



**Bwrdd Iechyd Lleol  
Local Health Board**  
Conwy



**Bwrdd Iechyd Lleol  
Local Health Board**  
Sir Ddinbych  
Denbighshire



**Ymddiriedolaeth GIG Siroedd Conwy a Dinbych  
Conwy & Denbighshire NHS Trust**



*Produced in Partnership  
with Service Users and  
Carers and the  
Voluntary Sector*

# CONWY & DENBIGHSHIRE

## JOINT

# ADULT MENTAL HEALTH AND SOCIAL CARE ACTION PLAN

## 2006 – 2010

**October 2006**

**Final Version**



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## **Appendix 1 – Performance Monitoring Tool**

## **1 Background**

The Welsh Assembly Government (WAG) published its revised Adult Mental Health National Service Framework (NSF) and Action Plan, "Raising the Standard" in October 2005.

The Wales Audit Office published its review of Adult Mental Health Services in Conwy and Denbighshire, (Local Health Boards and Unitary Authorities), in July 2005.

The Healthcare Inspectorate Wales (HIW), also published its Inspection Report of Conwy and Denbighshire NHS Trust, Adult and Elderly Mental Health Services in October 2005.

Each of these reports required a local action plan to address the issues identified. Key Action 16 within the NSF for 2006 – 07, requires *"local plans to be developed in response to national action plan."*

An action plan in response to the HIW inspection was prepared in January 2006, following a stakeholder day in December 2005.

## **2 Methodology**

Conwy and Denbighshire unitary authority areas are in a unique position in Wales, in having established an Integrated Mental Health Service (July 2005), under Section 31 of the Health Act Flexibilities. It was agreed that the most appropriate response would be to develop a joint action plan across both counties, which incorporates the findings of the Wales Audit Office Reports and the NSF Key Actions (KA's). The action plan also cross references the Service and Financial Frameworks (SAFF) targets for 2005 – 06 and 2006 – 07.

In an attempt to produce a document which reflects the contribution of mental health activities throughout Conwy and Denbighshire, the action plan includes activities which are undertaken by a range of agencies, including statutory, independent and voluntary sectors.

As the Baseline reviews had taken place 12 – 18 months previously, some actions had already taken place to address the recommendations. Further proposed actions are also identified.

The action plan identifies areas of commonality across Conwy and Denbighshire, and cross references the NSF Key Actions with the Baseline Reviews.

The action plan identifies the lead agency with responsibility for each action and the proposed timescale.

### **3 Performance Management**

Both Conwy and Denbighshire multi-agency County Planning Groups have recently reviewed their membership and roles and responsibilities, and have agreed that they have a role in influencing and responding to the NSF, however these groups do not have responsibility for performance management of the NSF. A joint NSF group exists across Conwy and Denbighshire and this group will have responsibility for monitoring performance of the NSF and its local interpretation via this document. A series of sub-groups were created to take responsibility for themes within the NSF, the chairs of these sub-groups provide a quarterly report to the NSF group. The NSF group will identify and highlight areas of potential concern to the appropriate body, for further action, eg, the Integrated Partnership Board, Joint Commissioning Partnership or Supporting People Planning Groups.

A performance management tool has been developed using Microsoft Excel software, which is aligned to the key actions within the NSF and the local actions in this document. This tool uses “traffic light” methodology for monitoring current performance, ie, green = target achieved or on schedule, amber = partially achieved, red = not achieved. Blue indicates that information is currently unavailable, or dependent on other information, eg, Policy Implementation Guidance or revised legislation. NSF group will update this tool at its quarterly meetings.

A copy of the current performance management report is attached as Appendix 1, however, this only provides a snap-shot and will be subject to change, as progress is made against the targets.

### **4 Consultation**

Consultation has taken place with the local county planning groups in Conwy and Denbighshire, the NSF Implementation Group and the Integrated Partnership Board. These groups are multi-agency and membership includes service users and carers, representatives of voluntary and independent sectors, statutory health and social services and other key stakeholders.

Responses have been incorporated into the final version of the Action Plan for Conwy and Denbighshire.

The action plan has been ratified by the two Local Health Boards and both Local Authority scrutiny committees. The Trust Board will also ratify the action plan.

### **5 Future Actions**

A local needs assessment is currently being undertaken to inform local planning and commissioning, in line with KA 17 and the review of the HSCWB strategies

for 2008 - 13. This action plan and subsequent work including the national and local needs assessment will inform the development of a joint commissioning strategy for adult mental health services in Conwy and Denbighshire.

## 6 The Action Plan

### Conwy & Denbighshire Joint Response to Baseline Reviews, Revised NSF Action Plan & SAFF Targets (2006 – 07)

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
<b>NSF Standard 1 (Social Inclusion, Health Promotion and Tackling Stigma)</b>							
1. Mental Health Promotion Strategy	Develop a mental health promotion strategy which encompasses all MH promotion and reduction of stigma initiatives which are currently in place.	✓	✓	Local strategy to be developed which reflects the national priorities and establishes a structure to co-ordinate activity.	2007 – 08	NPHS, LHB's, LA's, Vol Sector	
2. Local & National publicity and awareness campaigns.	Develop specific initiatives aimed at improving mental health promotion and tackling the stigma associated with mental health.	✓	✓	Co-ordinate activities, eg, World Mental Health Day and Information sharing events. Individual organisations currently undertaking MH promotion. Identified as a priority for Conwy MAP group.	2006 - 2010	IPB	IP & Local Planning Groups
3. Promoting Social Inclusion.		✓	✓	Increased focus on commissioning services in non-statutory setting. Support Voluntary Sector initiatives which focus on tackling stigma.	2007 - 2010	JSCP	JSCP
<b>Standard 2 (Empowerment and Support of Service Users and Carers).</b>							
4. (See KA 32)							
5. Comprehensiv		✓	✓	AMH Directory to be maintained and updated, information to be	2006 – 2010	IPB	NSF

<b>NSF Key Action</b>	<b>Baseline Review Action</b>	<b>C</b>	<b>D</b>	<b>Local Actions</b>	<b>Timescale</b>	<b>Lead Agency</b>	<b>Reporting Mechanism</b>
e Information widely available.				available in a variety of formats.			
6. Development of a range of independent advocacy services.	Availability of Advocacy service needs to be extended.	✓	✓	Newly commissioned Advocacy service (circa £100k pa investment from WAG additionalities), to be monitored and evaluated.	2006 – 2010	Unllais	JSCP
7. SU & Carer participation arrangements in place.	Strengthen arrangements for engaging service users & carers.	✓		Review arrangements for facilitating SU & Carer Board members, based on WCMHSD report (2006), and evaluation of existing arrangements. Adopt recommendations based on current review and good practice. SU's/Carers currently involved in all Integrated Partnership recruitment. Formalise arrangements for engaging SU's & Carers in quality reviews.	2006 - 07	IBP	IPB
	Agencies should ensure that SU & Carer views are genuinely seen to inform service development.		✓		2007 – 2010	IBP	IBP
	Review communication between commissioners/providers & SU's & Carers	✓		Review of Local Planning Groups & NSF Group, JSCP will make recommendations to improve communication arrangements between commissioners/providers, SU's & carers. JSCP to agree Terms of	2006 – 2010  2007 - onwards	JSCP/ IPB	Local Planning Groups.  JSCP

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
				Reference which will formalise SU & Carer involvement. Review existing funding arrangements to ensure clarity and eliminate duplication, revise SLA's appropriately. Respond to revision of WAG Guidance, "Stronger in Partnership, version 2."			
8. Carers, including young carers, have the right to an assessment.	Review arrangements to support carers (HSCWB priority).	✓		Investment across C&D to extend Hafal carers services & support, in particular rural areas, (WAG additionalities monies). Investment in carers' support workers attached to the CR\HT team. Actively review and monitor the services to ensure quality and value for money, (Carers services).	2006 – onwards	Hafal & IPB	JSCP
<b>Standard 3 (Promotion of Opportunities for a Normal Pattern of Daily Life).</b>							
9a. Range of housing options with support in each LA.	Extend the provision of supported housing.	✓	✓	Supporting People planning systems will be strengthened and supported by mainstream mental health services, enabling integrated commissioning arrangements.	2006 – onwards	SP/ IPB/JSC P	SP Planning Group/ JSCP
9b. Mental Illness Services provided for homeless				Existing schemes including a range of Supporting People projects across both Conwy &			



NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
				<p>providers, including LA's and voluntary sector, as appropriate. A range of funding streams have been utilised to extend and develop day services, including WAG additionalities and Supporting People with Disabilities.</p> <p>Services will be subject to regular review and evaluation. WAG additionalities monies used to extend range of day services across Conwy and Denbighshire will be monitored and evaluated.</p>	2006 – onwards	Range of providers	JSCP
KA 11. (See KA10).							
<b>Standard 4 (Commissioning Equitable and Accessible Services)</b>							
12. Good information available to commissioners to support the implementation of this NSF.	<p>Review the arrangements for planning &amp; commissioning –</p> <ul style="list-style-type: none"> <li>• Rationalise working arrangements</li> <li>• Co-ordination &amp; holistic approach</li> <li>• Clear links to decision making structures in partner agencies</li> <li>• Ensure there is</li> </ul>			<p>Local AMH NA to inform commissioning decisions. Strengthen and support role of Local Planning Groups to ensure good quality information is used to inform commissioning, following review of role and function of groups. Undertake review of JSCP, clarify membership, communication, reporting mechanisms and relationships</p>	<p>2006</p> <p>2006 – onwards</p> <p>2006 – 07</p>	<p>NPHS</p> <p>Local Planning Groups/ JSCP</p> <p>JSCP</p>	<p>JSCP</p> <p>JSCP</p> <p>JSCP</p>

<b>NSF Key Action</b>	<b>Baseline Review Action</b>	<b>C</b>	<b>D</b>	<b>Local Actions</b>	<b>Timescale</b>	<b>Lead Agency</b>	<b>Reporting Mechanism</b>
	appropriate involvement of all relevant agencies			with other agencies, including IPB. Validate JSCP terms of reference with appropriate governing bodies. Respond to appropriate WAG guidance, including regional commissioning agenda.	2007  2006 - onwards	LHB's & LA's JSCP	JSCP
12a. Support all BME groups to live healthy and independent lives and work to eliminate unlawful discrimination and promote good relations in NHS and social care settings.	Support all BME groups, and eliminate unlawful discrimination.	✓	✓	In line with the AMH Race Equality Plan, all future strategies, policies and significant service changes will be subject to a full EQiA.  GP practices will be encouraged to record ethnic groupings.  The CPA and ASW assessments will record ethnic groupings.	2006 – onwards	JSCP/ IPB  LHB's  IBP	JSCP/IPB  JSCP  IBP
KA 13. 24 – hour assessment/ treatment	Access to out of hours services needs to be extended.	✓	✓	CR/HT service to be reviewed and development of Phase 2 based on evaluation of Phase 1, to extend availability of	2006 – 2010	IPB	JSCP

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
contact & provision.	Development of CR/HT services.			alternatives to hospital admission. Review of current Out of Hours ASW arrangements across C&D. Evaluation of services supporting Out of Hours provision, eg, "As and When Support." (WAG additionalities monies). Ensure that commissioned services focus on extending services outside core-hours in response to demand.	2006 - 2007  2006 - onwards	LA's  IPB	JSCP  JSCP
14. Access to Helplines.	Improve access to information services.	✓	✓	Standardise reference to CALL helpline on all answer machine messages across Integrated Partnership locations. Undertake investigation of feasibility of linking CALL helpline database to other agency websites. CALL helpline to be invited to local Planning groups, Team meetings etc.	2006  2007 – onwards  2007	IPB  NSF group  Local Planning Groups	IBP  JSCP  Local Planning Groups
KA 15. (See KA21).							
<b>Standard 5, (Commissioning Effective Comprehensive and Responsive Services)</b>							
16. WAG responsible for implementation		✓	✓	Local ongoing performance management of commissioned services will feed into	2006 – onwards	JSCP	JSCP

<b>NSF Key Action</b>	<b>Baseline Review Action</b>	<b>C</b>	<b>D</b>	<b>Local Actions</b>	<b>Timescale</b>	<b>Lead Agency</b>	<b>Reporting Mechanism</b>
progress & monitoring.				commissioning cycle.			
17. Effective service planning, design & delivery.	Agree & develop a whole system model that sets out the necessary reform & reconfiguration.	✓	✓	Local AMH NA will be available 2006. Identify national, regional & local priorities, to inform development of Joint Commissioning Strategy for C&D.  Develop robust reporting mechanisms for commissioned services, eg, CR/HT. Implement and monitor AiM project whole systems approach to AMH services.	2006 2006 – 07  2006 – onwards  2006 - onwards	NPHS Local Planning Groups, JSCP, WAG, etc. IPB/ JSCP  IPB	JSCP  JSCP  IBP
18. Establishment of effective local commissioning arrangements.	(see 12 above).  Engage with local policy makers & opinion formers to increase the priority placed on mental health services within statutory agencies	✓  ✓	✓	Respond to WAG guidance on commissioning, including regional commissioning arrangements. Develop clear and robust Joint Commissioning Strategy for AMH across C&D. Consult widely on strategy and validate via appropriate LHB's, LA's & NHS Trust Boards & committees. Review JSCP, and establish robust ToR, outlining membership, accountability, governance, information & communication.	2006  2006 – 07  2006 - 07	WAG  JSCP  JSCP	WAG  LHB's & LA's  LHB's & LA's

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
				Validation of ToR via respective governing bodies, ie, LHB's & LA's.			
19. Use of Health Act 1999 Flexibilities to be considered.	Development of a joint workforce planning strategy for AMH.	✓	✓	Health Act Flexibilities will be considered as a potential mechanism for joint working, eg, supporting JSCP and IBP role and functions. Further development on pooling budgets, eg, training, and integration of workforce strategies, will respond to local & national policy implementation guidance & new legislation.	2006 – onwards	JSCP/ IPB	JSCP\ IPB
<b>Standard 6 (Delivering responsive, comprehensive services)</b>							
20. Effective liaison & communication between primary & secondary care & access to continuing care.	Improve liaison arrangements between primary care & specialist services.	✓	✓	Continue to develop & support Primary Care Link worker service. Establish Primary Care Liaison Worker post (Denbighshire), and monitor with a view to extending into Conwy.	2006 onwards 2006 – 07	IPB  Denbs LHB	IPB  JSCP
	Improve knowledge & understanding of MH amongst primary care practitioners. <b>SaFF 15*</b> . Raise awareness of referral guidelines & care pathways in primary care.			Identify training needs and mechanisms within primary care & establish means to meet those needs.	2006 - 07	JSCP/CI inical Governance IPB	LHB's  IBP
	Review the support of	✓		Implement & monitor revised cross boundary working policy,	2006 onwards		

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
	the primary care link workers & CR team. <b>SaFF 14.</b>			including transfers of care across boundaries.  Ensure primary care link workers are integrated with CR/HT team pathways.	2006 - onwards	IPB	IPB
KA 21. Inpatient services should be provided in fit for purpose environments.	Improve utilisation of inpatient unit (Ablett), whole system approach & increased community facilities <ul style="list-style-type: none"> <li>• Provide appropriate range of services for inpatients</li> <li>• Ensure privacy</li> <li>• Increase OT input</li> </ul>	✓	✓	(See HiW Action Plan – 2006), IPB.  Continue to implement Recovery model and refocusing project, and evaluate.  Development of Phase 2 CR/HT service will allow for re-configuration of inpatient (Ablett) services. (SCEP 4). Clarify pathways into NE & NW Wales Trust services.  Investigate opportunities to commission services from specialist/additional services in neighbouring trusts.  Investigate opportunities for joint working with NWWales Trust at Hergest and Carreg Fawr Unites (Conwy), following capital investment.	2006 onwards  2007 – 2010  2006 onwards  2007	IPB  IPB  JSCP  IPB	IBP  CAT team/JSCP  JSCP  JSCP
KA 22.Fully	(See KA 20 above).		✓	Review inter-relationships			

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
multi-disciplinary CMHT's in place with nominated link workers. <b>SaFF 15.</b>	The balance of the CMHT resources needs to be reviewed.			between CMHT's and other areas of service to develop whole systems approach to CR/HT. Undertake workforce review.			
KA 23. Out of Hours services present and audited.	Access to out of hours service needs to be extended.	✓	✓	(See KA 13 above).			
KA 24. Availability of alternatives to admission.	Development of CR/HT services	✓	✓	Team recruited to facilitate Phase 1 of C&D CR/HT service. Additional resources available to develop Carers' Support Worker posts. Monitor and evaluate Phase 1. Investigate range of options to progress Phase 2. Agree appropriate model to extend service to Phase 2. Link to reconfiguration of inpatient services to release resources for investment in Phase 2. (SCEP 4).	2006 – 07  2006 – 07  2007  2007 - onwards.	IPB  IPB  IPB  CAT Team/J SCP	IPB  JSCP  IPB  CAT Team/JSCP
KA 25. Range of specialist services available.		✓	✓	Investigate options for commissioning of Low/Medium secure services, across North Wales. Investigate options for commissioning PICU services	2006 – 07  2006 – 07	JSCP  JSCP	JSCP  JSCP

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
				across North Wales. (SCEP). Review access arrangements to Medium Secure services. Respond to WAG guidance on regional commissioning.	2007		
KA 26. Range of NHS psychological therapies available.	Extend the provision of psychotherapy. <b>SaFF 14 &amp; 15.</b>	✓	✓	Establish baseline of current psychological therapies provision.	2006 – 07	IPB	IPB
				Review & revise care pathway for psychological therapies. Agree structure which supports delivery of psychological therapies within evidence based framework. Engage with North East & North West Wales to clarify commissioning arrangements.	2006 - 07	JSCP	JSCP
KA 27. Full range of rehabilitation services.		✓	✓	Review and reconfigure rehabilitation services across C&D (Tan y Castell & Carreg Fawr). (SCEP 3).	2006 – 07	IPB	IPB
				Review commissioning arrangements for rehabilitation services provided by independent sector. (SCEP 3).	2006 – 08	JSCP	JSCP/CAT team
				Ensure integration with discharge protocols & Supporting People services. Protocols will be developed to ensure integration with WAG policy implementation guidance.	2006 – onwards  (due 2006 – 07)	IPB/SP  JSCP/ IPB	JSCP/IPB/ SP  WAG

<b>NSF Key Action</b>	<b>Baseline Review Action</b>	<b>C</b>	<b>D</b>	<b>Local Actions</b>	<b>Timescale</b>	<b>Lead Agency</b>	<b>Reporting Mechanism</b>
KA 28. Appropriate arrangements for the admission of children & young people.	Review CAMHS, especially transitions between services	✓	✓	Significant investment in CAMHS services across C&D. Review CAMHS interfaces across C&D.	2006 – onwards 2006 – 07	CAMHS Services LA's/LHB's.	CYPP Partnership
<b>Standard 7 (Effective Client Assessment &amp; Care Pathways)</b>							
KA 29. CPA fully introduced across Wales.		✓	✓	CPA fully introduced & lead officer identified. Ensure full compatibility with UA Process. Review CPA process to ensure it continues to reflect current need.	2006 – onwards	IPB	IPB
KA 30. Identified CPA lead officer in each LA area.							
KA 31. Risk Management Reviews		✓	✓	Establish reporting mechanisms to evaluate complaints across Integrated Partnership.	2006 – 07	IPB	IPB
KA 32. Copies of care plans available in collaboration with carers.		✓	✓	Undertake CPA Audit.	2006	IPB	IPB
KA 33. Assessment, clinical management & audit according to NICE guidelines.		✓	✓	Feedback collated results of NICE Clinical Guideline 28 in Primary Care to practices. Support audit of guidance by independent contractors.	2006 – 07	LHB's (Clinical Governance)	Clinical Governance Committees
KA 34. Access	(See KA 20 above)	✓	✓	Monitor impact of new GMS	2006 – 07	LHB's	LHB's

<b>NSF Key Action</b>	<b>Baseline Review Action</b>	<b>C</b>	<b>D</b>	<b>Local Actions</b>	<b>Timescale</b>	<b>Lead Agency</b>	<b>Reporting Mechanism</b>
to General Medical Services. <b>SAFF 15.</b>				contract. CPA/UAP will highlight physical health issues.		IPB	IPB
KA 35. (see KA 37).							
KA 36. Medicines Management Systems in place.		✓	✓	Care pathway and treatment protocol jointly developed by LHB's and Trust. Develop shared protocol for Lithium treatment.	2006 – 07	LHB's & C&D Trust	Clinical Governance Committees
KA 37. Protocols for transfer of care and shared care in place within & between agencies.	(see 20 & 28 above). Improve transition & Interface arrangements with other specialist services, especially D&A.	✓	✓	Develop shared protocols and transitional arrangements. Undertake review of pathways. Dual diagnosis workers appointed across C&D. Provide training for key staff. Establish closer links with SMAT agenda.	2006 – 07  2007  2007 -08	IPB  IPB, SMAT  IPB JSCP	IPB  IPB, SMAT  IPB JSCP
KA 38. Court diversion facilities, inreach to all prisons.		✓	✓	Integrate CPA with Altcourse, Style, Risley and Walton prison services.	2006 – 07	IPB	IPB
KA 39. Identify professionals to represent the needs of children at adult mental		✓	✓	Implement actions within Draft North Wales Multi-agency protocol for Looking at the Needs of Children when working with Families experiencing Severe Mental Disorder.	2006 – onwards	IPB	North Wales Child Protection Steering Group

<b>NSF Key Action</b>	<b>Baseline Review Action</b>	<b>C</b>	<b>D</b>	<b>Local Actions</b>	<b>Timescale</b>	<b>Lead Agency</b>	<b>Reporting Mechanism</b>
health multi-disciplinary team meetings.							
KA 40. (see KA 37)							
KA 41. Self harm discharge and follow-up protocols in place. Suicide Audit.		✓	✓	Continue to implement 7 day discharge protocols throughout partnership. Undertake serious incident review for all attempted suicides and sudden deaths. Utilisation of root cause analysis to undertake investigation and subsequent "lessons learnt" reviews. Ensure multi-agency input into root cause analysis procedures. Ensure local protocols integrate with WAG guidance, when issued.	2006 – onwards	IPB	IPB
<b>SAFF 14 (2006 – 07) All patients who are subject to CPA who are assessed to require evidence based psychological therapies, will commence treatment within 3 months (subject to CPA)</b>							
<b>SAFF 15 (2006 – 07) Strengthen MH services within general practice to support whole systems models of care, and provide additional Tier 1 MH services.</b>							

NSF Key Action	Baseline Review Action	C	D	Local Actions	Timescale	Lead Agency	Reporting Mechanism
SAFF 16. (2006 – 07) To reduce the number of delayed transfers of care in MH facilities per 10,000 population.							
SAFF 17 (2006 – 07) To reduce the number of days of delayed transfers of care in MH facilities per 10,000 population.							

**7 Conwy & Denbighshire response to the National Learning Points from the homicide external reviews and review of medium secure provision.**

National learning identified from homicide external reviews and review of medium secure provision	Action WAG	Action HCW	Action NHS Trusts LA Providers	Action LHB's LA Commissioners
1. The need for a revised secure mental health services strategy	By March 2007, develop a secure MH services strategy, which includes the relationship of criminal justice, health and social care services and takes account of issues highlighted in the HIW review of medium secure units.	By December 2005 collate and review information on delayed transfers of care in relation to high and medium secure beds. By March 2006, complete needs assessment of medium secure beds. By September 2006, review utilisation of medium secure beds including out of area provision.		
2. The commissioning of medium secure units		By March 2006 ensure that the individual medium secure units comply with the recommendations of the HIW/HCW review of medium secure provision.		
3. The need for	By December 2005		The process of identifying individuals placed within	Individual clients

National learning identified from homicide external reviews and review of medium secure provision	Action WAG	Action HCW	Action NHS Trusts LA Providers	Action LHB's LA Commissioners
all relevant agencies to monitor in cases of conditional discharge patient compliance with specified conditions	issue guidance on role of commissioners and providers when conditions of discharge cannot be met. By March 2006 produce all Wales audit tool in respect of move on facilities.		secure provision has commenced, and clear pathways for discharge are linked to CPA. Clear pathways currently exist for people placed in independent hospitals. Local services will respond to, and reflect, guidance issued by WAG relating to conditional discharge.	subject to Section 117 aftercare, and are also on the CPA register.
			New hostel accommodation is being developed across North Wales, via Supporting People projects, including the Doorstop service. Individuals, who are subject to a conditional discharge, will be assessed for their ability to live independently as part of the CPA process.	The availability of supervised accommodation is currently being monitored via the AMH needs assessment, Supporting People needs assessment and unmet need as part of the CPA process.
4. The need for improved case management and multi-		By March 2006, develop a proposal for a register of patients subject to supervision	Local guidelines are currently being developed which will formalise the integrated care pathways, and ensure consistency in assessment and review meetings, guidelines will reflect all current available good	By Dec 2005, consider risk assessment processes as a

National learning identified from homicide external reviews and review of medium secure provision	Action WAG	Action HCW	Action NHS Trusts LA Providers	Action LHB's LA Commissioners
agency working.		and conditional discharge.	practice.	component of local and out of area services performance monitoring.
		By Dec 2005, CPA risk assessment processes to form part of performance monitoring in high and medium secure units.	The CPA documentation currently includes risk assessment and management plans. The CPA documentation is currently being reviewed to ensure that trigger points are identified on the risk assessment.	
			Care plans are currently developed for all clients, which draw on the views of all professionals involved in the case. The care plans are disseminated to the multi-disciplinary team and reviewed regularly.	
			Currently awaiting guidance from WAG re configuration of CMHT's. Conwy & Denbighshire have undertaken reviews of CMHT's and Principal Practitioner posts were established as a result of this review to enhance leadership within the CMHT's.	
5. The need to ensure the production of clear care plans in the supervision of conditionally discharged			Individuals, subject to conditional discharge, are currently supervised for compliance with medication. A pathway is being developed to ensure that individuals subject to a conditional discharge are supported by the Assertive Outreach team. These individuals will be identified as part of the SAFF target 22 for 2007 – 08.	

National learning identified from homicide external reviews and review of medium secure provision	Action WAG	Action HCW	Action NHS Trusts LA Providers	Action LHB's LA Commissioners
patients.				
			The C&D Substance Misuse Strategy, outlines the systems for screening of patients who have a condition set at discharge concerning screening for use of illegal substances. Trigger points will be identified within the CPA process and a management plan will be established to clarify the actions necessary in the event of substance use occurring.	
			Systems exist within the CPA and dual diagnosis process to ensure screening continues when patients are transferred between Trusts.	
			Relapse indicators are being identified and included in CPA documentation and will inform risk management.	
6.The need for improved multidisciplinary multi-agency training.			Mandatory training for all Partnership staff includes risk management and assessment, the use of evidence based clinical risk assessment tools and response to psychiatric emergencies. Specific training on morbid jealousy will be developed as part of mandatory training.  The newly established crisis resolution/home treatment service has an extensive mandatory training programme.	
			Mandatory training includes understanding of relevant roles within the Partnership, Risk Assessment and Management, including route cause analysis, and effective communication. The model of whole team training has been	

National learning identified from homicide external reviews and review of medium secure provision	Action WAG	Action HCW	Action NHS Trusts LA Providers	Action LHB's LA Commissioners
			<p>encompassed in the newly established CR/HT and Assertive Outreach Teams, this will be rolled out across all teams.</p> <p>A good range of academic and practical training is available. Training is provided by inhouse and purchased from external providers.</p>	
7. The need to review policies and procedures.			A review of policies and procedures is currently in progress, and will ensure compliance with Home Office Mental Health Unit reporting requirements.	

## 7 Glossary of Terms and Abbreviations

Terms and Abbreviations	Interpretation
AMH	Adult Mental Health
ASW	Approved Social Worker
C	Conwy
C&D Trust	Conwy and Denbighshire NHS Trust
CALL Helpline	Community, Advice and Listening Line
CAMHS	Child and Adolescent Mental Health services
CHC	Community Health Council
CPA	Care Programme Approach
CPD	Continuing Professional Development
CR/HT	Crisis Resolution/Home Treatment service
CYPP	Children and Young People's Partnership
D	Denbighshire
D&A	Drug and Alcohol services
EQiA	Equality Impact Assessment
HSCWB	Health, Social Care and Wellbeing Strategies
IPB	Integrated Partnership Board. Legal partnership to jointly provide adult mental health services, across C&D Trust and Conwy and Denbighshire Local Authority
JSCP	Joint Strategic Commissioning Partnership for AMH, (Conwy and Denbighshire Local authorities and LHB's)
KA	Key Action (NSF)
LA	Local Authority
LD	Learning Disabilities
LDP	Local Development Plan
LHB	Local Health Board
MAP	Conwy Monitoring and Policy Group (local planning group for adult mental health)
NA	Needs Assessment
NPHS	National Public Health Service
NSF	National Service Framework
OoH	Out of Hours services
PICU	Psychiatric Intensive Care Unit
SAFF	Service and Financial Frameworks
SLA	Service Level Agreement
SP	Supporting People
SU	User of adult mental health services
ToR	Terms of Reference
VOCM	Vale of Clwyd Mind
WAG	Welsh Assembly Government
WCMHSD	Wales Centre for Mental Health Service Development

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## **Appendix 1 – Performance Monitoring Tool and Current Analysis**