

Date: **Wednesday 3 March 2004**

Venue: **Committee Room 1, National Assembly for Wales**

Title: **Review of Adult Mental Health National Service Framework**

Purpose

To consider the recommendations of the Director of Mental Health and proposed next steps following his review of the adult mental health services National Service Framework (NSF).

Background

Review of adult Mental Health services NSF by Director of Mental Health

Upon his appointment in June 2003 I asked the Director of Mental Health to carry out a detailed review of the adult mental health services NSF. The full review is likely to conclude in the summer, however the first stage is complete. This stage prioritised those key actions that are most likely to have the greatest impact upon the quality of service provision.

Adult Mental Health Strategy

A strategy document, 'Equity, Empowerment, Effectiveness, Efficiency' was published September 2001. The aim of this strategy is to set the agenda for mental health services in Wales through to 2012, and to encourage development of services that improve the quality of life for those experiencing or recovering from mental illness.

National Service Framework

A National Service Framework (NSF) for working age adults was published in May 2002 setting out the service standards for Wales. The principal aim of the NSF is to drive up quality and reduce unacceptable variations in health and social services provision. It establishes the practical guidelines that will ensure

consistent and comprehensive implementation of the adult mental health strategy across Wales.

Implementation Advisory Group (IAG)

The IAG consists of people nominated from a wide range of services across Wales and is independently jointly chaired by a service user and a professional from the voluntary mental health sector. The remit of this advisory group is to oversee implementation of the NSF and strategy, help drive it forward and advise on implementation.

SAFF targets

In the 2004-05 SAFF 3 specific mental health targets have been included. These are

- Service user Involvement
- Introduction of Care Programme Approach (CPA)
- Requirement for a costed plan for CAMHS

Funding streams provided in 2003/04

The Assembly has already provided centrally this year, the following funding for mental health services:-

Health Commission Wales	£33m
Capital Modernisation	£24m
Supporting People revenue grant	£8m
Project funding and revenue to close old institutions	£4m
Social Care	£5m

Other funding sources also provided include Flexibilities, Health Inequalities, Innovations In Care, Communities First, Substance misuse, WEFO, Communities Fund, New Opportunities Fund and Out of Area Treatments

Review and Recommendations

Priorities

Throughout the review the following four themes emerged as priorities: -

- service and workforce reform
- systems development
- the Care Programme Approach
- mental health promotion and social inclusion

Within these priorities there are two particular key developments for early implementation.

- the development of crisis resolution/home treatment teams
- improving the therapeutic inpatient environment

The Director's recommendations along with background information on each of the four key themes are as follows: -

Main Recommendations

1. Service and Workforce Reform

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

In reforming services two developments should be given priority. Firstly the development of community crisis resolution/home treatment services. Secondly improvements in inpatient environments through the enhancement of staffing and the reconfiguration of wards to improve patient safety, privacy and dignity.

Inpatient services and Estate Development

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

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

Workforce

Workforce and service reform needs to be underpinned by a culture shift within mental health services. Services need to ensure timely delivery of evidence based interventions, which focus on outcomes and service user recovery. Such a culture shift will require a change in both service user and staff

expectations of where, when and how services are delivered.

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

Recommendations around Service and Workforce Reform

- **Policy implementation guidance supporting standard six (delivering effective, comprehensive and responsive services) of the NSF should be developed and published.**
- **Crisis resolution/home treatment services should be developed across Wales as a priority.**
- **Mental health estate matters must be actively considered within the capital investment programme.**
- **A mental health estate strategy should be developed to ensure that the impact community service developments will have on inpatient services and the impact that estate re-provision proposals are likely to have upon each other are considered.**
- **A Welsh mental health bed management system should be considered.**
- **Inpatient services should refocus with specific attention being paid to outcome and recovery based care planning and increased engagement with service users.**
- **Inpatient ward staffing levels must ensure a safe and therapeutic environment.**
- **The IAG workforce subgroup should develop a workforce action plan.**
- **The action plan will support developments, to reform the existing professional workforce in the statutory and non-statutory sectors. It will also further develop a non-professionally qualified workforce in the statutory and non statutory sectors.**

2. System Development

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

Commissioning

In the short term the strengthening of commissioning structures is essential to drive the mental health agenda. This needs to include free standing mental health fora at the Secondary Care Commissioning Group tier and robust networks informing regional planning of regional and sub regional services.

Within the existing commissioning framework a number of innovative partnerships have developed which provide an integrated approach to commissioning at the primary and secondary care levels. Examples of successful partnerships have developed between commissioners and service providers in Wales within the existing structural arrangements. These agencies have grasped the opportunities available to them to work in an integrated fashion.

Examples include:

- A proposal that from April 2005 mental health services across two local authorities and their partner LHBs will be commissioned and managed by an "Adult Mental Health Partnership Board". Although this organisation will be hosted by the NHS Trust, it will be a "new" entity, fully embracing the principles of health and social care. This arrangement maximises the opportunities proffered by "increased flexibilities" without the disruption of wholesale system reform. This is an example of "form following function". There has been widespread consultation with all stakeholders and the proposals represent the outcome of those consultations.
- Another example, which developed in order to ensure the implementation of a project that straddled two local authorities and LHBs, consists of a two tiered structure with a proposed third tier: Tier one - The Local Mental Health Strategy Group (LMHSG) These groups cover the individual LHB/LA boundaries. The membership includes the broad base of stakeholders. Tier two - Project Implementation Group This group includes membership representing the constituencies of the two LMHSGs is chaired by the Trust and focuses on delivering the estate and community services plans for the development of Mental Health Services across both LHB/LA areas. Importantly it includes representation of the individual LAs and CHCs. Tier Three (proposed) - The Project Board

This group is to be made up of an NHS Trust representative functioning at board level, senior LA representation (Director or equivalent) from both Local Authorities together with LHB Board representatives. This group will ensure through its executive status that plans are signed off and resources committed.

- In a third example two LHBs have each made joint appointments of mental health leads with their respective local authorities. These LHBs and local authorities have developed a partnership with the single NHS trust which provide their mental health services. A co-ordinator has also been appointed straddling the two LHBs in order to ensure effective collaborative arrangements.

In the longer term consideration should be given to a review of the commissioning and provision arrangements for mental health, to include an analysis of the Use of Health Act flexibilities to promote joint working between health and social care structures.

Recommendations around System Development

- **Services should implement NSF key actions supporting system development.**
- **Local Health Boards should ensure that their mental commissioning capacity is sufficient.**
- **A conference is planned for Spring 2004 which will share good practice in commissioning. This will support commissioners in health and social care. Priority should be given to supporting the development of effective structures to drive forward NSF implementation.**
- **Regional Offices should ensure that effective structures and networks are in place at the secondary care commissioning and regional level.**
- **An option appraisal should be undertaken to ensure that the best framework is available to deliver effective commissioning and provision of health and social care mental health services.**

3. The Care Programme Approach (CPA)

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

CPA guidance has been developed and published in Wales by the Assembly Government, and a programme of training/awareness events across Wales took place in early 2003. The introduction of CPA was identified as a priority against all of the criteria used

The introduction of CPA has been set as a Service and Financial Framework target for 2004/5 with a target for full implementation by December 2004.

Recommendations around CPA

- **To develop a performance management framework to facilitate the implementation of CPA.**
- **Informing Healthcare and Informing Social Care initiatives should be developed to support the implementation of CPA through the development of an IT strategy.**

4. Mental Health Promotion and Social Inclusion

Standard One of the NSF relates to actively promoting good mental health for all, tackling the stigma relating to mental illness and promoting the social inclusion of people with mental health problems.

The long-term gains of achieving this standard will result in:

- Promoting recovery.
- Improving opportunities for mental health service users to fully participate within society.
- Improving the mental health and well being of the wider population.

It is crucial that these objectives are not lost as a consequence of the need to find solutions to current service pressures. Some initial action has already been taken to achieve Standard One, and further activity supporting its implementation will need to be monitored throughout the life span of the NSF.

Standard One of the NSF sets a long term agenda for change. Initiatives have begun to ensure that Standard One progresses through the engagement of a broad range of stakeholders. Progress against Standard One must be closely monitored to ensure that it does not become forgotten amid competing priorities.

Recommendation around Mental Health Promotion and Social Inclusion

- **Following the mental health promotion conference being held in March 2004, the Assembly Government through the National Public Health Service should develop a framework to support the implementation of Standard One of the NSF. (Social inclusion, health promotion and tackling stigma).**

Quality and Risk Review

The Audit Commission in Wales has begun a service review, mapping existing service against the adult mental health National Service Framework. However, this will not be directly addressing and identifying all aspects of risk management within mental health services. The Director of NHS Wales and I have agreed that an audit of service provision should be commissioned to fill this gap.

The purpose of the audit will be to assess the identified priority risk areas for mental health services across Wales focussing on aspects of the quality and safety of clinical care provided, inter/intra organisational arrangements, the level of engagement at organisational level and the environment of care. The review will also make recommendations for change including the identification of good practice. This will then enable officials to draw up an action plan which will need to be combined with plans from other work streams, including the Audit Commission baseline assessment, the Mental Health Director's National Service Framework review and Wanless implementation.

The review will include inpatient and community services for adult and EMI services provided by the NHS and will exclude CAMHS, Learning Disabilities, substance misuse services (except dual diagnosis).

This does not reflect that the equally important risk issues in these other areas are not acknowledged, but that we need to take a first step to address the overall problem.

Ministerial Consideration

I have accepted in principle the recommendations of the Director, and take this opportunity to re-iterate my commitment to ensuring that mental health services remains one of the Assembly Governments key health priorities.

I have asked the Director to work with other officials in working up detailed proposals to take forward these recommendations.

Financial Implications

Any funding issues identified as a result of the Directors review will be considered as part of the 2004 Budget Planning Round.

Cross Cutting Themes

Mental health services cut across the work of many different departments and agencies as well as health and social care. Services relating to housing, education, employment, criminal justice and many more are involved in helping and supporting people with mental health problems.

The Assembly Government has adopted a multi agency approach to delivering services.

Action for Subject Committee

To endorse my approach to the Director of Mental Health's recommendations.

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