them in undertaking needs assessments. Local Health Boards should seek to resolve this issue when agreeing a local work plan with the National Public Health Service.

4.25 The baseline review identified other key gaps in information on mental health services. Most notably, it was not possible to obtain robust and detailed expenditure data on adult mental health services. Whilst headline figures for total expenditure may be available, it is often not possible to identify the costs of individual service elements. Interpreting NHS expenditure data was particularly problematic in that it was not possible to accurately distinguish spend on adult mental health services from other categories of mental illness.

4.26 The commonly held view that mental health services are under-funded together with concerns that mental health services have a lower priority alongside other services means that a transparent accounting system is needed to demonstrate each statutory agency's spend on mental health. This was one of the objectives identified in the Assembly's 2001 strategy for adult mental health services. Action is needed in this area to properly identify expenditure trends and to inform the debate on effective use of resources and opportunities for service remodelling. Detailed financial data could, with

the necessary commitment from organisations, be generated. In England an annual mental health service and financial mapping exercise is undertaken and offers a possible model that could be adopted in Wales (case study 18).

Case study 18: Finance mapping in England

The finance mapping exercise forms part of the process used to monitor progress in England towards the implementation of the Mental Health National Service Framework (NSF) and the NHS Plan. The finance maps are designed to be consistent with and complementary to a separate service mapping process. The overall aim is to establish:

■ what level of investment in adult mental health services is planned for the current year; and

■ what planned investment in priority service developments is to take place in the next two years.

The finance mapping process has been designed to continuously monitor changes in investment in adult mental health services and in particular those services that constitute NSF and NHS Plan priorities. It has been designed to monitor new investment and reinvestment from within existing services. The finance mapping information incorporates data that:

■ provides a comprehensive record of investment by NHS and Local Authority commissioners in adult mental health services at a national, Strategic Health Authority and local level;

■ analyses investment over detailed service categories that are consistent with those used in the service mapping process;

■ supports comparative financial benchmarking and the production of reference costs;

■ assists in the future planning of service development and reconfiguration;

■ enables monitoring of progress towards priority services development targets; and

■ helps to safeguard investment in mental health.

4.27 The NSF acknowledges the need to develop a performance management framework for adult mental health services. This need is confirmed by the baseline review finding that multi agency performance management for adult mental health is generally poorly developed and is not supported by the identification and collection of an agreed set of "indicators" to assess service delivery and quality and outcomes for service users.

4.28 Development of a performance management framework will be essential to properly assess implementation of the NSF and progress with service improvement. As part of this it will be necessary to develop a more explicit process to identify and share good practice. There are a number of mental health networks across Wales that provide a vehicle for such an activity. These include the Wales Mental Health Implementation Advisory Group, the Primary Care Mental Health Network, the Mental Health Managers Network, the All Wales Network for Adult Psychiatry and the Voluntary Sector Mental Health Network. In addition, during the course of the baseline review a social services lead officers group for mental health was being established. However,

the arrangements for identifying and sharing good practice could be strengthened by:

■ co-ordinating activity across these networks and groups;

■ providing a central source of good practice that covers all service providers and service sectors to facilitate whole system planning, for example in the form of a website; and

■ identifying the necessary resources for the above activities.

The way in which mental health services are currently funded does not facilitate effective long term service planning and development

4.29 The way in which mental health services are currently funded does not facilitate effective long term service planning and development. The lack of transitional or pump priming funding to facilitate remodelling services has been raised by many mental health professionals as a key barrier to change. Currently service developments are often dependant upon securing funding from one of a number of different funding streams. There can be issues with different providers within an LHB/Unitary Authority area chasing the same pot of money, and funding can be limited to short term projects or targeted on particular aspects of service which may not necessarily be the highest local priority.

4.30 Designed for Life highlights the Assembly's commitment to provide significant capital investment in modernising mental health service over the next three years. This new investment will provide an opportunity to address some of the gaps in services identified by the baseline review. However, long term investment plans will

be needed to support service modernisation and the development of important services such as crisis resolution and home treatment, supported accommodation, supportive outreach and psychotherapy services.

4.31 The scale of the funding challenge for mental health services is clear when the necessary developments of crisis resolution / home treatment services are considered. The development of these services was identified as a priority in the Assembly's review of the NSF and is a SAFF target for 2005/06. A number of factors will influence the costs of developing individual services in different parts of Wales, and there is a lack of financial information on the existing crisis resolution / home treatment teams that are in place. However, one area in Wales has reported recurring costs of £300,000 together with one off set up costs of £43,000 for the intensive home support and treatment team serving an adult population of approximately 78,000.

4.32 Assembly policy implementation guidance was issued in May 2005 and in June 2005 £1.2m of non-recurring funds were made available to support implementation of crisis resolution teams across Wales. Although this initial funding will help, recurring funds are likely to be needed to finance the staff and non-staff costs associated with the setup and development of these teams.

4.33 This example only relates to one element of service development and more work is needed to accurately cost the service developments necessary to meet all the NSF standards and targets across Wales. The baseline review has shown that at present it is not possible to accurately undertake this exercise for the following reasons:

■ agencies are not able to provide sufficiently detailed financial information on the costs of

adult mental health services across Wales;

- locally agreed service models which detail how needs are best met for that particular area are yet to be developed for most parts of Wales;

- the scope for disinvesting and reinvesting in services will vary from area to area and will therefore affect the amount of new investment needed;

- core or minimum standards for service delivery are not always in place, so for example the focus and remit of crisis intervention and home treatment services has varied across Wales; and

- different or more expensive solutions may be required to address the same needs in urban and rural areas.

4.34 In the face of finite new investment into mental health services, it will be crucial for mental health services to demonstrate that existing resources are used to best effect and that opportunities for efficiency savings are maximised. Remodelling of services can result in resources being released which could then be reinvested to develop new service models (case study 19). Local agencies will need to give careful consideration as to how they protect any resources released from efficiency savings and service remodelling to ensure that necessary reinvestment in mental health services occurs.

4.35 During the baseline review, mental health professionals expressed concerns that where service remodelling (such as the closure or re-provision of outdated inpatient units) has already taken place, only a proportion of the monies released have been reinvested into mental health services. The lack of transparency and detail associated with the

financial data on mental health services means that it is not possible to accurately quantify these concerns and reinforces the need for greater transparency in accounting mechanisms mentioned earlier in this report.

Case study 19: Remodelling high support accommodation across Cardiff, Vale of Glamorgan, Merthyr, Rhondda and Taff Ely

Preliminary results in January 2005 from an audit and assessment of adult mental health placements in high support accommodation at and around low security levels indicates the significant scope for remodelling this element of service provision across a number of LHB/Unitary Authority areas.

This audit covered LHB placements and those jointly funded with the Local Authorities as well as those placed by Health Commission Wales. These placements were high cost, case per case spot contracts mainly with the private for profit sector, and were seen to result in finances being lost from statutory services that could be used to develop the capacity and capability of the local service system.

The review found a lot of potential for step down with most placements assessed as suitable for a lower level or needing return to a local placement option. The need for a new locked low security unit was found to be very limited. The main need was identified as 24 hour high staffed supported accommodation with staff experienced in challenging behaviour, with nursing and professional input from the local NHS Trusts. While the audit also reinforces the need for 24 hour high staffed mental health nursing homes, the identified development priority in Cardiff and Vale was to release existing capacity in NHS inpatient beds through reducing

delayed transfers of care and increasing staffing capacity in the NHS wards

The audit identified the potential to free up the current placement budget to fund CMHT enhancement for consultant, nursing, OT input to high support accommodation units, and to increase their capacity for support 'at home'. Provisional costings suggest that these revised placements would release just under £0.5million and that if these funds were protected they could then be reinvested into services. These figures exclude HCW placements. The local review also concluded that far greater savings could potentially be made if the HCW budget for secure services were pooled with those of LHBs and Local Authorities under a joint 'step down' strategy for regional and national services.

4.36 The extent to which services can be remodelled and modernised varies between each area. There will naturally be more scope for remodelling and reinvestment in those parts of Wales that have a major institution to close or reconfigure. In parts of Wales which have already closed outdated institutions or who have smaller scale secondary care services and low numbers of inpatient beds, the scope for releasing and reinvesting resources will be more limited. Moreover, some areas have already realigned the use of existing CMHT resources and believe there is little scope for service re-design and re-investment. In these areas, any further options for remodelling services may need to be based upon reviews of services across a number of neighbouring LHB and Unitary Authority areas, taking account of the mechanisms for improving planning, commissioning and strategic partnerships identified in Designed for Life.

Appendix 1: Summary of the current baseline position against the NSF standards

The following table uses the baseline review findings to provide an overall "gap analysis" of current service delivery against the NSF standards for adult mental health services. The analysis represents an overall picture across Wales. Specific priorities for service development vary across each LHB and local authority area. These locality specific priorities have been set out in the 22 local feedback reports that have been prepared alongside this all Wales report.

NSF Standard	Key areas that require development
Standard 1 Social Inclusion, Health Promotion and Tackling Stigma.	There remains much to be achieved in this area with no overarching approach across Wales and with generally poorly developed local responses to mental health promotion and reducing stigma. Key areas for attention: • An all Wales strategy for mental health promotion and reducing stigma that is mainstreamed into all areas of Welsh Assembly Government policy including housing, education, employment and leisure. • Local strategies that support the all Wales approach and that provide a framework for coordinated and targeted action. • More widespread mental health awareness training within health, local government and criminal justice services.
Standard 2 User and Carer Empowerment	There has been variable progress across Wales with encouraging full and genuine participation by users and carers in all aspects of mental health services including planning and commissioning. Key areas for attention: • Ensure all users who have a serious mental illness or complex needs and their carers have a care plan and that they constructively participate in its development – this will be a significant challenge for agencies given the adverse experiences of many people seen as part of the baseline review • Developing and maintaining comprehensive and up to date information on mental health services – this is still an issue for many service users and carers. • Independent advocacy services are generally available for in-patients but often need to be developed and strengthened to ensure they are available to meet the needs of people in community settings • In engaging users and carers in the planning and commissioning of services agencies face many challenges in meeting all of the elements of the good practice checklist contained in the Policy Implementation Guidance issued by the Welsh Assembly Government.
Standard 3 Promotion of opportunities for fulfilling and socially inclusive patterns of daily life	Many areas have developed support networks such as drop ins and support groups, although not all users and carers have easy access to such services, and out of hours access can be limited. There are some significant issues that need to be addressed in most areas. Key areas for attention: • Improving the range of supported accommodation is a major challenge and will need to be addressed to support the move away from hospital based care and to ensure people are supported in the least restrictive environment that is possible • Further developing employment and meaningful daily occupation schemes that focus on finding new employment • Developing services targeted upon maintaining service users who are in or obtain employment – these are rarely in place.

NSF Standard	Key areas that require development
Standard 4 Equitable, Accessible Services.	The baseline review has identified a number of issues that need to be addressed to ensure more equitable and accessible services. Key areas for attention: • Generating far more detailed information on expenditure across statutory and voluntary sectors • Introducing more specific targeted initiatives to meet the needs of individuals from ethnic minorities with mental health problems • Ensuring specific services are in place for people with a mental health problem and a physical disability and increasing targeted initiatives to meet the needs of parents who have a mental health problem • Developing access to out of hours assessment and support services • The closure of the remaining old 'Victorian type' hospitals by the end of 2008 and upgrading the environment and quality of care in some other inpatient units in Wales
Standard 5 Commissioning effective, comprehensive and responsive services.	All areas have a multi agency mental health planning group, however the effectiveness of these groups varies across Wales. Commissioning of mental health services is underdeveloped. Key areas for attention: • Agreeing local, regional and all Wales service models • Drawing up strategies and commissioning plans to implement service models • Developing more comprehensive needs assessment data • Ensuring all Health Social Care and Well Being Strategies include a comprehensive mental health component • Developing a partnership approach with the voluntary and independent sectors • Making far wider use of the flexibilities provided by the Health Act 1999.
Standard 6 Delivering Effective, Comprehensive and Responsive Services.	There is significant variation across Wales in the range and extent of services available to adults with a mental health problem. Key areas for attention: • Development of care pathways and care management guidelines in primary care and improving mental health services available in primary care • Further integration of CMHTs and development of link workers with primary care and specialised services such as criminal justice and drug and alcohol services • Introduction of crisis and intensive home treatment services across all parts of Wales and ensuring these are adequately resourced • Better integration and co-ordination of day services and developing day services that act as an alternative to hospital admission • Developing more comprehensive psychological therapy services for both people with a serious and less serious mental health problem that are more consistently available in primary and specialist service settings • Addressing the lack of fast track rehabilitation services in many areas • Ensuring that appropriate facilities and all staff are police checked at inpatient units for any children or young people that are admitted to adult wards in an emergency.
Standard 7 Effective Client Assessment and Care Pathways	The introduction of CPA provides an opportunity for agencies to improve the care planning process but this will require a fundamental shift in practice and culture. Key areas for attention: • Fully implementing CPA and improving the monitoring of the care planning process • Ensuring protocols and effective arrangements are in place for managing the transition of care from CAMHS to adult services, and between adult and older people mental health services • Developing specialised services and facilities for young people within adult services and for adults with early onset dementia • Develop more dedicated services for people with a mental illness and a drug and alcohol problem and improving the co-ordination of care between mental health and drug and alcohol services • Reviewing and improving mental health services in prisons and ensuring these are planned and commissioned as an integral part of local services
Standard 8 Ensuring a well staffed, skilled and supported workforce	There are significant variations in staffing levels and skill mix for many professional groups across Wales. Recruitment and retention problems are evident for some professions in many parts of Wales most notably consultant psychiatrists, clinical psychologists and ASWs. Practitioners often report considerable work pressures with high caseloads compounded by high sickness rates. Key areas for attention: • Developing workforce planning at a local, regional and all Wales level • Ensuring adequately resourced services are in place with greater use of support workers and assistants based on identifying minimum and desirable staffing levels • Reviewing the roles and responsibilities of staff groups in the light of recruitment problems and staffing pressures.

Appendix 2: Checklist for action

Service area	Responsibility	
	Welsh Assembly Government	Local agencies
Developing a greater emphasis on mental health promotion, reducing stigma and early intervention		
Policy guidance is in place to support the development of local approaches to mental health promotion and reducing stigma	✔	
Local strategies and initiatives in place to promote better mental health and tackle stigma associated with mental illness		✔
Services geared up to provide quick and effective support in response to early signs of a person developing mental health problems		✔
Developing primary care mental health services		
Policy guidance produced to indicate what services should be provided within primary care, as part of a whole system model of care	✔	
A local strategy in place for development of primary care mental health services, as part of a whole system model of care		✔
Accredited training programmes on mental health care identified / put in place for GPs and other practice staff, awareness of the programmes promoted, and attendance at programmes supported	✔	✔
General Practices use standardised tools to assist diagnosis and assess risk of harm / suicide		✔
Initiatives in place to increase the number of Section 12 (2) approved GPs		✔
Increase the availability of counselling services in general practices, where gaps are clearly identified.		✔
A clear approach is in place to the interface between general practices and specialist services that ensures the needs of people with a mild, moderate and severe mental illness are identified and access to appropriate services is provided – this may involve for example having referral guidelines in place, liaison workers, or access/assessment teams.		✔
Developing community based services that act as an alternative to hospital admission, which promote well being and recovery and which support safer and prompt discharge from hospital		
Robust monitoring of the delivery of the SaFF targets on the development of crisis resolution / home treatment services across Wales	✔	
Adequately resourced crisis resolution / home treatment services in place locally, in line with SaFF targets and Assembly policy guidance		✔
Adequate provision of crisis accommodation together with emergency and planned respite facilities established		✔
Adequately resourced supportive outreach services in place that maintain contact with individuals that have complex and enduring problems, and facilitate early intervention when problems arise		✔
A co-ordinated and comprehensive range of day service provision in place, informed where necessary, by a whole system review of current service provision		✔

Service area	Responsibility	
	Welsh Assembly Government	Local agencies
Accommodation available with a range of levels of support to meet locally identified needs		✔
Initiatives in place to support people with mental health problems to secure and maintain employment		✔
Counselling and psychotherapy services in place to support treatment of specific conditions such as eating disorders and obsessive – compulsive behaviour		✔
Ensure that the all the Wales mental health telephone helpline is adequately funded to allow it to meet the needs of users and that awareness and use of the helpline is promoted locally	✔	✔
A range of facilities and initiatives in place to meet the educational, social and leisure needs of people with a mental health problem		✔
Mental health services in place for people with specific needs such as those from black and ethnic minority groups, people who have a physical disability and parents.		✔
Services are available at the times that meet the needs of service users and carers including in the evenings and at weekends		
Modernising inpatient services and facilities		
Approval of business cases for the re-provision of outdated hospital estate is contingent on the business case being part of a whole system approach to modernising services, and a clear demonstration that patient dignity, safety and therapeutic outcomes will be safeguarded and where appropriate enhanced.	✔	✔
Locally developed whole system models of care ensure an appropriate balance between inpatient beds and community based services		✔
There is an appropriate range of mental health beds to meet locally identified need, with gaps provision such as "fast track" rehabilitation beds addressed as necessary.		✔
An appropriate range of activities is available within inpatient settings to provide stimulation and support recovery		✔
Action is taken to maximise the privacy and preserve the dignity of patients within mixed sex wards		✔
Specific facilities are available to safely care for children who need to be placed on adult mental health wards		✔
All ward staff treating mental health patients have had the necessary police / CRB checks		✔
Provision of specialist inpatient services for people with a dual diagnosis of a mental health and drug/alcohol problem		✔
Strengthening Community Mental Health Team resources		
CHMTs have appropriate staffing levels and skill mix to deliver the services required of them		✔

Service area	Responsibility	
	Welsh Assembly Government	Local agencies
Fully integrated management arrangements for CMHTs in place		✔
Gaps in out of hours services identified and addressed		✔
Liaison arrangements in place to ensure that CHMTs effectively link with and support primary care based mental health services		✔
Ensuring full implementation the Care Programme Approach (CPA)		
Undertake a follow up to the baseline review to monitor the on-going implementation of CPA across Wales and to identify and address any barriers preventing full implementation	✔	
Identify resources to invest in the development of joint IT systems to support care planning across health and social care	✔	
Ensure that CPA implementation is more than just a "paper exercise" and is supported by the necessary changes in working practices to achieve co-ordinated care planning and delivery		✔
Arrangements in place to monitor the design and delivery of care plans, including the gathering of views from users and carers		✔
All carers are offered an assessment and care plan.		✔
Ensuring smooth transition between specialist mental health services		
Clear and agreed protocols are in place to assist the transition of care from child & adolescent to adult services and from adult to older people's services		✔
Protocols support a consistent and rational approach for the age at which people are transferred from one service to another		✔
Appropriate and specific services and facilities are in place to support younger people within adult mental health services		✔
Staff who provide support and care for adolescents / young adults have received the appropriate training		✔
Specific services for treating adults with early onset dementia are in place		✔
Promoting better co-ordination between mental health and other specialist services		
Policy guidance in place to support the effective management and care for people with a dual diagnosis of mental illness and a drug/alcohol problem	✔	
Effective links and partnership working between drug and alcohol and mental health services are in place, including CMHTs link workers for liaison with drug and alcohol services		✔
The roles and responsibilities of different services involved in the care and treatment of people with a mental health and drug / alcohol problem are clearly defined		✔
Dedicated services for the treatment of patients with a mental health and drug and alcohol problem in place		✔
Policy guidance in place to support the effective co-ordination of care between mental health services and the criminal justice system	✔	
Mental health services for prisoners are developed as an integral part of mental health services in the wider community		✔

Service area	Responsibility	
	Welsh Assembly Government	Local agencies
Effective joint planning arrangements for mentally disordered offenders are in place		✔
Court diversion schemes in operation		✔
CHMTs have a designated link worker for liaison with criminal justice agencies		✔
Appropriate liaison and referral arrangements are in place to support continuity of mental health care to offenders upon their release from prison		✔
Where appropriate, plans in place to increase local provision of forensic psychiatry services		✔
Developing a more integrated approach to workforce planning		
Issue policy guidance on mental health workforce planning	✔	
Annual workforce planning for mental health services is undertaken jointly by all agencies involved in service delivery		✔
Workforce planning includes the identification of minimum and desirable staffing levels for all services		✔
Workforce planning includes the development of new service models and new professional roles to mitigate the risk posed by scarcity of staff, including consideration of how to maximise the role played by assistant and support workers		✔
Empowering and engaging service users and their carers		
Users of mental health services and their carers have access to up to date information on mental illness, local services available, medication and its side effects and other relevant issues such as benefits information		✔
There is good access to advocacy services, in both a hospital and community setting		✔
Funding arrangements for advocacy services support the long term sustainability of these services		✔
Users and their carers have the opportunity to be actively involved in the development of their care plan		✔
Mechanisms are in place to actively involve users and carers in the planning, delivery and evaluation of services		✔
Practitioners have received appropriate training in user and carer engagement and enablement		✔
Developing mental health planning and commissioning arrangements		
Policy guidance is in place to support the development of whole system models of mental health care in Wales	✔	
Mental health services are a central part of Health Social Care and Well Being Strategies, including mental health promotion and reducing stigma		
An effective local multi-agency planning group for adult mental health services is in place with appropriate membership, clear terms of reference and well defined links to wider strategic planning and commissioning functions		✔
A local whole system model of care for mental health services, based on comprehensive needs assessment, is agreed and developed on a multi-agency basis		✔
The whole system model considers the balance between hospital and community based services, and also the balance between early intervention and supporting people in crisis		✔
A strategy is in place to implement the whole system service model, with agreed service priorities		✔
A lead officer is in post to provide a dedicated and specialist capacity to implement strategic plans for mental health services across health and social care services		✔

Service area	Responsibility	
	Welsh Assembly Government	Local agencies
Commissioning guidelines and processes are in place which support the delivery of whole systems models of care	✔	✔
The arrangements for the commissioning of secure accommodation have been rationalised and supported by clear definitions and responsibilities in relation to the commissioning of low, medium and high secure accommodation		✔
Ensuring that the funding arrangements for mental health services support modernisation and service development		
Overall investment in mental health services is increased in order to tackle the gaps in service delivery that are preventing full implementation of the NSF; this includes the provision of "pump priming" resources to support service remodelling	✔	✔
Efficiency gains from service re-form and remodelling are re-invested into mental health services to support the necessary service development and modernisation		✔
In the absence of hypothecated funding, mental health services are given the necessary priority by local agencies when annual spending plans are drawn up		✔
Monitoring progress with implementation of the NSF		
A performance management framework for mental health services is developed to support implementation of the NSF; the framework should help track progress with NSF implementation over time and include indicators that provide information on service quality and outcomes for patients	✔	
Consideration is given to developing an annual service and financial mapping exercise for mental health to inform NSF implementation and help quantify investment against identified local and national service priorities	✔	✔

Appendix 3: Baseline review: Key features and methodology

Key features of the baseline review

The baseline review was commissioned by the Welsh Assembly Government to support implementation of the NSF for Adult Mental Health Services in Wales. The scope of the review was based upon an initial specification agreed between the Audit Commission in Wales and the Welsh Assembly Government.

The review was conducted through the Audit Commission's national value for money study powers as set out in Section 33 of the 1998 Audit Commission Act. The baseline review does not constitute a formal inspection of the implementation of the NSF.

The 22 local multi-agency planning groups for mental health services were the prime point of contact for engagement with local agencies during the review process.

External reference input was obtained from the Assembly NSF Implementation Group and was used to inform the design of review tools and for consultation on review findings. There was also liaison with a range of existing mental health networks during the course of the baseline review.

Methodology

The baseline review employed the following methodology:

Self-assessment exercise. To assess the progress made locally against the NSF we issued a detailed and comprehensive self assessment questionnaire to each local adult mental health multi-agency planning group. This was completed and agreed by each

planning group before being returned to us. The survey included information and data on the extent of services, staffing, and activity, and has been used to generate comparative data.

Commissioning and partnership survey. Individual members of the multi agency planning group in each area were asked to complete a survey on commissioning and partnership working. This gathered information on the effectiveness of the planning group and partnership working, how well it linked to commissioning groups, and sought views on the relative strengths and weaknesses of local mental health services.

Primary care survey. A questionnaire was issued to all general practices in Wales to gather information on the services available within the general practice setting, the links with specialist services and practices' views on the effectiveness of local mental health services. 223 practices responded to the survey (a 44% response rate). Local response rates varied from 15% in Flintshire up to 82% in Anglesey.

User and carer experiences. We commissioned Pontydd (an agency run and staffed by service users) to capture the views of mental health service users across Wales. Focus groups for users and carers were run in each LHB / local authority areas. Pontydd members also held a number of one to one interviews with service users in each LHB/Unitary Authority area in Wales.

Audit visits and interviews. These were undertaken in each area to broaden our understanding of the local provision of adult mental health services. Interviews were held with selected managers and practitioners from the LHBs, NHS

Trusts, Social Service Departments, Housing Departments and the voluntary sector. Interviews were also held with relevant officers from the Welsh Assembly Government.

Practitioners focus group. A focus group for practitioners was run in each area involving a cross section of frontline staff from statutory and voluntary sector agencies. The focus groups sought the views of staff on the effectiveness of services and the opportunities and priorities for service improvement.

Supporting data and documentation. A range of supporting data on mental health services was collected to facilitate the necessary comparisons and benchmarking exercises. This was complemented by use of data that is routinely collected on adult mental health services. Fieldwork also included a review of a range of key planning and service documents relevant to mental health services.

Reporting our findings

Multi agency workshops were held in each of the 22 LHB / local authority areas to present and discuss local findings from the baseline review. These were attended by representatives from statutory and voluntary sectors and also by service user and carer representatives.

Following the workshops, baseline review reports were prepared for each of the 22 LHB / local authority areas in Wales. These reports summarised local baseline review findings highlighted key areas for action.

The findings from baseline review in each of the 22 LHB / local authorities has been drawn together to produce the all Wales analysis that is presented in this report.

Appendix 4: Glossary of Terms

Adult services	Mental health services provided to people between the ages of 18 and 65.
Adverse incident	Something that has happened that is out of the ordinary and unintended which may be harmful to patients, visitors or staff. It may be clinical or non clinical.
Advocacy/advocate	A scheme which represents individual patient views or concerns. An advocate is a person who speaks on behalf of a patient and makes a case for their welfare.
Approved Social Worker (ASW)	Approved social workers are social workers specifically approved and appointed under Section 114 of the Mental Health Act 1983 by a local social services authority for the purpose of discharging the functions conferred upon them by this Act. Among these, one of the most important is to carry out assessments under the Act and to function as applicant in cases where compulsory admission is deemed necessary. Before being appointed, social workers must undertake post-qualifying training approved by the General Social Care Council.
Assistive technology	Products which are designed to meet the needs of people with specific problems, and which are used in conjunction with other initiatives to promote independent living.
Care plans	A comprehensive plan for the care of a resident, developed by a multidisciplinary team including family members, nurses, dieticians, doctors, therapists, and social services professionals. The plan spells out the type of care to be provided, with stipulated timeframes for completion and assignment of responsibilities to specific staff
Care Programme Approach (CPA)	The recently introduced system to plan and monitor care for people with severe mental illness. Service users on CPA will agree a written care plan and have a key worker as their main point of contact with services.
Carers	People who look after their friends and relatives on a voluntary basis often in place of paid care workers. In some instances, carers receive an allowance.
Challenging behaviour	Behaviour that includes being, at times, unpredictable, antisodical, disinhibited, lacking insight, unaware of danger, emotional, with repetitive habits or aggressive.
Commissioning	Identifying the needs of the population and then planning and purchasing the required services to meet those needs.
Community mental health team	A team of mental health professionals that undertake assessment and monitoring of mental health needs via the care programme approach and care management in a community setting.
Court diversion schemes	Schemes which are designed to identify the mental health needs of offenders and where appropriate divert them into the care of mental health services.
Crisis resolution team	A crisis resolution team (sometimes called home treatment) provides intensive support for people in mental health crisis in their own home, or other suitable alternative such as a crisis house. The crisis resolution team will stay involved until the problem is resolved. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. It will also act as a 'gatekeeper' to other mental health services such as acute inpatient care.
Early intervention team	Early intervention in psychosis services provide quick diagnosis of the first onset of a psychotic disorder and appropriate treatment including intensive support in the initial years. Early intervention services should reduce the stigma associated with psychosis and improve professional and lay awareness of the symptoms of psychosis and the need for early assessment. The services should reduce the length of time young people remain undiagnosed and untreated and help develop meaningful engagement.

Emergency duty team	Emergency duty teams are 'out-of-hours' emergency service provided by social service departments.
Evidence based	The systematic analysis of information on the effectiveness of treatment to provide the best care for patients.
Information management and technology (IM&T)	A term that encompasses the way an organisation manages its information using technology, i.e. the computer system for handling its information more effectively. information technology (IT) includes use and supply of all computer systems.
Integrated care pathway	An integrated care pathway is an explicit agreement by a local group, both multidisciplinary and multi-agency, of staff and workers to provide a comprehensive service to a clinical or care group on the basis of current views of good practice.
Intervention	Health or social care action to benefit the patient
Joint commissioning arrangements	An arrangement where local authority and local health boards bring their funds together to commission mental health and social care services. The executive act as the commissioners and the team implements the decisions made by the executive
Locum	A doctor who stands in for another
Local Health Board (LHB)	On the 1st of April 2003, the 5 Health Authorities in Wales were abolished and were replaced by 22 Local Health Boards (LHBs). The LHBs were established as statutory bodies, each with its own Board and dedicated management team. There are 22 LHBs in Wales, and these share the same boundaries as the local authority area. The LHBs have been set up to develop and provide health services based on the needs of the local community.
Local mental health multi-agency planning group	A group that is convened to plan and prioritise local mental health services and to co-ordinate commissioning arrangements. The group operates at LHB/local authority level and includes representatives from relevant NHS bodies, local authorities, the voluntary/independent sector and service users.
Mental health promotion	Activities that focus on maintaining good mental health and on developing the skills and resources necessary to enable people to live with mental health.
Multidisciplinary team	A group of people who are from different professional backgrounds concerned with the treatment and care of patients, who meet regularly to discuss patient treatment and care.
National Service Framework for Adult Mental Health	Sets national standards and defines service models for promoting adult mental health and treating mental illness.
Performance indicators	Measures to indicate how well an organisation is performing.
Performance management	Using a review process (usually results delivered against objectives set) to assess how well a person, team or service is working
Primary care	Family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and in some cases social services.
Psychiatric intensive care unit (PICU)	Psychiatric intensive care is for patients compulsorily detained usually in secure conditions, who are in an acutely disturbed phase of a serious mental disorder. There is an associated loss of capacity for self-control, with a corresponding increase in risk, which does not enable their safe, therapeutic management and treatment in a general open acute ward.
Rehabilitation	The treatment of residual illness or disability which includes a whole range of therapies and support with the aim of increasing a patient's independence.
Risk assessment	An examination of the risks associated with a particular service or procedure.
Section 12 (2) approved practitioners	Practitioners who are approved to order compulsory admission/detention of mentally ill people under section 12 (2) of the 1983 Mental Health Act.
Serious mental illness	Severe and enduring mental health problems such as schizophrenia or bipolar disorder.

Service and financial framework (SaFF)	Part of the annual planning and guidance process in the NHS. SaFFs set out the Welsh Assembly Governments' targets and expectations. They are agreed with each health community and set out how targets and priorities will be delivered locally with the resources available.
Service users	People who use health and social care services for their mental health problems. They may be individuals who live in their own homes, are staying in care or are being cared for in hospital.
Supportive outreach	Supportive Outreach Teams, known also as 'assertive outreach or community treatment teams', provide intensive support for the severely mentally ill people who are 'difficult to engage' in more traditional services. Many will often have a forensic history and a dual diagnosis. Care and support is offered in their homes or some other community setting, at times suited to them. Workers can be involved in direct delivery of practical support, care co-ordination and advocacy as well as more traditional therapeutic input. The aim of the service is to maintain contact and increase engagement and
User and carer involvement	The amount of participation that a patient (or patients) can have in their own care or treatment including making decisions. It is also used to describe how patients can have a say in the way that services are planned or provided.
Whole system	A system of care and services in which all parts of the system are designed to work together to deliver seamless care services across organisational and institutional boundaries.