

National Assembly for Wales
Health, Wellbeing and Local Government
Committee

Inquiry into Community Mental Health
Services

September 2009



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Chair's Foreword

Good mental health and wellbeing allows us to make the most of our potential, enjoy our families and friends and make a full contribution to the wider community. Poor mental health can have a profound effect on our quality of life and cut us off from friends, family and society. This is not someone else's problem. Each year one in four of us will experience a mental health problem and at any given time one in six of us experience poor mental health.

Good quality services, readily available where and when people need them, can help people recover from poor mental health or support them in managing their lives better when they have longer-term problems. I am very glad therefore that we have been able to look at how community based mental health services in Wales are delivered.

Our overall impression is that the availability and quality of these services varies considerably across the country. And whilst there have been some improvements in recent years there is some way to go before services achieve consistently acceptable standards throughout Wales.

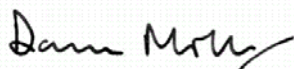
We heard that the Adult Mental Health National Service Framework, the key mechanism for improving community mental health services, has not been properly implemented and that its achievements have been limited. Incentives to implement the Framework are weak and targets have been missed. Urgent action is now needed to ensure that the Framework is fully implemented.

We also have concerns that, in the new Local Health Boards, responsibility for mental health services is to be given to Vice Chairs and Directors who are also responsible for primary and community health services. There is a danger that these other services will be so demanding that mental health services will not get the attention they deserve - this must not be allowed to happen.

On a more positive note, we were impressed by the potential of the "Recovery Model" to provide a positive approach to mental health and wellbeing in a personalised and holistic way. We believe that adopting this model offers Wales a real opportunity to develop truly innovative and individually-focused services that are both more empowering and more effective than current services.

On behalf of the Health, Wellbeing and Local Government Committee, I should like to express my gratitude to all those who have contributed to this inquiry. I would also like to thank the Members of the Committee for their work in producing this report.

This report contains a range of recommendations that we believe will help improve community mental health services in Wales. I commend it to the Minister for Health and Social Services and to the National Assembly.



Darren Millar AM
Chair, Health, Wellbeing and Local Government Committee
September 2009

Section 1 - Terms of Reference and Witnesses

Terms of Reference

- 1.1 We agreed that the inquiry should look at the provision of community based mental health services in Wales for people aged 16-60 years, with a specific focus on:
- The capacity and geographical availability of services
 - The provision of services for young people over 16 years in transition from children's to adult services
 - The impact of the effectiveness of community based services on hospital admissions and delayed transfers of care
 - The effective co-ordination of health and social care elements of community mental health services
 - Equality issues relating to community mental health services, including those for BME groups
 - Examples of good practice in the delivery of services

Witnesses and Evidence

- 1.2 In addition to the Minister for Health and Social Services, Edwina Hart AM we took oral evidence from a range of voluntary organisations working in the field of mental health as well as statutory bodies with an interest in mental health services, organisations representing healthcare professionals and those working in the criminal justice field. We also received a number of written responses to our call for written submissions. Further details are set out in Annexes A-C.

Section 2 - Findings

Meeting individual need

- 2.1 Mental ill-health, more than any other condition requires a holistic approach that encompasses much more than medical treatment, and the challenge for mental health services is to respond to the needs of service users in a way that meets the multiplicity of individual needs and empowers service users to take a measure of control over their lives.
- 2.2 Mental health services have historically been service-led and medically focused and have not always placed the wishes of the user at centre stage. Hafal¹ told us:
- “The current range of service provision in Wales is ... based on a service driven development approach rather than the development of resources to assist service users in their recovery. Hafal believes that the future of service development in Wales should be based on meeting the needs of the individual rather than a one size fits all approach. This would not mean scrapping existing services but making them subservient to care plans and requiring them to adapt to meet the goals set in CPA plans”.
- 2.3 Witnesses highlighted the merits of the Care Programme Approach (CPA) as a mechanism for arranging services around the individual²:
- “Collette has received services for over 35 years—and it was only in 2005, when Collette had a CPA co-ordinator, that her care totally changed. She now uses services that she wants rather than being sent to whichever services exist. The same can be said for Lee. Lee had his diagnosis in 1994 but it was not until 2000 that he had a care co-ordinator. Lee has now been working for two and a half years. He has structure to his life and has what he wants rather than just what can be offered to him.”
- 2.4 Where the CPA is in place it can offer great benefits for people whose symptoms are of a severity that meet the threshold for CPA, particularly those assessed as needing the enhanced CPA. However, these benefits are not available to those with lesser conditions.

Recovery Model

- 2.5 We were impressed by the potential of the Recovery Model to address mental health and wellbeing needs in a personalised and empowering way. The model focuses on the individual’s potential for recovery and encompasses personal strengths and coping skills, relationships, empowerment and social inclusion. It is therefore holistic in nature

¹ Written evidence – Committee Paper HWLG(3)-05-09 paper 1, page 3

² Record of Proceedings – HWLG Committee (RoP) - 26 February 2009 - paragraph 8

and offers a positive approach to mental health and wellbeing. The British Association of Social Workers told us³:

“It is a shift from the medical model, which has been dominated by specialists, doctors and psychiatrists, predominantly using medication and other types of medical-model treatment. This has gone some way to alleviating some of the problems, but not all of them. This is taking a more holistic approach and it links well with the Assembly’s focus on citizenship.”

- 2.6 We believe that by adopting such an approach Wales has an opportunity to develop truly innovative and individually-focused services that are both more empowering and more effective than current services. The College of Occupational therapists told us⁴:

“... services are at the cusp of a potential transition. We have an opportunity to take advantage of that or to possibly risk losing it. ... it is about potential, hope for individuals and true integration into their communities. As occupational therapists, that is something we have always been concerned about.”

We recommend that the Welsh Government adopts the Recovery Model of mental health in Wales and incorporates it into its strategic mental health policies and the National Service Framework. [Recommendation 1]

Black and Minority Ethnic groups

- 2.7 At the individual level such an approach can also help address the specific needs of people who historically have received inappropriate or inadequate services. Building services around individuals rather than fitting them into existing provision creates opportunities to meet the needs of groups such those from Black and Minority Ethnic (BME) communities and Welsh speakers. However, action is also needed to build knowledge, skills and capacity in services and we heard evidence of the need for more work to meet the needs of these groups.

- 2.8 There remain gaps and weaknesses in provision of community mental health services to people from black and minority ethnic communities and witnesses from Hafal described the consequences of this to us⁵:

“We talk about ethnic minorities in Wales, and there is a black and ethnic minority population, but it is not being reached by services that are suitable to its needs and suitable for that community. That is why we see a disproportionate impact on that community. Those people reach crisis point more often than people from a white, European background. ... We know what some of the causes might be, but we are not investing money into delivering services specifically for that client group.”

³ RoP – 7 May 2009 - paragraph 12

⁴ RoP – 7 May 2009 - paragraph 14

⁵ RoP – 26 February 2009 - paragraph 69

2.9 Services need to address both language issues and cultural differences in the response of different communities to mental health issues. Gofal were critical of the Race Equality Action Plans⁶ associated with the Adult Mental Health NSF⁷:

“Our feedback was that they were policy and process driven, and that they are not about actually getting down to communities and developing capacity, breaking down barriers and delivering services differently.”

2.10 Effective engagement with communities on the ground to develop capacity and developing good practice in providing culturally appropriate services is more effective and Gofal’s experience of working with the Somali community in Cardiff has led it to conclude that⁸:

“From talking to that community, it seems that the race equality and mental health action plans have not made any difference to their accessing of services in Cardiff”

2.11 Some examples of good practice in this area were highlighted to us⁹ and it is important that experience gained from these projects informs future work to address BME needs, including the review of the race equality action plans which we understand is imminent. It is only by developing good practice on the ground and working closely with service users that such services can be developed. The Welsh Government must ensure that good practice is disseminated and that resources are made available to develop such services wherever they are needed.

Welsh language

2.12 There is evidence that Welsh language services are not available everywhere they are needed¹⁰, although some improvements are apparent, and we heard evidence¹¹ of the efforts being made by service providers to meet the specific needs of the communities in their areas. There is clearly more work to be done in this area.

We recommend that the Welsh Government undertakes work to disseminate good practice in working with BME communities and incorporates this into its reviews the Race Equality Action Plans. [Recommendation 2]

⁶ Welsh Assembly Government, *Raising the Standard: Race Equality Action Plan for Adult Mental Health Services in Wales*:
<http://cymru.gov.uk/topics/health/publications/health/guidance/raisingstandardraceequality?lang=en>

⁷ RoP – 26 March 2009 - paragraph 105

⁸ *ibid*

⁹ RoP – 26 March 2009 - paragraph 245

¹⁰ Written evidence – Committee Paper HWLG(3)-11-09 paper 1, page 6

¹¹ RoP – 7 May 2009 - paragraphs 107-119

We recommend that the Welsh Government undertakes further work with the newly established Local Health Boards and with local government to ensure that community mental health services are provided through the medium of Welsh wherever they are needed. [Recommendation 3]

The capacity and geographical availability of services

- 2.13 The impression given to us by witnesses to the Inquiry is of considerable variation in access to and the level and quality of community mental health services across Wales. This is disappointing given the increases in expenditure in services in recent years and the implementation of the Adult Mental Health National Service Framework which was designed to address these issues.
- 2.14 The Wales Audit Office reported in its 2005 baseline study that there were key gaps, unacceptable variation and a lack of capacity in community-based services¹². Whilst witnesses acknowledged that there have been some improvements, there is clearly some way to go before services achieve acceptable standards in all parts of Wales. This reflects the level of priority given to mental health services, the allocation of resources and the levers and incentives available to raise standards across all services and areas.

Resources

- 2.15 Mind Cymru expressed concern¹³ that resources intended for mental health spending are not being used for this purpose and believed that funds should be tracked and ring-fenced:
- “The concern remains that money going into trusts does not necessarily get into mental health provision. I think that that concern has been around for some time. The recent local study in Wales is indicative that the problem is still there.”
- 2.16 The Minister told us that the Wales Audit Office tracked spending for the first time in 2005 when the proportion of health funding devoted to mental health services was 12 per cent, a level that has remained the same since then. If we are to ensure that resources are allocated to community mental health services it is important to have in place an effective system for tracking spending. Without this it is not possible to gauge the extent to which resources are being used for their intended purpose.
- 2.17 A number of witnesses advocated ring-fencing health funding for mental health services. The Welsh Government already ring fences some mental health spending and the Minister told the Committee that she intends to continue this until 2010-11. Hypothecation of mental health funding for local government social care services would involve a move away from allowing local authorities maximum

¹² Written evidence – Committee Paper HWLG(3)-10-09 paper 1, paragraph 7

¹³ RoP – 26 February 2009 - paragraph 91

discretion over their spending priorities. The NHS Trust representative Mary Burrows cautioned¹⁴:

“The difficulty with ring fencing is that it does not give you much flexibility in your overall budget, but it at least allows you to focus it.

The other issue about ring fencing is that if you set it according to an allocation in a particular year, it could end up being less than what you need. Trusts currently need some flexibility to give additional money to mental health to address, for example, the national service framework. For Wales, probably a year or two of ring fencing, as the Minister has provided, is helpful.”

- 2.18 There are therefore some disadvantages to ring-fencing, including a lack of flexibility and the possibility of creating an unintended ceiling on spending. However, we are concerned that the government ensures the resources needed for community mental health services are identified, tracked and protected during the current NHS restructuring to ensure that services are sustained at least at the current level.

We recommend that the resources required for community mental health services are identified, tracked and protected through the current NHS restructuring. [Recommendation 4]

New Local Health Boards

- 2.19 Mental health is often characterised as a Cinderella service, a reference to its relative lack of status amongst other health and social care specialisms. We would hope therefore that the current restructuring of the NHS would be seen by the Welsh Government as an opportunity to redress this imbalance and afford mental health services a higher priority in the new NHS bodies. It is concerning therefore that responsibility for mental health services in the new Local Health Boards is to be given to Vice Chairs and Directors who are also responsible for primary and community health services. The danger, as identified by a number of witnesses¹⁵ to our Inquiry, is that primary and community services will demand most of their attention, and that mental health will remain a Cinderella service. The view of witnesses from Gofal was typical¹⁶:

“We are concerned about the role of the vice-chairs because they seem to have been given everything except for secondary care, which begs the question of what the focus of these new bodies will be.”

We recommend that the Minister keeps the role of the Vice Chair in the new Local Health Boards under review subject to evidence that mental health services are afforded the priority they merit by the new Local Health Boards. [Recommendation 5]

¹⁴ RoP – 26 March 2009 - paragraphs 21-22

¹⁵ RoP – 26 February 2009 - paragraph 52

¹⁶ RoP – 26 March 2009 - paragraph 99

National Service Framework

2.20 The Minister described the Mental Health National Service Framework (NSF) as the “main strategic driver for driving up the quality of mental health services”¹⁷ and its implementation is a key mechanism for improving community mental health services. However, much of the evidence provided to the Committee indicates that, notwithstanding widespread support for its aims and principles, the Mental Health National Service Framework has not been properly implemented and its achievements have been limited. Hafal’s survey of service users¹⁸:

“strongly suggested that users and carers want to see change so that the National Service Framework for Mental Health is implemented more uniformly across Wales and services are seen to improve.”

2.21 Incentives to implement the NSF are weak and some targets have been missed. Gofal told us¹⁹:

“The service and financial framework targets are met, but national service framework targets are not met because there is no consequence.”

2.22 Witnesses suggested that performance measurement, and therefore implementation, is particularly weak for services for those with lower levels of need who, with early intervention might be prevented from needing more specialist services later. The Minister highlighted the use of Local Health Board local delivery plans, inspections by Healthcare Inspectorate Wales and Annual Operating Targets as implementation mechanisms. We welcome the work that is currently underway on the NSF to include individual outcomes linking in with the new “intelligent targets” which will focus on integrated care pathways. However, stronger and closely monitored incentives are clearly needed if full implementation is to be achieved and we agree with Hafal’s conclusion²⁰:

“If mental health is to be a priority for the Assembly Government, it needs to say that this is the new NSF—namely the one that is currently in development—and that this is what it expects to see and that people will be held to account on that.”

We recommend that the Welsh Government takes urgent action to implement the Adult Mental Health National Service Framework, including addressing the performance management of the bodies responsible, to address the weaknesses and variability in community mental health services. [Recommendation 6]

Rural areas

2.23 Evidence presented to the Committee shows that access to community mental health services in many rural areas is problematic, both for

¹⁷ Written evidence – Committee Paper HWLG(3)-12-09 paper 2, paragraph 2

¹⁸ Written evidence – Committee Paper HWLG(3)-09-09 paper 1, page 3

¹⁹ RoP – 26 March 2009 – paragraph 18

²⁰ RoP – 26 February 2009 – paragraph 52

adults and young people²¹. The Welsh Government is currently consulting on its rural health plan²². Any community mental health service provided in the Welsh context needs to take account of the large rural population but, as with mental health services provided anywhere, they cannot be seen in isolation from the other community services upon which service users depend, including transport which can be a particular issue. The rural health plan needs to take full account of the needs of people with mental health problems.

We recommend that the Welsh Government takes action to ensure that its rural health plan addresses access to community mental health services by people living in rural areas of Wales.
[Recommendation 7]

Primary care services

2.24 Primary care services, and GP practices in particular, are the first port of call for most people with mental health problems and it is these services that need to be able to address the high and variable levels of need for mental health care. However, the evidence indicates that, whilst some GP practices are well equipped to provide a responsive service, many others are not. The Wales Audit Office baseline review in 2005 depicted a very uneven pattern with about two thirds of GP practices saying they needed more support and guidance from specialist services to help them manage patients in primary care²³. Other evidence from witnesses suggests that the ability of primary care to consistently manage the considerable demands made on it by the mental health needs of patients remains variable, and that as a consequence, some patients are inappropriately referred on to specialist mental health services. Hafal told us²⁴:

“There is still a failure to recognise the fact that secondary mental health services are for people with secondary mental health care needs. We still have this one-size-fits-all approach: if someone goes to their GP for support with an anxiety disorder perhaps or mild depression, primary care does not cover that and so they get sent off to secondary care services with everyone else. Many of these people should never enter mental health services; it is damaging to their self-esteem. ...”

2.25 Despite a Welsh Government target²⁵ on the appointment of ‘gateway’ workers to GP practices to offer gate-keeping to specialist services and signposting to other services there remains a need for clarity around the expectations of GP mental health services and their links with other community mental health services.

2.26 One of the key services that GP surgeries can provide to people with mild to moderate mental health problems is counselling. The WAO

²¹ See section 2.51 on Community Intensive Therapy Teams

²² Welsh Assembly Government, *Rural Health Planning - improving service delivery across Wales* <http://new.wales.gov.uk/consultations/healthsocialcare/ruralhealth/?lang=en>

²³ RoP – 30 April 2009 – paragraph 15)

²⁴ RoP – 26 February 2009 – paragraph 9)

²⁵ Written evidence – Committee Paper HWLG(3)-10-09 paper 1

found in 2005 that a significant proportion of GP practices did not offer counselling and that, amongst those that did, patients could wait up to 6 months for a service²⁶. The Welsh Government introduced a target for counselling services in GP practices but further work is needed if an acceptable level of service is to be achieved across Wales, as Gofal highlighted²⁷:

“Our staff can find it very frustrating trying to get that early intervention at a primary care level, through GP services. It is not unusual for us to hear stories of people being put on a waiting list for counselling and for the wait to take more than a year.”

2.27 The Minister told us that work is underway to improve mental health services in primary care, with the development of a new primary care strategy, new guidance to Community Mental Health Teams and the development of intelligent targets in this area. Mary Burrows told us:

“There are some examples of good practice, but I would probably come back to some of the most basic elements of primary care, which relate to the primary care contract and the quality and outcomes framework. ... One area that we want to look at is asking GPs to apply the National Institute for Health and Clinical Excellence guidance on the identification of depression, which would come within their contractual framework. If we just use that as a target, or an objective, which everyone can demonstrate that they have achieved, it would be a fundamental step and would do a lot of good, certainly with regard to depression and anxiety.”

2.28 We welcome the work underway to include the application of NICE guidance on identifying depression in the Quality and Outcomes Framework (QOF) for GPs develop intelligent targets, but given that QOF is a voluntary system we remain concerned that a stronger incentive is needed for primary care practitioners to ensure adequate mental health provision.

2.29 The evidence we received points to weaknesses in staffing capacity in primary care. Abertawe Bro Morgannwg NHS Trust identified a need to improve levels of mental health skills and expertise at the primary care level and highlighted the role of primary care based mental health nurses²⁸:

“These nurses can provide assessment and brief interventions that help to promote recovery and independence for people with common mental health problems. This can improve the identification of mental health problems and offer a range of early interventions that improve resilience. In doing so it also improves access to low complexity psychological interventions. However across the ABM area the availability of such a service is variable due to the different funding streams that have been used prior to the establishment of the Trust.”

²⁶ RoP – 30 April 2009 – paragraph 13

²⁷ RoP – 26 March 2009 – paragraph 9

²⁸ Written evidence – Committee Paper HWLG(3)-11-09 paper 5, page 3

- 2.30 There is clearly an important role for primary care based mental health nurses in addressing some of the pressures on primary care but we are concerned that these and other health professionals with mental health skills are too thinly spread across the sector. The imminent Primary Care Strategy provides an opportunity to address these issues.

We recommend that the Welsh Government takes action to improve levels of mental health knowledge and skills amongst staff working in primary care. [Recommendation 8]

We recommend that the Welsh Government undertakes work to increase the number of mental health nurses working in primary care. [Recommendation 9]

We recommend that the Welsh Government clarifies the role and expectations of mental health services provided by GP practices and develops stronger incentives for GPs to provide such services. [Recommendation 10]

Crisis resolution and assertive outreach services

- 2.31 It has long been the aim of mental health policy to re-locate treatment for people with severe and enduring mental health problems away from institutional settings and into the community but in order for this to succeed comprehensive treatment and support services must be available in the community. Gaps in these services can lead to otherwise preventable hospital admissions causing disruption and further distress in the lives of individuals and their families. Whilst we recognise the need for in-patient care for some people it is vital that individuals are supported to live in the community wherever possible. Furthermore, a lack of adequate community-based support can delay the discharge of patients from hospital, unnecessarily prolonging episodes of institutional care.
- 2.32 The Wales Audit Office identified crisis resolution/home treatment services, assertive outreach, and crisis accommodation as key mental health services that impact on hospital admissions and delayed transfers of care.²⁹ Such services also assist in the reduction of out of area placements³⁰. Evidence from its 2005 baseline survey showed that even the existence of targets around the establishment of these services was no guarantee of provision³¹ and witnesses remain concerned about weaknesses in some areas³². The Minister acknowledged this in her paper and stated that she will be issuing new guidance to Community Mental Health Teams and making a clear expectation of the new LHBs that they will secure improved quality and access to mental health services.

²⁹ RoP – 30 April 2009 – paragraph 26

³⁰ Written evidence – Committee Paper HWLG(3)-11-09 paper 11, page 11

³¹ RoP – 30 April 2009 – paragraph 81

³² Written evidence – Committee Paper HWLG(3)-11-09 paper 15, page 18

- 2.33 The effectiveness of crisis resolution services was highlighted to us by Gofal which runs a crisis house in Cardiff³³:

“Nearly 90 per cent of those who’ve used the house have successfully avoided hospital admission and been able to return home at the end of their stay, whilst in satisfaction surveys 89 per cent of service users said the Crisis House was ‘excellent’ compared to a hospital environment, but despite these excellent outcomes there have been no moves to develop this type of provision in other parts of Wales.”

- 2.34 The value of these services is clear, both in terms of providing an acceptable alternative to hospital admission and the considerable cost benefits, and it is essential that they are consistently available across Wales.

The Welsh Government should prioritise and strengthen crisis resolution/home treatment and assertive outreach services to strengthen community-based services and reduce the incidence of hospital admission and delayed transfers of care.
[Recommendation 11]

- 2.35 The Royal College of Nursing advocates the provision of small local units of support beds that can be used for short stays and allow rapid admission and discharge, thus minimising the impact of in-patient treatment and providing care closer to home for those living at some distance from a hospital unit. Such units are already used in some rural areas³⁴:

“In my Trust, at the moment, there are two support-bed units that are used for that purpose. As north-west Wales is a geographically large area, we have one in the south, near Barmouth, and one in Anglesey. They both work extremely well to keep people out of the adult acute mental health unit, which is based at the district general hospital in Bangor. When talking about rurality, they are brilliant. People are also kept within their local communities, closer to their families.”

The Welsh Government should consider the wider use of small local units of mental health support beds that allow short stays for people nearer to their homes, particularly in rural areas.
[Recommendation 12]

Services for people with multiple needs

- 2.36 Services for people with multiple needs, for example those with mental health problems and a learning disability or substance misuse problem are not meeting needs and there are issues of co-ordination and information sharing that need to be addressed. The lack of specialist services for people with mental ill-health and substance misuse problems had been identified as particular issues by WAO in 2005 and the evidence continues to show that deficiencies in such

³³ Written evidence – Committee Paper HWLG(3)-08-09 paper 1, page 2

³⁴ RoP – 7 May 2009 – paragraph 42

services can place a heavy burden on other frontline services including primary care and the police.

- 2.37 We heard of barriers preventing young people from accessing some services if they had been diagnosed with another problem. Barnardo's told us³⁵:

"We see young people, for example, when substance misuse services are reluctant to treat them because of their mental health issues, or when mental health services are reluctant to treat them because of their substance misuse issues. Similarly, those with learning disabilities would be another group that is always missing from this continuum. From the outside, at times, it almost seems that the exemptions are greater than the inclusions in parts of this service."

- 2.38 The Children's Commissioner highlighted problems for children with learning disabilities and other problems and painted a picture of services under-resourced and under pressure³⁶. The College of Occupational Therapists suggested that a holistic approach to such needs would address the issue by treating all the person's needs rather than in separate service 'silos'. It is vital that the mental health needs of individuals are not overlooked when other health and wellbeing issues are addressed.

We recommend that the Welsh Government commissions research on people with mental health and additional or complex needs, which considers the ways in which services can best meet these needs, and reports back to us on its findings. [Recommendation 13]

Housing

- 2.39 The lack of suitable housing is a longstanding deficiency of community support services for people with mental health problems. We heard frequent references in the evidence to inadequate housing provision, and supported housing in particular. A lack of appropriate accommodation can be a key factor in delaying discharge from hospital and good support services are the key to successful independent living for many people. The Wales Audit Office told us that in their 2005 baseline study³⁷:

"Housing and accommodation was a major issue for service users and carers. It was one of the key priorities that came out across Wales whenever we spoke to groups of service users and carers."

Supported housing

- 2.40 There are some major issues with supported housing that must be addressed if it is not to become the missing piece of the community care jigsaw. Lack of capacity in supported housing is already of

³⁵ RoP – 26 March 2009 – paragraph 188

³⁶ RoP – 26 March 2009 – paragraph 123

³⁷ RoP – 30 April 2009 – paragraph 28

concern following Supporting People budget reductions in recent years. Hafal told us³⁸:

“Anecdotal evidence shows that the introduction of Supporting People was hugely successful initially in preventing delayed transfers of care and hospital readmissions. ... We were supporting people in the community for 35 hours a week based on the housing benefit side. That has been reduced over the past few years to an average of perhaps four hours per individual per week. Those people are now starting to go back into hospital care and need greater levels of support.”

- 2.41 The economic case alone provides a compelling case for increasing resources to supported housing:

“Even at 35 hours a week, you were talking about perhaps £500 or £600 a week to support an individual. If you put them into an acute care bed, you are probably looking at £2,500 a week, and you have to start that all over again.”³⁹

- 2.42 We are therefore very concerned to learn that changes to the distribution of Supporting People funding could mean that resources are taken away from existing projects for re-distribution to other local authorities. Under the Welsh Government’s plans to re-distribute Supporting People funding so that it more closely reflects levels of need rather than historic funding, a system for allocating funding more equitably is being devised. Gofal told us⁴⁰:

“The worst case scenario is that money will get grabbed from local authorities so that more can be dropped out of the sky in areas where there is unequal distribution. Our argument is very strong that there needs to be targeted development in the Supporting People budget, and that that needs to be targeted at the areas where there is unequal distribution, until we reach a time when there is equality.”

- 2.43 Whatever the merits of such reforms, it is vital that existing services to support people with mental health problems in the community are not deprived of the funding they need to continue their work. Any redistribution needs to take account of the potential impact on existing mental health projects to ensure they can be sustained while funding levels are increased in other areas. Given the considerable savings that can be made by reducing the use of in-patient care, cuts to Supporting People budgets could prove a false economy and we urge the Welsh Government to revisit this issue as a matter of urgency.

- 2.44 We were impressed by the work undertaken in Swansea to co-ordinate and make better use of the limited resources available for Supporting People projects. The OASIS (Opportunities for Accommodation and Support in Swansea) project allows a common referral process for supported accommodation and in doing so has simplified the process

³⁸ RoP – 26 February 2009 – paragraph 34

³⁹ RoP – 26 February 2009 – paragraph 35

⁴⁰ RoP – 26 March 2009 – paragraph 51

of applying for supported accommodation and improved use of resources by more closely matching needs with services. The project is also facilitating the repatriation of some individuals who were placed out of county and utilising funding that was previously tied up in such placements⁴¹. The project could provide a model for other areas.

We recommend that the Welsh Government in developing its policy of redistributing Supporting People Revenue Grant ensures that existing projects supporting people with mental health problems are able to sustain their services and that there is a process of levelling up between local authorities rather than a reduction in some areas to increase funding in others. [Recommendation 14]

We recommend that the Welsh Government promotes the model for supported housing referrals used in Swansea as a means of improving the process of matching people to support and to make the most efficient use of resources. [Recommendation 15]

The provision of services for young people over 16 years in transition from children's to adult services

2.45 There has long been concern in Wales about weaknesses in Child and Adolescent Mental Health Services (CAMHS) and these must be addressed. However, our intention in this inquiry was to focus mainly on the transition of young people with mental health problems from children's to adult services. These services are needed at a critical time in young people's lives when they are experiencing the transition from childhood to adulthood and, in some cases, the emergence of mental health problems. It is clear from the evidence we have received that services for many of these young people are failing to support them through these difficulties and that the consequences of this can last well beyond adolescence. What has also emerged during our inquiry is that the mental health problems of young people in the criminal justice system are not, in many cases being addressed, and that in some individuals this contributes to a pattern of mental ill-health and recurring offending behaviour.

2.46 There are major gaps in the services provided to 16-17 years olds with only those in full-time education receiving CAMHS services in many areas. Hafal painted a worrying picture of the difficulties facing an adolescent with mental health difficulties⁴²:

"These young people may be seen as the odd kid at school. They may have started dropping out of school, having problems with relationships, becoming entangled with the criminal justice system, becoming withdrawn, perhaps using cannabis and so on, and those are seen as problems rather than as symptoms of an underlying condition. They end up receiving less support rather than more, because, in our education system, if someone is not turning up for

⁴¹ Written evidence – Committee Paper HWLG(3)-11-09 paper 5, page 5

⁴² RoP – 26 February 2009 – paragraph 19

school, they are not getting support from the school. ... Adult mental health services tend not to engage with under-18s because those people should be dealt with by the CAMHS team.”

- 2.47 Mental health services for children and adolescents and those for adults are based on different eligibility criteria, provided in different settings and require different professional skills. Some young people who receive services may lose those services when they become adults⁴³, and for others the transition from children’s to adult services can be traumatic. Gofal related the experiences of one young woman⁴⁴:

“I went from an intensive, 5 days a week, residential placement to getting just an hour of support a week in the community. It was a huge and scary change, and no support was offered to help me adjust. The change in my support was based entirely on my age, not on how well or not I was.”

- 2.48 For some young people in their teens adult mental health services can provide a suitable service, but for others that are older such services are inappropriate. Healthcare Inspectorate Wales told us⁴⁵:

“Some people who start having problems in adolescence would benefit from continuing to receive care from the same team into early adulthood, without being passed on to another agency or another part of the service. Traditional ways of delivering care and treatment for children and adolescents with mental health issues and then adults are getting in the way. There needs to be a more creative and open approach to removing age criteria completely and looking at the needs of individual service users.”

- 2.49 There is no set template that can address the needs of all young people and we therefore conclude that flexibility is needed around the transition process to take account of individual needs. Some witnesses provided examples of good and developing services that are helping to meet the needs of young people over 16 years but a recurring theme in the evidence we received is that there is a need for a specific mental health service for young people aged 17-25 that would facilitate a transition to adult services at a time that is appropriate for each young person and avoid forcing young people to change services on their 18th birthday regardless of their needs.

- 2.50 The Children’s Commissioner told us⁴⁶:

“In my experience, and in light of what we all know has been happening in Wales of late, we know that the key age profile that we need to be thinking about, particularly in relation to suicides, is the 17 to 25 age group.”

⁴³ Written evidence – Committee Paper HWLG(3)-06-09 paper 1, paragraph 15

⁴⁴ Written evidence – Committee Paper HWLG(3)-08-09 paper 1, page 2

⁴⁵ RoP – 12 March 2009 – paragraph 45

⁴⁶ RoP – 26 March 2009 – paragraph 141

We strongly recommend the establishment of a mental health service specifically for young people aged 17-25 that would facilitate a transition to adult services at a time that is appropriate for each young person and is based on clinical judgement rather than service configuration. [Recommendation 16]

Community Intensive Therapy Teams

- 2.51 Community Intensive Therapy Teams (CITTs) can provide a valuable service to young people with severe mental health problems in the community near to home and help to prevent admission to hospital. Barnardo's told us that CITTs can help reduce the number of children who need to go to England for in-patient care⁴⁷. However, there is a lack of clarity around which bodies are responsible for funding CITTs and provision is geographically uneven. The Children's Commissioner for Wales has commented that⁴⁸:

"It ... is inequitable that areas close to the inpatient units are provided with a resource that allows children and young people to be treated as close as possible to their homes and that areas furthest from the units have no such provision."

- 2.52 It is to be hoped that these issues will be addressed by the larger integrated health bodies under the restructured NHS since a more strategic approach is required. There is a clear need to ensure that such services are provided where they are most needed, and particularly in rural areas.

We recommend that the Welsh Government ensures that Community Intensive Therapy Teams (CITTs) are provided in all the areas they are needed, particularly those most distant from in-patient units, such as rural areas. [Recommendation 17]

Information and health promotion

- 2.53 The Children's Commissioner highlighted the stigma and confusion around mental health issues and young people, and the lack of information on the services that are available⁴⁹:

"We have a real lack of understanding and sympathy around some of the issues to do with mental illness. If you have a conversation with children and young people about mental illness, they will almost always talk about negative things to do with mental illness. They will come out with words that are awful, out of ignorance. ... their understanding of mental health issues is quite poor, and we need to do something about that."

- 2.54 There is clearly a need for health promotion and educational work in relation to mental health issues for children and young people and the services they might receive. Staff in schools need to be aware of the

⁴⁷RoP – 26 March 2009 – paragraph 230

⁴⁸ Written evidence – Committee Paper HWLG(3)-08-09 paper 2, page 5

⁴⁹ RoP – 26 March 2009 – paragraph 132

services that are available to help children and young people with mental health problems.

We recommend that the Welsh Government initiates a programme of work to raise awareness amongst children, their families and professionals, of mental health issues and the services available to children and young people. [Recommendation 18]

Specialist eating disorder services

2.55 There is long standing concern about the lack of specialist eating disorder services in Wales and this was reiterated to us by a number of witnesses. At present, some young people requiring specialist treatment must travel outside Wales to receive it. The Minister has acknowledged the problem and told us that work is underway to develop more community based services.⁵⁰ We are nevertheless concerned at the slow progress being made and the modest level of resources that are being made available for these vital services.

We welcome the recent announcement of improved services for people with eating disorders and recommend that the Welsh Government monitors and evaluates this and other specialist services to ensure they are adequately addressing the needs of this group. [Recommendation 19]

Young people in the criminal justice system

(See also paragraphs 2.71 to 2.74 on adults in the criminal justice system)

2.56 The failure to adequately address the mental health needs of young people in Wales is nowhere more apparent than in the criminal justice system. There are high rates of mental ill-health amongst young offenders, problems that, if addressed earlier might help to divert them from further contact with the criminal justice system. The Children's Commissioner shared his concerns on this issue with us⁵¹:

"The behaviour of many of the children who are drawn into the system is challenging, but much of it would be well treated and well supported by an effective mental health service and other support services that would prevent the escalation of offending behaviour to the point at which the criminal justice system has to become involved."

2.57 Youth Offending Teams (YOTs), which work with young people from the age of eight, encounter many young people whose mental health issues have not been addressed. The capacity of YOTs themselves to identify and work with mental ill-health is dependent on the staff expertise available to them. Eddie Isles of Youth Offending Team Managers Cymru told us⁵²:

⁵⁰ RoP – 14 May 2009 – paragraph 220

⁵¹ RoP – 26 March 2009 – paragraph 165

⁵² RoP – 7 May 2009 – paragraph 149

"We deal with a group of young people who cover the full range of mental illness problems ... For those of us who have specialist psychiatric nurses in place within our teams, that diagnosis, or at least the increased awareness of the potential for such illness to occur, means that we can make earlier starts and that means we can be very engaged around preventive interventions. That is really the piece that we would like to see extended"

2.58 However, only about half of YOTs in Wales have a specialist psychiatric nurse⁵³. The mental health services available to those children and young people in custody in Wales are likewise inadequate.

2.59 We heard evidence of serious failings in mental health services for young people in custody but that notwithstanding this, for some young people their first contact with mental health services occurs when in prison or a secure unit. We echo the response of the Children's Commissioner to this⁵⁴:

"In a modern Wales, I really would not expect to see children accessing any kind of health service for the first time through the criminal justice system. That is just not right. It is appalling."

2.60 Improvements to community mental health services for young people would help to address the cycle of mental ill health, substance misuse and offending behaviour that some young people fall into and improving specialist input into Youth Offending Teams would go some way to achieving this.

We recommend that the Welsh Government reviews the level of mental health support provided to Youth Offending Teams with a view to ensuring that each has sufficient capacity to address the mental health needs of the young people with whom it works. [Recommendation 20]

We recommend that the Welsh Government works with the Youth Justice Board and UK Ministers to secure adequate resources for Youth Offending Teams. [Recommendation 21]

We recommend that the Welsh Government takes action to ensure that young people with mental health problems who are in custody have an effective mental health treatment plan whilst in custody and on release. [Recommendation 22]

The effective co-ordination of community services for people with mental health problems

2.61 Enabling people with mental health problems to lead stable and fulfilling lives means providing more than just effective treatment. Social care, housing employment, education and leisure services are also essential. It has long been recognised that these services need to

⁵³ ibid - paragraph 153

⁵⁴ RoP - 26 March 2009 - paragraph 163

be better co-ordinated if people are to be supported effectively in the community and spend less time in hospital. Deficiencies in these services, particularly social care and housing, can create extra pressure on health services.

Health and social services

2.62 The links between health and social care services are of particular concern for people who use mental health services and we explored with witnesses the kinds of solutions that are being implemented and new ones that might address this perennial problem. In some parts of the UK, notably Northern Ireland, health and social care services are provided by the same bodies and in parts of England mental health trusts offer similar integration. However, the Committee heard little evidence of widespread support for new structures or radically different policies to secure improved joint working. Witnesses suggested that the effectiveness of fully integrated health and social care providers and of specialist mental health Trusts is variable and unproven⁵⁵ and we agree with those who suggested that existing powers, for example the powers under Section 33 of the *NHS Wales Act 2006*, could be used to better effect. The NHS Trusts representative Mary Burrows told us⁵⁶:

“We have the ability to do that now, under section 33 of the National Health Service (Wales) Act 2006, which allows us to bring our teams together and to pool our budgets. We raised this in the all- Wales review, but I do not think that we have really exploited that for the benefit of Wales. It operates in some areas; my trust has several section 33 arrangements, some of them around children with difficult disabilities. We have two for mental health, one in Wrexham and one for Conwy and Denbighshire. You can find health and social care integrated in that fashion, without having to do any sort of structural changes, and I would advocate using the tools that we have, which are in section 33. That is there, and we should try to use it”

2.63 The task, therefore is to make partnerships and joint working more effective within the existing legislation and structures although the restructured NHS may offer new opportunities for improving joint working as the number of health bodies is reduced. We believe that there is a role for Local Service Boards in promoting better joint working and we urge the Welsh Government to make full use of the opportunities now provided by the NHS restructuring and the powers in the National Health Service (Wales) Act 2006⁵⁷ to promote the kinds of joint working arrangements that are needed to make community mental health services effective in Wales.

2.64 There are good examples of joint working in Wales, for example in Conwy and Denbighshire where health, social care and wellbeing services are provided jointly⁵⁸ and we would suggest that good practice of this type should be promoted throughout Wales. However,

⁵⁵ RoP – 30 April 2009 – paragraph 92 & RoP – 26 March 2009 - paragraph 72

⁵⁶ RoP – 26 March 2009 paragraph 63

⁵⁷ National Health Service (Wales) Act 2006 c.42

⁵⁸ RoP – 26 February 2009 – paragraph 48 & RoP – 19 March 2009 – paragraph 82

Hafal told us that a guide to models of good practice produced by the National Leadership and Innovation Agency for Healthcare (NLIAH) is not always used to best effect, leading to duplication of effort.

We recommend that the Welsh Government takes action to improve the co-ordinated provision of community mental health and social care services and other relevant services through Local Service Boards. [Recommendation 23]

Targets and performance indicators

2.65 Targets and performance indicators are some of the tools available to the Welsh Government to promote better co-ordination of services and used appropriately they can be a powerful means of shaping and developing seamless services. Conversely, targets and performance indicators that do not reflect common aims can cause organisations to pull in opposite directions and are counterproductive. The written evidence Abertawe Bro Morgannwg observed that⁵⁹:

“The setting of targets separately for social care services and health services is both divisive and unhelpful in trying to get organisations to concentrate on the key issues. This has been raised previously and consistently by organisations in both health and social care.”

2.66 There is therefore a need for more joint health and social care targets to help ensure that partners are focusing effort on the same goals.⁶⁰

2.67 CSSIW has also identified a problem in this area⁶¹:

“Are both health and social care focused on the same areas and priorities, and also, are they monitoring themselves on those same priorities? The more that we can get joined-up in identifying what they are and then measuring ourselves against them, knowing what those key targets for achievement are, we would achieve more consistency. I do not know whether colleagues want to add anything.”

We recommend that the Welsh Government reviews current targets affecting health and social care services to ensure they are compatible and initiates work to develop new joint targets for health and social care and other relevant services. [Recommendation 24]

Housing

2.68 Housing is a key player that is often missing from partnership arrangements. The Wales Audit Office had identified⁶² a particular problem with the involvement of housing in mental health services in its baseline review of 2005 (a problem acknowledged by the

⁵⁹ Written evidence – Committee Paper HWLG(3)-11-09 paper 5, page 8

⁶⁰ RoP – 19 March 2009 – paragraph 58 & RoP – 12 March 2009 – paragraph 58

⁶¹ RoP – 12 March 2009 – paragraph 58

⁶² RoP – 30 April 2009 – paragraph 48

Minister⁶³) and it would appear that things have not greatly improved since then:

“Back in 2005, we rarely came across housing departments that were integral to the planning of mental health services at a local level. ... We are following that through in great detail as we speak. However, agencies have not necessarily made the kind of progress that we would have hoped for in getting housing involved in mental health services.”

2.69 Gofal Cymru told us:

“There are housing-related targets within the NSF, but you have to wonder whether local authorities’ individual housing teams, the Supporting People teams, are even aware of the mental health NSF let alone being bothered about whether they are delivering on those targets when they might have their own priorities too.”

2.70 Social housing providers have a key role to play in ensuring that people with mental health problems are not forced to live in substandard housing⁶⁴. Mary Burrows told us⁶⁵:

“I come back to the point that it is about local government in its wider sense, rather than just social services. In inter-departmental approaches and integration, housing representatives should be at the table, because the fact that housing associations’ or local authorities’ housing stock can be a huge relief for people if one of the issues is about homelessness or people not feeling safe in their environment.”

2.71 There is some evidence that where housing and social services are working closely together the involvement of housing in mental health is better⁶⁶ and some local authorities have integrated housing and social services, but whichever way these services are configured it is vital that local authority housing providers and Registered Social Landlords are fully included in local partnership arrangements. We were encouraged to hear that the Minister is in discussion with the Deputy Minister for Housing about these issues since it is essential that housing fulfils its role in community services for people with mental health problems.

We recommend that the Welsh Government issues instructions to the new Local Health Boards and local authorities to ensure that housing providers are fully engaged in local partnerships concerned with the planning and provision of community mental health services. [Recommendation 25]

Voluntary sector

2.72 The voluntary sector plays a major role in the provision of community mental health services and contributes to the development of

⁶³ RoP – 14 May 2009 – paragraph 273

⁶⁴ RoP – 26 March 2009 – paragraph 69

⁶⁵ RoP – 19 March 2009 – paragraph 70

⁶⁶ RoP – 12 March 2009 – paragraph 86

innovative and cross-cutting services. It often helps to provide a co-ordinating link between statutory services, as with Gofal's link workers who support people on in-patient settings to access suitable housing and support on discharge⁶⁷. However, funding for such services is often insecure and there is evidence that the sector is not always fully consulted and engaged with statutory services. This view was echoed in evidence from both the voluntary and statutory sectors. The Cardiff & Vale Mental Health Forum stated that⁶⁸:

"There is a lack of progress from some funders in relation to 3 year funding for the voluntary sector in line with the voluntary Sector compact. Funding is often time limited and insecure. The voluntary sector is not viewed as a resource and commissioned in an effective way. Confirmation of funding is often very late and impacts on job retention and employment responsibilities."

2.73 The view of Abertawe Bro Morgannwg NHS Trust was that⁶⁹:

It is important to acknowledge .. that the achievement of positive outcomes for service users is not just dependent upon co-operation of statutory services in secondary mental health care. It is crucial that the role of not for profit organisations is fully appreciated and integrated into an understanding of the full range of support services available for individuals.

2.74 The Minister told us that she expects early engagement of the voluntary sector with the new Local Health Boards but that longer term and more secure funding for new projects will be dependent on rigorous evaluation. Given the important role played by the voluntary sector in developing innovative and user-focused services and its increasing involvement in mainstream provision it is vital that it is treated as a full partner and that 3-year funding agreements are put in place across Wales for services commissioned from the voluntary sector.

We recommend that the Welsh Government takes further action to ensure that the voluntary sector is able to participate fully in the planning and provision of community mental health services. [Recommendation 26]

Criminal justice system

2.75 Many of the issues affecting young people with mental health problems in the criminal justice system are also evident with adults. There is considerable unmet mental health need amongst people in the criminal justice system and it is clear to us that the lack of power in Wales over the criminal justice system is a barrier to the effective provision of mental health services to people in contact with it. Whilst it is beyond the scope of this Inquiry to consider all the issues this raises, two problems relating to the interface between the criminal justice system and community mental health services have caused us

⁶⁷ RoP – 26 March 2009 – paragraph 38

⁶⁸ Written evidence – Committee Paper HWLG(3)-11-09 paper 7, page 1

⁶⁹ Written evidence – Committee Paper HWLG(3)-11-09 paper 5, page

particular concern: the use of police cells to hold people experiencing a mental health crisis; and inadequate provision of court diversion schemes.

- 2.76 We heard evidence from the Association of Chief Police Officers (ACPO) Cymru about the use of police cells for arrests made under Section 136 of the *Mental Health Act 1983*, i.e. those with mental health problems detained because they are deemed to be at risk. ACPO contends this is inappropriate⁷⁰:

“Fundamental to our approach is a strong belief that police cells are not appropriate places to take people suffering with mental illness, who are, by the very nature of the interaction with us, at a crisis point in their lives. It is a long-held view on behalf of the Welsh police, ACPO Cymru, that we have offered the service of last resort for too long.”

- 2.77 ACPO argues that people experiencing a mental health crisis should be accommodated in suitable health facilities staffed by appropriately trained health professionals. We believe it is unacceptable that a lack of suitable provision means that people in a state of mental distress are taken to police cells and agree with ACPO that regional units be established in Wales along the lines of schemes in England to address the often complex needs of such people. The recently published ‘Unsworth’⁷¹ review of secure mental health services in Wales recommends the development of similar Mental Health Assessment Centres across Wales and we understand that a working group on the issue is reporting to the Minister for Health and Social Services in Wales. Such a development would necessitate a transfer of resources from the non-devolved police service to the devolved Welsh NHS.

We recommend that the Welsh Government works with UK Government to develop Mental Health Assessment Centres across Wales with the aim of reducing the use of police cells for people arrested under Section 136 of the Mental Health Act 1983.
[Recommendation 27]

- 2.78 The Mental Health National Service Framework (NSF) set a target for the provision of court diversion schemes across Wales. Such schemes aim to divert people with mental health problems away from custody and to ensure they receive appropriate treatment. However, these are not yet available in all parts of Wales, despite an NSF target to secure this by March 2008. It is essential that such schemes are in place across Wales, and that they are of a suitable standard to reduce the number of people with mental health problems in the criminal justice system.

We recommend that the Welsh Government takes action to ensure that effective court diversion schemes are in place across Wales.
[Recommendation 28]

⁷⁰ RoP – 7 May 2009 – paragraph 156

⁷¹ Welsh Assembly Government, Consultation on the Report of the Review of Secure Mental Health Services:

<http://new.wales.gov.uk/consultations/healthsocialcare/mentalhealth/?lang=en>

Section 3 - Summary of Recommendations

3.1 Our recommendations are summarised below:

We recommend that the Welsh Government adopts the Recovery Model of mental health in Wales and incorporates it into its strategic mental health policies and the National Service Framework. [Recommendation 1]

We recommend that the Welsh Government undertakes work to disseminate good practice in working with BME communities and incorporates this into its reviews the Race Equality Action Plans. [Recommendation 2]

We recommend that the Welsh Government undertakes further work with the newly established Local Health Boards and with local government to ensure that community mental health services are provided through the medium of Welsh wherever they are needed. [Recommendation 3]

We recommend that the resources required for community mental health services are identified, tracked and protected through the current NHS restructuring. [Recommendation 4]

We recommend that the Minister keeps the role of the Vice Chair in the new Local Health Boards under review subject to evidence that mental health services are afforded the priority they merit by the new Local Health Boards. [Recommendation 5]

We recommend that the Welsh Government takes urgent action to implement the Adult Mental Health National Service Framework, including addressing the performance management of the bodies responsible, to address the weaknesses and variability in community mental health services. [Recommendation 6]

We recommend that the Welsh Government takes action to ensure that its rural health plan addresses access to community mental health services by people living in rural areas of Wales. [Recommendation 7]

We recommend that the Welsh Government takes action to improve levels of mental health knowledge and skills amongst staff working in primary care. [Recommendation 8]

We recommend that the Welsh Government undertakes work to increase the number of mental health nurses working in primary care. [Recommendation 9]

We recommend that the Welsh Government clarifies the role and expectations of mental health services provided by GP practices and develops stronger incentives for GPs to provide such services. [Recommendation 10]

The Welsh Government should prioritise and strengthen crisis resolution/home treatment and assertive outreach services to strengthen community-based services and reduce the incidence of hospital admission and delayed transfers of care. [Recommendation 11]

The Welsh Government should consider the wider use of small local units of mental health support beds that allow short stays for people nearer to their homes, particularly in rural areas. [Recommendation 12]

We recommend that the Welsh Government commissions research on people with mental health and additional or complex needs, which considers the ways in which services can best meet these needs, and reports back to us on its findings. [Recommendation 13]

We recommend that the Welsh Government in developing its policy of redistributing Supporting People Revenue Grant ensures that existing projects supporting people with mental health problems are able to sustain their services and that there is a process of levelling up between local authorities rather than a reduction in some areas to increase funding in others. [Recommendation 14]

We recommend that the Welsh Government promotes the model for supported housing referrals used in Swansea as a means of improving the process of matching people to support and to make the most efficient use of resources. [Recommendation 15]

We strongly recommend the establishment of a mental health service specifically for young people aged 17-25 that would facilitate a transition to adult services at a time that is appropriate for each young person and is based on clinical judgement rather than service configuration. [Recommendation 16]

We recommend that the Welsh Government ensures that Community Intensive Therapy Teams (CITTs) are provided in all the areas they are needed, particularly those most distant from in-patient units, such as rural areas. [Recommendation 17]

We recommend that the Welsh Government initiates a programme of work to raise awareness amongst children, their families and professionals, of mental health issues and the services available to children and young people. [Recommendation 18]

We welcome the recent announcement of improved services for people with eating disorders and recommend that the Welsh Government monitors and evaluates this and other specialist

services to ensure they are adequately addressing the needs of this group. [Recommendation 19]

We recommend that the Welsh Government reviews the level of mental health support provided to Youth Offending Teams with a view to ensuring that each has sufficient capacity to address the mental health needs of the young people with whom it works. [Recommendation 20]

We recommend that the Welsh Government works with the Youth Justice Board and UK Ministers to secure adequate resources for Youth Offending Teams. [Recommendation 21]

We recommend that the Welsh Government takes action to ensure that young people with mental health problems who are in custody have an effective mental health treatment plan whilst in custody and on release. [Recommendation 22]

We recommend that the Welsh Government takes action to improve the co-ordinated provision of community mental health and social care services and other relevant services through Local Service Boards. [Recommendation 23]

We recommend that the Welsh Government reviews current targets affecting health and social care services to ensure they are compatible and initiates work to develop new joint targets for health and social care and other relevant services. [Recommendation 24]

We recommend that the Welsh Government issues instructions to the new Local Health Boards and local authorities to ensure that housing providers are fully engaged in local partnerships concerned with the planning and provision of community mental health services. [Recommendation 25]

We recommend that the Welsh Government takes further action to ensure that the voluntary sector is able to participate fully in the planning and provision of community mental health services. [Recommendation 26]

We recommend that the Welsh Government works with UK Government to develop Mental Health Assessment Centres across Wales with the aim of reducing the use of police cells for people arrested under Section 136 of the Mental Health Act 1983. [Recommendation 27]

We recommend that the Welsh Government takes action to ensure that effective court diversion schemes are in place across Wales. [Recommendation 28]

Section 4 - Monitoring

4.1 Where appropriate, we expect the Welsh Government to report on progress in implementing our recommendations within 12 months of their initial response to this report.

Annex A

Organisations and individuals who gave evidence in person to the Committee

Those giving evidence	Representing
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26 February 2009

<ul style="list-style-type: none">• Alun Thomas• Collette Dawkin• Lee McCabe	Hafal
<ul style="list-style-type: none">• Lindsay Foyster• Lynn Roberts• Paul Roberts	Mind Cymru

12 March 2009

<ul style="list-style-type: none">• Mandy Collins• Peter Higson	Health Inspectorate Wales
<ul style="list-style-type: none">• Natalie Cooper• Jill Lewis	Care and Social Services Inspectorate Wales and
<ul style="list-style-type: none">• Mike Murphy	Association of Directors of Social Services Wales

19 March 2009

<ul style="list-style-type: none">• Mary Burrows	NHS Trusts Representative
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26 March 2009

<ul style="list-style-type: none">• Ewan Hilton• Alexandra McMillan	Gofal Cymru
<ul style="list-style-type: none">• Keith Towler• Gareth Jones	Children's Commissioner for Wales
<ul style="list-style-type: none">• Yvonne Rodgers• Sally Jenkins• Menna Thomas	Barnardo's Cymru

30 April 2009

<ul style="list-style-type: none">• Jeremy Colman• Steve Ashcroft	Wales Audit Office
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7 May 2009

<ul style="list-style-type: none">• Peter Hewin	College of Occupational Therapists
<ul style="list-style-type: none">• Adrian Williams	Royal College of Nursing
<ul style="list-style-type: none">• Liz John	Chartered Society of Physiotherapy

<ul style="list-style-type: none"> • Debbie Borley 	British Association of Social Workers
<ul style="list-style-type: none"> • Andy Edwards • Peter Vaughan 	Association of Chief Police Officers Wales
<ul style="list-style-type: none"> • Eddie Isles • Alan Elmer 	Youth Offending Team Managers Cymru

14 May

<ul style="list-style-type: none"> • Edwina Hart AM, Minister for Health and Social Services 	Welsh Government - Department for Health and Social Services
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Annex B

Schedule of Committee Papers Provided to Inform Oral Evidence

Date	Name of Paper	Paper Reference Number
26 February 2009	Hafal	Paper HWLG(3)-05-09-paper 1
26 February 2009	Mind Cymru	Paper HWLG(3)-05-09-paper 2
12 March 2009	Care and Social Services Inspectorate Wales and Health Inspectorate Wales	Paper HWLG(3)-06-09-paper
12 March 2009	Association of Directors of Social Services Wales	Paper HWLG(3)-06-09-paper 2
19 March 2009	NHS Trusts Representative	Paper HWLG(3)-07-09-paper 1
26 March 2009	Gofal Cymru	Paper HWLG(3)-08-09-paper 1
26 March 2009	Children's Commissioner for Wales	Paper HWLG(3)-08-09-paper 2
26 March 2009	Barnardo's Cymru	Paper HWLG(3)-08-09-paper 3
30 April 2009	Wales Audit Office	Paper HWLG(3)-10-09-paper 1
7 May 2009	College of Occupational Therapists, Royal College of Nursing, Chartered Society of Physiotherapy and British Association of Social Workers	Paper HWLG(3)-11-09-paper 1
7 May 2009	Association of Chief Police Officers Wales	Paper HWLG(3)-11-09-paper 2
7 May 2009	Youth Offending Team Managers Cymru	Paper HWLG(3)-11-09-paper 3
14 May 2009	Minister for Health and Social Services	Paper HWLG(3)-12-09-paper 2
Additional Written Evidence (following oral evidence session)		
30 April 2009	North Wales NHS Trust	Paper HWLG(3)-10-09-paper 7
30 April 2009	Children's Commissioner for Wales	Paper HWLG(3)-10-09-paper 8
7 May 2009	Care Standards Inspectorate Wales	Paper HWLG(3)-11-09-paper 13

7 May 2009	Gofal Cymru	Paper HWLG(3)-11-09- paper 14
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Transcripts

Copies of all papers and transcripts of meetings can be found at:

<http://www.assemblywales.org/bus-home/bus-committees/bus-committees-third1/bus-committees-third-hwlg-home.htm>

Annex C

List of Respondents to Call for Written Evidence

The following organisations responded to the call for written evidence

Organisation	Committee Reference
British Association of Social Workers	Paper HWLG(3)-11-09 paper 1
Barry Broadmeadow	Paper HWLG(3)-11-09-paper 4
Abertawe Bro Morgannwg NHS Trust	Paper HWLG(3)-11-09-paper 5
Help the Aged	Paper HWLG(3)-11-09-paper 6
Cardiff and Vale Mental Health Forum	Paper HWLG(3)-11-09-paper 7
The Royal College of Psychiatrists	Paper HWLG(3)-11-09-paper 8
Chartered Society of Physiotherapy	Paper HWLG(3)-11-09-paper 9
College of Occupational Therapists	Paper HWLG(3)-11-09-paper 10
Hywel Dda NHS Trust	Paper HWLG(3)-11-09-paper 11
City and County of Swansea	Paper HWLG(3)-11-09-paper 12
Care Standards Inspectorate Wales	Paper HWLG(3)-11-09-paper 13
Gofal Cymru	Paper HWLG(3)-11-09-paper 14
Royal College of Nursing Cymru	Paper HWLG(3)-11-09-paper 15

Please note that the above list does not include any organisation or individuals who indicated that they did not wish their details to be published.