

Health and Social Services Committee HSS-07-01(p.4)

Date: 2 May 2001
Venue: Committee Room 3, National Assembly for Wales
Title: Adult Mental Health Strategy
Advisory Group response to consultation responses

Purpose of Paper

1. At its meeting on 14 March 2001 the Committee asked for the Advisory Group to be reconvened to consider the responses to the consultation exercise. The reconvened Group met on 11 April for this purpose. This paper reports on the outcome

Attendance

The following Advisory Group members attended

Professor Glyn Lewis	Chair
Martin Herbert	Royal College of Psychologists
Lindsay Foyster	Director Mind Cymru
Julia Williams	North Wales Health Authority
Barrie Topping-Morris	Nursing Director, Caswell Clinic
Dewi Evans	Association of Directors of Social Services
Martin Woodford	National Association of Chief Executives of Trusts
Jeff Champney Smith	Welsh Drugs and Alcohol Unit
Clive Micklewright	CMHT manager and mental health nurse
Jane Martin	Asst Head of Occupational Therapy, Bro Morgannwg Trust
Bill Walden-Jones	National Schizophrenia Fellowship Wales

2. Officials from Health and Social Care also attended. The Advisory Group had been circulated with the responses, the analysis of these and with a first re-draft by officials of the Strategy document taking into account consultation responses

Summary

3. This Paper outlines the findings of the Advisory Group and their recommendations on the preparation of the final Strategy document. It was made clear that this was to be a product of the Assembly, although the views of the Advisory Group were important in the Assembly's considerations.

General reaction

4. The Group had gone carefully through the responses. The general feeling that responses reflected a widespread view that the draft document contained many excellent features throughout - however that overall this needed to be presented in a more 'punchy' and cohesive way with a strong, clear vision and perhaps with milestones built in to monitor progress over the Strategy's 10 year span. The following paragraphs set out, in bullet point format, the main points that arose

Vision

- Much discussion over the need for a "vision" to be clearly identified in the Strategy
- **Martin Woodford** felt that a picture of a high level service model for the future is needed which is written in language for the lay person to understand
- **Glyn Lewis** said that we must be careful that vision is not too bland
- **General view** was that vision is needed so that people know what they are working towards – the 1989 Strategy had provided this
- **Barrie Topping Morris** said that he felt that the responses reflected a lack of confidence in there being service capacity sufficient to deliver on the Strategy. There needed to be clear leadership and management that secured inclusivity.
- **General view** that the draft already contains the elements needed for the vision, which have been supported by respondees. These elements just need to be pulled together at the front of the document
- **Jane Martin** said that the vision should include reference to the closure of large institutions and move towards a community based model
- **Lindsay Foyster** felt that the vision should encompass 3 aspects

user experience

best practice and innovation

operational links eg housing, employment

- **Bill Walden Jones** said the Welsh NSF would need to reflect the strategy very closely if implementation of the strategy was to be achieved. The responsibilities of agencies should be spelt out.
- **Jane Martin** felt that milestones and target dates must be built in. Vision should state that all objectives/aims should be followed, in order to strengthen document. Links to the NSF were

again recognised.

- **Martin Woodford** said that reference should be made to the changing situation caused by the impending abolition of Health Authorities and that the strategy will be reviewed as more is known. Emphasis and links to clinical governance should be made either in the vision or introduction. There needed to be set out a service model for the future.

Other points raised

- **Martin Herbert** Introduction or equivalent must tie the Strategy to the National Service Framework
- **Lindsay Foyster** Definitions of language used, as in CAMHS document, would be useful. There should be a Glossary giving clear definitions of what was meant by serious mental illness, mental disorder, mental health problems etc.
- **Clive Micklewright & Lindsay Foyster** **Rurality** needs to be addressed bearing in mind the practicality of providing equity of service in rural areas
- **Dewi Evans** **More** emphasis should be given to the input of Social Workers into CMHTs. There needed to be emphasis given to the role of local authorities to strengthen their commitment. Pooled budgets could provide a vehicle.
- **Jeff Champney Smith** **More** emphasis should be given to dual diagnosis and Communications section should include reference to the Drug and Alcohol Strategy: the key worker role could be developed on the basis of what the lead problem was.
- **General** Support for rewriting document to make it more ‘muscular’
- **Lindsay Foyster** Put ‘musts’ in rather than ‘shoulds’. The Group agreed that this needs to be where appropriate. This could provide the basis for evaluation of the implementation of the strategy with support from Local Health Groups.
- **Lindsay Foyster** Clarification needed on the statement that the provision of Advocacy will be as directed by the new Mental Health Act to ensure that it does not limit access to Advocacy to those detained under the Mental Health Act (officials gave the necessary assurance on this)
- **Lindsay Foyster** **Wording** to ensure user involvement should be strengthened ie that it should be ensured that user involvement is attainable rather than just an ‘ideal’
- **Martin Herbert** Psychology profession believe that this service should be in general services and should not be described as specialist
- **Group** recognised that Psychology therapy is not only delivered by Psychologists but also eg nurses. This should be recognised and encouraged, which supports the view that Psychology should be in general services
- **Group** also acknowledged that apart from the general service there are more specialised psychology services that are equally needed and that should be accessible to everyone. This was seen as supporting the view that this discipline needed to be mentioned in **both** general and specialist services. OT services should be included as part of mainstream services.
- **Glyn Lewis** pointed out emerging distinction between Community Mental Health Teams in England and Wales. Here the CMHT, suitably strengthened, will remain the mainstay of community services whereas in England specialist teams will be created for particular purposes

Redrafting suggestions

- **Lindsay Foyster** offered to draft a "vision" paragraph
- **Bob Woodward** (National Assembly, SSIW) outlined to Advisory Group members his suggestions for revamping the official draft ie setting up front the context including reference to the NHS Plan followed by
 - Partnership arrangements
 - Care planning including the role of the CMHTs and risk assessments
 - Service provision including psychological services
 - Specialist services
- ending with chapters on Implementation and Performance Management.
- **Martin Woodford** supported this approach and felt the re-ordering would go down well with NHS managers. It should spell out the accountability for Chief Executives so that they see it as a priority and took action. It should also spell out the role of the LHG.
- **Lindsay Foyster** this must be put forward in the context of partnership working to ensure that emphasis on the NHS Plan and other related documents up front does not make this look like a health document. Care should be taken to give a broader context.
- **Bill Walden-Jones** was concerned that in re-ordering, care must be taken not to lose the present draft's wide support among users and carers. The Strategy must be seen as being led by needs and rights.

Resources

- General view that wording could be strengthened without making unrealistic proposals. For instance, more emphasis should be given to Health Authorities re-directing existing funding to implement the strategy as well as stressing the need for new money.
- Officials said that data on expenditure is available and could be included to show comparative spends.

Care Planning Approach - CPA

- The Group acknowledged that 17% of responses supported the introduction of CPA. The Group agreed that a system in Wales was required that could take on acknowledged strengths within the CPA
- User groups wanted effective planning and the right to hold their care plan
- Officials said that the format of CPA originally not adopted in Wales had now been revised and streamlined and become more suitable for implementation in a Welsh context.
- Bill Walden-Jones expressed concern that CPA should not become the be all and end all of the Strategy as this would overshadow the draft's emphasis on user and carers issues, which he was keen to protect.
- Lindsay Foyster considered that a care planning process that incorporated quality of life issues for service users could be a useful basis for developing a care planing approach relevant to Wales

- Group recognised that this needed to be looked at with some urgency especially in light of new Mental Health Act presently being drafted
- Group suggested that a small group from members of the Advisory Group, service user representation and people working at ground level (Social Services and Health), meet to consider and take this forward

Implementation

- **Group** keen to ensure that Implementation Group set up on a fair and representative basis
- **Officials** said that the constitution and remit of the Implementation Group would be worked out thoroughly over the coming months
- **Lindsay Foyster** said that black and ethnic minority groups must have representation on Implementation Group

Action agreed

- **Notes of this meeting** to be presented in bullet point format and circulated to members for checking of accuracy before submitting to the Health and Social Services Committee on 2 May
- **Wording for the "Vision"** should be developed via e-mail around Group members
- Following discussion at HSSC **the re-draft of the strategy** will be cleared internally by Assembly officials and then circulated to Advisory Group members via e-mail, for final comments. **The re-draft will incorporate the findings of the re-convened Advisory Group.** After clearance by the Advisory Group, the final draft will be submitted to the Minister for approval and subsequent issue as guidance.
- The National Service Framework for Wales is being developed and will be issued shortly after the final strategy.

Financial Implications

- There are no additional financial implications for the Assembly arising from this Paper.

Compliance

- Implementation of policy governing the provision of mental health services within the NHS in Wales rests with the National Assembly

Action for Subject Committee

7. The Committee is asked to note the findings of the Advisory Group and to agree the re-draft procedure outlined above.

Jane Hutt

Minister for Health & Social Services

Contact Point

John Sweeney, Primary and Community Health Division, or Dr Sarah Watkins, Health Professionals, may be contacted for further information if required