



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# Adult Mental Health Services

## A National Service Framework for Wales

April 2002

# **National Service Framework for Mental Health Wales**

1. The National Service Framework for Mental Health in Wales (NSF) has been developed following the publication of the Adult Mental Health Strategy for Wales (the Strategy). The NSF aims to set standards for services in Wales, drive up quality and reduce unacceptable variations in health and social services provision. It establishes the practical guidelines that will ensure consistent and comprehensive implementation of the Strategy's vision across Wales.

The standards set here will be:

- Consistent with guidance from the National Institute for Clinical Excellence (NICE)
- Delivered by clinical governance, Programme for Improvement and performance management
- Monitored by the Commission for Health Improvement, Performance Management Framework for NHS Wales, the Welsh Health Survey, Programme for Improvement reviews and SSIW inspections.

Annexes 1 and 2 provide a template for NSF implementation and key action points for each year.

## **Scope**

This NSF focuses on adults of working age, normally those between 18-65. It covers public health challenges, health promotion and social inclusion, the needs of service users and carers, access to services and provision of comprehensive assessment and treatment. It links with issues for children's mental health services, services for elderly people with a mental illness, drug and alcohol misuse provision and those with mental health problems in the criminal justice system.

The Strategy set out 4 key principles and it is worth repeating them here: -

### ***Equity***

Mental health services should be available to all and allocated according to individual need, irrespective of where someone lives, their ethnic origin, gender, culture, religion or sexuality or any physical disability. Access to mental health services should not be restricted because of other existing health problems. There should be an end to unacceptable geographical variations in standards of care.

### ***Empowerment***

Users and their carers need to be integrally involved in the planning, development and delivery of mental health services. This will require sustained support, care and information from mental health services.

Empowerment should be at all levels, from encouraging self-management to formal involvement in local and all-Wales planning. Informed choice for all users is central to this principle. Those detained under Mental Health legislation should be encouraged to participate actively and willingly in their own care. There is a particular need to reduce the stigma that surrounds mental illness both within mental health services and the wider community.

### ***Effectiveness***

Mental health services should provide effective interventions that improve quality of life by treating symptoms and their causes, preventing deterioration, reducing potential harm and assisting rehabilitation. Within the NHS, clinical governance provides a mechanism to ensure that matters of effectiveness and quality are central. Many social and environmental interventions will be subject to Best Value and performance management considerations. The minimum care standards to be introduced under the Care Standards Act 2000 will also provide important quality frameworks. The growing importance of 'Quality of Life' measures in determining effectiveness is reflected in this Strategy. Services must be accountable for the quality of service provided.

### ***Efficiency***

Mental health services must use resources efficiently and be accountable for the way public money is spent. There should be efficient interagency working especially between health, social services, and other local government agencies, voluntary agencies and the private sector to achieve best value. Opportunities for joint working and for use of information and communication technologies should be exploited to increase efficiency.

These strategic principles echo the seven Welsh NHS core values set out in "**Putting Patients First**" of *Fairness, Effectiveness, Efficiency, Responsiveness, Integration, Accountability and Flexibility*.

### **Scope of Standards**

Standards are set for 8 key activities:

- Promoting social inclusion **Standard 1**
- Empowerment and support of service users and carers **Standard 2**
- Promotion of opportunities for a normal pattern of daily life **Standard 3**
- Commissioning equitable, accessible services **Standard 4**
- Delivering responsive, comprehensive services **Standards 5& 6**
- Effective client assessment and care pathways **Standard 7**
- Ensuring a well staffed, skilled and supported workforce **Standard 8**

These standards are based on available evidence of clinical effectiveness. They are challenging, and intentionally so. They aim to move services forward and promote excellence. They will be measured and monitored systematically

so that progress can be gauged. They will reduce variation in practice and deliver real improvements for service users, carers and staff employed in the services. As with the Strategy, the National Service Framework for Mental Health Wales is a ten-year plan but we expect to see progress begin immediately.

Services should be based on an evidence-based approach. There now exists a wealth of supporting literature including the Mental Health Evidence Bulletin for Wales, the extensive reference base which supports the English National Service Framework for mental health, and the Cochrane reviews and Bandolier reviews of evidence which are regularly updated. The University of York has published a "Scoping Review of the Effectiveness of Mental Health Services". The National Institute of Clinical Effectiveness will continue to issue guidelines and appraisals of numerous conditions over the course of the next few years. Services will be expected to use such work when planning and delivering services.

## **Achieving Change and Monitoring Progress**

The aim of all National Service Frameworks is to drive up quality, tackle variations in access to care, increase the effectiveness of care and enhance user and carer experience by ensuring changes are systematic and sustainable. Changes must;

- be measurable and make a difference to the quality of services received by service users
- set standards that are ambitious but achievable
- ensure all the partner agencies work together at local and national level to secure change.

Progress will be measured by a number of performance indicators within the performance assessment frameworks of health and social services as well as by specific performance targets set within this National Service Framework.

In order to implement the 8 standards, the NSF provides 44 key actions, each setting out the timescale and identifying the organisation responsible for implementation. Performance targets are set and the necessary monitoring information required is identified.

These will be complemented by a programme of service reviews undertaken by the Commission for Health Improvement (CHI), the Social Service Inspectorate for Wales Inspection of Adult Services, which commenced in 2000 and Audit Commission/SSIW joint reviews. The local authority Programme for Improvement arrangements will inform this process, and similar arrangements should be put in place for partners in the voluntary sector.

Mental Health has been designated one of three priority areas for Health by the National Assembly for Wales. Local Health and Well Being plans and Social Services Social Care Plans should reflect this priority and this will be

monitored. Every local health board (LHB) /unitary authority area should have a Local Mental Health Strategic Planning Group to co-ordinate commissioning and each will be expected to include plans to prioritise and improve local mental health services as part of its wider improvement plans. This group should include representation from voluntary/independent sector service providers. On the wider front, Local Health Alliances and initiatives such as Communities First should also reflect the inclusive model.

## **Baseline Assessment**

The Welsh Assembly Government will ask its Mental Health Implementation Team (MHIT) to draw up a specification for a baseline assessment of mental health services against which future progress will be assessed.

## **The Care Programme Approach**

The revised Care Programme Approach (CPA) will be implemented in Wales to provide systematic arrangements for assessing the health and social needs of people accepted into the specialist mental health services. This will assist in the formulation of a care plan that identifies the health and social care requirements from a variety of providers. It will ensure regular review of the care plan and it formalises the appointment of a care co-ordinator to keep in close touch with the service user and monitor and co-ordinate care. This should ensure effective care co-ordination and allow access for individual service users to the full range of health and community services they need to promote their recovery and social inclusion. Parallel guidance on the CPA will be issued later this year.

There will be 2 levels of CPA: standard and enhanced. All those subject to section 117 of the Mental Health Act will be expected to be included in this process.

Authorities will need to ensure a fully integrated approach to the CPA and the health and social services unified approach to assessing and managing care.

## **Mental Health Act Legislation & Criminal Justice System**

The White Paper “Reform of the Mental Health Act 1983 “ sets out a number of far reaching proposals. The Welsh Assembly Government is in close touch with the work taking place on this and believes this Strategy is flexible enough to cope with any change in legislation. The report “The Future Organisation of Prison Health Care” will similarly impact on mental health service commissioning. The National Assembly has agreed to fund in-reach teams for all 4 Welsh prisons, to improve liaison and joint working across the boundaries of prison and community teams. There are links, too, to crime and disorder legislation, the Human Rights Act and Government moves on provision for asylum seekers.

## **Mental Health Services**

Services are expected to follow the aims set out in the Strategy and to work together in order to provide a spectrum of care appropriate to level of need. This will require:

- closer co-operation between social services, health authorities and the voluntary and private sectors in order to commission effective, comprehensive and co-ordinated mental health services which are accessible by all. The opportunities provided by the new flexibilities arrangements under the Health Act 1999 should be used imaginatively to increase opportunities for joint commissioning and operation of services
- specific arrangements to be in place to ensure the constructive participation of users and carers in the planning, design, monitoring and evaluation of services in order to empower them in relation to service providers
- clinical governance and best value arrangements to be in place in order to ensure that matters of effectiveness and quality are given high priority in mental health services
- good communication and co-ordination within and between different parts of the mental health services in order to provide efficient and responsive care
- provision of effective and high quality medical, nursing, psychological and social care for service users and carers based on best evidence and practice
- mental health services in settings that are fit for purpose and provide dignity and privacy
- the provision of seamless care for users irrespective of who is delivering the service and where, e.g. whether they are in-patients, attending the community mental health team (CMHT) or utilising day services.
- an appropriate range of accessible advocacy services to be available for users
- clear, appropriate and helpful information for users and carers on aspects of mental health problems and accessing support and services
- mental health services to protect users, carers and the public from avoidable harm while respecting the rights of users and their carers
- carers to be offered an assessment of their needs

## **2. Standards**

### **Explanation of Format**

Standards form the core of the NSF and we set out below the aim of each standard, and the key actions that will be needed. The chart included under each standard sets out

- those bodies with a responsibility for implementing the standard through their own actions and in collaboration with partner agencies
- the target which should be aimed at together with target dates where appropriate
- the information which will be used by the appropriate monitoring body to gauge success

To avoid confusion, we have used the abbreviation “NHS” to cover all NHS services except where we think it important to point out that a particular sector, e.g. pharmacy is involved in a particular task. Similarly we have used “LA” to cover all Local Authority services, although Social Services will be the agency with most involvement. We expect the appropriate bodies within the NHS and Local Authorities to assume responsibility as appropriate, both for their own actions and for contributing to that where partner agencies are in the lead.

### **Standard 1**

#### **Social Inclusion, Health Promotion and Tackling Stigma.**

##### **Aim**

To actively promote good mental health for all, tackle stigma relating to mental illness and to promote social inclusion of people with mental health problems.

- Help people develop the skills to stay free of, or minimise the effects of mental health problems at stressful times in their life and survive mental health problems
- Promote the understanding of mental health issues, in order to reduce the stigma associated with mental illness
- Ensure that formulation, delivery and revision of other social and economic policies and programmes takes account of potential impacts on mental health. For example, policies and services in education/training, employment and housing (see The Welsh Assembly Government’s National Housing Strategy “Better Homes for People in Wales”)
- Create a society that embraces and welcomes diversity and facilitates people with mental health problems to participate as fully as they wish.

## Key Action 1

Authorities and agencies will:

- strengthen inter-authority/agency arrangements that adopt a coherent approach to mental health promotion
- foster the development of life-skills, which help to promote good mental health e.g. in healthy schools, good parenting and workplaces and lifelong learning schemes.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | LAs, NHS, Welsh Assembly Government   |
| Performance Target              | Mental health promotion strategy in strategic partnerships such as the Communities First initiative and Health and Wellbeing strategies by 1 <sup>st</sup> April 2003 |
| Monitoring Information          | Welsh Health Survey data, mental health component score, numbers of schools involved in Healthy Schools scheme.   |

## Key Action 2

Authorities and agencies will seek to raise public awareness and understanding of mental health issues and help combat stigma. They will:

- increase the public's awareness and understanding of mental health problems, and the range of social issues interacting with mental health
- educate key opinion formers such as the media, local authority members and officers, criminal justice and health professionals
- raise awareness of the rights of people with mental health problems under the Disability Discrimination Act and Human Rights Act to be treated without discrimination

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | Welsh Assembly Government, statutory and voluntary sector organisations working with the Disabilities Rights Commission |
| Performance Target              | Publicity and awareness campaigns to be in place nationally and locally by end September 2002                           |
| Monitoring information          | Periodic surveys of users' experience in different areas of Wales.  |



### Key Action 3

Authorities should promote social inclusion by:

- taking fully into account the needs of people with mental health problems when developing, reviewing or implementing policies across the full range of their responsibilities
- establishing supportive empowering and healthy communities in rural and urban areas (as proposed in the Communities First initiative) that ensure opportunities for participation of vulnerable groups including those with mental health problems. For example, tenant participation schemes could be tailored to include representation of mental health needs
- meeting the needs of specific vulnerable people who have a mental health problem and are already at risk of exclusion e.g. individuals from ethnic minorities, individuals with disabilities and parents who have mental health problems, and homeless people.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | Welsh Assembly Government, LAs, NHS   |
| Performance Target              | Evidence of engagement with key strategic bodies, Local Housing Strategy plans  |
| Monitoring Information          | SF36 Improving general health and mental health indices in Welsh health survey, higher employment rates among those with a history of mental health problems. |

### Standard 2

#### User and Carer Empowerment

##### Aim

To encourage full and genuine participation by users and carers in all aspects of mental health services including planning and commissioning.

#### Key Action 4

Over the next two years, authorities and agencies will develop arrangements to ensure that users and carers constructively participate in the development of plan to meet their individual needs, as identified in the 1996 guidance issued by the Welsh Office (See also key action 34)

|                                  |   |
|----------------------------------|---|
| Responsibility for Implementing: | NHS including Community Mental Health Teams (CMHTs) in partnership with the voluntary sector, LAs   |
| Performance target               | All users and carers to have been involved in the development of their individual care plans and to have or have been offered a copy of their written care plan within the context of existing quality and performance management systems, by end June, 2003. |
| Monitoring information           | Return on Welsh Health Statistics data set supplemented by local audit by users and carers with appropriate support.  |

### Key Action 5

By the end of December 2002, service users and carers should have timely access to comprehensive, clear, appropriate and helpful information, in a range of appropriate formats and languages. This will include information in minority languages as well as English and Welsh and on tapes with access to interpreters or people who can use British Sign Language if required. There should be accurate information on facilities available across the area for providers especially those in primary care as well as users and carers. There may need to be local updated directories of services but organisations such as CALL and NHS Direct Cymru may be able to collate such information. Full use should be made of all existing sources to avoid unnecessary work or duplication.

|                                   |   |
|-----------------------------------|---|
| Responsibility for Implementation | NHS Commissioning Trusts, LAs, LHBs   |
| Performance Targets               | Comprehensive information available e.g. in libraries, GP surgeries or on the internet. Spot check system to be in place by end December 2002 |
| Monitoring Information            | Audit data  |

## Key Action 6

A range of appropriate independent, trained, dedicated advocacy services should be available and promoted across Wales accessible in the community by end December 2005 and at in-patient sites by end-December 2002.

|                                   |   |
|-----------------------------------|---|
| Responsibility for Implementation | Trusts, LHBs and LAs  |
| Performance Target                | 100% of areas have access to a range of advocacy services by 2005 |
| Monitoring Information            | Audit data.   |

## Key Action 7

By the end of December 2003, the NHS and local authorities, will have introduced arrangements to ensure constructive user and carer participation in the

- planning
- design
- delivery and
- monitoring and evaluation of mental health services.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | LHBs, NHS commissioning Trusts in partnership with the voluntary sector, LAs  |
| Performance Target              | Expenditure on travelling expenses, administrative costs and training for users & carers, respite payments for carers                                       |
| Monitoring Information          | Audit, SSIW inspections, complaint procedures audit in place. Annual report to be published describing selection and training systems for users and carers. |

## Key Action 8

Carers have a right to their own assessment and if assessed as eligible for support, a written care plan. The special needs of young carers must be taken into account.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | Local Authorities   |
| Performance Target              | 100% of carers of individuals subject to CPA who have requested an assessment have been assessed by end December 2002               |
| Monitoring Information          | Survey returns locally and nationally. Local Authorities should produce a gap analysis of unmet need identified by the assessments. |

## Standard 3

### Promotion of opportunities for fulfilling and socially inclusive patterns of daily life

#### Aim

People with mental health problems and their carers should live as fulfilled a life as possible, with additional support when needed to help them achieve this goal. They may require help and support to:

- access and maintain good quality housing,
- maintain existing or find new employment/meaningful daily occupational/voluntary working opportunities
- access educational/training, leisure and/or social opportunities
- find supportive networks which include opportunities for friendship

## Key Action 9

Each local authority area should ensure there is a range of housing options with appropriate levels of support available for people with mental health problems by end December 2005. They should work in tandem with Registered Social Landlords (RSLs) – Housing Associations – and the private (and private rented) sector to fulfil this aim.

- This should range from 24 hour staff support to floating and low-level support for individuals in the community with equality of access to mainstream housing opportunities. The housing options should be provided in collaboration with the independent sector and other partners.
- Services should be provided for homeless people which identify and meet their care and support needs, and which are comparable in quality of care to those who are housed.
- Teams admitting people to hospital should consider practicalities such as keeping up rent or utilities payments as part of the care plan.
- They should work with housing and advice agencies to ensure that people will not be homeless following discharge, and that their housing conditions will not undermine their recovery.

Forming and delivering effective Local Housing Strategies requires effective joint working between health and housing agencies. This will necessitate health representation on Local Housing Strategy partnerships. The strategic approach should then be reflected in the operational and business plans of local authority housing services and RSLs, and local health bodies.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | LAs, NHS   |
| Performance Target              | Range of housing options in each area. Numbers of referrals to housing from health. 24-hour staffed accommodation available by end December 2005 |
| Monitoring Information          | LA returns for vulnerable groups, joint strategies in place.   |

## Key Action 10

Employment (including meaningful unpaid activities) has been shown to be of significant benefit to the mental health of everyone.

For users in employment/meaningful activity, support should be made available to help them maintain their employment. For users seeking new opportunities, a range of training, advice and support should be available. Suitable opportunities should be available for groups with particular needs, including homeless people. Local employers should be engaged in this process to ensure that they understand the needs of workers with mental health problems and are supported.

An up to date list of employment/volunteering opportunities should be available in all areas, drawn up with specific emphasis on the needs of those with mental health and supplementing services provided by job centres.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | Welsh Assembly Government, NHS, LAs   |
| Performance Target              | Range of opportunities/schemes available in each area. Work to begin in 2002, completion of network of schemes by end December 2005                               |
| Monitoring Information          | Numbers of people in contact with mental health services found new employment. Numbers of people with mental health problems placed on training for work schemes. |

### Key Action 11

Statutory authorities must realise that people with mental health problems and their carers have the same needs for friendship and social, leisure/recreational and educational/training/lifelong learning activities as any other person in the community. Some individuals may require additional support to access such opportunities.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | LAs supported by NHS and voluntary sector  |
| Performance Target              | Evidence of support for schemes to provide support networks e.g. befriending, support worker, drop in schemes. Comprehensive schemes to be developed by end April 2004 |
| Monitoring Information          | Audit of supported schemes available in leisure and educational facilities and opportunities. Numbers on supported placement schemes in leisure & education.           |

## Standard 4

### Equitable, Accessible Services.

#### Aim

To provide equitable, accessible, comprehensive mental health services for all the people of Wales based on need, irrespective of where they live, their age, gender, sexuality, disability, race, ethnicity or their social, cultural and religious background. This will require services that:

- ensure a non-discriminatory and consistent level of advice and support for people with mental health problems across Wales
- are sensitive to cultural and social needs, including the needs of people from black and minority ethnic communities, people with disabilities, homeless people, and people caring for others including their children

#### Key Action 12

There should be effective identification and monitoring of expenditure on mental health services across statutory and voluntary sectors.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | Welsh Assembly Government, NHS commissioning, Voluntary Sector, LAs    |
| Performance target              | Financial returns  |
| Monitoring information          | Baseline assessment by end December 2002. Annual returns subsequently. |

#### Key Action 13

Any individual with an identified serious mental illness should be able to contact local services on a 24-hour basis in order to have their needs assessed and receive appropriate advice, treatment, care and/or support.

Authorities and agencies should ensure that users and carers and other organisations (e.g. police, homelessness agencies) are informed about how to contact local services and should establish robust and clear routes of referral (including out of hours) between primary and secondary care to ensure access to services.

Information to users and carers on these services should be available in a variety of languages and formats.

Services should operate flexibly to meet the needs of people who sleep rough or are transient due to lack of secure accommodation or lifestyle, and provide outreach services where appropriate.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS, LAs in partnership with voluntary sector. |
| Performance Target              | Present in all areas by end December 2005.     |
| Monitoring Information          | Local Audit, regular review of baseline        |

### Key Action 14

People with mental health problems should be able to use NHS Direct *Wales*, for first-level advice and referral on to specialist help-lines such as CALL, the Rural Stress Helpline and other national mental health helplines or to local services.

|                                 |                           |
|---------------------------------|---------------------------|
| Responsibility for Implementing | Welsh Assembly Government |
| Performance Target              | Numbers of calls received |
| Monitoring Information          | Data published 6 monthly  |

### Key Action 15

All people in Wales should have timely access to safe, appropriate fit for purpose hospital or alternative accommodation if they are assessed as requiring care away from home.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | Welsh Assembly Government, NHS, LA's   |
| Performance Target              | Range of alternatives available in each area by end December 2006. Closure programme of old "Victorian-type" hospitals by end 2008 |
| Monitoring Information          | Baseline end 2002, annual update.  |



## Standard 5

### Commissioning effective, comprehensive and responsive services.

#### Aim

Effective services must be jointly planned, commissioned and delivered in an efficient co-ordinated manner in order to provide responsive, seamless care. This will require:

- Joint planning with key stakeholders from statutory and non-statutory sectors, users and carers working together.
- Full use of the Health Act “flexibilities” powers, to ensure effective planning, and delivery.
- Rigorous processes, infrastructure and funding to ensure that comprehensive services based on locally agreed models of care are available for all those who need them.

#### Key Action 16

The Welsh Assembly Government must ensure that delivery of the Adult Mental Health Strategy and the NSF is implemented, progress monitored and targets achieved.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | Welsh Assembly Government and Strategy Implementation Team                          |
| Performance Target              | Services available across Wales with Gap analysis                                   |
| Monitoring Information          | National needs assessments with baselines set end December 2002 with yearly reports |

#### Key Action 17

Effective services must be planned, designed and delivered to meet the needs of the population. They should take an epidemiological approach following formal comprehensive needs assessment at both national and local levels and a gap analysis of service provision. There should be recognition of national assessments of core service requirements for example, “Treatment Choice in Psychological Therapies” published by the Department of Health, and publications by the National Institute of Clinical Effectiveness, Audit Commission and Office of National Statistics publications.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | Welsh Assembly Government, NHS, LAs  |
| Performance Target              | Local and national needs assessments, linked to data collected via CPA needs assessments, available. |
| Monitoring Information          | Regular (3-yearly) baseline needs assessments  |

### Key Action 18

Every Health and Well Being Plan and Social Services Social Care Plan should include a comprehensive mental health component.

A Local Mental Health Strategic Planning Group should be set up in each LA/LHB area to co-ordinate the local planning, design, monitoring and evaluation of services. This will ensure the adoption of a comprehensive, integrated and seamless approach. This may in some areas require consideration of cross boundary flows e.g. England/ Wales or between different local authority areas. It will be essential to dovetail these arrangements into the commissioning arrangements which emerge from the current Welsh Assembly Government project which is looking at appropriate models.

Representatives of all relevant authorities and agencies, including the voluntary sector and users and carers should participate in such strategic planning groups.

Local Authorities, in conjunction with Local Health Boards and voluntary agencies, should identify how they will meet the needs of groups which have particular difficulty accessing services, such as homeless people, ethnic minorities (including travellers) and people with disabilities.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS , LAs   |
| Performance Target              | Local Mental Health Strategic Planning group in each area by end October 2002 |
| Monitoring Information          | Annual return   |

## Key Action 19

The full range of flexibilities provided by the Health Act 1999 should be utilised. This will help give increased opportunities for effective joint working and delivery of NSF standards.

The voluntary sector should be resourced to provide effective alternative services to broaden people's choice of services, which can be used to meet identified need.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS, LAs  |
| Performance Target              | All projects to be assessed and judgement made as to whether introduction of flexibilities would improve performance. Consideration to be given as to how the voluntary sector can be resourced to meet this target |
| Monitoring Information          | Audit   |

## Standard 6

### Delivering Effective, Comprehensive and Responsive Services.

#### Aim

Services must be responsive, effective and offer high quality, evidence based care in an environment and an atmosphere that provides dignity, privacy and support.

There should be a comprehensive range of accessible services 24 hours a day, 365 days a year.

## Key Action 20

There must be effective communication and liaison between primary and secondary care, including between community mental health and primary care teams.

- Protocols for referrals and management of conditions should be established taking due account of appropriate NICE or other guidelines.
- GPs should receive information on discharge/transfer of care within 3 working days and copies of patient care plans within 7 working days of discharge from hospital.
- CMHTs will be “sector” based around locally agreed geographical primary care groupings.
- If people do not have a GP then efforts should be made to register them.
- People should not be prevented from receiving primary or secondary care just because they do not have a home address.
- GPs should have a regularly updated directory of local secondary care services available to them.
- Arrangements should be in place for providing people with access to continuing care when they move across local authority boundaries.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS, LAs   |
| Performance Target              | Protocol in place in each LHB area by end December 2002                |
| Monitoring Information          | Practices to have formally agreed protocols with their local services. |

## Key Action 21

Inpatient and community services should be provided in fit for purpose environments. These should offer dignity, privacy and appropriate space and resources for purposeful activity for users and staff. A therapeutic, supportive environment must be created and properly staffed. All inpatient wards should offer the choice of single sex environments. People should be treated in the least restrictive environment possible.

All statutory accommodation will be subject to provisions and standards as dictated in Care Standards Act.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS, Care Standards Inspectorate for Wales (CSIW)   |
| Performance Target              | There are sufficient in-patient hospital beds and staff to meet the assessed needs of the local population. Single sex areas available in all units |
| Monitoring Information          | Number of days acute bed occupancy exceeds 95%, internal audit, CSIW reviews for non Statutory provision. Number of complaints received.            |

## Key Action 22

Community mental health teams should be fully multidisciplinary by 2005 working from a common base with clear remits. By 2002 teams should have identified team member(s) to develop and maintain effective links with primary care services. By 2005, teams will have identified team member(s) to develop and maintain formalised effective links with more specialised services including criminal justice, housing authorities, drugs and alcohol services and work with users and carer groups.

|   |   |
|---|---|
| Responsibility for Implementing         | NHS, LAs  |
| Performance Target/Information Required | Primary care liaison officers identified in all areas by end December 2002. Other specialised link workers to be identified by end 2005 |

## Key Action 23

Out of hours access to services, including CMHTs, should be available during public holidays, at weekends and during the evening.

Specific protocols to enable people on enhanced CPA, and other services – such as homeless hostels and the police - to access out of hours specialist advice should be established.

There continues to be a requirement for 24-hour access to emergency medical and social work assessment for all individuals requiring assessment under the 1983 Mental Health Act.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS and LAs in partnership with voluntary sector                                 |
| Performance Target              | Out of hours services present and audited across Wales. Baseline set by end 2002 |
| Monitoring Information          | Local Audit returns  |

## Key Action 24

Each LA/LHB area must have a range of alternatives to admission and facilities to support individuals after discharge, including day services. This should include supervised short or medium term accommodation with residential care staff on site and mechanisms to support people in their own accommodation.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS, LAs in partnership with voluntary sector.               |
| Performance Target              | A comprehensive network to be in place by end December 2007. |
| Monitoring Information          | Audit.   |

### Key Action 25

A range of specialist services should be available and accessible across Wales. These should include mother and baby units, and low secure care and general medical liaison services in each trust area.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS   |
| Performance Target              | Regions to have agreed mother and baby in-patient provision with local peri-natal mental health services by end December 2003<br>Liaison service available to all DGH sites by end December 2005. |
| Monitoring Information          | Waiting lists for Low, Medium and High Secure beds, Audit of provision and activity following baseline needs assessment.  |

### Key Action 26

A comprehensive evidence based range of psychological therapies must be accessible across Wales, with access to more specialist services.

All staff who are providing psychotherapy and counselling should be appropriately qualified and receive formal supervision. NHS staff will be subject to clinical governance. (See also Standard 8)

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS   |
| Performance Target              | Evidence of case load management. Full range of therapies to be in place by end December 2005 . |
| Monitoring Information          | Waiting lists for psychological therapies.  |

## Key Action 27

All areas should have a comprehensive range of rehabilitation services aiming to maximise the independence and recovery of users.

This will include 24-hour staffed fast track rehabilitation and slower stream rehabilitation, with adequate facilities for continuing care for the small numbers of users with such needs.

There should be a range of community rehabilitation services providing multi-agency care for users with long term needs. There should be meaningful activities during the day.

(See also Standard 3)

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS , LAs   |
| Performance Target              | Full range of rehabilitation services to be in place by end June 2005 |
| Monitoring Information          | Follow up data collection (baseline set 2003)                         |

## Key Action 28

Ideally, children should never be cared for on adult wards. However, each area should have a designated unit in which staff will have undergone training and been police checked, with formal protocols in place for management of older adolescents if a brief stay is needed on an adult ward in an emergency.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS  |
| Performance Target              | Policies and protocols in place by end December 2002             |
| Monitoring Information          | All staff on designated ward police checked by end December 2002 |

## Standard 7

### Effective Client Assessment and Care Pathways

#### Aim

Effective high quality care based on the best evidence and including provision for the medical, physical, psychological and social needs of service users and carers.

- Communication through services and within services must be robust, with mechanisms to ensure people cannot fall between the general service and specialist provision.
- Rigorous approaches to assessment, treatment and aftercare must be in place.
- All users with complex and enduring needs must receive a structured formal assessment and should receive care which encourages engagement, anticipates or prevents a crisis, and reduces risk. This should include people with mental health and other needs such as learning disability and substance misuse.
- All users of secondary care services will have a copy of a written care plan

#### Key Action 29

The Care Programme Approach (CPA) will be introduced across Wales for all cases with a serious mental illness and/or complex enduring needs. CPA combines Care Planning and Case Management and will complement and supplement the single joint assessment framework (currently being developed by the Welsh Assembly Government and initially for use in working with older people but whose principles will apply across all adult groups).

Enhanced CPA should normally be in place for people with a psychotic illness, those with combinations of severe mental illness and a history of harming themselves or others, those who are homeless and those who are lone parents or caring for young children. All care plans for individuals on CPA should include explicit plans for responding to non-compliance and missed contact, including contacting the primary care team.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS and LAs   |
| Performance Target              | CPA fully introduced across Wales by end December 2004. Protocols for explicit arrangements for responding to non compliance and missed contact to be in place by end December 2004 |
| Monitoring Information          | Baseline assessment followed by annual audit.   |



### Key Action 30

Health and Social Services must identify a lead officer with authority to work across all agencies to deliver an integrated approach to the CPA and Care Management. These individuals may work across LHB/LA or Trust areas as deemed appropriate locally, and may be appointed utilising the flexibilities introduced into the 1999 Health Act.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS and LA  |
| Information Required            | Identified lead officer in place by end December 2003 in each LA area |
| Monitoring Information          | Audit   |

### Key Action 31

All service providers must review annually their risk management strategies in the light of any lessons learnt or information generated by the CPA, untoward incidents and complaints. Such reviews should inform Clinical Governance and Best Value and where required have an identifiable action plan to address any issues raised.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS, LAs and other service providers.  |
| Performance Target              | All risk management strategies to be reviewed annually by end December 2003. |
| Monitoring Information          | Audit programmes   |

### Key Action 32

All users of specialist mental health services who have a serious mental illness or complex needs must be offered written copies of their care plans drawn up in collaboration with them and their carer.

This should be a holistic plan and will contain at least such details as: -

- the action to be taken in a crisis by the service user, their carer, and their care co-ordinator
- a list of relevant contact names, addresses and telephone numbers

- prescribed medication
- interventions and anticipated outcomes
- the actions necessary to achieve the agreed goals
- pre-arranged regular review dates agreed by the user, carer and their care co-ordinator
- advocate's name

The GP should receive a copy within 7 working days.

The written care plan will be shared as appropriate with the carer in a form acceptable to the user (normally as a duplicate except when overridden by issues relating to duty of care or risk).

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | Trusts, SSDs                            |
| Performance Target              | Users offered copy of written care plan |
| Monitoring Information          | 80% by 2002, 90%2003, 100% by 2004      |

### Key Action 33

Local Health Boards must work with primary care teams and specialist services to implement nationally and locally agreed assessment, management and audit protocols. This should include protocols for critical incidents across the local health board and local authority area.

NICE has already issued guidance on depression, including the assessment of any risk of suicide. Further protocols should be implemented as they issue.

The majority of mental health care will remain within primary care as at present. The protocols will ensure that people with complex needs receive ready access to skilled specialist assessment and treatment, including psychological therapies, and continuing care.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS   |
| Performance Target              | Audit pathways in all LHG areas by end-December 2003. |
| Monitoring Information          | Waiting times, Relapse rates & suicide rates          |

### **Key Action 34**

People with mental health problems have the same needs for effective care of physical health problems including dental, visual and hearing needs as the general population. Some may have problems consulting or describing problems. Primary care, working jointly with the mental health services and with the support of specialist services such as the community dentistry services, should ensure all those requiring care have access to and receive effective services, whatever their circumstances.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS including Primary Care and Community Dental Services.      |
| Performance Target              | Policies in place to identify and address special need groups. |
| Monitoring Information          | Periodic audit   |

### **Key action 35**

Some people need particularly responsive services and information. These include individuals with special needs, for example, those with physical disabilities and those with sensory impairments or suffering from the consequences of a traumatic brain injury with a concurrent mental illness. Protocols for management of such cases should be jointly agreed and in place in all Trusts and Local Authorities.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS and LAs                             |
| Performance Target              | Protocols in place by end December 2002 |
| Monitoring Information          | Audit                                   |

### **Key Action 36**

Primary Care Teams, Community Mental Health Teams and LHBs should develop medicine management systems for those people where medication is part of the care plan. This will form part of the services provided by community pharmacists to support individuals, many of whom will need complex medication regimes, by helping users' self management.

Additionally LHBs need to establish an appropriate level of pharmacy advice to ensure a smooth transition for the pharmaceutical needs of people with mental illnesses from secondary care through to community pharmacy.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS including Community Pharmaceutical Services and Primary Care Teams.   |
| Performance Target              | Improved compliance and effectiveness with treatment as measured by audit. Medicine management systems to be in place by end-December 2003. |
| Monitoring Information          | Relapse rates. Monitoring of poly pharmacy and BNF recommended dosages. Satisfaction surveys  |

### Key Action 37

Communication within and between services must be robust. There should also be effective protocols in place for communication of risk and sharing information both to the individual and to others including those providing services.

- There should be agreed mechanisms in place to ensure that people cannot, for example, fall through the services 'net' between general and specialist services for drug and alcohol, criminal justice/forensic mental health, child and adolescent mental health, learning disability services and mental health services for older people.
- Specific jointly agreed protocols must be in place to ensure effective and seamless transitional arrangements for individuals (for example on transfer of care or discharge to the CMHT and the GP). Shared care arrangements should be in place for individuals who have long term needs.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS, LAs  |
| Performance Target              | Protocols for communication and transfer of care and shared care within and between agencies should be in place by end June 2003. |
| Monitoring Information          | Local audit supplemented by SSIW and CHI inspections  |

### Key Action 38

There should be arrangements in place to support criminal justice services including prisons and youth offending teams. Other provision should include diversion from custody and in-reach into prisons to ensure as seamless care as possible for offenders with mental health problems. There should be clear protocols to manage individuals who have a history of offending.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS, LAs  |
| Performance Target              | Inreach provision to all Welsh prisons, by end September 2002. Court diversion facilities available across Wales by end December 2003 |
| Monitoring Information          | Local audit   |

### Key Action 39

The needs of young people need to be considered very carefully in all mental health situations. Close liaison with CAMHS is essential but there needs to be careful planning to ensure the needs of children are fully taken into account in all situations, i.e. whether they are patients, carers or have parents with mental problems.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | NHS  |
| Performance Target              | The NHS with partner agencies will identify a professional with responsibility for representing the views and needs of children at adult mental health multi-disciplinary team meetings. Professionals so identified to be in place by end December 2002 |
| Monitoring Information          | Audit  |

### Key Action 40

There must be specific arrangements in place to agree protocols for management of individuals with a serious mental illness complicated by an

alcohol and/or a drug misuse problem. Lead status will be given to general psychiatry for treating the mental illness component of the problem with support from addiction services to manage the substance misuse issues where appropriate.

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS, Drug and Alcohol Teams                       |
| Performance Target              | Protocols in place in all trusts by end June 2003 |
| Monitoring Information          | Local Audit                                       |

### Key Action 41

Suicide prevention is a priority for services. It should be addressed by delivering high quality and responsive effective evidenced based care using relevant NICE guidelines and the recommendations of National Confidential Inquiry into Homicide and Suicides "Safety First". This applies to both primary and secondary care.

- Care plans for all discharged inpatients who have a severe mental illness or recent history of deliberate self harm should include specific follow-up arrangements for the first week after discharge and more intensive provision for at least the first three months after discharge from in-patient care.
- Additionally there should be support for local prison staff in preventing suicides among prisoners
- There should be local systems for suicide audit,(and all other significant untoward incidents) to learn lessons and take any necessary action. (See also Key action 33)

|                                 |   |
|---------------------------------|---|
| Responsibility for Implementing | NHS, LAs  |
| Performance Target              | Discharge and follow up protocols in place in all units by end June 2003. Systems to be in place immediately to ensure the follow up of all untoward incidents. |
| Monitoring Information          | Suicide rates community/prisons. Local audit of lessons learnt reports.   |

## Standard 8

### Aim

To recruit and maintain a workforce skilled in mental health across all sectors including primary care that is sufficient in numbers, well motivated, well trained, well led and well supported to deliver this National Service Framework. Human resources must be identified clearly as central to the service delivery and planning agenda.

Staff should have the time and skills to:

- listen and communicate effectively with users and carers giving their views time and respect
- have a holistic understanding of individual users' needs
- work effectively in partnership with other disciplines and agencies
- assess and document user needs including assessment of risk and prepare plans to be regularly reviewed with full user involvement
- demonstrate a commitment to Equal Opportunities
- have protected time for further training and development of their expertise.

### Key Action 42

Authorities will undertake care group workforce reviews in order to plan and recruit sufficient numbers of staff to both replace vacancies in existing services and to fill posts arising from planned service developments. This must take into account minimum and desirable staffing levels and skill mix required to deliver services.

Such plans will need to identify how potential staff will be identified and attracted into mental health services. In order to retain staff, the organisation will need to create a high morale, motivated and friendly working environment that supports its staff and provides a family friendly, equal opportunity environment.

|                                 |  |
|---------------------------------|--|
| Responsibility for Implementing | Welsh Assembly Government, NHS, LAs and Voluntary Agencies.  |
| Performance Target              | Human Resources identified explicitly in each Health and Well Being Plan. As part of their Social Care Strategy Plans, SSDs should include a separate mental health human resource strategy and staffing |

|                        |  |
|------------------------|--|
|                        | requirements section. The Welsh Assembly Government to produce a national human resource workforce plan for the NSF by the end of 2003. Trusts and LHBs to undertake annual workforce plans to inform planning & the national review commencing summer 2002. |
| Monitoring Information | Each authority to have its workforce strategy or plan available on request for public or inspecting bodies' scrutiny.  |

### Key Action 43

All staff in the statutory and non-statutory sectors should be supported and given protected time and resources to develop their skills. Priority should be given to training to develop knowledge, skills and attitudes required to deliver the NSF and with reference to relevant National Occupational Standards.

Users and carers also need support to develop their skills in areas including participation in planning, developing, delivering (e.g. training staff about user perspectives) and monitoring services.

|                                   |  |
|-----------------------------------|--|
| Responsibility for Implementation | NHS, LAs and other Employing Agencies.   |
| Performance Target                | Continuous professional /career Development Strategies to be drawn up by each agency by 2003.  |
| Monitoring Information            | All staff to have CPD folders with details of development plans and 6 monthly reviews with line managers by 2004. A programme for training users and carers in place in each area. |

### Key Action 44

Effective systems must be in place to lead, manage and support the workforce and ensure that all required processes are in place to deliver an effective service.

This will require explicit formal systems in place for management and supervision of staff, workload/caseload management, documentation and



audit of processes as identified by Best Value and Clinical Governance. This is also regarded good practice in non-statutory bodies.

|                                   |   |
|-----------------------------------|---|
| Responsibility for Implementation | Welsh Assembly Government, NHS and LAs  |
| Performance Target                | Processes in place to ensure audit, supervision and caseload management of all staff.                                     |
| Monitoring Information            | Internal audits of performance with data available for scrutiny. CHI, Best Value and SSIW Inspections of service reports. |

### 3. Implementation

Much of the work towards implementing the Standards can be achieved by better use of existing resources and by widespread use of existing best practice. We expect all services to begin work on this NSF immediately on this basis.

However, we recognise that to achieve full and proper implementation there needs to be a great deal of support work undertaken and in addition we need to secure more resources for mental health services. Work has begun on this and additional information and guidance will be issued in due course.

#### So far, we have

- made mental health one of the Welsh Assembly Government's top 3 health priorities along with cancer and heart disease
- set up an Implementation Team, drawn from all sectors, to draw up an Action Plan for ensuring implementation (of the adult strategy and this NSF) takes place systematically and comprehensively across Wales and to report to the Minister on progress and problems
- recruited 5 secondees from the major sectors to work with officials and the Implementation Team to take forward the Action Plan
- secured £1m each year for 3 years to take forward projects linked with the mental health strategies.

**We need to**

- bid for additional funding, through the Welsh Assembly Government's normal budgetary process, based on thorough costings of the proposed improvements
- develop a Human Resources Strategy to tackle the problems of recruitment and retention, training and development
- set up an R & D programme to ensure an evidence –based approach to services
- establish and develop a Clinical Decisions Support System
- work on a Performance Management Framework.

Work on these issues will be taken forward systematically and thoroughly.

**ANNEX 1**  
**National Service Framework Template**

- Identify baseline and need arising from NSF proposals
- Identify associated costs
- Adopt a worst first approach (worst areas to be tackled first)

**Health Promotion**

- Local and National awareness campaigns
- Training
- Behavioural/structural change

**Prescribing**

- Primary Care drugs budget
- Pharmaceutical Advisors
- Community medicine pharmacists
- NICE guidance implementation

**Human Resources**

- Multi disciplinary training
- Existing staffing e.g. on numbers of specialists and support staff, WTEs, location
- Skill requirements
- Additional staff required to support NSF workforce planning
- Recruitment and retention
- New and/or additional training and education; CPD

**Organisational Development**

- Process re-engineering
- Clinical Networks      Cultural/ attitude change
- Clinical Governance    Patterns of service delivery

**Information Development**

- Workforce
- Hardware
- Software
- Data collection/capture
- Data quality

**Infrastructure**

- Buildings
- Equipment
- Capital and resources

**R&D, Innovation**

- Research available to support the NSF
- Research needed to support the NSF
- Possible pilot projects
- Evaluation

### **Communications**

- Patient/professional
- Information
- Empowerment

### **Performance Management**

- Audit
- Monitoring
- Review

### **Performance Development**

- Workforce
- Training & Development

### **Multi-disciplinary working**

- Social services
- Education
- Housing
- Transport

### **Implications for Related Services**

- Links to NSFs

## ANNEX 2

### MENTAL HEALTH: National Service Framework IMPLEMENTATION

(\* key action)

| Standard | 2002  | 2003   | 2004  | 2005  | 2006   | Later  |
|----------|---|--|---|---|--|--|
| 1        | Local & National publicity and awareness campaigns (2*) end Sept  | MH Promotion strategy incorporated in strategic partnership initiatives (*1) 1 <sup>st</sup> April   |   |   |  |  |
| 2        | Comprehensive information widely available (*5) end Dec<br>Advocacy services in In-patient sites (*6) end Dec<br>Carers of individuals on CPA to receive own assessment if requested (*8) end Dec | Users and carers to be involved and offered a written Care Plan (*4) end June<br>User carer participation – arrangements in place (*7) end Dec |   | Access to Advocacy services in 100% of community areas (*6) by 2005   |  |  |
| 3        | Range of employment/ activity schemes commenced in each area (*10) in 2002  |  | Comprehensive schemes to provide support networks e.g. befriending, drop in (*11) end April | Range of employment/ activity schemes completed in each area (*10) end Dec<br>Range of Housing Options with support in each LA (*9) end Dec |  |  |
| 4        | Baseline assessment of expenditure (*12) end Dec<br>Baseline of hospital or alternative accommodation for those assessed as   |  |   | 24-hr assessment/treatment contact and provision (serious MH) (*13) end Dec<br>Information on how to  | Range of care and accommodation or hospital provision for those needing to be away from home (*15) end Dec | Closure of old-type Hospitals (*15) end Dec 2008 |

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | needing to be away from home (*15) end Dec (annual update)  |  |  | contact services on 24 hour basis available in range of languages and formats (*13) end Dec  |  |  |
| 5 | National needs assessment and baselines (*16) end Dec<br>Local MH strategic planning group established in all LA/LHBs (*18) end Oct<br>Use of Health Act flexibilities to be considered (*19) ongoing   |  | Use of Health Act flexibilities to be considered (*19) ongoing |  | Use of Health Act flexibilities to be considered (*19) ongoing |  |
| 6 | Each LHB to have protocol for communication and liaison between primary and secondary care, CMHTs and primary care (*20) end Dec<br>CMHT/Primary care liaison officers identified in all areas (*22) end Dec<br>Protocols and policies in place r.e. police checks on adult wards for staffing of older adolescents (*28) end Dec | Out of hours services present and audited (*23) end April<br>All areas to have mother and baby unit site (*25) end Dec<br>NHS counselling staff subject to clinical governance (*26) end Dec |  | All CMHTs fully multi-disciplinary teams working from common base, clear remits (*22) by 2005<br>CMHT/Primary care link workers with specialised services to be identified (*22) end Dec<br>Liaison services to all DGH Sites (*25) end Dec<br>Full range of therapies accessible across Wales (*26) end Dec<br>Full range of rehabilitation Services (*27) end June |  | Network of range of Alternatives to admission and for after discharge (*24) end Dec 2007 |

|   |  |   |   |  |  |  |
|---|--|---|---|--|--|--|
|   |  |   |   |  |  |  |
| 7 | <p>80% users offered Care Plan (* 32) by 2002</p> <p>Protocols for management of people with special needs. (*35) end Dec</p> <p>In-reach provision to all prisons (*38) end Sept</p> <p>Identify professionals to represent the needs of children at adult mental health multi-disciplinary team meetings (*39) end Dec</p> | <p>Identified CPA lead officer in each LA area (*30) end Dec</p> <p>Annual review commenced of use of risk management strategies using feedback from CPA, complaints, untoward incidents, etc. (*31) end Dec</p> <p>90% users offered Care Plan (*32) by 2003</p> <p>Critical incident audit Pathways in all LHG areas (*33) end Dec</p> <p>Medicine management systems in place (*36) end Dec</p> <p>Protocols for transfer of care and shared shared care in place within and between agencies (*37 ) end June</p> <p>Court Diversion facilities (*38) end Dec</p> <p>Protocols between MH and D&amp;A teams (*40) end June</p> | <p>CPA fully introduced across Wales (*29) end Dec</p> <p>Protocols for responding to non-compliance in place (*29) end Dec</p> <p>100% users offered Care Plan (*32) by 2004</p> |  |  |  |

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   |   | Self harm discharge and follow-up protocols in place. (*41) end June   |  |  |  |  |
| 8 | Trusts and LHBS to commence annual review of workforce plans. (*42) start summer 2002 | HR resources identified – needs to link to planning guidance (*42) end 2003<br><br>Continuous Professional Development/career Strategies to be drawn up by each agency (*43) by 2003 | All staff to have Continuous Professional/career Development folders and minimum 6 monthly reviews with line managers. (*43) by 2004 |  |  |  |