



**Bwrdd Iechyd Lleol  
Local Health Board**  
Conwy



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



**Final Draft**

## **Joint Commissioning Strategy**

### **Adult Mental Health and Social Care**

#### **Conwy and Denbighshire**

**2007 – 2010**

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Version 2

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## 1. LOCAL CONTEXT

This Joint Commissioning Strategy for Adult Mental Health and Social Care in Conwy and Denbighshire sets the strategic direction for commissioning of services from 2007 – 2010.

The strategy encompasses Local Health Board and Local Authority responsibility for commissioning, where it meets the definition “the process of specifying, securing and monitoring services to meet individuals’ needs at a strategic level.”

This document is one part of a library of relevant documents which set the strategic direction for the commissioning and delivery of adult mental health services in Conwy and Denbighshire.

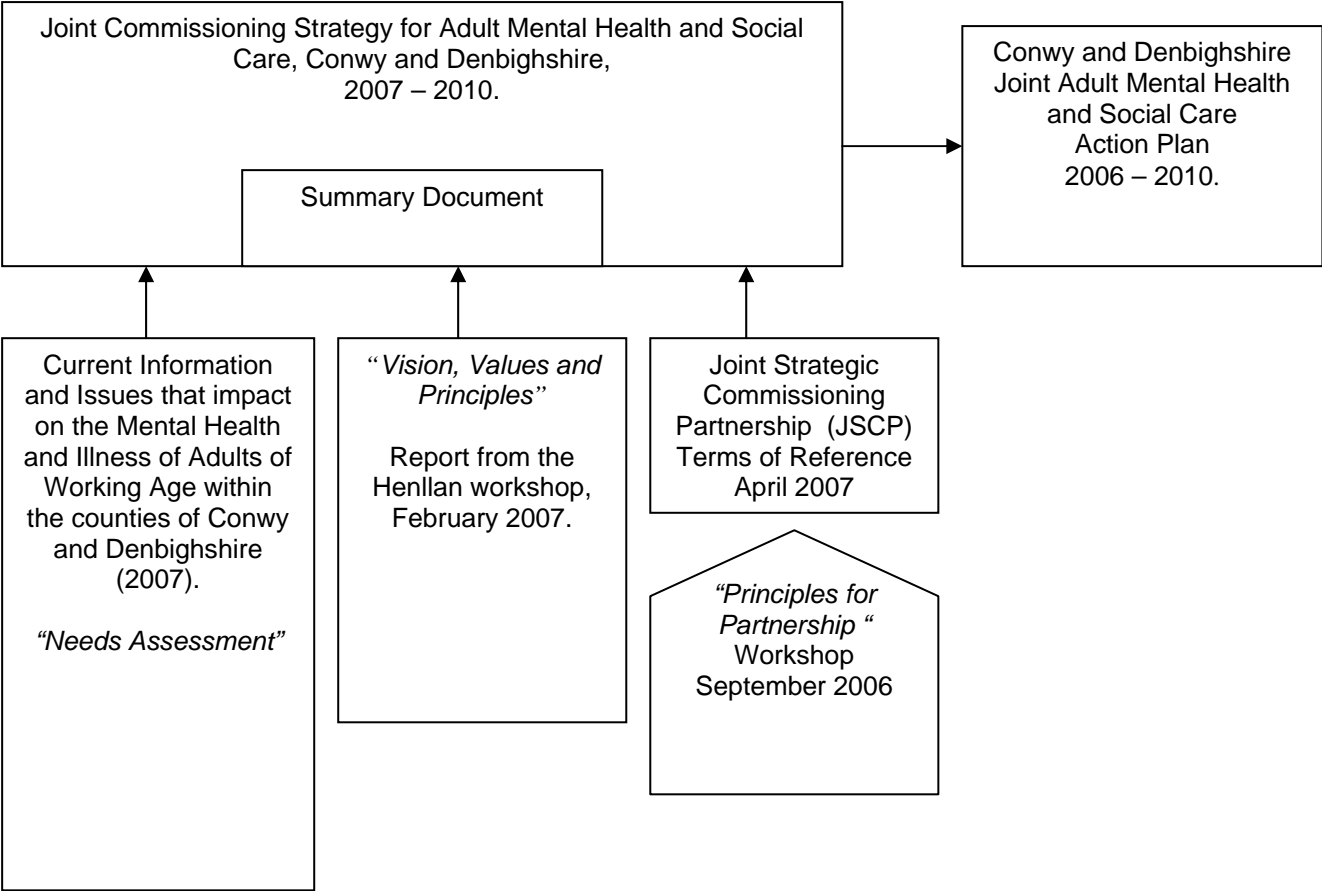
This Joint Commissioning Strategy must be considered in the context of the following supporting documents and reports –

1. Cunnah F, (2007) Mental Health (Adults), Current Information and Issues that impact on the Mental Health and Illness of Adults of Working Age within the counties of Conwy and Denbighshire. *(This document is referred to as the “Needs Assessment” within this commissioning strategy).*
2. Jones, J, (2007), Vision, Values and Principles, Report from the Henllan Workshop, 16<sup>th</sup> February 2007. *(This report is from the stakeholder event which was held to inform the Joint Commissioning Strategy).*
3. Jones, J, (2006), Conwy and Denbighshire Joint Adult Mental Health and Social Care Action Plan, 2006 – 2010. *(This action plan reflects the local interpretation of the National Service Framework and Baseline Reviews, and identifies the delivery mechanisms in Conwy and Denbighshire, for achieving the strategic aims of this Joint Commissioning Strategy).*

A summary document is also available.

The diagram below outlines the process for developing the strategy, how it will be delivered and the relationship between the supporting documents.

**Figure 1 – Supporting Documents and Reports**



## 2. INTRODUCTION

### 2.1 What is Commissioning?

Commissioning is *“the process of specifying, securing and monitoring services to meet individuals' needs at a strategic level.”*<sup>1</sup>

This definition can be applied to a commissioning relationship with a small voluntary sector organisation or services provided by the National Health Service (NHS).

Effective commissioning requires questioning existing practice and challenging assumptions in order to improve the quality of services.

#### Figure 2 – Effective Commissioning – The Basic Questions



### 2.2 Models of Commissioning

Commissioning is an iterative process, which includes assessing need, understanding the market, assessing gaps between provision and where we want to be. Commissioning also includes making contractual relationships with service providers, to ensure that the best services are provided and the performance of those services is assessed.

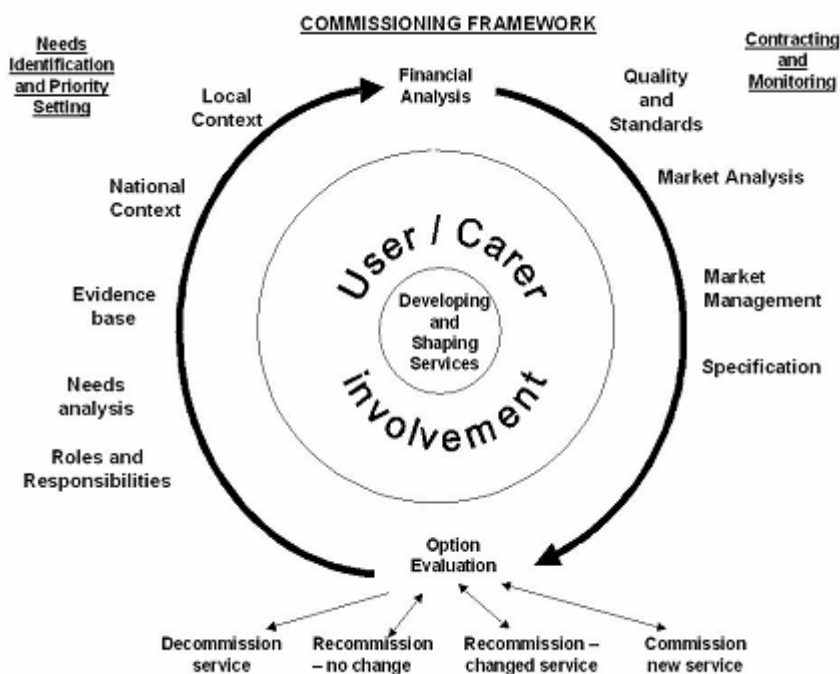
The Core Elements of Commissioning are based on -

- a common set of values that respect and encompass the full diversity of individuals' differences
- an understanding of the needs and preferences of present and potential future service users and their carers
- a comprehensive mapping of existing services

<sup>1</sup> “Making Ends Meet” <http://www.joint-reviews.gov.uk/money/>

- a vision of how local needs may be better met
- a strategic framework for procuring all services within politically determined guidelines
- bringing together of all relevant data on finance, activity and outcomes
- an ongoing dialogue with service users and carers and service providers in all sectors
- effective systems for implementing service changes, whether of in-house or of independent sector services
- an evidence-based approach which continuously evaluates services with a view to achieving measurably better outcomes for service users and their carers
- a partnership approach to commissioning and providing services

**Figure 3 – The Commissioning Framework**



### 2.3 Macro and Micro Commissioning

Micro-commissioning is the process of meeting needs at an individual level, and may also be known as care management.

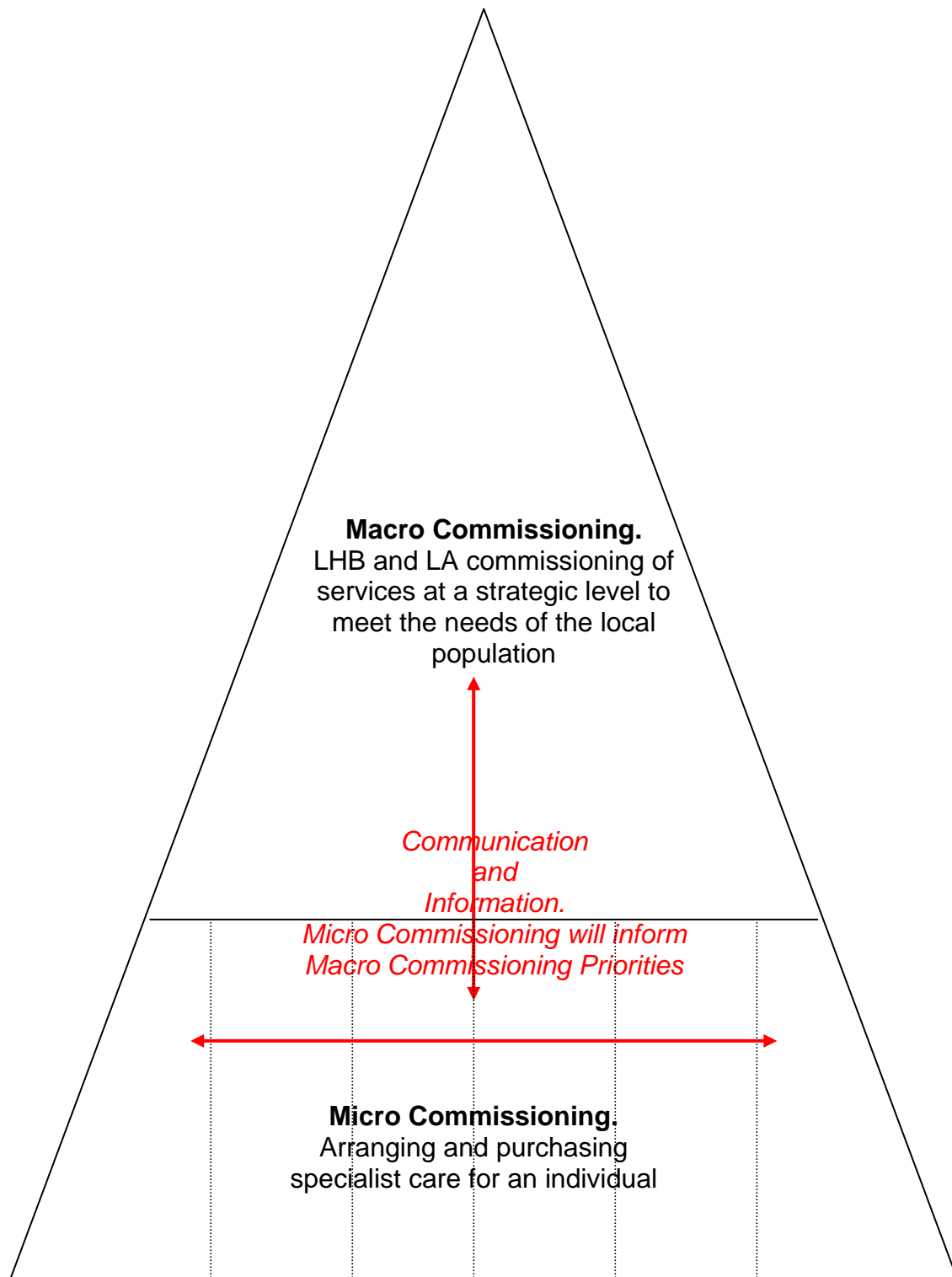
Macro-commissioning is the process of meeting needs at a strategic level for groups of service users and/or whole populations.

Needs which are identified at a micro-commissioning level should be used to inform macro-commissioning priorities.

Services which are commissioned at a local level by the Local Health Boards and Local Authorities, include primary and secondary care services from the NHS, Independent and Voluntary Sectors.

Specialist services are commissioned by Health Commission Wales (HCW), including medium secure services, specialist services for people with eating disorders and personality disorders.

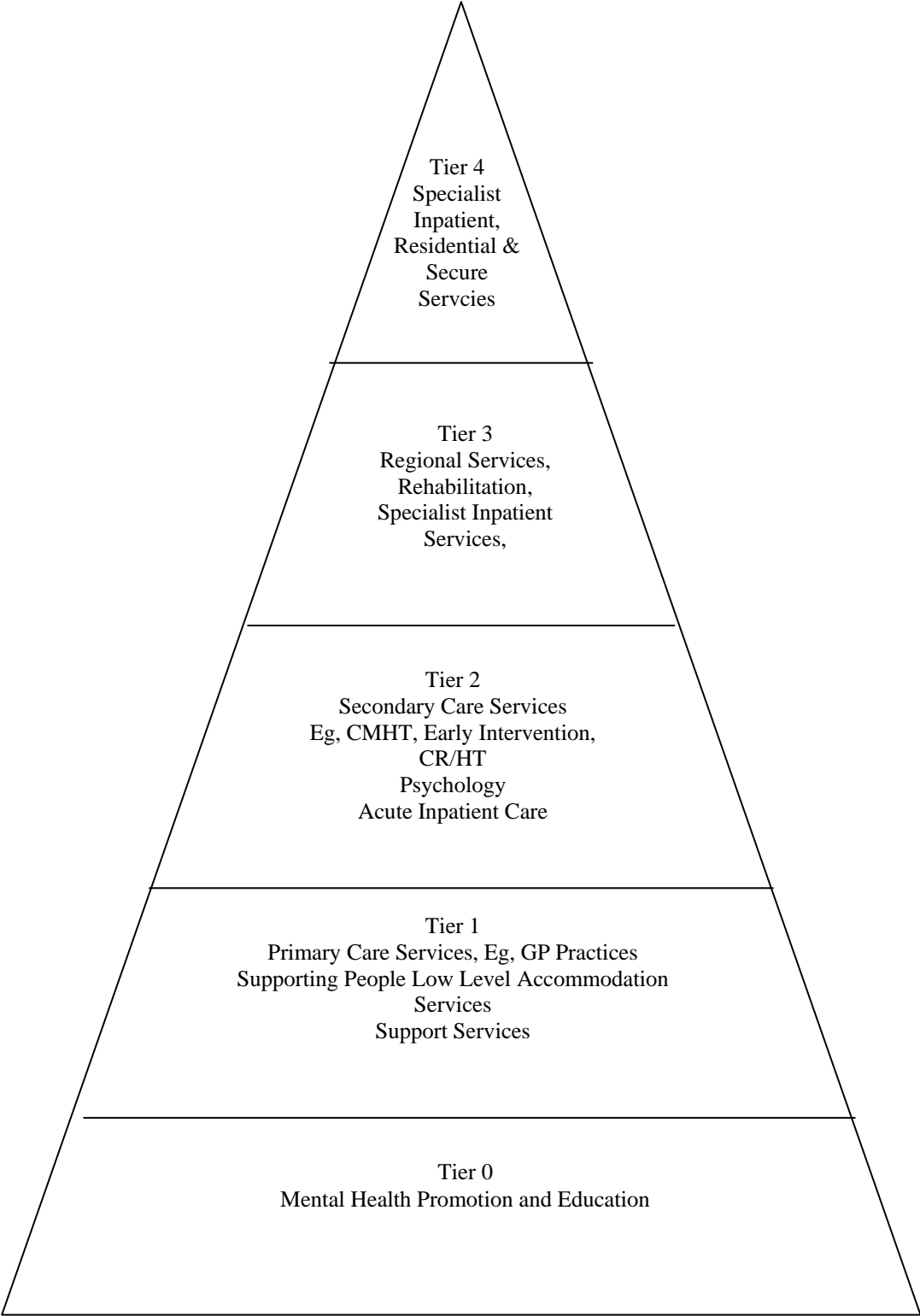
**Figure 4 – Macro and Micro Commissioning**



## 2.4 Tiers of Service Delivery

A tiered model of service delivery identifies the levels at which services are commissioned.

**Figure 5 – Tiers of Service Delivery**



## **2.5 Review of Mental Health Services in Wales**

WAG has commissioned a review of adult mental health service provision and commissioning to report and produce a set of recommendations by Autumn 2007. The review will assess whether current provision of mental health services by 11 integrated Trusts is the most efficient, cost effective and clinically effective method of delivery. The review will examine the interface between the NHS and social services in the provision of mental health services, and make recommendations for the most effective method of service delivery.

The review will investigate whether the current method of commissioning by LHB's and Health Commission Wales is the most efficient, cost effective and clinically effective way of planning, procuring and monitoring the whole system of mental health services, and make recommendations for improvements.

There will be opportunities for the 3 regions of Wales to inform the review, through stakeholder events and regional forums.

The review is expected to report in Autumn 2007, and its recommendations will be crucial to informing the future arrangements for the commissioning and provision of mental health services in Wales.

## **2.6 Timescales**

This strategy addresses both short term commissioning priorities and longer term intentions.

### **3. BACKGROUND**

#### **3.1 Conwy and Denbighshire Integrated Partnership for Adult Mental Health and Social Care**

New powers to enable health and local authority partners to work together more effectively came into force on 1st April 2000. These were outlined in Section 31 of the 1999 Health Act (Flexibilities).

The Health Act 1999 (Partnership Arrangements), enabled Conwy and Denbighshire to integrate provision of adult mental health services, by joining staff, resources and management structures from front line to managerial levels.

The aim is to enable partners to join together to design and deliver services around the needs of users rather than worrying about the boundaries of their organisations. These arrangements should help eliminate unnecessary gaps and duplications between services.

The Conwy and Denbighshire Integrated Partnership was established in July 2005. The Partnership Board oversees the provision of adult mental health services, and the partners include Conwy and Denbighshire NHS Trust, Conwy and Denbighshire Local Authorities, the voluntary sector and service user and carer Board Members.

#### **3.2 Commissioning Arrangements**

It was agreed that commissioning arrangements should function outside this partnership. This would enable a commissioning relationship which challenges all providers, including the AMH partnership, to establish services which meet identified need and priorities.

Conwy and Denbighshire LHB's and LA's jointly established a Joint Strategic Commissioning Manager post, to support joint commissioning arrangements across Conwy and Denbighshire.

A Joint Strategic Commissioning Manager was appointed in December 2005.

#### **3.3 Joint Strategic Commissioning Partnership**

A Commissioning Steering Group was established, which brought together the 4 commissioning partners, (Conwy LA, Conwy LHB, Denbighshire LA, Denbighshire LHB) to direct the work of the Joint Commissioning Manager and develop robust joint commissioning arrangements.

The Joint Commissioning Partnership has responsibility for decision making within the delegated responsibilities of its individual officer members, final accountability rests with each of the partner organisations, eg, Elected Members and Board members.

The Joint Commissioning Steering Group reviewed its method of working, following an independent workshop in September 2006, "Principles for Partnership."

The Principles for Partnership workshop identified that robust governance arrangements were required to support effective commissioning. Terms of reference were drafted and legal advice sought on the draft document. The JSCP was advised to ensure that its governance arrangements are sufficiently robust to support joint and lead commissioning arrangements. Terms of reference were adopted by the JSCP on 8<sup>th</sup> May 2007, and are attached as Appendix 3.

Further consideration will be given to the adoption of a Section 31 Agreement, to secure the working arrangements for the JSCP, following the All-Wales mental health review, and the review of the first four years of the Conwy and Denbighshire Integrated Partnership.

### **3.4 Health Act (1999) Section 31 Agreements**

Section 31 partnership arrangements provide NHS and local authorities with the flexibility to respond effectively to improve services.

Section 31 partnership arrangements must be supported by a written agreement between partners, which specifies; the agreed aims and outcomes, payments to be made between partners, the local authority and NHS related functions, who is the target group and the range of services, resources to be provided by partners, duration of arrangements and arrangements for monitoring and reporting.

The Welsh Assembly Government must be formally notified of any Section 31 partnership agreements.

### **3.5 Partners' Analysis of Approaches to Commissioning**

Partners were asked to undertake an assessment of the effectiveness of the JSCP in October 2006. The Self Assessment Tool<sup>2</sup> is also used in the Commissioning Framework for Substance Misuse and Treatment, and is based on Integrated Working: A Guide (Integrated Care Network, 2004), and Making Ends Meet (Audit Commission 2003).

The self assessment tool requires partners to make an assessment of the Partnership's current level of integration, across a range of themes -

- Purpose and Strategy
- Needs and Market Intelligence
- Stakeholder engagement
- Resource allocation and management
- Marketing monitoring and management
- Commissioning function

Partners are required to assess the partnership's current level of integration against four approaches –

- Separate approaches

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<sup>2</sup> Appendix 2 – Matrix for Analysing Partners' approaches to Commissioning

- Parallel approaches
- Joint approaches
- Integrated approaches

Partners' responses were broadly consistent, there was no significant difference in perception between sectors or counties. However, there was evidence of some inconsistency within themes, with examples of very good practice and integrated approaches and also organisations continuing to pursue independent actions.

Self Assessment Analysis – November 2006

**3.5.1 Purpose and Strategy** – There is evidence of a joint approach, with shared commitments to the client group to improve outcomes, and joint strategy development. However, there is some evidence of parallel approaches, involving liaison in the production of separate strategies and cross referencing between partner's strategies.

**3.5.2 Needs and Market Intelligence** – joint approaches are usually adopted, with joint working groups and partners involved in joint design of population needs analysis. However, there is still some evidence of parallel approaches of separate cost, benchmarking and market intelligence, for example within the Supporting People programmes.

**3.5.3 Stakeholder Engagement** – mainly joint approaches, with agencies jointly designing and managing consultation events and feedback. Information from service users and providers is shared where relevant. However, there is still some evidence of public events being designed and delivered independently.

**3.5.4 Resource Allocation and Management** – There was a consensus that partners are adopting a parallel approach, with agencies allocating some resources to address areas of common concern.

**3.5.5 Market Monitoring and Management** – There is some evidence of integrated approaches, with integrated review and monitoring arrangements across the sectors. However, the majority of responses identified parallel or separate approaches, where contracting, tendering and monitoring arrangements are shared and agencies share information regarding purchasing intentions.

**3.5.6 Commissioning Function** – There is evidence of joint approaches, and emerging hybrid roles supporting a joint commissioning function across agencies, with joint appointments of staff. However, there are co-occurring separate approaches, with agencies having their own teams to support commissioning activities.

## **4. VISION, VALUES & PRINCIPLES**

### **4.1 Vision**

*Our vision is to improve the quality of life for adults with mental health problems, in Conwy and Denbighshire, through the commissioning of high quality services which promote social inclusion and choice.*

### **4.2 Values**

At the Vision, Values and Principles event delegates were also asked to consider the principles included within existing strategic frameworks, such as the NSF and Clinical Governance framework. It was agreed that these values should underpin joint commissioning for adult mental health and social care in Conwy and Denbighshire.

### **4.3 National Service Framework**

The NSF includes 4 key principles, Equity, Empowerment, Effectiveness and Efficiency. Delegates agreed that these principles were relevant to the development of a joint commissioning strategy in Conwy and Denbighshire and should be adopted.

### **4.4 Clinical Governance**

Clinical Governance is a framework through which NHS organisations are accountable for improving the quality of their services and safeguarding high standards whilst creating an environment in which excellence in clinical care will flourish. It is a mandatory requirement and is the present quality initiative operating within the NHS. Clinical Governance makes quality of care an integral part of the NHS and applies to all patient services.

It aims to provide assurances to patients, clinical staff and managers that all aspects of care meet the relevant standards, that the patient's voice is heard and that lessons are learnt from potential/actual problems.

In Wales, Clinical Governance has five themes -

#### **4.4.1 Patient experience**

Involves NHS organisations listening and acting upon the views of patients, service users, their carers and relatives and the public. This should be the focal point of all service design, planning, delivery, review and improvement of services.

#### **4.4.2 Processes for quality improvement**

This theme includes all risk management, clinical audit and effectiveness.

#### **4.4.3 Staff focus**

This relates to ensuring that appropriate staff are recruited, appropriately trained and qualified for the work they undertake whilst also considering skill mix.

#### **4.4.4 Use of information**

Healthcare organisations need to have effective processes in place to ensure that there is effective management of records and all patient identifiable information in relation to confidentiality.

#### **4.4.5 Leadership, strategy and planning**

Effective leadership within organisations will ensure that clinical governance underpins all services, whether through the commissioning process or at clinician level. It also ensures that clinical governance is a shared enterprise between both clinicians and managers thus uniting healthcare professionals in a powerful manner.

### **4.5 Vision, Values and Principles Workshop**

A full day event, known as the “Vision, Values and Principles Workshop” was held on 16<sup>th</sup> February 2007. This event aimed to engage stakeholders in developing the principles that will inform the Joint Commissioning Strategy. A full report is available from the event.

Sixty delegates attended the event, and there was a good cross section of statutory, voluntary and independent sectors, with good representation from service users and carers.

Six workshops looked at an individual’s journey through mental health services, the workshops were -

1. Supporting a service user at home
2. Using primary care services
3. Using a community mental health team
4. Using inpatient services
5. Managing a crisis
6. Social inclusion and stigma

### **4.6 The Principles**

A series of consistent themes emerged from all the workshops and presentations. These themes will become the Principles that underpin the commissioning priorities for Conwy and Denbighshire.

#### **4.6.1 Holistic Approach**

*“Individuals should be treated as a whole person, and not just as a user of mental health services.”*

The recovery approach/model should be adopted throughout all levels of service, from primary care upwards, and across all sectors. Individual’s physical, social and community needs should be considered as relevant to their wellbeing, as their mental health needs.

#### **4.6.2 Community Based Services**

*“Individuals should be able to receive flexible services as close to their home location as possible.”*

Support should be flexible and responsive to changing levels of need. This support should be available within the CMHT services and outside core hours.

Regional and sub-regional approaches should be explored to extending the range of specialist services in North Wales, which would enable individuals who are currently receiving services outside the Conwy and Denbighshire areas to be repatriated.

The role of the CALL Helpline should be promoted.

#### **4.6.3 Carers' Issues**

*“Carers should receive appropriate support to enable them to continue their caring role.”*

Carers' Assessments must be undertaken and where needs are identified in the Assessment, every attempt must be made to meet those needs. Areas of unmet need must be identified and used to inform planning and priority setting.

Carers must be recognised as providing “expert” advice, and should be included in multi-disciplinary planning. Carers should be engaged in developing care plans, and identifying how to manage and avert crises. Confidentiality should not be used as a barrier to sharing risk and information.

Care Plans could identify a range of “safe havens” which can be called on in times of crisis, including friends and family, the voluntary sector and Buddy schemes.

The Expert Carer scheme should be adopted.

Flexible support is as essential for Carers, as it is for service users, and this should be available within the community, from the statutory and voluntary sectors.

Respite is essential for Carers, and whilst access to emergency respite is valued, often it is a couple of hours per week, that is essential to maintaining the caring role.

#### **4.6.4 Health Promotion and Education**

*“Mental health education should be available to all levels of service and all sectors, at an appropriate level.”*

Primary care services need to be as well informed about mental health issues and local services as secondary care services.

Consistent, good quality information needs to be available to service users and carers, and all levels of service and sectors.

Information management systems need to support the Care Programme Approach and Unified Assessment.

Generic mental health awareness training needs to be available to all partners, including those outside the traditional mental health sector, eg, Police. Training should be co-ordinated and shared between partner agencies, to ensure consistency and best value.

Training in specialist areas of mental health, eg, Mental Health First Aid, ASIST (suicide awareness), NOMADS<sup>3</sup>, should be co-ordinated and available across all partner agencies.

Employers should examine their own policies and procedures to ensure that they promote good mental health in the workplace and do not discriminate against service users and carers.

A local response should be prepared to the WAG Mental Health Action Plan.

Local social policies should be assessed for their impact on service users and carers, and also the potential impact on rural communities.

#### **4.6.5 Communication**

*“Communication should be timely, and appropriate to the situation.”*

Professionals must take time to communicate with service users and carers, in particular at times of additional anxiety, eg, at admission to an inpatient unit, to reassure carers, that “it is okay not to visit every day.” When planning a discharge full discussions should take place with the service user and carer and, where appropriate, the voluntary sector, to ensure that a holistic approach is adopted, and includes housing needs, social and community needs.

Relevant phone numbers should be included on care plans, including who to contact in a crisis.

Information on voluntary agencies and support groups should be available to service users and carers, especially when engaging with mental health services for the first time, or when there are changes to circumstances.

#### **4.6.6 Housing**

*“Good quality housing should be available to all mental health service users and their carers.”*

Good quality appropriate housing is essential to mental wellbeing and plays a significant role in recovery and maintaining mental health.

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<sup>3</sup> Service User Theatre Group

Mental health service users and their carers should have equal access to housing, and must not be discriminated against when renting or purchasing a home.

People with mental health needs must be considered when the Local Authorities are planning housing needs.

The development of a local retreat house or safe haven should be considered, which is available for short periods of respite.

#### **4.7 Equality & Impact Assessment – undertake & add as appendix**

It is a requirement of the NSF, that all adult mental health strategies and policies will be subject to an equality impact assessment. An equality impact assessment has been undertaken on this joint commissioning strategy. A full equality impact assessment will be undertaken on the joint commissioning strategy, following extensive stakeholder consultation.

## **5. KEY STRATEGIC DRIVERS**

Although this strategy identifies priorities for local commissioning in Conwy and Denbighshire, there are some national drivers which will impact on local priorities.

### **5.1 Mental Health Bill**

The Draft Mental Health Bill will progress through Parliament during 2007. The proposed Bill has been revised to ensure integration with the Mental Capacity Act (2005), and the Bournemouth recommendations.

The draft Bill, in its current format, will place an increasing demand on local services and commissioners. However, Conwy and Denbighshire must ensure that commissioning arrangements and service providers are prepared to implement the requirements of the Bill.

### **5.2 Mental Capacity Act (2005)**

The Mental Capacity Act (2005), (MCA) has a wide ranging responsibility, and will have implications for service areas outside mental health.

The Act includes a requirement for each local area to commission an Independent Mental Capacity Advocacy Service (IMCAR). Current proposals are to commission a service jointly across Conwy, Denbighshire and Flintshire, utilising existing expertise within voluntary sector services currently providing advocacy to a range of client groups.

### **5.3 “Raising the Standard;” The Revised National Service Framework and Action Plan for Wales (2005)**

The revised National Service Framework (NSF) for Wales and Action Plan, was published in October 2005. The NSF sets the standard for adult mental health services in Wales, with a number of key actions and associated timetable for delivery. Key Action 16 requires that local action plans are developed in response to the national action plan. A joint Conwy and Denbighshire, Adult Mental Health and Social Care Action Plan has been developed, and ratified through the respective corporate processes. This plan outlines the local interpretation of the national action plan, the requirements necessary to deliver the NSF locally and the mechanisms for monitoring performance.

### **5.4 Baseline Reviews**

The Wales Audit Office published its Adult Mental Health Services Baseline Review of Conwy and Denbighshire LHB's and Unitary Authorities in October 2005. The recommendations within these reviews have been incorporated into the local action plan.

### **5.5 Service and Financial Framework Targets**

A number of health service targets are agreed each year, these Service and Financial Framework (SaFF) targets are agreed across Wales and aim to improve quality of service. The AMH targets for 2005-06 are as follows –

**Table 1 - SAFF Targets for AMH 2005/06**

<b>Target Number</b>	<b>Summary Description</b>	<b>Target Date</b>
Target 17	All health communities to put in place mental health “Crisis Resolution and Home Treatment” services.	31 <sup>st</sup> March 2006
Target 18	Improve the therapeutic outcomes and de-stigmatise the mental health ward environment ... through the implementation of the Tidal or Re-focussing model of care.	31 <sup>st</sup> March 2006
Target 19	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 for adults, by 15%, compared with the 2004 – 05 average.	31 <sup>st</sup> March 2006

**Table 2 - SAFF Targets for AMH 2006/07**

<b>Target Number</b>	<b>Summary Description</b>	<b>Target Date</b>
Target 14	All patients subject to CPA who are assessed to require access to evidence based psychological therapies will commence therapy within 3 months.	31 <sup>st</sup> March 2007
Target 15	All LHB’s will strengthen mental health services in general practice to support whole system models of care, and specifically to provide additional Tier 1 mental health services in primary care.	31 <sup>st</sup> March 2007
Target 16	To reduce the number delayed transfers of care in mental health facilities per 10,000 population.	31 <sup>st</sup> March 2007
Target 17	To reduce the number of days delayed for delayed transfers of care in mental health facilities per 10,000 population.	31 <sup>st</sup> March 2006

**Table 3 - SAFF Targets for AMH 2007/08 (Draft)**

<b>Target Number</b>	<b>Summary Description</b>	<b>Target Date</b>
Target 21	The health community will implement all milestones for 2007 – 08, contained within the approved Local Mental Health Action	31 <sup>st</sup> March 2008

	Plans.	
Target 22	All trusts who provide mental health services will establish a baseline for people on enhanced CPA who have disengaged or are at risk of disengaging from services.	31 <sup>st</sup> March 2008
Target 16	To reduce the number of delayed transfers of care and number of bed days in mental health facilities per 10,000 population.	31 <sup>st</sup> March 2008

Conwy and Denbighshire have commissioned a phased approach to implementing Crisis Resolution/Home Treatment, and the first phase has been introduced into North and Central Denbighshire and East Conwy. It has been shown that the majority of admissions to the Ablett inpatient unit are from these areas, and therefore the service can have maximum impact on admissions by targeting these areas.

Implementation of Phase 2 will be dependent on the Service Change and Efficiency plan releasing resources to invest into the CR/HT service.

## 5.6 The Review of Health and Social Care in Wales

This independent review by Derek Wanless<sup>4</sup> was issued in 2003. It takes an evidence-based assessment of the long-term resource requirements for the NHS in Wales.

The review concludes that in order to meet people's expectations and to deliver the highest quality over the next 20 years, the UK will need to devote more resources to health care and that this must be matched by reform to ensure that these resources are used effectively.

The review supports the NSF based approach, however, it highlights increasing patient expectations as increasing over the next 20 years, believing that patients and the public will expect safe, high quality treatment, fast access, integrated joined-up systems, comfortable accommodation and patient centred services. The current level of resourcing will not sustain this vision.

The consultation generated a consensus that better productivity is required to ensure a substantial improvement in the way the health service uses its resources including an increased focus on partnership working across the sectors and a larger and more positive impact on health needs, focusing on health promotion and disease prevention.

The review acknowledges that the health of people in Wales is relatively poor. Many lead unhealthy lifestyles, and although rising resources and improving productivity are increasing the supply of health and care services, this is being outstripped by more rapidly growing demand. Large and increasing numbers are not receiving social services after assessment, and hospital waiting lists and times are unacceptably long.

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<sup>4</sup> Review of Health and Social Care in Wales (2003) Wanless et al

The current configuration of health services places an insupportable burden on the acute sector and its workforce. This is the most expensive part of the system. More acute beds are not a viable or effective long-term response. Actions to reconfigure provision, release acute capacity and raise productivity are needed alongside a rebalancing of the system to meet need earlier in the 'care pathway' and improvements in the way in which the parts of the system work together.

The review recommends -

- a much greater emphasis on preventing ill health and early intervention in order to raise public awareness of its importance to the ability of health and social care services in Wales to meet future demand.
- further research to enable an evidence-based approach to policy making
- greater emphasis on public health/prevention expenditure in Wales, to inform future policy making and resource allocation decisions.
- a review of the pattern of health and social care services, with radical redesign
- the development of clear principles to drive evidence-based commissioning and delivery of health and social care services

## **5.7 Designed for Life**

Designed for Life<sup>5</sup> builds on the work already begun in the Wanless review of services, and outlines the approach necessary to achieve the goals. Designed for Life adopts a "design philosophy" which focuses on three main aims: lifelong health, fast, safe and effective services and world class care. The principles will be a sustained effort to promote independence, easier access to information, more services provided closer to home and clearer signposting.

## **5.8 Designed for North Wales**

Following the publication of Designed for Life, the three Wales regions undertook a local review which would inform local planning and priority setting. In view of the detailed all-Wales review of adult mental health services, mental health was not included in the review of acute care. The Designed for North Wales consultation document was issued in 2006, and sets out a vision for the health community and plans for major hospital services.

## **5.9 Making the Connections**

Making the Connections<sup>6</sup> is the Welsh Assembly Government's vision of public services for Wales. It has four principles for better services:

- Citizens at the centre. Effective services will be designed and delivered with the active participation of citizens, communities and businesses. Services should be more responsive and easy to access.
- Equality and social justice. Every citizen must have the opportunity to contribute to the social and economic life of Wales.

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<sup>5</sup> Designed for Life (2005), Welsh Assembly Government

<sup>6</sup> Making the Connections: Delivering Better Services for Wales (2004)

- Working together. Improved co-ordination will deliver sustainable, top quality and responsive services. Services should be delivered by whichever organization is best placed to secure the desired outcomes.
- Value for money. Resources must be maximized to front-line service delivery, with increased sharing of support organizations to achieve efficiencies.

### **5.10 Beyond Boundaries, Citizen Centred Local Services for Wales (2006)**

WAG established this review<sup>7</sup> in July 2005, as part of the action plan for implementing “Making the Connections.” The review focussed on the cross cutting themes -

- organisational structures
- governance and accountability
- performance management
- strategy and planning
- business process
- finance

The report highlights the need to invest in leadership and workforce skills, focussing on cross boundary working, in order to deliver high quality services for the future. This will be facilitated through leadership programmes, supporting organisational change and better employment practice.

The review also promotes local delivery of services and fostering increased local pride, ambition and accountability.

The review explicitly promotes joint working to achieve tangible benefits for citizens. It recommends that partnership working should be consistent at all levels, from improving care pathways across health and local government, to ambitious joint commissioning and shared provision of services, championing the community focused model of care.

The review recommends moving away from voluntary co-operation to pooled sovereignty models of joint working and joint prioritisation.

### **5.11 Fulfilled Lives, Supportive Communities (2006)**

Fulfilled Lives, Supportive Communities<sup>8</sup> is an initial response to the review of local service delivery “Beyond Boundaries”. This draft ten year strategy sets out the role of Social Services in the context of work with vulnerable people and proposes a vision for the next 10 years.

The strategy recommends that social services must continue to be a key service within local government, as a key part of their role in promoting wellbeing and social inclusion. Social services also has close links with other local authority functions, such as housing, education, youth services, and economic and community

<sup>7</sup> Beyond Boundaries, (2006) Citizen Centred Local Services for Wales; Beecham J, et al

<sup>8</sup> Fulfilled Lives, Supportive Communities, WLGA (2006)

regeneration. Social services will need to continue to work closely with the NHS, as a key partner.

Initial responses to the consultative draft document have identified a lack of clear focus on adults with mental health problems. It is anticipated that the final draft will address this.

### **5.12 Review of AMH services and Commissioning in Wales**

WAG has commissioned a review of AMH services and commissioning arrangements in Wales and this is due to report in Autumn 2007. This review will provide direction for local, regional and national commissioning.

### **5.13 Health, Social Care and Wellbeing Strategies, 2008 – 2011**

Each local authority and LHB are required to work together to produce a HSCWB strategy. The second phase of HSCWB strategies will provide a partnership approach to local priorities. However, the HSCWB strategies will also be required to respond to national strategic drivers, eg, NSF.

A needs assessment is required to underpin the development of the HSCWB strategies and NPHS are currently supporting the development of a Conwy and Denbighshire AMH needs assessment, which will be used to inform this commissioning strategy and the HSCWB strategy for Conwy and Denbighshire.

### **5.14 Local Planning Groups**

The Conwy MAP and Denbighshire MHPG will identify key local priorities, often focussing on specific areas of service delivery or unmet need. These priorities will be used to inform the commissioning process and the development of the HSCWB strategies.

## **6. RELATIONSHIPS WITH OTHER STRUCTURES AND FORUMS**

### **6.1 Planning Groups**

In both Conwy and Denbighshire multi-agency joint strategic planning groups contribute to the informing the commissioning process. Both groups have good representation from the statutory and voluntary sectors, with service user and carer representation.

A workshop was held in June 2006 to help the planning groups identify ways in which they could contribute more effectively to the commissioning process.

The workshop also explored opportunities for closer joint working across both counties, although it was agreed that a strategic planning group should exist in both counties. This is also a key action (18) within the National Service Framework.

#### **6.1.1 Conwy Management and Policy Group (MAP)**

The Conwy MAP group meets monthly and is currently chaired by the voluntary sector, with administrative support provided by the statutory sector.

The group has very clear links to the Health, Social Care and Wellbeing Strategy (HSCWB), including developing the mental health priorities for the 2005 – 08, and monitoring performance against those priorities.

It is envisaged that the MAP group will also have a key role in developing the priorities for the 2008 – 2011 strategy.

#### **6.1.2 Denbighshire Adult Mental Health Planning Group**

The Denbighshire Mental Health Planning Group (DMHPG) is chaired by the statutory sector and administrative support is also provided by the statutory sector.

DMHPG has less clearly defined links to the HSCWB strategy than the Conwy MAP, although was a key stakeholder in consultation on the first round. The group is not responsible for monitoring performance against the HSCWB targets.

The group has been responsible for identifying priorities for funding and has had a key role in identifying and prioritising projects for funding, eg, Supporting People with Disabilities and WAG Additionalities monies.

### **6.2 Create Model**

It has been proposed that a multi-agency network, currently named CREATE, and based on a model adopted in South Wales, will be set up to improve communications between the voluntary and statutory sectors. Current proposals recommend focussing on operational functions in the first phase of development.

The CREATE model will be supported by the following joint Conwy and Denbighshire thematic sub-groups, based on identified areas of need –

- CADRIG – Conwy and Denbighshire Rural Interest Group
- CADET – Conwy and Denbighshire Employment and Training
- CADAN – Conwy and Denbighshire Accommodation Network

This structure allows for Conwy and Denbighshire to identify other specific thematic priorities, and establish supporting groups as appropriate, for example, Conwy's review of Bron Haul and the North Denbighshire review of Day Services.

### **6.3 NSF Group**

At a recent review of the Joint NSF and Clinical Advisory Group (CAG), it was agreed that combining the two functions has not been effective, therefore it was agreed to revert to separate NSF and CAG groups, with clearly defined responsibilities.

Responsibility for monitoring performance against the NSF and Local Action Plan, was considered as part of the review of the multi-agency county-planning groups and it was agreed that this should sit outside the local planning groups, and with a joint Conwy and Denbighshire group. Therefore the NSF group has responsibility for monitoring the NSF and the Joint Local Adult Mental Health and Social Care Action Plan.

The NSF group is supported a structure of six sub groups –

- Operational
- Information
- Commissioning
- Support Services
- Quality Management
- CPA/UAP

Each of these sub-groups is responsible for a collection of key actions across a common area. The chairs of the sub-groups are required to provide a regular report of progress on the key actions.

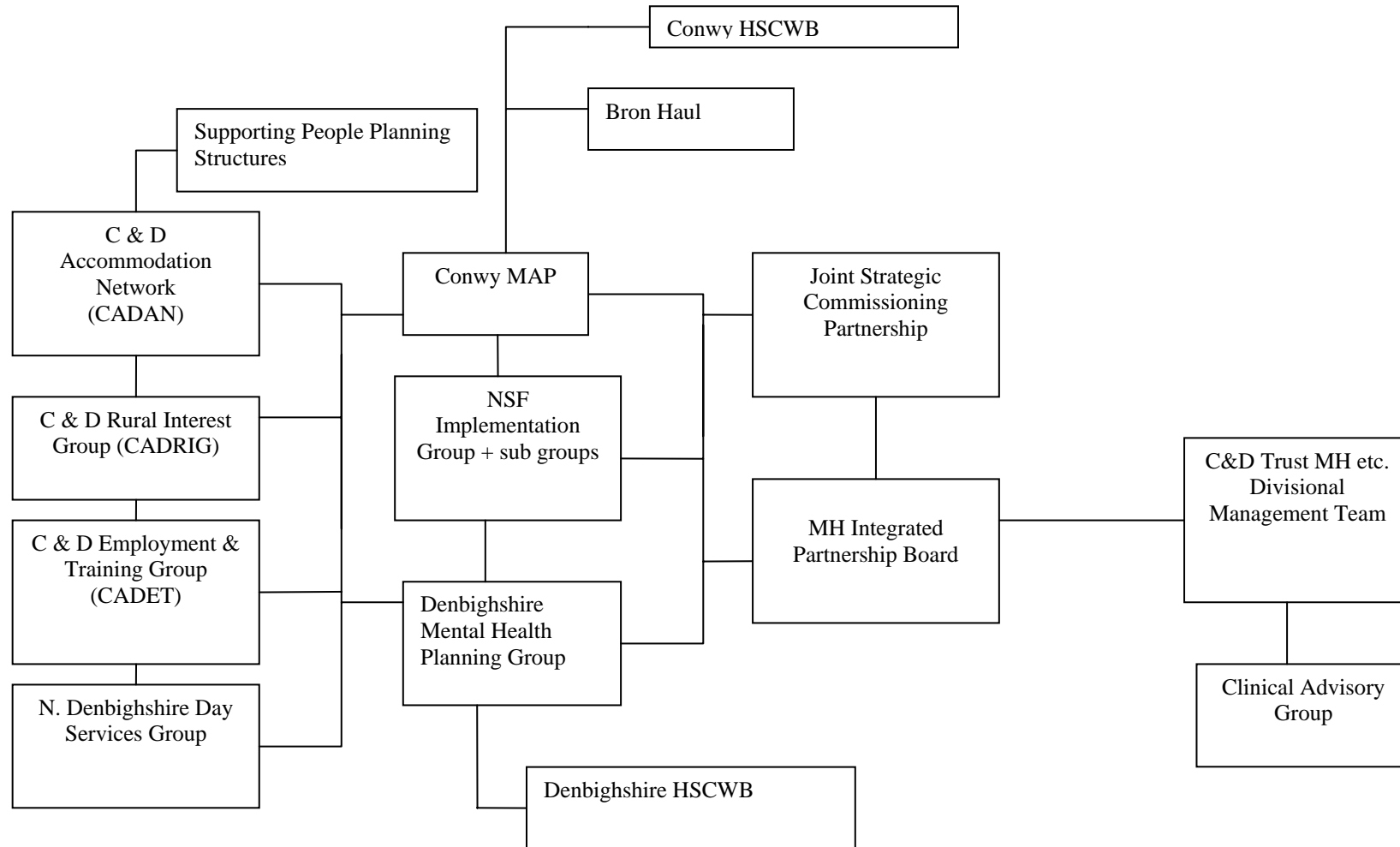
The NSF group does not have responsibility for addressing performance issues, however, it has a duty to raise any areas of exceptional performance with the appropriate body, ie, the Integrated Partnership Board or Commissioning Partnership.

This group meets quarterly.

### **6.4 Inter-relationships of Adult Mental Health and Social Care Groups**

During 2006 – 07 the Integrated Partnership Board requested clarification of the various groups, and a paper was produced, with a range of options. After consultation with the Conwy MAP, Denbighshire Mental Health Planning Group, NSF group, JSCP, the sketch shown at Figure 5 was approved by the Integrated Partnership Board on 5<sup>th</sup> April 2007.

**Figure 6 Inter-relationships of Conwy and Denbighshire Adult Mental Health and Social Care Groups**



## **6.5 Integrated Adult Mental Health and Social Care Partnership**

The Conwy and Denbighshire Adult Mental Health and Social Care Partnership was established under a legal Section 31 Health Act (1999) agreement, which sets out the responsibilities of the partnership. The Partnership was adopted for a 4 year period from 4<sup>th</sup> July 2005. Responsibility for the operational delivery of services provided by Conwy and Denbighshire Local Authorities and the Conwy and Denbighshire NHS Trust has been delegated to the integrated partnership.

The partnership is overseen by a Partnership Board with responsibility for the delivery of adult mental health and social care services in Conwy and Denbighshire. The Partnership Board membership includes representation from the voluntary sector and service users and carers who are full members of the Board.

This is the first Integrated Partnership of its type in Wales.

## **6.6 Service User and Carer involvement in Commissioning**

There are three service user groups in Conwy and Denbighshire, Sunrise, North Denbighshire Survivors Network and Reflections provide representatives for the various planning forums. There is sometimes a lack of clarity regarding the representational role of service user and carer members on groups.

Service users and carers are engaged in planning and influencing specific commissioning, de-commissioning and re-commissioning projects, for example, the review of Bron Haul and the commissioning of the joint advocacy service.

The Personal Assistant (PA) to the three Service User and Carer Board Members supports service users and carers in taking an active part in the role of the Partnership. This function will be reviewed, to ensure the most effective engagement of services users and carers in the development of mental health services.

## **6.7 Relationships with Joint Strategic Commissioning Partnership**

The county planning groups are frequently used as consultative forums, as part of the commissioning process. The groups are also asked to make recommendations to the commissioners relating to commissioning decisions. Both groups are engaged in making recommendations regarding specific commissioning decisions, eg, the closure of Bron Haul, in Conwy.

The county planning groups have a responsibility to ensure that issues which require a commissioning response are raised with the Commissioning Partnership.

The NSF group has a duty to identify areas of exceptional performance and raise these with the appropriate forums, eg, Commissioning Partnership.

## **7. NEEDS ASSESSMENT**

A detailed needs assessment has been undertaken by the National Public Health Service during 2006.<sup>9</sup> This needs assessment will also inform the development of the HSCWB Strategies (2008 – 11) in Conwy and Denbighshire.

The needs assessment provides a local focus for adult mental health services in Conwy and Denbighshire, and provides a comparison with national and regional perspectives.

This chapter summaries the significant findings from the needs assessment, however, the full document provides significant detail and should be considered as part of the range of supporting evidence for this commissioning strategy.

The significant findings within the needs assessment will inform the joint commissioning priorities for adult mental health and social care services in Conwy and Denbighshire.

### **7.1 Prevalence of Mental Ill-Health**

From the needs assessment it is clear that both Conwy and Denbighshire have significantly higher rates of mental ill-health than other areas of Wales. Although there is a high incidence of mental illness amongst the 45 – 64 age group, which would suggest a potential impact on older people's services in the future, Denbighshire, in particular, has a significantly high rate of mental illness amongst people under the age of 25.

Admissions to acute mental health facilities are higher in Denbighshire than anywhere else in Wales.

The number of adults in Denbighshire who are supported to live at home is higher than the Wales average, which may suggest the potential for an impact on carers.

### **7.2 Wider Determinants of Health**

People living in poverty can be expected to have higher rates of mental illness, and this is likely to affect areas of the urban areas of Rhyl and Upper Denbigh. However, there are clear indicators for mental ill-health in the rural areas of Conwy and Denbighshire, and rural residents experience poverty of access to services, transport and choice.

The majority of services are based in the urban areas, and the majority of admissions to inpatient facilities are from urban areas, including Rhyl, Colwyn Bay and Denbigh.

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<sup>9</sup> Cunnah, F. (2007) Mental Health (Adult), Current Information and Issues that impact on the Mental Health and Illness of Adults of Working Age within the Counties of Conwy and Denbighshire

### **7.3 Housing and Employment**

Access to good quality housing for people with mental health needs is limited, and support is not always available outside office hours.

The “Want to Work Programme” identifies that half the people on the scheme, who are unable to work for health reasons identify mental ill-health as the main barrier to accessing employment.

### **7.4 Suicide Rates and CALL Helpline**

Standardised suicide rates are significantly higher in Conwy and Denbighshire than the rest of Wales. Further work was undertaken to breakdown the suicide data into localised categories, and this data correlates with the information provided by the CALL Helpline.

### **7.5 Prescribing Patterns**

Conwy and Denbighshire have higher than average rates of prescribing medicines for mental health problems, although some prescribing costs have reduced recently, which may be due to reductions in costs of some medications.

## **8. MARKET ASSESSMENT**

### **8.1 Tier Zero**

WAG has produced a draft Mental Health Promotion Action Plan for Wales<sup>10</sup> Consultation Document. The local planning groups have expressed an interest in developing a local mental health promotion action plan. The Adult Mental Health Needs Assessment identifies the need to map and assess mental health promotion activity in Conwy and Denbighshire.

### **8.2 Tier One Services**

#### **8.2.1 Primary Care**

There are 19 Primary Care practices in Conwy and 16 in Denbighshire. All the Primary Care Practices are supported by a Primary Care Link Worker, provided by the CMHT. The service bridges primary care and secondary care, and aims to support people who are subject to CPA and have moderate to severe mental health problems, by providing specialist mental health support within a primary care setting.

A baseline assessment for SAFF Target 15 (2006 – 07), (psychological services in primary care), revealed inconsistencies in identifying need and accessing training in primary care.

The review also revealed a general disinvestment in counselling services, since the provision of primary care link workers. Practices are not funded to provide counselling services, any costs incurred must be met from the General Medical Services (GMS) Contract. There are no incentives, financial or otherwise, to provide counselling. However, primary care link workers have identified that some of the referrals they receive are inappropriate.

The Wales Mental Health in Primary Care Network (WaMH in PC) was established under the auspices of the Royal College of General Practitioners and provides a focus for those with interest in mental health in primary care and a forum to share information and generate innovation within Wales. The Network arranges conferences and is currently establishing a Mental Health Declaration and Gold Standard Framework for Mental Health in primary care.

#### **8.2.2 Quality and Outcomes Framework**

The Quality and Outcomes Framework (QOF), for 2006 - 07 includes a number of clinical domains. The mental health and depression domains include a number of indicators, see table below –

#### **Table No 4 – Quality and Outcomes Framework**

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<sup>10</sup> Mental Health Promotion Action Plan for Wales: Consultation Document September 2006

<b>Mental Health</b>		
No	Indicator	Points
MH8	The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses.	4
MH9	The percentage of patients with schizophrenia, bipolar affective disorder, and other psychoses with a review in the preceeding 15 months. In the review there should be evidence that the patient has been offered routine health promotion and prevention advice appropriate to their age, gender and health status.	23
MH4	The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceeding 15 months.	1
MH5	The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months.	2
MH6	The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between the individuals, their family and/or carers as appropriate	6
MH7	The percentage of patients with schizophrenia, bipolar affective disorder, and other psychoses, who do not attend the practice for their annual review, who are identified and followed up by the practice team within 14 days of non-attendance	3
<b>Depression</b>		
No	Indicator	Points
DEP 1	The percentage of patients on the diabetes register and/or the CHD register for whom case finding for depression has been undertaken on one occasion, during the past 15 months, using two standard screening questions.	8
DEP 2	In those patients with a new diagnosis of depression, recorded between the preceeding 1 <sup>st</sup> April to 31 March, the percentage of patients who have had an assessment of the severity at the outset of treatment using an assessment tool validated for use in primary care.	25

Compliance with the QoF is monitored at annual review by the LHB's. The threshold to trigger the target is a minimum of 40%, and peaks at 90%, there is no additional incentive to reach 100%.

### **8.2.3 Directed Enhanced Service for Care of People with Mental Illness**

A Directed Enhanced Service (DES) specification for the care of people with mental illness provides a financial incentive for practices which chose to opt in to the DES. This DES relates to patients who are subject to the enhanced Care Programme Approach (CPA), and requires practices to –

- Develop and maintain a list of those individuals who are notified to them as being in receipt of enhanced CPA
- Complete the standard severe mental illness report
- Send a copy of the report to the lead consultant and CPA Co-ordinator

For each report the practice is paid £80.

Only one practice in Conwy and one practice in Denbighshire have opted out of the DES for care of people with mental illness, no reasons are given for this decision. The LHB's have a responsibility to the patients who meet this criteria, and is currently investigating alternative arrangements to ensure that these patients are not disadvantaged.

#### **8.2.4 National Enhanced Service - Specialised Care of Patients with Depression**

As a supplement to the GMS, a National Enhanced Service (NES) specification for specialised care of patients with depression has been drawn up. However, none of the LHB's in North Wales has implemented this enhanced service.

The service outline is over and above the QoF and the DES for SMI. It requires that practices –

- Produce and maintain an up to date register of depressed patients
- Apply a multi-disciplinary approach to treatment of depression
- Use cognitive behavioural therapy
- Use screening procedures
- Undertake appropriate training
- Maintain personal health plans
- Make referrals and inquiries as clinically directed
- Review – including an audit of –
  - The register of patients
  - Anti-depressant medication
  - Feedback from patients and carers

Each practice contracted to provide this service is entitled to receive an annual retainer of circa £1,000 plus an annual payment of circa £100 per patient.

The service specification also requires practices to satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence necessary to enable them to deliver the enhanced service. There is some anecdotal evidence that practices may be reluctant to deliver this enhanced service, as any additional costs associated with accreditation would be borne by the practice.

#### **8.2.5 Wales Action for Mental Health in Primary Care**

The Wales Action for Mental Health in Primary Care (WaMH in PC) network brings together people with an interest in mental health in primary care services. The Network has developed a declaration to improve mental health and is in the process of developing a Gold Standard Framework for mental health in primary care. It is envisaged that the Gold Standard Framework will be optional.

### **8.2.6 Primary Care Prescribing**

Both Conwy and Denbighshire have high rates of mental health prescribing, although some costs have reduced, in response to a reduction in the cost of some medications.

### **8.2.7 Supporting People**

Supporting People is a Government programme, which started in April 2003, to fund and plan housing related support to vulnerable people in different types of accommodation in the community. The Supporting People programme aims to fund and ensure quality housing related support services are provided to enable people the opportunity to live independently at home for as long as they wish or are able to do so. The Supporting People programme is managed by the Local Authorities.

In recent years, the Supporting People budget has been cut, and although priorities for development have been identified, no funding has been available to meet this need.

Supported living schemes in Conwy and Denbighshire have been established utilising the Supporting People Programme, to provide independent living opportunities for tenants.

**In Conwy**<sup>11</sup> Services are provided by a range of independent, voluntary and inhouse providers.

The Priority areas for action have been identified as follows :

- The development of 1.5 discharge support worker posts to facilitate discharge from Conwy and Denbighshire inpatient services.
- The development of single person supported living accommodation.
- Furnished self-contained accommodation offering floating support/peripatetic support.
- The development of accommodation services in a safe environment, near
  - social networks and facilities such as GP's, transport links and shops.
  - Review Adult Community Support Service (formerly Vulnerable Adults Service) Remodel SPRG funded services.

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<sup>11</sup> Conwy Supporting People Operational Plan (2006 -07)

**In Denbighshire**, 2005 – 06, Supporting People funding on services for people with mental health needs is £499,393, which is 8.4% of the total expenditure, of £5,932,630.<sup>12</sup>

The percentage of individuals with an identified mental health lead need, is 6%, however, when hidden homeless needs are added, this rises to 8%. It has also been acknowledged that many client groups, in particular those who present with drug and alcohol, domestic abuse and offending issues, also have a mental health problem, but are not identified within the needs mapping.

A range of providers are commissioned to provide a range of support services. The providers include the independent and voluntary sectors, and statutory providers.

The mental health priority for new development is the development of 24 hour staffed temporary accommodation for 3 – 6 people who are homeless and/or have mental health needs. The annual costs have been estimated at £58,615.

### **8.2.8 Voluntary Sector Services**

The voluntary sector provides services across both Tiers One and Two, although the majority of individuals using mental health voluntary sector services are also known to secondary care services. The sector has seen a significant growth in development over the past 5 years, and is now a key provider of services within Conwy and Denbighshire. The area is well supported by the voluntary sector, although activity has focussed on the coastal strips in both counties.

Unllais provides an umbrella support service to mental health organisations across both counties, and the County Voluntary Service Councils support the generic voluntary sector.

Local Mind Associations operate in Conwy and Denbighshire and Hafal provides a range of services in both counties. Cam Ymlaen provides employment services along the coastal strip in Conwy.

The voluntary sector is funded via a range of sources, including services commissioned via the Conwy and Denbighshire statutory sectors, charitable grants, such as Big Lottery and European Grants. Many funding streams are short term, which contributes to an instability within the sector.

In recognition of the challenges facing the voluntary sector, both Conwy and Denbighshire have commenced a process of formalising joint commissioning arrangements between the Local Authority and LHB. This will also move the voluntary sector from short term grant arrangements to a longer term, sustainable commissioning arrangement. Some concern exists amongst the voluntary sector providers that smaller organisations will be disadvantaged, and a move towards

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<sup>12</sup> Denbighshire Supporting People Operational Plan (2007 – 08)

more formalised contractual arrangements may compromise the sector's independence.

### **8.3 Tier Two Services**

Within Conwy and Denbighshire the main statutory tier two provider of adult mental health services, is the Integrated Partnership.

The Partnership's combined annual budget (2005 – 06) is £5,412,000,<sup>13</sup> and employs a total of 210 whole time equivalent health and social posts within the partnership.

#### **8.3.1 Community Support Services**

The Community Support team in Conwy provides a flexible service to individuals who are receiving a service from the two Community Mental Health Teams (CMHT's) in Conwy.

In Denbighshire community support is available at St Winifred's Day Centre in Rhyl, Trefeirian in Denbigh and Oakleigh in Llangollen. The traditional Day Centres provide support to a diminishing number of individuals, and will be subject to a review of their roles in 2006 – 07.

#### **8.3.2 Community Mental Health Teams**

Conwy and Denbighshire residents are supported by 5 CMHT's. In Conwy the two CMHT's are Roslin which provides services to Western and rural Conwy, and Nant y Glyn which provides services to Eastern Conwy, including Colwyn Bay and Abergele. There are 3 CMHT's in Denbighshire, Hafod, providing services in the Rhyl area, Tim Dyffryn Clwyd, providing services in the Vale of Clwyd and Oakleigh, providing services in South and rural Denbighshire.

#### **8.3.3 Home Treatment Team**

A Crisis Resolution/Home Treatment service was commissioned in line with SaFF priorities in 2006. The service aims to avert unnecessary hospital admissions by providing intensive support to an individual and carers who would otherwise require inpatient admission. The service will also facilitate early discharge from hospital.

Phase 1 of the service has been commissioned to provide services within the Nant y Glyn, Hafod and Tim Dyffryn Clwyd CMHT areas. Phase 1 has been commissioned with a range of new funding streams and transfer of resources.

Recommendations are being sought to develop a service model to provide Home Treatment services throughout Conwy and Denbighshire. The development of

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<sup>13</sup> Annual Report, (2005 – 06), Mountford, J

Phase 2, is dependent on the impact that Phase 1 can make on inpatient services and the SCEP 4 scheme releasing funding to develop the service.

### **8.3.4 Supportive Outreach Team**

This team provides a service across Conwy and Denbighshire, and supports individuals who are present a high risk and problems with engagement with conventional CMHT.

### **8.3.5 Psychiatric Liaison Service**

The nurse led Psychiatric Liaison Service operates at Ysbyty Glan Clwyd on a daily basis from 9/5 pm with out of hours provision from junior medical staff based at Ablett. Referral pathways are established with the busy A&E department and elsewhere throughout the in-patient wards. Staff provide advice, guidance and specialist assessment in respect of patients over the age of 16 including the elderly. Education and training are also provided to medical staff and there is an emphasis on research and development within the team. The more common presentations include assessing patients following self-harm and provision of cognitive assessment and management advice of confused patients. The team also accept referrals for conditions such as anxiety and depression and offers advice on the management of alcohol and drug withdrawal. There is close contact with colleagues based within the community mental health and substance misuse teams, with links to voluntary sector providers also pursued. Another aspect of the service is a follow-up clinic for short term support following hospital presentation.

### **8.3.6 Acute Inpatient Services**

Acute inpatient services are provided by three psychiatric units, based on the district general hospital sites: the Ablett unit at Ysbyty Glan Clwyd, which provides services to residents of Denbighshire and East Conwy, the Hergest unit at Ysbyty Gwynedd, which provides services to residents in West Conwy, and Llwyn y Groes which provides services to residents of South Denbighshire. The three units also provide psychiatric intensive care unit (PICU) services.

The Ablett unit has 50 acute adult mental health beds and 4 “extra care” beds for short term management of people with behavioural problems. The Hergest provides approximately 10 beds for Conwy residents and Llwyn y Groes provides approximately 5 beds for Denbighshire residents.

Inpatient Elderly Mental Health (EMH) services are also provided at the three units.

### **8.3.7 Tan y Castell and Ruthin Housing Scheme Rehabilitation Service**

Tan y Castell is an 8 bedded rehabilitation unit based in Ruthin with hospital status, for residents of Conwy and Denbighshire. The unit provides rehabilitation services to individuals with severe mental health needs.

The Ruthin Housing Scheme currently provides accommodation and 24 hour care. There are opportunities to re-model the service, which is well accepted in the community, to play a more effective role in step-down facilities from Tan y Castell.

### **8.3.8 Bron Haul – Respite Service**

This 9 bed unit is based in Penmaenmawr, is owned by Conwy County Borough Council and provides a range of services for Conwy residents with severe and enduring mental illness. It has been the subject of an intensive review and consultation, and recommendations have been accepted to close the unit and reconfigure the services to meet identified need, including respite, supported housing and additional day services.

## **8.4 Tier 3 Services – Regional Services**

The independent sector has expanded significantly over the past 5 years as a provider of services. Both Conwy and Denbighshire are dependent on the independent sector to provide additional services over and above those provided by the statutory sector, in particular interventions for people whose needs are more challenging, including rehabilitation and low secure services.

Conwy and Denbighshire also has a high proportion of independent sector providers who are providing services for people from outside the area. This places an additional burden on local statutory and voluntary sector services.

A review of the independent sector in Conwy and Denbighshire was undertaken during 2006, to ascertain the potential impact on statutory mental health services of residents placed in Conwy and Denbighshire by external authorities.

The majority of arrangements with the independent sector are reactive, and micro-commissioning arrangements exist on an individual basis. No block purchase arrangements exist with the independent sector.

## **8.5 Tier 4 Specialist Services**

### **8.5.1 Medium Secure – Ty Llewelyn**

The North Wales medium secure unit is Ty Llewelyn at Llanfairfechan. Ty Llewelyn also has a responsibility to provide support and guidance regarding the management of patients requiring a secure environment to mainstream mental health services.

Medium secure services are commissioned via Health Commission Wales.

## **8.6 Service User and Carer Groups**

There are 3 recognised service user groups in Conwy and Denbighshire, Sunrise operates in Conwy, North Denbighshire Survivors Network (NDSN) and

Reflections in Denbighshire. All three organisations facilitate representational activities, although this is probably most effective in tier two. NDSN and Reflections also provide social activities.

## **8.7 Developing the Sectors**

A move towards formalised, sustainable relationships with providers benefits both the commissioner and provider. This will provide an incentive for existing organisations to develop their capacity and respond to local need.

Both Conwy and Denbighshire are working towards long term joint commissioning arrangements between health and social care. This will ensure that services are provided in response to identified need, and offer increased stability to providers.

Formalised commissioning arrangements, eg, block purchasing of services, will also act as an incentive for new providers to move into the market. However, some caution must be exercised where independent providers are responding to need from outside the area, which will place an increased demand on local services.

## **9. RESOURCE ANALYSIS AND MAPPING**

### **9.1 Pooled Budgets**

Pooled budgets are where two or more organisations agree to manage their financial resources as a joint resource.

There are no current examples of pooled budgets in commissioning within Conwy and Denbighshire. Although pooled budgets would appear to simplify management arrangements and therefore reduce resource implications on the partners, there are complex legal requirements on both health and social care services to ensure compliance with statutory duties. It could be beneficial to consider pooled budgets for specific projects or tasks, and these should be supported by clear contractual arrangements, which identify the governance arrangements and agreement for managing any associated risk.

Other considerations include the Value Added Tax (VAT) implications. Local Authorities are currently entitled to charge and claim VAT on eligible services and products. However, LHB's are not entitled to charge or claim VAT. Where budgets are pooled, arrangements must be made to ensure that re-charging arrangements are robust and commissioning arrangements take account of the VAT arrangements.

The Integrated Partnership Board has not adopted pooled budgets, although they are currently under consideration for specific priorities, eg, training.

Where joint priorities for development are identified, but not matched by equitable resources, this can lead to tensions within the commissioning partnership. Local accountability to elected members, in particular, will ensure that each county prioritises the needs of its own residents.

### **9.2 Resource Allocation Formulas**

A range of formulas are used to calculate inputs across the commissioning partners, and this can lead to inequity in resource allocations. Although Conwy and Denbighshire have similar demographics, including populations, Denbighshire has a higher percentage of adults with severe mental illness.

The LHB's are funded on the basis of a resource mapping exercise undertaken in 2001 – 02, as the North Wales Health Authority was disbanded and the six North Wales Local Health Groups established.

This original mapping work has not been reviewed, and subsequent resource allocation has been based on the Welsh Health Survey (WHS). The new WHS is a source of information about the health of people living in Wales, the way they use health services and the things that can affect their health. The WHS was developed to meet a range of needs and provides estimates of health status, health-related lifestyle and health service usage, by population sub-groups, eg, age, sex and socio-economic groups, and for local authorities. The new WHS

formula was introduced from 2003, and replaces previous surveys in 1995 and 1998. Until the formula is reviewed it is likely that allocations will remain constant with annual inflationary uplifts.

The WHS is based on self reported perceptions and does not include people resident in institutions, whose health is generally poorer than those living in private households.

Local Authority resource allocation from WAG is based on a Standard Spending Assessment (SSA), which is used to distribute the Revenue Support Grant (RSG). This formula is not based on actual expenditure, therefore any negative difference is made up by locally determined council tax.

The SSA is based on information which reflects demographic, physical, economic and social characteristics. It also reflects the relative costs of providing comparable services between different authorities.

The total SSA is calculated for each authority and is made up of component SSAs for each service that the authority provides, including a component SSA for social services.

Service allocation, within the social services component, is based on each authority's locally agreed priorities. Current pressures on both Conwy and Denbighshire are the increasing number of older people and the rural cost premium.

Priority setting is politically based, and Cabinet agreement is required to make significant changes to priorities within the Social Services budget, or to draw on reserves.

### **9.3 Wanless Funding**

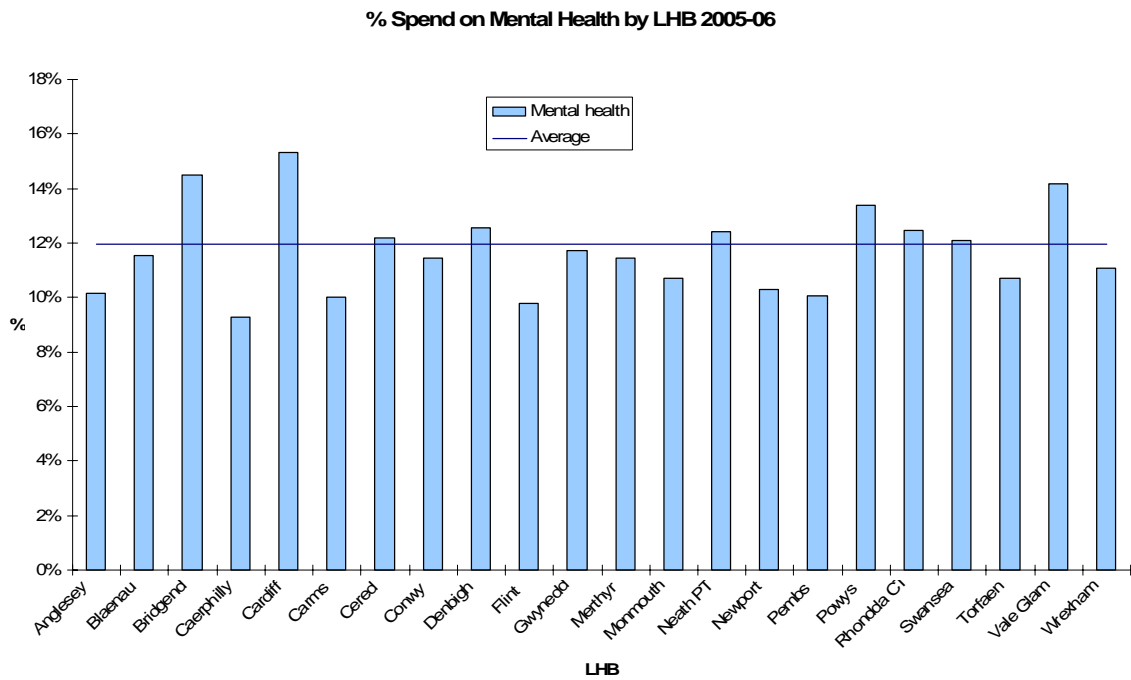
Sir Derek Wanless' review of the Health Service in Wales was accompanied by additional funding to close the gap against the Townsend targets. Denbighshire LHB received £339,000 (2004 – 05) for mental health services, which includes recurrent investments of £200,000 in the development of a Home Treatment service, primary care counselling and facilitation of service user and carer involvement.

Conwy LHB's allocation for mental health services in 2006 – 07, was £118,000 which financed the mental health primary care link worker schemes in Conwy.

### **9.4 Programme Budgeting – LHB Expenditure**

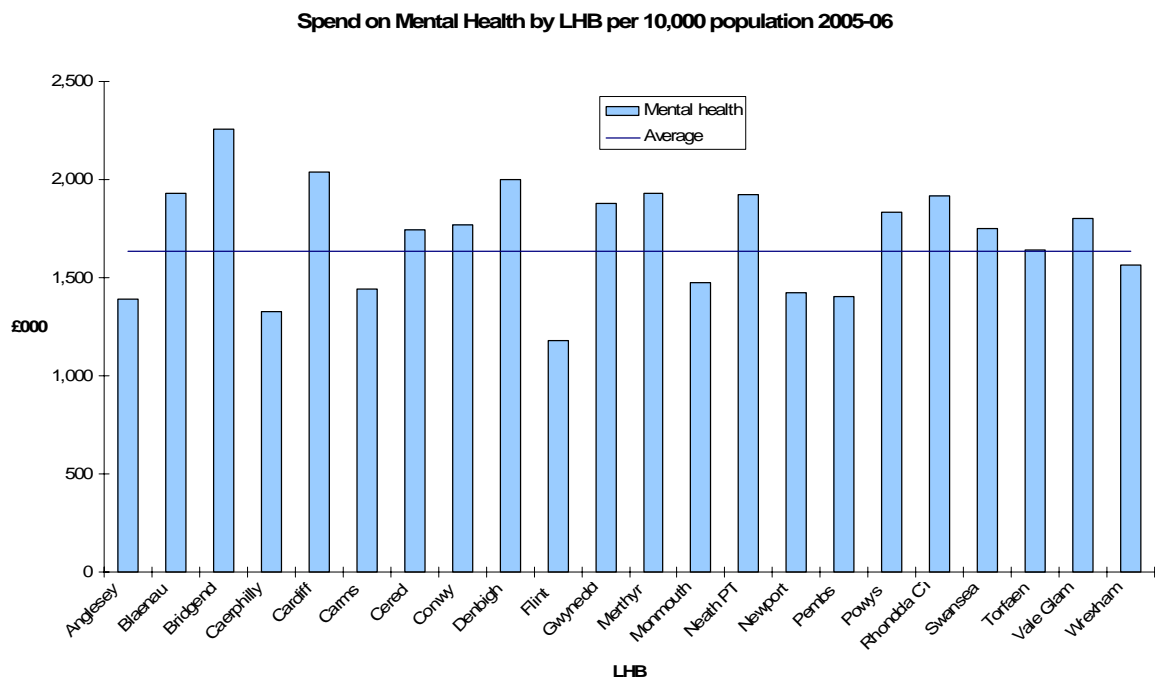
The budgetary returns for LHB's in Wales for 2005 – 06, shows that Conwy's percentage of expenditure on mental health services is slightly below average, whilst Denbighshire's expenditure is slightly above the Wales average.

**Figure 7 - % Spend on Mental Health by LHB 2005 - 06**



Both Conwy and Denbighshire LHB's expenditure on mental health services per head of population is above average, with Denbighshire's spend at circa £2,000,000 being the third highest in Wales, behind Bridgend and Cardiff.

**Figure 8 – Spend on Mental Health by LHB per 10,000 population 2005 - 06**

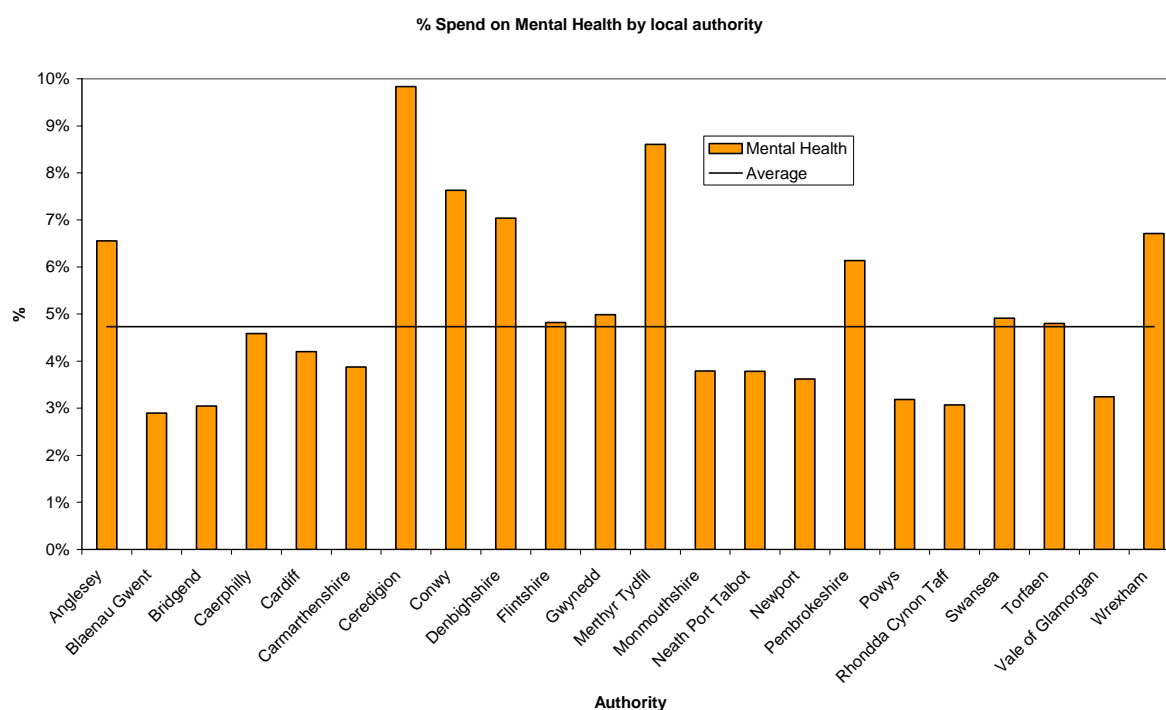


The LHB programme budget includes the cost of direct service provision in primary and secondary care mental health services, prescribing costs and proportionate administrative and overhead costs.

## 9.5 Social Services Expenditure

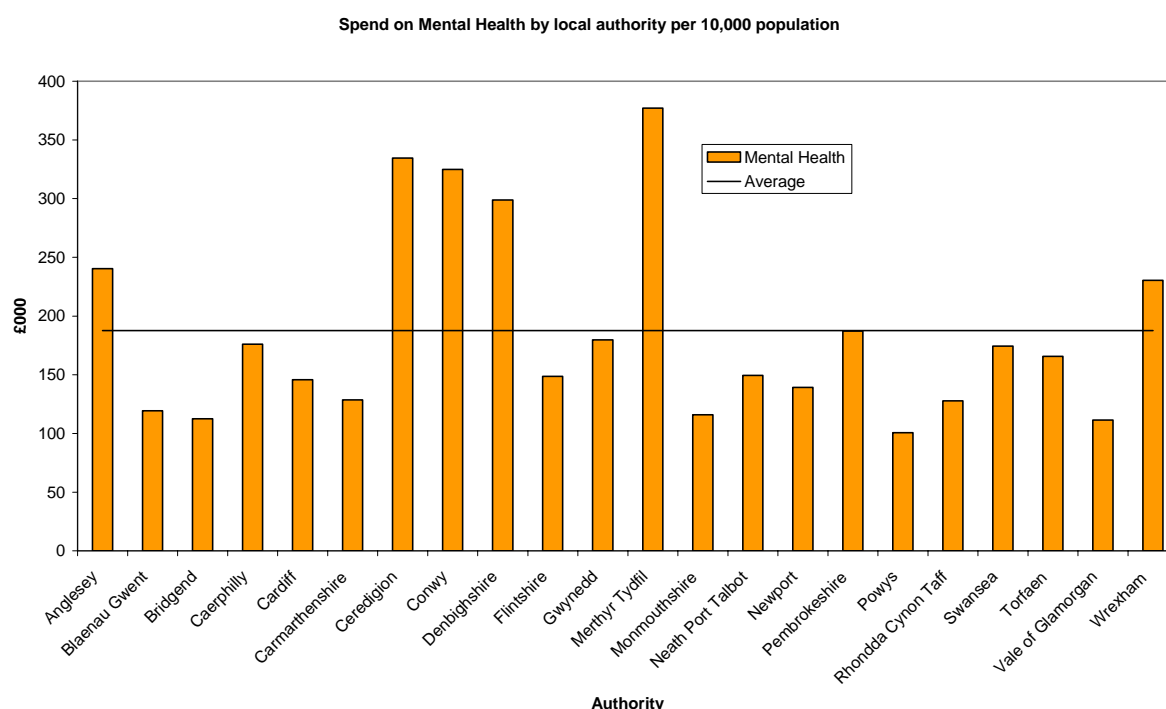
Social Services expenditure for 2005 – 06, shows that the percentage of expenditure on mental health services is considerably higher in both Conwy and Denbighshire. The average percentage of expenditure on mental health services in Wales is 5%, Conwy's expenditure on mental health services is 8%; Denbighshire's is 7%.

**Figure 9 - % Spend on Mental Health by Local Authority 2005 - 06**



Both Conwy and Denbighshire spend more per head of population on mental health services than the Wales average. The average expenditure is £187 per head of population, Conwy's expenditure is £325 and Denbighshire's expenditure is £299.

**Figure 10 – Spend on Mental Health by Lcoal Authority by 10,000 population 2005 - 06**



The adult mental health social care expenditure component includes assessment and care management, nursing care placements, residential care placements, supported and other accommodation, direct payments, home care, day care, equipment and adaptations, meals and other services to adults under 65 with mental health needs.

All sources of funding are included which pass through the local authority’s accounts.

## 9.6 Primary Care Funding Arrangements

Should Conwy or Denbighshire decide to adopt the Directed Enhanced Service for Specialised Care of patients with depression this would need to be funded from within existing reserves, no new funding would be available to introduce this service.

## 9.7 Integrated Partnership Funding

The combined Integrated Partnership expenditure on adult mental health services is in the region of £5.5 million per annum.<sup>14</sup>

The Integrated Partnership Board has requested regular financial reports, and a task group commenced this work during 2007. The task group ensure consistency in reporting and highlight any areas of pressures or surplus.

<sup>14</sup> Annual Report (2005 – 06), Mountford J

The three statutory partners identified surpluses of between £30,000 and £50,000 per annum, mainly due to recruitment delays.

**Table 5 – Integrated Partnership 2006 - 07**

<b>Total</b>	
<b>C&amp;D AMH</b>	£3444531
<b>C&amp;D Ablett</b>	£200228
<b>CCCBC</b>	£1327760
<b>DCC</b>	£766434
<b>Total</b>	<b>£5,738,953</b>

### **9.8 Voluntary Sector Funding – 2006 - 07**

Conwy LHB voluntary sector grants total £194,585 of which £50,664 (26%) is allocated to adult mental health services.

Conwy LHB received £172,000 under the WAG Additionalities scheme, of which £52,000 (30%) has been allocated to the voluntary sector.

Denbighshire LHB voluntary sector grants total £347,852, of which £175,295 (50%) is allocated to adult mental health services.

Denbighshire LHB received £194,000 under the WAG Additionalities scheme, of which £94,000 (48%) has been allocated to the voluntary sector.

Supporting People with Disabilities grants to Conwy and Denbighshire Local Authorities were cut in 2006 - 07, at very short notice.

Conwy's allocation was cut by 27% from 2005 – 06 to 2006 -07. In 2005 – 06 the grant was £65,617, in 2006 – 07 this was reduced to £48,149. One hundred percent of this grant is allocated to the voluntary sector.

Denbighshire's allocation was cut by 20%, from 2005 – 06 to 2006 – 07. In 2005 – 06 the grant was £52,149, in 2006 – 07 this was reduced to £42,438. Seventy six percent of this grant is allocated to the voluntary sector.

CCBC and CLHB are moving towards joint commissioning arrangements for voluntary sector organisations, where the total funding received from both or either of the commissioning organisations exceeds £10,000 per annum. CCBC's voluntary organisations grant (Revenue Support Grant) will provide £56,451 of revenue funding in 2007 - 08.

No direct adult mental health services are funded under CCBC's grants to Voluntary Organisations scheme. Some organisations which provide services to

people who may be experiencing mental distress are funded, for example, Cruse Bereavement Care and Relate.

The total value of services commissioned from the voluntary sector by Conwy and Denbighshire LHB's and LA's is in the region of £1.5 million per annum. (Appendix 5 – Directory of Voluntary Sector Commissioned Services).

## **9.9 Service User and Carer Involvement**

Service user and carer involvement is funded through a range of funding streams and grants. Statutory sector investment in Conwy and Denbighshire is in the region of £100,000 per annum. This includes the payments to Service User and Carer Board members and the appointment of a Personal Assistant to the Board members, as well as smaller payments to individual groups.

## **9.10 Independent Sector Funding**

All placements with the Independent sector are via micro-commissioning arrangements for individual services, no services are commissioned on a block purchase basis. The table below, identifies the total spend during 2005 – 06 on services purchased from the independent sector.

## **9.11 Long Term and Continuing Care**

Long term, or continuing, care is a general term that describes the care which people need over an extended period of time, as a result of disability, accident or illness. It may require the NHS and/or health and social care services provided by the local authorities, private and voluntary organisations.

The NHS is responsible for assessing, arranging and funding a wide range of services, to meet the long term health needs of the population, including primary care, rehabilitation, respite, equipment, transport and palliative care. These services are normally free of charge to the patient.

Local Authorities also provide a range of services to support the needs of their local population, including people whose lives are affected by disability, accident or illness. These include accommodation, education, personal, leisure and social care. The Local Authority may charge for some of these services.

Assessment of need should be undertaken by a multi-disciplinary team, and the individual's eligibility for continuing NHS care should also be determined. Where a person's overall health needs are judged to be so significant, the NHS will manage and pay for their care. This is "continuing NHS care." Where an individual does not qualify for continuing NHS health care, but still has both health and social or personal care needs, they may receive a package of care involving both health and local authorities.

Eligibility for adult social care services will be based on the “Fair Access to Care”<sup>15</sup> conditions.

### 9.12 Funded Nursing Care

NHS Funded Nursing Care was introduced in Wales in 2004, when Local Authorities no longer had responsibility for funding nursing care in a care home. People in care homes are now assessed by an NHS nurse to determine their need for care by a registered nurse. The nursing home will receive payment from the NHS for nursing care. The Local Authority remains responsible for the accommodation and social care component of the person’s placement.

### 9.13 Micro Commissioning - Individual Placements

Although it appears that numbers of individual placements may not be increasing significantly, the cost of each placement is increasing in response to the provider’s control of the market.

Smarter commissioning, eg, block purchasing and working more closely with local providers may reduce some cost pressures, whilst ensuring individuals receive care as close to their home environment as possible. Twice yearly panel reviews of all high-cost placements have now commenced to achieve best value.

There is some evidence that the cost of individual placements is increasing, year on year. Denbighshire LHB Continuing Healthcare Budget for adults with mental health problems increased from £1,156,145, in 2005 - 06 to £1,426,251 in 2006 – 07. Both Conwy and Denbighshire Local Authorities report increased expenditure year on year, and over-spend against budget in the commissioning of individual placements during 2006 – 07.

**Table 6 – Independent Sector Costs**

<b>Commissioner</b>	<b>2006 – 07</b>
Conwy LHB Continuing Health Care AMH Placements	
Denbighshire LHB Continuing Health Care AMH Placements	£1,426,251
Conwy County Borough Council Residential and Nursing Placements	£1,481,924
Denbighshire County Council Residential and Nursing Placements	£1,007,885
<b>TOTAL</b>	

### 9.14 Supporting People Funding

Supporting People funding streams are managed by the Local Authorities to commission a range of housing related support services, for people with a range

<sup>15</sup> WAG, Fairer Charging Policies for Home Care and other non-residential Social Services Charging for Residential Accommodation Guide (CRAG)

of complex problems and enables individuals to maintain a level of independence within their own communities.

Both Conwy and Denbighshire Supporting People commission a range of services to through the Supporting People scheme. Conwy currently allocates 12% of the total allocation on services for adults with mental health problems. Denbighshire allocates 8%, a combined investment of over £1 million into adult mental health services in Conwy and Denbighshire (2005 – 06).

Proposals by WAG to move towards a geographic distribution formula from 2008, will disadvantage those authorities that made greatest use of the Transitional Housing Benefit scheme, which includes both Conwy and Denbighshire. There are also proposals to top-slice local funding to establish national schemes. If these cuts are implemented, Conwy and Denbighshire will face cuts of 41% and 38% in current levels of funding.

Although there is some suggestion that consideration will be given to phasing in the transition from existing settlement to the revised formula.

These services make a significant contribution to the range of services available to adults with mental health problems in the community, and any reduction in this level of funding would have a considerable impact on other areas of service.

**Table 7 – Supporting People Funding 2005 – 06**

**Supporting People Funding 2005 - 06**

	<b>MH</b>	<b>Total Expenditure</b>	<b>Percentage</b>
<b>CCBC</b>	£767,123	£6,175,159	12%
<b>DCC</b>	£499,393	£5,932,630	8%
<b>Total</b>	£1,266,516	£12,107,789	

**9.15 Local Authority Charges for Adult Mental Health Services**

Neither Conwy nor Denbighshire currently charges for adults mental health services. Conwy is currently considering the impact of charging for mental health services. An initial review has suggested that adult mental health service users should be charged for support work, in line with other adult users of social services. Respite facilities and supported housing should be means tested. Drop-in services should remain free at point of access. Section 117 clients need to be clearly identified at point of assessment.

A fast track “Waiving of Charges Panel” should be introduced, and consideration of extending the period of 6 weeks free care to all hospital discharges.

It is considered unlikely that these recommendations will generate significant income. If Conwy decides to adopt these proposals, a separate proposal would need to be considered by Denbighshire County Council. However, it is likely that

a joint consultation exercise would be carried out across Conwy and Denbighshire.

### **9.16 Service Change and Efficiency Plans**

The Service Change and Efficiency Plans (SCEP's) for Conwy and Denbighshire aim to contribute to reducing the joint health communities' financial deficit and to identify new ways of delivering services.

There are a number of SCEP schemes which relate to all areas of service delivery, the AMH schemes are as follows –

SCEP 3 – Repatriation of out of area placements for rehabilitation. This plan aims to reduce the cost of out of area placements by more effective use of local facilities and, in particular the Tan y Castell rehabilitation unit at Ruthin.

This scheme aims to release £450,000 in its first year (2006 – 07), and £250,000 in its second year (2007 – 08). Although the scheme has not currently generated the predicted cash savings, through a revision of operational policy and procedures for admission and discharge, it is predicted that the cost savings can be incurred.

SCEP 4 – Re-configuration of inpatient services, the scheme aims to release £300,000 during 2008 – 09, a percentage of which has been allocated to developing Phase 2 of the Crisis Resolution/Home Treatment Service.

This scheme is based on the understanding that North East Wales Trust will disinvest from the Ablett unit and provide services for their patients via the North East Wales Trust. Conwy and Denbighshire Trust will then withdraw investment from North West Wales Trust (Hergest Unit), and a proportion of the resulting saving will be invested in the development of the second phase of the CR/HT service.

SCEP 5 – Low Secure Services. This plan aims to generate savings through more effective commissioning of low secure and associated services in the short term, and seek a long term solution on a regional basis. The scheme aims to release £100,000 during 2007 08 and £200,000 during 2008 – 09.

### **9.17 Local Authority Efficiencies**

Local Authorities across Wales have been informed by WAG that there will be an expectancy of a year on year 1% efficiency saving across all budget areas. In addition to this, likely changes to grant distribution formulae, in particular the Supporting People Scheme, will mean that both Conwy and Denbighshire Social Services departments will be under severe financial pressure over the next 3 years. Whilst ways of achieving greater efficiencies are being explored across North Wales, it is certain that Commissioning plans for mental health services will have to take into account that unless new funding streams are forthcoming. Any new developments will have to be funded from existing resources, according to

revised priorities. This highlights the need for a robust Commissioning Strategy that addresses some of these challenges.

### **9.18 Cost Pressures and Savings**

Cost pressures on budgets are currently experienced by all four commissioning partners. Resource pressures in any one area of service will impact on other areas of service. The partners are committed to the effective use of resources across the whole range of adult mental health services.

## **10. GAP ANALYSIS**

### **10.1 Mental Health Promotion and Education**

The Needs Assessment and Vision, Values and Principles event both highlighted the lack of a co-ordinated approach to mental health promotion and education in Conwy and Denbighshire.

Mental health education is inconsistent across primary care, and primary care practitioners themselves have highlighted the lack of training in mental health issues as a concern. Patients who are not engaged with secondary care services do not receive the same level of information regarding mental health issues or local services.

Partners outside specialist mental health services, eg, the Police, wanted the opportunity to jointly plan, deliver and access training in generic mental health issues and specialist areas, such as suicide intervention.

### **10.2 Voluntary Sector**

There are some very good examples of voluntary sector services in Conwy and Denbighshire, and is a significant contributor to the provision of adult mental health services in Conwy and Denbighshire. Whilst the voluntary sector can be innovative and flexible, it is acutely vulnerable to short term funding.

Much of the activity is concentrated along the coastal strip, which can be difficult to access from rural areas.

### **10.3 Primary Care**

There are still some unfilled vacancies in primary care in Conwy and Denbighshire, and a small percentage of GP's with additional mental health skills and expertise. Not all practices have adopted the DES for Care of People with mental illness. There are no additional resources to commission the NES for Specialised Care of Patients with Depression.

Whilst Denbighshire has identified resources to establish a Primary Care Liaison Facilitator post to enhance mental health skills within Primary Care, match funding is not available to establish a similar role in Conwy.

There is an apparent disinvestment in counselling services within primary care. However, there is evidence that counselling services in primary care can reduce the impact on secondary care services, and provide services in a less stigmatising and more inclusive environment. Denbighshire has some limited resources to develop a community based counselling service, but it does not appear that funding will be available in Conwy to establish a similar service.

### **10.4 Community Mental Health Services**

Service users and carers appreciate the services provided by the CMHT's, and where possible, want the range of services provided by the CMHT to be extended and developed. This includes the second phase of the Crisis Resolution/Home Treatment service.

However, the opportunity to deliver more services in the community may have an adverse impact on carers. Both counties already have a high percentage of adults who are supported to live at home and support for carers is essential to enable them to continue their caring role.

### **10.5 Crisis Resolution/Home Treatment**

Phase 1 of the CR/HT service provides services within the Nant y Glyn, Hafod and Tim Dyffryn Clwyd catchment areas. The service is not currently operational in rural Conwy or Denbighshire. Commissioning Phase 2 of the service will be dependent on releasing resources from reconfiguring inpatient services, across North Wales.

The final Phase of the development of a comprehensive range of home treatment services includes the development of a Crisis or Retreat House, which would provide short-term respite in a non-institutional setting.

### **10.6 Housing**

There is a lack of appropriate housing for people with mental ill-health, throughout both counties. There is also some anecdotal evidence that people with a history of mental illness are being disadvantaged in the housing market.

### **10.7 Psychological Therapies**

A range of psychological interventions are available in Conwy and Denbighshire. Conwy and Denbighshire NHS Trust provides formal psychotherapy in a range of settings and primary care link workers are available to every GP practice in Conwy and Denbighshire. Some GP practices provide counselling services for people with mild-moderate mental health problems, although there is a lack of consistency throughout the counties.

### **10.8 Psychiatric Intensive Care Facilities**

The Ablett unit does not have a psychiatric intensive care unit (PICU), although it has a secure ward. The Hergest unit at Ysbyty Gwynedd, has recently made a capital investment in its PICU.

Where an individual currently requires nursing in an intensive care unit, transfers are frequently made to Chester, Manchester and other areas at a significant cost.

### **10.9 Micro-commissioning - Out of County Placements**

Both Conwy and Denbighshire currently incur considerable expenditure on “low secure” services, usually in the independent sector, and frequently out of area. Previous work undertaken using the DOH criteria for “low secure” identified a total of 9 patients across North Wales placed in low secure services. However, it was considered that this estimate did not reflect the situation accurately.

Further work is in progress on a regional basis across North Wales to undertake an assessment of need, an options appraisal and make recommendations for future service development. Although developments are likely to incur a considerable investment, it is possible that savings may be realised through better commissioning arrangements or the development of local services.

This sector also includes the provision of intensive rehabilitation and the management of individuals with a range of challenging behaviours. Many of these individuals receive services in the independent sector at a considerable cost because the range of services is not available locally or within the statutory sectors.

#### **10.10 Specialist Services**

Conwy and Denbighshire currently access medium secure services from Ty Llewelyn at Llanfairfechan.

Specialist services are not available in Conwy and Denbighshire for the provision of eating disorders or personality disorders.

Whilst these may be perceived as gaps in local service provision, it must be accepted that a full range of all services cannot be available within every locality.

#### **10.11 Surplus Capacity**

Some services are currently operating at less than optimum capacity. This includes services which have been superseded by new services, or are no longer fit for purpose and where a client group has remained stagnant or moved on.

It is essential to ensure that continual review of services picks up any trends for under occupancy, and opportunities for decommissioning and recommissioning to meet current demand are identified.

Priority areas for review are Day Services, Supporting People programmes and inpatient services.

## **11. FUTURE COMMISSIONING PRIORITIES**

This strategy establishes the overall strategic direction for the commissioning of adult mental health services in Conwy and Denbighshire, for 2007 – 2010, and will inform the development and priority setting of the HSCWB strategies in Conwy and Denbighshire for 2008 – 2011.

Joint commissioning priorities will be agreed on the basis of clearly documented need, and will support the Principles identified in Chapter 4 and the Needs Assessment which underpin and inform this strategy.

Joint and lead commissioning arrangements will be the preferred method of commissioning services from the most appropriate provider, supported by relevant financial procedures and risk sharing arrangements.

The strategy will be delivered via the Joint Conwy and Denbighshire Local Action Plan for Adult Mental Health and Social Care, 2006 – 2010. The Local Action Plan sets out in detail the priorities and actions as they relate to the NSF and Baseline Reviews in Conwy and Denbighshire.

The NSF Group has responsibility for monitoring the Local Action Plan and for raising issues of exception to the appropriate body, eg, the Integrated Partnership Board or JSCP. The WAG North Wales Regional Office, will be responsible for monitoring progress against the Local Action Plan.

## **12. CONTRACTURAL ARRANGEMENTS**

### **12.1 Lead Commissioner Arrangements**

Informal lead commissioning arrangements, where more than one organisation agrees that one organisation will manage commissioning arrangements on their behalf, have been used regularly in Conwy and Denbighshire.

Examples include Denbighshire LHB commissioning the joint Conwy and Denbighshire AMH advocacy service on behalf of both LHB's.

Lead commissioning provides a clear contractual arrangement between the provider and one organisation as the commissioner, and simplifies performance monitoring arrangements.

Financial arrangements between the commissioning partners need to ensure transfer of funds as agreed to support the joint commissioning arrangements, and ensure that the lead commissioner is not disadvantaged. Lead commissioning arrangements should be formalised, with a written agreement clearly specifying the delegated authority to the lead commissioner. The agreement should include the authority to commit expenditure and adjust the value of the contract, the arrangements for monitoring the service, and the arrangements for reimbursement of expenditure and charges incurred.

None of the partner agencies should not incur any additional risk as a result of their responsibility for lead commissioning. Arrangements to identify, manage and monitor risk should be formally agreed prior to any lead commissioner arrangements being established.

### **12.2 Joint Commissioning**

Joint commissioning is where two or more organisations pool their resources to implement an agreed strategy for service development and provision. Both Conwy and Denbighshire LHB's and LA's are moving towards joined up commissioning with the voluntary sector. This move will support a more proactive evidence based approach to commissioning, will reduce the onus of administration on commissioners and providers, and enhance stability within the sector. However, neither county has yet agreed to pool commissioning budgets for the voluntary or other sectors.

### **12.3 Financial procedures & standing orders**

All four partner agencies are accountable for financial probity within their own agreed and adopted financial procedures. Where a service is commissioned in partnership, the commissioning arrangements will be in accordance with the financial procedures of the lead commissioner. The ratification of commissioning decisions will be through the lead commissioner's accountable body, eg, LHB Boards or Scrutiny Committee, as appropriate.

## **12.4 Tendering arrangements**

Tendering arrangements exist to support the commissioning process, and to identify the most appropriate provider within the market. Undertaking a tendering exercise also ensures transparency and equity for all potential providers. Tendering can also provide useful information regarding skills and capacity within the market. Guidance on the requirement to seek tenders is provided within each of the partner organisation's financial procedures.

## **12.5 Contracting**

Services which are commissioned by each of the partner agencies, individually, or collectively, must be supported by a legally binding contract or SLA. The contract should outline clearly the funding arrangements, the commissioner's responsibilities, the provider's responsibilities, the monitoring arrangements, including equality monitoring, and the quality assurance arrangements.

## **12.6 Support services within the partner agencies**

The level of support for contracting varies within each of the partner agencies. Both LHB's are small organisations, and contracting responsibility is part of the remit of the finance and performance directorates. Denbighshire County Council is supported through the finance teams, Conwy County Borough Council has a well developed experienced contracting department, which oversees and supports the contracting functions.

## **12.7 Arrangements for monitoring contracts & services**

Services should be reviewed against the outcomes specified within the contract at agreed periods. Any variance must be managed and agreed by the commissioners and providers. Monitoring must include agreed quantifiable outcomes and qualitative information, and should be specific to each service being commissioned.

Summary information regarding performance should be available to the planning groups and Joint Commissioning Partnership, and used to inform service development and planning.

## **12.8 Equity**

Commissioned services must be able to demonstrate equity and be compliant with current legislation, eg, Disability Discrimination Act (1995), Age Discrimination (2006) and good practice, eg, Adult Mental Health Services Race Equality Action Plan (2006).

## **13 MONITORING, REVIEW AND EVALUATION**

### **13.1 Purpose of monitoring**

Monitoring serves many purposes, including assessing the quality of a service, effectiveness, value for money, accountability and governance, and areas for investment and disinvestment.

### **13.2 Locally commissioned services**

The aim of commissioning is to ensure that services meet identified need. Therefore it is essential to identify clearly what the need is, how this can be met. Contracts must specify what outcomes are necessary to meet the identified need, and how those outcomes will be measured.

Information from a review of performance against those outcomes will generate valuable information to the commissioners and providers and inform future priority setting.

Commissioners and providers are shifting towards outcome based monitoring, as opposed to a quantifiable “bums on seats” approach. The joint commissioning approach to the voluntary sector in both Conwy and Denbighshire is fostering a commitment to longer term, strategic commissioning, and the outcomes should reflect the short, medium and longer term goals.

Whilst more challenging to measure, qualitative outcomes are key to understanding and improving performance. Users of the specific service, and their carers, where appropriate, are essential to capturing the quality of the service, and making recommendations for development.

This approach is essential across all sectors, including statutory, voluntary and independent.

### **13.3 Monitoring individual placements**

Individuals placed within the independent sector are monitored on a regular basis. Some concern has been expressed regarding the effective monitoring of clients who are placed at a considerable distance from their home environment.

### **13.4 Strategic Drivers**

Both Health and Social Services are subject to a range of national targets and indicators which are set by WAG. These include the SAFF targets, National Service Framework, and Key Performance Indicators.

SAFF targets relate to health services are agreed annually, and there has been a drive to align these more closely with the NSF targets. SAFF targets are monitored by WAG regional office.

The NSF Action Plan outlines the standards for both adult mental health and social care services, with annual goals set within an 8 year timeframe.

The Local Authority Social Care performance indicators are generic to adults services, and are revised annually. Performance against the Key Performance indicators (KPI's) is reported to WAG. The Headline indicators for 2007 – 08 include:

- understanding assessment requirements,
- Promoting independence and social inclusion,
- Timeliness of assessment,
- Timeliness of provision – new clients,
- Timeliness of provision – existing clients,
- Promoting Independence; timely delivery of aids/equipment,
- Care Plan reviews,
- Adult Protection,
- Promoting Independence,
- Clients directly supported to engage with their communities.

The Local HSCWB strategies in both Conwy and Denbighshire include mental health as a priority area. Each strategy contains a range of performance indicators which relate to both adult mental health and social care services.

In Conwy, the local MAP group has had devolved responsibility for assessing performance against the targets, however the number of targets and complexity have proved daunting and this has not been effective.

In Denbighshire local co-ordination of performance assessment against the HSCWB targets is co-ordinated by the Interagency Performance Management Group, with named individuals reporting progress against a specific number of targets on a quarterly basis.

### **13.5 Integrated Virtual Business Unit**

In an attempt to co-ordinate monitoring against these targets, the Integrated Partnership has established an Integrated “Virtual” Business Unit. This brings together representatives of the performance management units in each of the 3 partner agencies to co-ordinate and streamline performance management.

### **13.6 The Adult Mental Health and Social Care Local Action Plan**

Conwy and Denbighshire have produced a joint local mental health and social care action plan, which incorporates the NSF Standards and the recommendations of the Wales Audit Office Baseline Reviews. This local action plan identifies the joint local actions necessary to achieve the NSF and Baseline Review targets, over a 3 year timeframe.

A performance management tool has been developed in Excel to accompany the action plan, and support the assessment of progress against the key actions. Responsibility for monitoring the local action plan, and therefore the NSF, rests with the joint multi-agency Conwy and Denbighshire NSF group. This group meets quarterly and will undertake an assessment of current progress against a traffic light system; ie, green = on target, amber = partially achieved, red = not achieved.

WAG is currently reviewing its own system for assessing strategic performance against the local action plans across Wales.

### **13.7 Service User and Carer Involvement**

Effective Service User and Carer involvement in monitoring quality and performance is essential. The local planning groups include service user and carer representatives; the NSF group has service user representation.

The Integrated Partnership is supported by a Service User and Carer Board member Personal Assistant, who is funded by the LHB's. This post has responsibility for supporting the Service User and Carer Board members, and ensuring effective representation of service users and carers in Partnership business. The post holder maintains a database of service users and carers who have expressed an interest in involvement.

However, it is crucial that the individuals who are actively using specific services are involved in monitoring their quality and performance. These individuals may not be engaged with formalised structures and every attempt must be made to ensure that these individuals' views are captured effectively.

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## **APPENDICES**

Appendix 1 – Definitions

Appendix 2 – Matrix for Analysing Partners' approaches to Commissioning

Appendix 3 – Significant Findings from the AMH & SC Needs Assessment

Appendix 4 – Terms of Reference, Joint Strategic Commissioning Partnership

Appendix 5 – Directory of Conwy & Denbighshire Commissioned Voluntary Sector Services

Appendix 5 – Directory of Conwy & Denbighshire Commissioned Voluntary Sector Services

## Appendix 1 – Definitions

**Collaborative commissioning** is where two or more agencies co-ordinating their strategies for using their resources.

**Commissioning** can be defined as - *“the process of specifying, securing and monitoring services to meet individuals' needs at a strategic level.”*<sup>16</sup>

**Contracting:** putting the purchasing of services in a legally binding agreement.

**Decommissioning:** the process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.

**Joint commissioning:** where two or more agencies pooling their resources to implement a common strategy for providing services.

**Markets:** describe how the purchasers and providers do business with one another. As in all markets, there are different combinations of purchasers and providers, interacting differently in all the service sectors for each of the service user groups and sometimes differently within the same area, as, for example, between urban and rural areas in what are termed different market segments.

**Purchasing or Procurement:** securing or buying services.

**Service Level Agreements:** written undertakings agreed between purchasing and providing agencies.

**Stakeholders:** all of the relevant parties including councillors and Board members, managers and staff of local authorities, other related commissioning bodies, such as Health, service providers in the statutory, private and voluntary sectors and, above all, service users and their carers and their associated advocacy organisations.

**Lead Commissioner:** where more than one organisation agree that one organisation will manage the commissioning arrangements on their behalf.

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<sup>16</sup> “Making Ends Meet” <http://www.joint-reviews.gov.uk/money/>

## Appendix 2 – Matrix for Analysing Partners’ approaches to Commissioning

This appendix is designed as a self assessment tool for you to use as you prepare to work with partner agencies on the CSP to develop a commissioning strategy. The matrix will enable you to analyse:

- Where your CSP is now in terms of its joint approach to commissioning: and
- Where you think you would like to be to function more effectively

Based on materials including Integrated Working: A Guide (Integrated Care Network 2004), A Catalyst for change (Department of Health, 2004) and Making Ends Meet (Audit Commission 2003), and work by the Institute of Public Care at Oxford Brookes University, this matrix can be used to analyse the extent to which different aspects of the commissioning process are integrated across agencies. The matrix considers the following areas:

- Purpose and strategy
- Needs and market intelligence
- Stakeholder engagement
- Resource allocation and management
- Market monitoring and management
- Commissioning function

The matrix also differentiates between the following 4 levels of integration:

- Separate Approaches: Actions and decisions are arrived at independently and without co-ordination
- Parallel Approaches: Objectives, plans, actions and decisions are arrived at with reference to other agencies
- Joint approaches: Objectives, plans, actions and decisions are developed in partnership by separate agencies
- Integrated Approaches: Objectives, plans, actions and decisions are arrived at through a single organisation or network

Examples of activities at each level are described in the matrix

Name..... Organisation..... Date.....

Please tick the most appropriate answers

Areas	Separate Approaches:  Objectives, plans, decisions and actions are arrived at independently and without co-ordination	Parallel Approaches:  Objectives, plans, decisions and actions are arrived at with reference to other agencies	Joint approaches:  Objectives, plans, decisions and actions are arrived at in partnership by separate agencies	Integrated Approaches:  Objectives, plans, decisions and actions are arrived at through a single organisation or network
<b>Purpose and Strategy</b>	<ul style="list-style-type: none"> <li>• Agencies develop services to meet their own priorities.</li> <li>• Single agency planning documents do not include key partner's priorities and drivers</li> <li>• Single-agency commissioning strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Systematic analysis of partner agency perspective's, issues and concerns</li> <li>• Liaison in the production of separate strategies</li> <li>• Strategies reference and address partner's issues</li> </ul>	<ul style="list-style-type: none"> <li>• Shared commitments to improve outcomes across client group</li> <li>• Joint strategy development teams producing common strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive planning and decision process as an integral partner</li> <li>• A transparent relationship between integrated bodies</li> <li>• Single agency with one commissioning function</li> </ul>
<b>Needs and Market Intelligence</b>	<ul style="list-style-type: none"> <li>• Needs analysis is undertaken independently, and deals with very specific aspects of population need</li> <li>• Agencies use provider intelligence for the purpose of identifying their own commissioning priorities only</li> </ul>	<ul style="list-style-type: none"> <li>• Separate needs analysis shared by agencies</li> <li>• Separate cost, benchmarking and general market intelligence shared by agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Jointly designed population needs analysis</li> <li>• Joint working groups to review market mix</li> </ul>	<ul style="list-style-type: none"> <li>• Single projects undertaken needs and market analysis and using these to inform commissioning and contracting priorities</li> <li>• Single research, analysis public health teams</li> </ul>
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• Public meetings, conferences, feedback are designed and delivered independently</li> </ul>	<ul style="list-style-type: none"> <li>• Information from service users or service providers is shared when clearly relevant</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies jointly design and manage consultation and feedback activities</li> </ul>	<ul style="list-style-type: none"> <li>• A single team is responsible for systematic planning and delivery of provider consultation to inform a single strategy</li> </ul>

<b>Areas</b>	<b>Separate Approaches:</b>  <b>Objectives, plans, decisions and actions are arrived at independently and without co-ordination</b>	<b>Parallel Approaches:</b>  <b>Objectives, plans, decisions and actions are arrived at with reference to other agencies</b>	<b>Joint approaches:</b>  <b>Objectives, plans, decisions and actions are arrived at in partnership by separate agencies</b>	<b>Integrated Approaches:</b>  <b>Objectives, plans, decisions and actions are arrived at through a single organisation or network</b>
<b>Resource allocation and management</b>	<ul style="list-style-type: none"> <li>• Budgets are used solely to meet self-determined objectives</li> <li>• The financial impact of services and policies on other agencies is not considered</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies allocate some resources to address issues of common concern</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies identify pooled budgets for particular areas, and a joint approach to decision making on budget allocation to meet common objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Pooled budgets within a single agency or network, to meet combined needs identified for the population</li> </ul>
<b>Market monitoring and management</b>	<ul style="list-style-type: none"> <li>• Market monitoring sited in single organisation. A fragmented approach to use of providers and resources</li> <li>• Provider performance information not shared between agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Contracting, tendering and monitoring arrangements shared to promote commonality and consistency</li> <li>• Agencies inform each other of purchasing intentions</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-agency groups ensure contract terms are realistic and deliverable by providers</li> <li>• Sharing of risk with market development</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated monitoring and review arrangements that result in a shared understanding of the effectiveness of current services and the evidence for changes in the future</li> </ul>
<b>Commissioning function</b>	<ul style="list-style-type: none"> <li>• Agencies have their own teams to support their commissioning activities</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies liaise re:</li> <li>• Commissioning activities (e.g. needs analysis, monitoring of individual agency strategies) in order to support common commissioning objectives</li> <li>• Identified common training and development needs within agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Emerging hybrid roles support a joint strategic commissioning function across agencies</li> <li>• A clear understanding of the resources and skills required to provide support to joint strategic commissioning</li> <li>• Joint appointments of commissioning staff</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated commissioning function, e.g. a single manager with responsibility for managing commissioning and contracting within a single organisation or network</li> </ul>

### **Appendix 3 – Significant Findings from the AMH & SC Needs Assessment**

- Admissions to acute mental health services are higher in Denbighshire than anywhere else in Wales.
- The number of adults with mental health problems who are supported to live at home is much higher in Denbighshire than the Welsh average.
- There is a higher prevalence of mental health disorders in Conwy than the Welsh average.
- A total of 195 homeless applications were made between January and March 2004 – 107 homeless households were placed in temporary accommodation.
- The number of adults who reported currently being treated for a mental illness is higher in Denbighshire than the Wales average.
- We can reasonably expect people living in Denbigh Upper / Henllan, Rhyl West and Rhyl South West to have statistically higher levels of ill-health and a greater exposure to major risk factors which affect health.
- Denbighshire has a higher than average proportion of individuals with mental illness who are under the age of 25.
- Both Conwy and Denbighshire have a high incidence of mental illness amongst the 45 – 64 age groups.
- All GP surgeries across Denbighshire and all but two in Conwy have a mental health link worker.
- There are 5 Community Mental Health Teams across the partnership.
- Prescribing rates for Conwy and Denbighshire are high.
- There are 69 GPs who are currently registered to practice within the County of Conwy.
- There are 53 GPs who are currently registered to practice within the County of Denbighshire.
- 7 GPs in Conwy and 7 GPs Denbighshire are approved under the Mental Health Act 1983 Sec 12 (2).
- The European Age Standardised Rates (EASR) for suicide are significantly higher in Conwy and Denbighshire compared to the overall Welsh average.
- 50% of the calls received with respect to attempted suicide in Denbighshire occurred within Rhyl.
- 84% of the suicides in Conwy and Denbighshire were male.
- The largest majority of suicides recorded in Conwy and Denbighshire from January 2006 onwards were amongst those aged 40 – 50 years.
- According to available data, all people who had committed suicide from January 2006 onwards were residents of either Conwy or Denbighshire.
- The number of males calling the Community Advice and Listening Line outnumber female callers.
- A higher number of calls were received by the Community Advice and Listening Line during January – April.
- Housing choices for those with mental health are very limited.
- Service users believe that support with respect to supported living and mental health should be available 7 days a week.
- Half of the individuals who declared a health problem, identified mental ill-health as the main barrier to accessing employment.

- Economies of scale mean that most services are located in urban areas which are more highly populated. This is especially true of specialist services, such as care and support services for people with mental health problems.
- Access to reliable, high quality information has a profound effect on mental health and well being.
- Denbighshire has a higher than average proportion of individuals with mental illness who are under 25. This would appear to challenge the hypothesis that the high rates of mental illness within Denbighshire are a result of the closure of the North Wales Hospital in 1995.
- Both Conwy and Denbighshire have high incidence of mental illness amongst the 45 – 64 age groups. It can be suggested that this will impact on older people's psychiatric services.
- During the period of 2005 /06 there has been a steady increase in the cost of drugs prescribed for psychosis in Conwy and Denbighshire.
- There has been a reduction in the cost of some drugs being prescribed for depression in the counties of Conwy & Denbighshire, which has resulted in savings for 2005/06.

## **Appendix 4 – Terms of Reference, Commissioning Partnership**

### **CONWY AND DENBIGHSHIRE ADULT MENTAL HEALTH & SOCIAL CARE JOINT STRATEGIC COMMISSIONING PARTNERSHIP**

#### **“The Commissioning Partnership”**

##### **Terms of Reference**

**Date: 9<sup>th</sup> May 2007**

**1 Aim: To improve the quality of life for adults with mental health problems, by commissioning high quality services across Conwy and Denbighshire, in response to local and national priorities.**

#### **2 Objectives**

2.1 improve co-ordination in commissioning adult mental health and social care services in Conwy and Denbighshire

2.2 provide a single point of contact for commissioning adult mental health and social care in Conwy and Denbighshire

2.3 maximise the capacity of the partner organisations, using mechanisms such as lead commissioning and joint commissioning

2.4 maximise and safeguard resources currently available for adult mental health and social care services in Conwy and Denbighshire

2.5 attract additional resources into adult mental health and social care services in Conwy and Denbighshire

2.6 reduce risk to partner organisations by establishing robust contractual arrangements, which promote consistency, transparency, stability, choice and elimination of duplication

#### **3 Responsibilities**

3.1 oversee the strategic commissioning of adult mental health and social care services across the four partner agencies, (ie, Conwy and Denbighshire Local Health Boards and Conwy County Borough Council and Denbighshire County Council),

3.2 set and agree priorities for the commissioning of adult mental health and social care services in Conwy and Denbighshire

3.3 provide strategic direction, guidance and support to the Joint Strategic Commissioning Manager

3.4 commission services which meet the needs of the local population and reflect the priorities in strategic plans, eg, National Service Framework.

3.5 de-commission and re-configure services, to meet the needs of the local population and reflect the priorities in strategic plans, eg, National Service Framework

3.6 co-ordinate strategic planning

3.7 co-ordinate the identification of need and unmet need

3.8 oversee joint commissioning and contracting arrangements, including performance management

3.9 respond to appropriate legislation and policy documentation

3.10 develop and support the market to enable providers to respond to commissioning priorities

#### **4 Governance and Accountability**

4.1 The Commissioning Partnership is accountable to the respective Partners' Boards and Elected Members via each organisation's executive management team.

4.2 The Commissioning Partnership has joint responsibility for the AMH & SC budgets, in the region of £26million per annum, and members will comply with the financial management arrangements of each partner organisation.

#### **5 Membership**

5.1 Each of the four partner agencies will nominate one senior officer as a member of the Commissioning Partnership, as below –

Conwy County Borough Council – Statutory Head of Social Services  
Conwy Local Health Board – Assistant Director, Development & Performance  
Denbighshire County Council – Service Manager, (Adult Mental Health)  
Denbighshire Local Health Board – Chief Executive/Director of Development & Performance

5.2 Members will have the appropriate level of authority to enable effective decision making.

5.3 Where a named member is unable to attend a meeting, they may nominate a colleague who will have delegated authority to make decisions on behalf of their employing organisation.

5.4 The Joint Strategic Commissioning Manager for Adult Mental Health and Social Care will attend the meetings on a regular basis to inform and advise the Commissioning Partnership

5.5 Other individuals may be invited to contribute to the work of the Commissioning Partnership, to provide specific information and advice.

#### **6 Principles and Ground Rules**

6.1 Members will be committed to the principles identified within the Joint Commissioning Strategy for adult mental health and social care, Conwy and Denbighshire, 2007 – 2010.

6.2 Members will promote equity in access to services.

6.3 Members will commit to promoting high quality mental health and social care services, and will ensure that mental health is a priority across all areas of strategy and policy, etc

6.4 Members will adhere to the principle of adopting a consensual approach to decision

6.5 Discussions within the Commissioning Partnership must be regarded as confidential, at all times.

6.6 The Commissioning Partnership will be a safe environment to support genuine and meaningful debate.

6.7 Any member who suspects that they may have a conflict of interest, must declare this to the Chair immediately, who must take appropriate action.

#### **7 Decision Making**

7.1 The Commissioning Partnership will aim to reach consensual decisions and recommendations.

- 7.2 Where it is not possible to reach a consensual decision, the Chair will call for a vote.
- 7.3 Decisions will be made within the delegated authority afforded to each member, through their organisation's Standing Orders and Financial Procedures.
- 7.4 The meeting will be convened if representatives of 3 or more of the partner organisations are present

## **8 Meeting Arrangements**

- 8.1 The Commissioning Partnership will meet monthly, on the 2<sup>nd</sup> Tuesday in every month. Relevant papers will be circulated not less than 5 days prior to the meeting.
- 8.2 Meeting venues will be provided by the partner agencies.
- 8.3 Administrative support will be provided by the partner agencies.
- 8.4 The agenda will be drawn up by the Joint Strategic Commissioning Manager and the Chair.
- 8.5 Members will be invited to submit items for inclusion on the agenda.

## **9 Chairing Arrangements**

- 9.1 The post of Chair will be established, by a simple voting process.
- 9.2 The Chair of the Commissioning Partnership will be drawn from the membership on a rotating basis.
- 9.3 The period of office will be for 12 months, and will commence annually at the November meeting.
- 9.4 The Chair will hold office for no more than two consecutive periods.

## **10 Information and Communication**

- 10.1 The Commissioning Partnership will receive regular reports from the Conwy Management and Policy (MAP) and Denbighshire Local Planning Group.
- 10.2 Issues which require a response will be highlighted by the Local Planning Groups.
- 10.3 The members of the Commissioning Partnership will facilitate effective communication between relevant networks and forums, including sharing information as appropriate.
- 10.4 The Commissioning Partnership will receive regular reports from the Conwy and Denbighshire National Service Framework group. The NSF group will be responsible for monitoring the performance of the Local Adult Mental Health & Social Care Action Plan, and will highlight any areas of concern relating to commissioning to the Commissioning Partnership.
- 10.5 The Conwy and Denbighshire Adult Mental Health Integrated Partnership Board will raise any issues relating to commissioning to the Commissioning Partnership.

## **11 Reporting Structure**

- 11.1 The Commissioning Partnership will report to its respective Boards and Elected Members, as appropriate.
- 11.2 The Commissioning Partnership will feedback to the Local Planning Groups as appropriate.
- 11.3 The Commissioning Partnership will feedback to the National Service Framework group as appropriate.
- 11.4 The Commissioning Partnership will feedback to the Conwy and Denbighshire Adult Mental Health Integrated Partnership Board, as appropriate.

## **12 Contractual Arrangements**

12.1 Commissioning arrangements must comply with the respective organisation's statutory responsibilities and duties.

12.2 Commissioning arrangements must comply with the respective organisation's policies and procedures.

12.3 The use of lead and joint commissioner arrangements must be considered at every opportunity

12.4 Lead and joint commissioning arrangements must ensure that no additional risk is borne by the lead commissioner

12.5 The most appropriate organisation will take the role of lead commissioner, this should not be onerous on any one partner

## Appendix 5 – Directory of Conwy & Denbighshire Commissioned Voluntary Sector Services

Provider	Description of Service	Conwy	Denbighshire	Statutory Sector Funding Stream
Abbey Road Centre	MH Services	Yes		LHB Voluntary Sector Grants
Aberconwy Mind	Day Services	Yes		CCBC, CLHB
Anheddau	Supported Living	Yes		Supporting People
Cais	MH Component to individuals with dual diagnosis	Yes		CCBC
Cam Ymlaen	Community based employment scheme	Yes		CLHB
Carers Outreach	Support for Carers including mental illness	Yes		CCBC & CLHB
Hafal	Support for Carers throughout C&D, including rural	Yes	Yes	CCBC, DCC & CLHB & DLHB
Hafal	Carers Assessments	Yes		CCBC
Hafal	Day Services	Yes		CCBC
Hafal	ACTS, Discharge Support Service		Yes	Supporting People
North Denbighshire Survivors Network	Support for survivors group		Yes	DLHB & DCC
North Wales Advice & Advocacy	Tenant based Advocacy for people with mental illness	Yes		Supporting People
Reflections	Service User activities		Yes	DLHB & DCC
Unllais	PA to Service User and Carer Board members	Yes	Yes	CLHB, DLHB & CCBC
Unllais	Service User participation	Yes	Yes	CLHB & DLHB
Unllais	AMH Advocacy Service	Yes	Yes	CLHB & DLHB
Vale of Clwyd Mind	Day services		Yes	DLHB & DCC
Vale of Clwyd Mind	Y Gelli, Residential Housing & Rehab	Yes	Yes	DLHB
Vale of Clwyd Mind	Social Opportunities Project		Yes	DCC
Vale of Clwyd Mind	ASIST – Suicide Intervention Training	Yes	Yes	DLHB

**Appendix 6 – Race Equality Action Plan**

To be added.