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Welsh Government

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The Duty to Review Inception Report

Post-Legislative Assessment of the Mental Health (Wales) Measure 2010

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Introduction

*Together for Mental Health*¹ sets out the Welsh Government's ambitions for improving mental health and its vision for 21st century mental health services. The Strategy looks to address the varying needs of people of all ages with mental health problems, whilst ensuring people in most need receive the appropriate priority. It focuses on how to improve the lives of service users and their families using a recovery and enablement approach. The Strategy sets the requirements of the Mental Health (Wales) Measure 2010² (the Measure) at its heart.

The Measure is a unique piece of legislation which provides a legal framework for improving mental health services in Wales. The Measure will be formally evaluated and this inception report describes the proposed process, and suggested sources of information, which will inform the review. A further, interim, report will be produced by 31 March 2014 and the final report, for presentation to the National Assembly for Wales, will be published prior to January 2016.

This report is designed to inform a collaborative process of review which can evolve and develop over time. Stake holders are invited to suggest additions to, or changes in, the proposed evaluation process described for each of the Parts.

The Measure Objectives

The intention of the Measure was to provide:

- local primary mental health support services at an earlier stage than was previously the case in many parts of Wales (Part 1);
- all individuals accepted into secondary mental health services with a care coordinator and a Care and Treatment Plan (Part 2);
- those discharged from secondary mental health services with the ability to request reassessment when they believe their mental health may be deteriorating (Part 3);
- extended statutory mental health advocacy provision beyond that required under the Mental Health Act 1983³ (Part 4).

The Measure was designed to achieve these intentions by:

- providing an assessment of an individual's mental health and, where appropriate, treatment of an individual's mental disorder within primary care, by establishing a duty for Local Health Boards (LHBs)

¹ Together for Mental Health - <http://wales.gov.uk/topics/health/publications/health/strategies/strategy/;jsessionid=F332339425298BC641885C5C322ACE4D?lang=en>

² The Mental Health (Wales) Measure 2010 - <http://www.legislation.gov.uk/mwa/2010/7/contents>

³ The Mental Health Act 1983- <http://www.legislation.gov.uk/ukpga/2007/12/contents>

and Local Authorities to deliver primary mental health support services across Wales (Part 1);

- instituting statutory requirements around care and treatment planning and care coordination within secondary mental health services (Part 2);
- requiring secondary mental health services to have in place arrangements to ensure the provision of timely access to assessment for previous service users (Part 3);
- extending the groups of 'qualifying patients' under the Mental Health Act 1983 entitled to receive support from an Independent Mental Health Advocate (IMHA), to informal/voluntary patients as well as the majority of patients subject to the formal powers of that Act.

Subsequent to the making of the Measure in 2010 significant subordinate legislation has been made and additional guidance issued to support the implementation of the services required⁴.

Duty to Review the Measure

Section 48 of the Measure places a duty on the Welsh Ministers to review the operation of the Measure for the purposes of publishing one or more reports within four years of commencement. The report(s) must be laid before the National Assembly for Wales.

The Explanatory Memorandum⁵ to the Measure states:

“Benefits for service users, their families and carers will consist of:

- improved access to services within primary and secondary care, measured for example by number and range of primary mental health support services available and number of service users assessed and treated within these;
- improved experience for service users, families and carers, measured for example by increased satisfaction with services;
- improved involvement of service users in decision making around their care and treatment, measured for example by improved satisfaction with care planning and engagement with advocacy services.

Benefits in the provision and use of services provided under the legislation will consist of:

⁴ Further details of subordinate information and guidance can be found at <http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en>

⁵ Explanatory memorandum to the Measure can be found at <http://www.assemblywales.org/bus-home/bus-guide-docs-pub/bus-business-documents/bus-business-documents-doc-laid.htm?act=dis&id=173836&ds=3/2010>

- improved delivery of services within primary and secondary care;
- reductions in referrals to secondary care which are not accepted because such services are not appropriate;
- improved availability and accessibility of independent trained and dedicated advocacy services within mental health inpatient settings.”

These benefits will be reviewed in a number of ways including:

- commissioned research into the use of primary and secondary mental health services;
- commissioned research into the use, accessibility and delivery of advocacy services;
- statistical returns and management information.

The review will not be confined to assessing the specific sections of the Measure which are legally required but will draw on information from a variety of sources.

Part 1

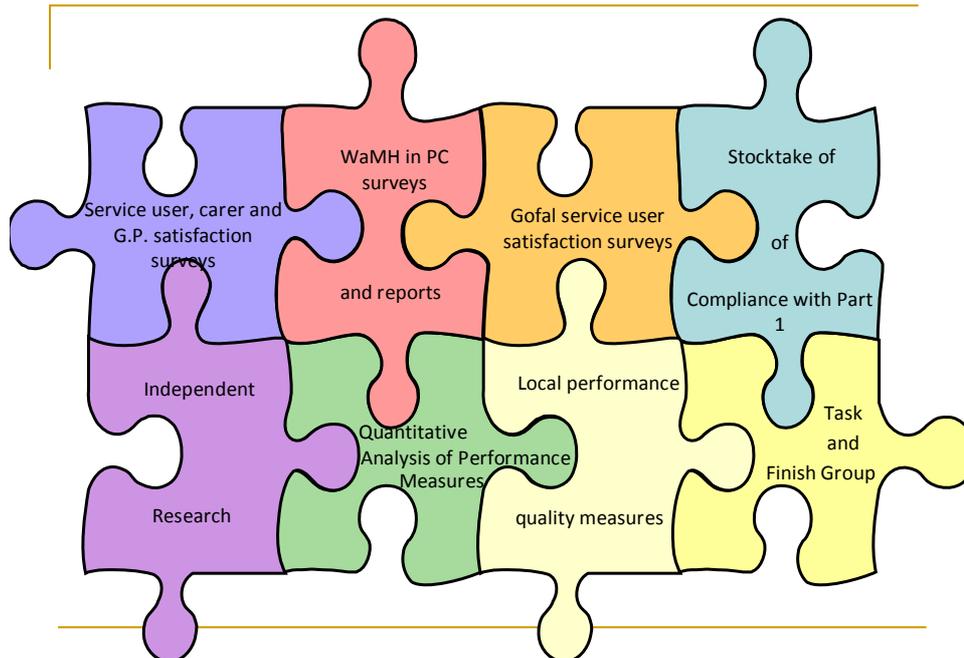
‘Local Primary Mental Health Support Services will be beneficial not only in supporting individuals to remain in primary care where they will receive appropriate and effective assessment and treatment, but also in reducing referrals to secondary care, and in improving the knowledge base within GP practices on managing mental ill-health.’⁶

In addition to subordinate legislation, a National Service Model was developed to support Part 1 implementation with a view to eliminating variability in the core characteristics and qualities of Local Primary Mental Health Support Services (LPMHSS) whilst allowing for flexibility in how those services are delivered locally.

It is envisaged LPMHSS will provide local access for people of all ages who have mild to moderate and/or stable severe and enduring mental health problems.

The review of Part 1 will consider a range of perspectives and include both qualitative and quantitative measures.

⁶ Explanatory Memorandum to Measure- at <http://www.assemblywales.org/bus-home/bus-guide-docs-pub/bus-business-documents/bus-business-documents-doc-laid.htm?act=dis&id=173836&ds=3/2010>



Stock take of Compliance with Part 1

Within Part 1 there is a duty to review sections 2(1), 3(1), 4(1), 6(2), 7(2), 8(2), 9(2), 10(1), (2) and (3). These are detailed in Annex 1.

These sections are concerned with the agreement of schemes, the provision of local primary mental health services, the duties to provide primary mental health assessments and the actions to be taken following assessment.

All areas within Wales have developed schemes jointly agreed between the mental health partners (providers of mental health services) as defined within the Mental Health (Regional Provisions) (Wales) Regulations 2012.⁷

A bi-annual stock take will provide information on the nature and availability of services throughout Wales.

Quantitative Analysis of Performance Measures

The National Service Model details specific performance management requirements to monitor the impact of services, these are:

- the number of primary care practitioners per 20,000;
- the number of assessments undertaken;
- waiting times for assessment;
- waiting times for interventions;

⁷ <http://www.legislation.gov.uk/wsi/2012/1244/made>

- the number of interventions and users, carer and GP satisfaction levels.

These requirements have been supplemented with requests for information on referrals to, and discharges from, the service. Data collections tools have been developed with the Welsh Information Standards Board (WISB) and LHBs are providing monthly returns.

Service User, Carer and GP Satisfaction Surveys

LHBs will be asked to provide Welsh Government with the results of local surveys undertaken to assess satisfaction with services. Three tools have been developed with the assistance of practitioners, the Part 1 Expert Reference group and service users. An example is attached at Annexe 5. LHBs will be required to report on:

- service user satisfaction;
- carer satisfaction;
- GP satisfaction.

Third Sector Analysis and Surveys

WaMH in PC⁸ surveys

Prior to the implementation of Part 1, WaMH in PC had conducted 2 online surveys looking at the knowledge and understanding of mental health within primary care in 2009 and 2011. They will be conducting a further survey in 2013 which will comment on:

- how effective the new local primary mental health support services have been for primary care staff and their patients;
- any concerns with regards governance issues, waiting times, communication, and access to psychotherapeutic interventions, quality and appropriateness of the new services.

Gofal⁹ service user satisfaction surveys

In September of 2012 Gofal conducted a survey about 1000 people's experiences of mental health services in primary care. The survey asked people to share their views about:

- the understanding and empathy demonstrated by GPs and other primary care staff;
- the range of advice, treatment and support services offered to them;

⁸ Wales Mental Health in Primary Care- <http://www.wamhinpc.org.uk/>

⁹ Gofal- <http://www.gofal.org.uk>

- the length of time they had to wait to access an assessment and other support services;
- the overall impact of primary mental health support services on their mental health and wellbeing.

Gofal will be repeating their survey, albeit with different individuals in both 2013 and 2014 and will be:

- reporting on improvements and changes to people's experiences of primary mental health support services as Part 1 of the Measure is implemented;
- identifying features of good and bad practice through the lens of individual patients;
- working with LHBs, primary care practitioners and the Welsh Government to aid their efforts to improve primary mental health support services in Wales.

Independent Commissioned Research

A research project will be commissioned from an independent body which will ensure academic rigour and analysis to inform its conclusions. The research will be undertaken over a three year period and address all four main parts of the Measure from the perspective of service users, carer and practitioners. This will add a vital independent element to the evaluation of the Measure. For Part 1 the objectives of the research will be:

- to assess the extent of the provision of information, advice and other assistance to primary care providers for the purpose of improving the services related to mental health which they provide or arrange, as required under section 5 of the Measure;
- to assess the satisfaction of primary care providers with this information, advice and other assistance;
- to assess the satisfaction of primary care providers with the local primary mental health support service overall;
- to assess the extent of the provision for patients and their carers of information and advice about the services available to them, as required under section 5 of the Measure;
- to assess the satisfaction of patients and their carers with this information and advice;
- to assess the satisfaction of patients and their carers with the local primary mental health support service overall.

Task and Finish Group

The Mental Health (Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments) (Wales) Regulations 2012¹⁰ identifies which practitioners are able to conduct assessments within LPMHSS.

Both during the consultation and since, issues have been raised about the impact of the exclusion of some practitioners from eligibility to conduct assessments within the new LPMHSS. A task and finish group will be constituted to give Welsh Government (WG) advice as to any unforeseen consequences of these regulations.

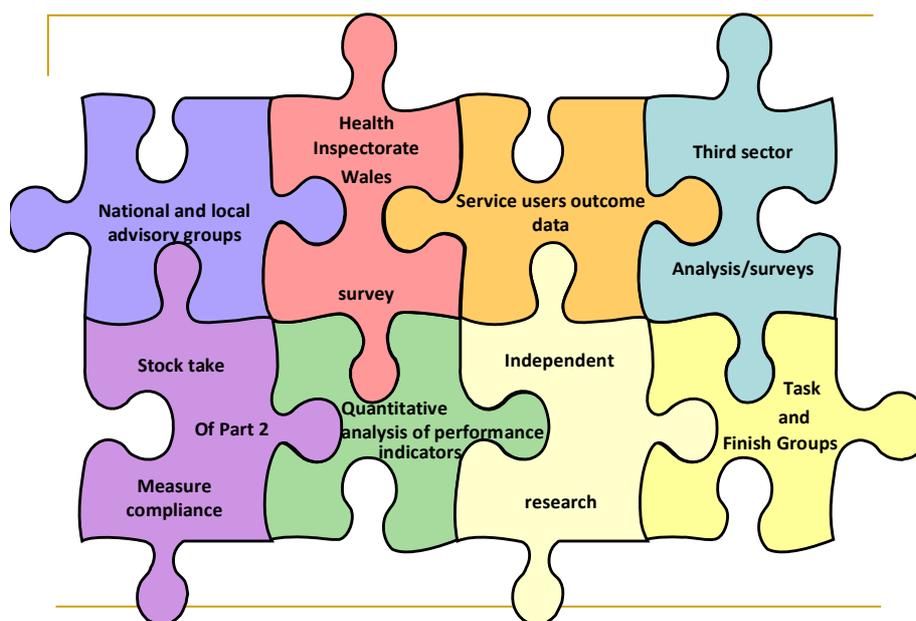
Part 2

“It is anticipated establishing statutory requirements via the Measure will embed the principles of the Care Programme Approach within Wales and help deliver improved services to users of those services. It is also anticipated that statutory care and treatment planning will lead to the greater involvement of service users in decisions which are made in relation to their care and treatment, and better outcomes for them.

In addition, the design and delivery of care and treatment plans will foster more cohesive, focussed and effective cross-discipline working amongst mental health and social care professionals in delivering services”¹¹

In addition to subordinate legislation, a Code of Practice¹² to Parts 2 and 3 of the Measure has been produced.

The review of Part 2 will consider a range of perspectives and include both qualitative and quantitative measures.



¹⁰ <http://www.legislation.gov.uk/wsi/2012/1305/part/3/made>

¹¹ Explanatory Memorandum to the Mental Health (Wales) Measure 2010

¹² <http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laid-docs.htm?act=dis&id=232786&ds=4/2012>

Stock take of Compliance with Part 2

Within Part 2 there is a specific duty to review sections 10, 13(1), 16(1), 17(1), and 18(1) and (3). These sections are concerned with the definition of a mental health service provider, who can appoint a care coordinator, the duty to coordinate mental health services and the functions of that care coordinator. These are detailed at Annex 2.

A bi-annual stock take will provide information on the provision of services under this part of the Measure.

Quantitative Analysis of Performance Measures

Part 2 of the Measure requires all services users in secondary mental health services have a Care and Treatment Plan which is reviewed at least yearly.

The performance indicator data collection tools validated by WISB will collect information per LHB on:

- the total number of service users with a valid Care And Treatment Plan;
- the number of service users new to secondary mental health services;
- the total number of patients in receipt of secondary mental health services;
- the percentage of patients for whom a valid Care And Treatment Plan has been completed.

Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW)¹³ monitors the application of the Mental Health Act 1983 (Revised 2007) (the Act) in Wales. However the Inspectorate's remit is wider than just connected with the Act. Ensuring people receive care and treatment appropriate to their mental health needs is also a core function, and independent inspection on behalf of Welsh Ministers has always been concerned with the quality of services provided. It is therefore planned HIW will:

- establish a method of reviewing Care And Treatment Plans for those receiving secondary mental health services both within hospital and in the community;
- produce a report on the above which will inform the 'duty to review' report.

¹³ <http://www.hiw.org.uk/>

Service User Outcome Data

Work is being undertaken by the National Leadership and Innovation Agency for Healthcare (NLIAH), the third sector and service users to produce goal-based outcome measures for application to the outcomes agreed in service users' Care and Treatment Plans. This will allow service users to report their perception of the achievement of outcomes across the eight life-areas.

Piloting of these outcome measures will take place in April and May 2013 (across age groups, Health Boards and a variety of services), and feedback from service users and care coordinators will be used to ensure the usability and utility of the measures.

Wider but still limited rollout of the outcome measure will take place in July 2013, supported by a research project to establish the validity of the outcome measure.

National rollout of the outcome measure is still expected to take place during 2014, and the first nationwide data will be made available in 2015, in accordance with *Together for Mental Health* Delivery Plan.

Third Sector Analysis and Surveys

As part of their summer 2013 campaign Hafal¹⁴ will be producing a report detailing feedback from service users and carers on their experiences of care and treatment. This will be by way of video blogs and records of peoples' personal experiences/stories. They are also conducting a survey to capture the experiences of their clients' experiences of both secondary and primary care mental health services. This will include carer's experiences.

Hafal's Care and Treatment Planning Guide was launched by the Minister for Health and Social Services in 2012 and to date over 32,000 copies have been requested. A survey of their members/clients feedback on the effectiveness of this guidance and how useful it is in helping people negotiate and receive a good Care and Treatment Plan and assist in their recovery is being conducted. Their training materials for service users on 'how to get a good quality Care and Treatment Plan' will be rolled out to all Hafal clients and the wider mental health development service to roll out across the whole of Wales.

Independent Commissioned Research

For Part 2 the focus of the research will be to assess the experiences of service users, their carers and practitioners of the engagement and consultation process in the development, implementation and review of Care and Treatment Plans. This will be in particular relation to their

¹⁴ www.hafal.org

previous experiences of care planning. It is expected the following questions, amongst others will be addressed;

- do Care And Treatment Plans address the relevant 8 areas of life, as set out in the Measure;
- are plans outcome and recovery focussed;
- is there evidence of engagement and consultation with service users and carers
- is there evidence of service user involvement in co-production of plans;
- has the need to address any additional areas of life regularly arisen?

Task and finish groups

Schedule 2 of the Mental Health (Care Coordination and Care and Treatment Planning) (Wales) Regulations 2011¹⁵ prescribes the content and the form of the Care and Treatment Plan which all care coordinators are required to use.

During the consultation process, and subsequently, questions have been raised about the suitability of the form for all those in receipt of secondary mental health services. It is anticipated other statutory care plans may be developed in the future and it will be important that service users have care plans that meet their needs and are not unnecessarily duplicated. A task and finish group will be convened to consider these issues.

Additionally, Schedule 1 of the Regulations sets out the professional requirements for a person to become a care coordinator, these will also be reviewed.

Part 3

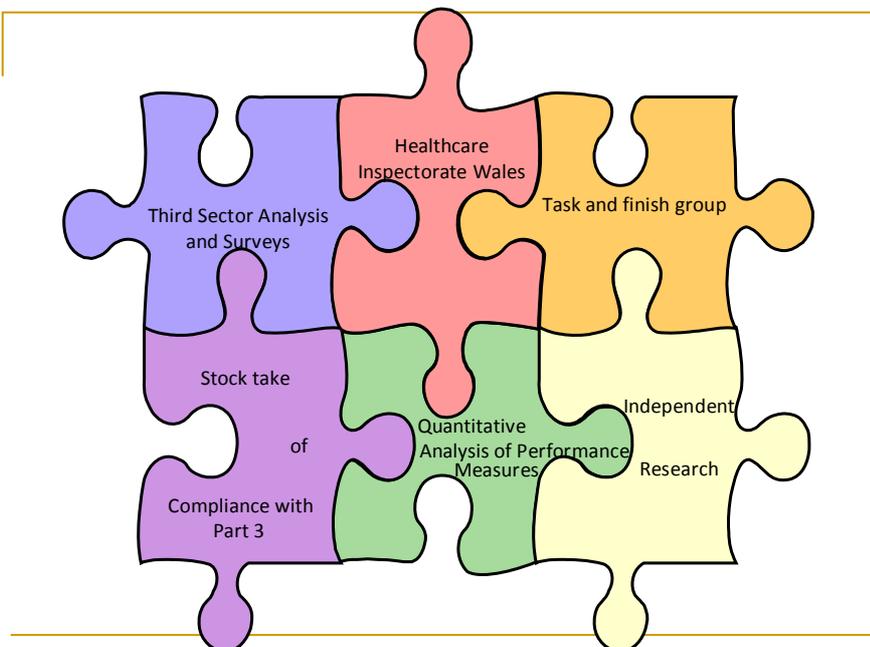
*Discharge from specialist care (such as secondary mental health services) is regarded as a key outcome of the recovery model within mental health, the aim of which is to regain good mental health and achieve a better quality of life for the individual. Part 3 therefore aims to encourage safe and effective discharge, by providing individuals with a mechanism to swiftly re-access services should these be required again at a later stage.*¹⁶

Alongside subordinate legislation, the Code of Practice to Parts 2 and 3 of the Measure has been produced to support implementation.

The review of Part 3 will consider a range of perspectives and include both qualitative and quantitative measures.

¹⁵ <http://www.legislation.gov.uk/wsi/2011/2942/contents/made>

¹⁶ Explanatory Memorandum to the Mental Health (Wales) Measure 2010



Stock take of Compliance with Part 3

Within Part 3 there is a specific duty to review sections 19, 23(1) and (2), 25, 26(2) and 27(1) and (2). These are concerned with the arrangements for the assessment of former users of secondary mental health services, the period post discharge within which the entitlement to request an assessment applies, the purpose of that assessment and its outcomes. The particular sections are detailed at Annex 3.

A bi-annual stock take will provide information on the provision of services under this Part of the Measure.

Quantitative Analysis of Performance Measures

Information regarding the number of Part 3 assessments and their outcomes will be collected by means of monthly returns that will give aggregate data on the:

- The number of requests for assessment;
- The number of part 3 assessments undertaken;
- The number of service users accepted into secondary mental health services.

Healthcare Inspectorate Wales

Alongside its review of Care and Treatment Plans, Healthcare Inspectorate Wales will look to provide available information in relation to its understanding of whether those discharged from secondary mental health services were informed of their ability to request re-assessment within 3 years of discharge

Third Sector Analysis and Surveys

Hafal will be producing a report following their summer campaign which will provide feedback from service users' experiences of being discharged from secondary mental health services. This will be by way of video blogs, record of peoples' personal experiences/stories, etc. of their care and treatment.

Independent Commissioned Research

For Part 3 the focus of the research will be to report on the experiences of service users, their carers and practitioners in relation to Part 3 (arrangements for assessment of former users of secondary mental health services) and to consider, for example:

- Is the relevant discharge period for Part 3 proving to be appropriate;
- How well have service users been informed of their entitlement to assessment following discharge;
- The experience of reassessment.

Task and Finish Group

The Code of Practice to Parts 2 and 3 states 'the entitlement to make a request lies only with the individual who was previously a relevant patient. No other person can make the request on behalf of the individual (e.g. a carer), unless they are a donee or deputy under the Mental Capacity Act 2005... this does not prevent carers, family members or anyone else from providing information to services about an individual who they believe may be becoming unwell. Services should give due consideration to concerns or requests made by carers or family members in deciding what action to take'.

During the consultation process and since implementation some carers and some third sector organisations have suggested that it would be appropriate for a carer to be able to request a re-assessment under Part 3. This group will advise Welsh Government on the relative merits and implications of such an amendment to the legislation.

Part 4

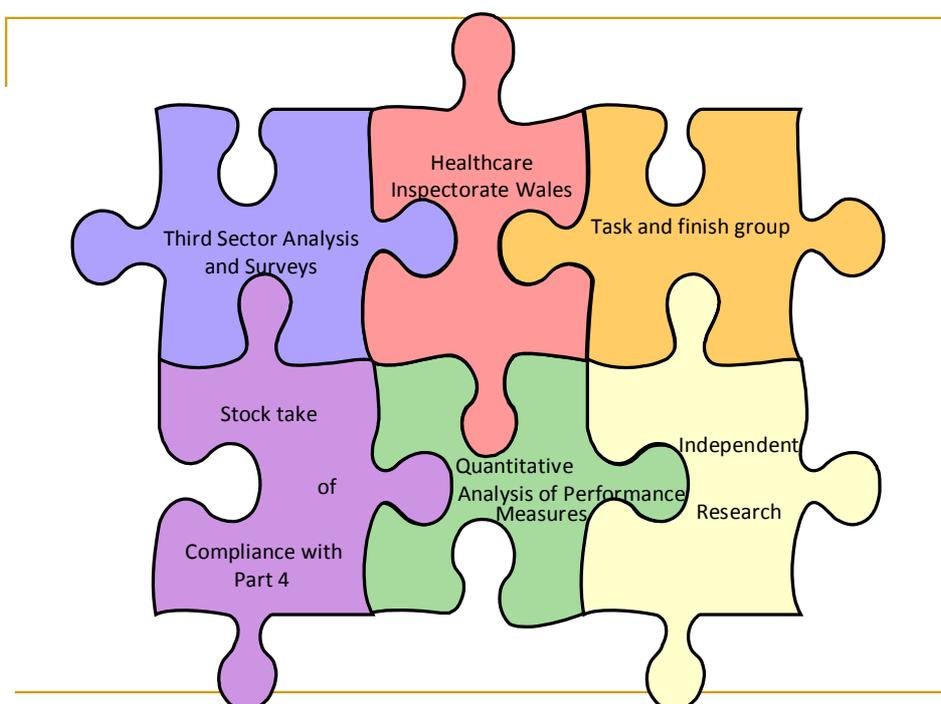
This Part of the Measure expands the support available to inpatients receiving treatment for their mental disorder and those subject to the Mental Health Act 1983 from an IMHA and places the duty upon LHBs to provide such services.

An individual will be entitled to the support of an advocate as soon as they are admitted to a hospital, and will continue to be eligible for that support for as long as they are being assessed or receiving treatment as an inpatient. If further support were required following discharge, the patient would be referred on to existing non-statutory advocacy services. The

support provided would only be in relation to issues connected to care and treatment of the patient's mental health disorder. This applies even where the primary purpose for the individual's admission was not for a mental health condition.

*By expanding statutory advocacy services to ensure that access is available to all inpatients receiving treatment for mental ill-health, whether subject to compulsion or not, the Measure seeks to ensure that the rights of this often vulnerable group of patients are safeguarded. Statutory advocacy will assist inpatients in making informed decisions about their care and treatment, and support them in getting their voices heard.*¹⁷

The review of Part 4 will consider a range of perspectives and include both qualitative and quantitative measures.



Stock take of Compliance with Part 4

Within Part 4 there is a specific duty to review section 130E (1) of MHA 1983 as inserted by section 31 of the Measure. This is concerned with the steps taken to inform patients of the duty to provide them with an IMHA service, the information made available to patients and how communication needs have been met. These are detailed in Annex 4.

A bi-annual stock take will provide information on the provision of services under this part of the Measure.

¹⁷ Explanatory Memorandum to the Mental Health (Wales) Measure 2010

Quantitative Analysis of Performance Measures

Information regarding services provided under Part 4 will be collected on a twice yearly basis that will give aggregate data on the:

- Percentage of hospitals where advocacy provided;
- Number of qualifying patients seen and whether these were persons subject to the MHA or informal patients;
- Percentage of IMHAs trained to required level;
- The number of provider organisations having gained the Action for Advocacy quality performance mark.

Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) will also:

- expand the role of its reviewers to explore in more detail the IMHA service now provided in Wales;
- produce a report on the above which will inform the 'duty to review' report.

Third Sector Analysis and Surveys

Mind Cymru¹⁸ are currently undertaking a survey to canvas the views of those that have requested and or received IMHA services. This will comment on service users' experience of the provision of the expanded services and their impact. It is intended this survey will be repeated in 2014 and 2015.

Independent Commissioned Research

For Part 4 the focus of the research will be to report on service users, their carers and practitioner experiences of the new Independent Mental Health Advocacy (IMHA) services introduced under the Measure and to look at service users' perceptions of the impact on their care within different setting and across all ages. The research will be targeted to maximise returns from a representative cross section of staff and those receiving services.

Task and Finish Group

The providers of IMHA services have commented upon issues relating to the role IMHA in cases of non instructed advocacy and access for patients receiving treatment for their mental disorder in non psychiatric units. This group will consider the role of the IMHA and the process for accessing IMHA services.

¹⁸ http://www.mind.org.uk/mind_cymru

Conclusion

This inception report has been designed to set out the proposed process for, and suggested sources of information needed to support the duty to review the Measure.

The interim report to be completed by 31st March 2014 will report on the sources of information detailed in this report and any other relevant data. It will provide an analysis of the progress made in delivering the vision and intention of the Measure to that date. A final report will be published prior to 2016.

The final report will comment upon whether the Measure:

- has made services more accessible to those who use them
- has lead to improved outcomes and satisfaction for service users and carers
- has led to more fluidity in mental health service provision
- has led to increased capacity in primary care
- has not created any unintended consequences including workforce implications;
- has provided value for money.

Any suggestions for additional and complementary evaluations for inclusion in the interim and final report should be forwarded to:

Mentalhealthpolicymailbox@wales.gsi.gov.uk

Annex 1

Section 2 Joint schemes for the provision of local primary mental health support services.

(1) The local mental health partners for a local authority area must take all reasonable steps to agree a scheme-

(a) which identifies the treatment which is to be made available for that area for the purposes of this Part ("local primary mental health treatment"); and

(b) for securing the provision for that area of the services, including local primary mental health treatment, described in section 5 ("local primary mental health support services").

Section 3 Duty to provide local primary mental health support services.

(1) Unless section 4(1) (a) applies, the local mental health partners for a local authority area must provide local primary mental health support services in accordance with-

(a) a scheme for their area agreed under section 2; or

(b) a scheme for their area determined by the Welsh Ministers under section 4.

Section 4 Failures to agree scheme.

(1) If the local mental health partners for an area cannot agree a scheme under section 2-

(a) for so long as there is no agreement, the Local Health Board must decide what local primary mental health treatment is to be made available in the local authority area in question and is responsible for providing local primary mental health support services for that area;

(b) the Local Health Board must inform the Welsh Ministers that agreement cannot be reached;

(c) the Welsh Ministers may determine a scheme and, if they do, must record it in writing.

Section 6 Duties to carry out primary mental health assessments: referrals for registered patients in primary care.

(2) A primary mental health assessment must be carried out in respect of the individual in accordance with section 9 (conduct of primary mental health assessments).

Section 7 Duties to carry out primary mental health assessments: other primary care referrals.

(2) A primary mental health assessment must be carried out in respect of the individual in accordance with section 9.

Section 8 Duties to carry out primary mental health assessments:
secondary mental health care referrals

(2) A primary mental health assessment must be carried out in respect of the individual in accordance with section 9 if-

(a) the relevant scheme provides under section 2(4) (b) that primary mental health assessments are to be made available in respect of all or specified categories of the individuals referred to in subsection (1);

(b) the individual falls within the scheme's description of those individuals in respect of whom primary mental health assessments are to be made available; and

(c) a relevant referral for the purposes of this section is made.

Section 9 Conduct of primary mental health assessments

(2) The local mental health partners must ensure that the assessment is carried out by an individual who is eligible to carry out primary mental health assessments under regulations made under section 47

Section 10 (1) to (3) Action following a primary mental health assessment

(1) Where a primary mental health assessment identifies under section 9(1) (b) services which might improve, or prevent a deterioration in, an individual's mental health, the local mental health partner which carried out the assessment must-

(a) if the partner considers that it would be the responsible authority for providing any of the services, decide whether or not the provision of any of those services is called for; and

(b) if the partner considers that it would not be the responsible authority for providing any of the services, make a referral to the person whom the partner considers would be the responsible authority for providing those services.

(2) A referral under subsection (1) (b) must inform the recipient that-

(a) the local mental health partner making the referral has identified services which it considers might improve, or prevent a deterioration in, the individual's mental health; and

(b) that the partner considers that the recipient would be the responsible authority for providing those services.

(3) A person to whom a referral has been made must decide whether the provision of any of the services to which the referral relates is called for.

Annex 2

Section 10 (1) to (3) Action following a primary mental health assessment

(1) Where a primary mental health assessment identifies under section 9(1) (b) services which might improve, or prevent a deterioration in, an individual's mental health, the local mental health partner which carried out the assessment must-

(a) if the partner considers that it would be the responsible authority for providing any of the services, decide whether or not the provision of any of those services is called for; and

(b) if the partner considers that it would not be the responsible authority for providing any of the services, make a referral to the person whom the partner considers would be the responsible authority for providing those services.

(2) A referral under subsection (1) (b) must inform the recipient that-

(a) the local mental health partner making the referral has identified services which it considers might improve, or prevent a deterioration in, the individual's mental health; and

(b) that the partner considers that the recipient would be the responsible authority for providing those services.

(3) A person to whom a referral has been made must decide whether the provision of any of the services to which the referral relates is called for.

Section 13 Meaning of "mental health service provider"

(1) For the purposes of this Part, mental health service providers are the following-

- (a) the Welsh Ministers;
- (b) a Local Health Board;
- (c) a local authority in Wales.

Section 16 Further provision about the appointment of care coordinators

(1) A provider must not appoint an individual as a care coordinator under section 14(1) unless the individual is eligible to be appointed as a care coordinator under regulations made under section 47.

Section 17 Duty to coordinate provision of mental health services

(1) For the purpose of improving the effectiveness of the mental health services provided to a relevant patient, a mental health service provider must take all reasonable steps to ensure that-

(a) different mental health services which it is responsible for providing for the patient are coordinated with each other;

(b) the mental health services which it is responsible for providing for the patient are coordinated with any other such services the provision of which is the responsibility of any other mental health service provider;

(c) the mental health services which it is responsible for providing are coordinated with any services related to mental health provided for the patient by a voluntary organisation.

Section 18 Functions of the care coordinator

(1) A relevant patient's care coordinator must work with the relevant patient and the patient's mental health service providers-

(a) with a view to agreeing the outcomes which the provision of mental health services for the patient are designed to achieve, including (but not limited to) achievements in one or more of the following areas-

- (i) finance and money;
- (ii) accommodation;
- (iii) personal care and physical well-being;
- (iv) education and training;
- (v) work and occupation;
- (vi) parenting or caring relationships;
- (vii) social, cultural or spiritual;
- (viii) medical and other forms of treatment including psychological interventions;

(b) with a view to agreeing a plan ("a care and treatment plan") for achieving those outcomes;

(c) in connection with the review and revision of a care and treatment plan in accordance with provision in regulations made by the Welsh Ministers.

(2) Where a care and treatment plan has been agreed, the care coordinator must record the plan in writing.

(3) Subsections (4) and (5) apply if the outcomes referred to in subsection (1) (a) or the plan referred to in subsection (1) (b) cannot be agreed between the persons mentioned in subsection (1).

(4) If the relevant patient has a sole mental health service provider, the provider must, having regard to any views expressed by the relevant patient, determine the outcomes which the provision of mental health services for the patient are designed to achieve and determine a plan for achieving those outcomes.

(5) If the relevant patient has more than one mental health service provider, each provider must, having regard to any views expressed by the patient, determine the outcomes which the provision of mental health services by the provider are designed to achieve and determine a plan for achieving those outcomes.

(6) The care coordinator must-

(a) where a plan has been determined under subsection (4), record the plan in writing;

(b) where plans have been determined under subsection (5), record all of them in writing in a single document.

(7) The records made under subsection (6) are care and treatment plans for the purposes of subsection (1) (c) and (8) to (10).

(8) The Welsh Ministers may by regulations make provision as to-

(a) the form and content of care and treatment plans;

(b) any persons whom the care coordinator is to consult in connection with the exercise of the coordinator's functions under subsection (1) (a) or (b);

(c) the obligations of persons specified in the regulations in connection with the agreement or determination of care and treatment plans;

(d) the persons to whom written copies of a care and treatment plan are to be provided (including in specified cases the provision of copies without the consent of the relevant patient to whom the plan relates);

(e) the information to be provided by mental health service providers to an individual who has ceased to be a relevant patient.

(9) The provision that may be made by regulations under subsection (1) (c) includes (but is not limited to) provision-

(a) for care and treatment plans to be reviewed and revised in specified circumstances;

(b) conferring a discretion upon the care coordinator as to whether a review or revision is to be carried out;

(c) as to any persons whom the care coordinator is to consult in connection with a review or revision;

(d) imposing obligations upon persons specified in the regulations in connection with a review or revision;

(e) as to the provision of copies of revised plans to specified persons (including in specified cases the provision of copies without the consent of the relevant patient to whom the plan relates).

(10) So far as it is reasonably practicable to do so, a mental health service provider must ensure that mental health services for a relevant patient are provided in accordance with the patient's current care and treatment plan.

(11) In this section "mental health services" has the same meaning as in section 17(5).

Annex 3

Section 19 Arrangements for assessment of former users of secondary mental health services

(1) The local mental health partners for a local authority area must take all reasonable steps to agree arrangements for-

(a) the carrying out of assessments in accordance with sections 25 and 26 for adults who are usually resident in that area and are entitled to such assessments under section 22; and

(b) the making of referrals described in section 28(1) following such assessments.

(2) If arrangements have been agreed, the partners must ensure that the arrangements are recorded in writing.

(3) The arrangements must identify the extent to which each of the partners is to carry out those assessments and make those referrals.

(4) The arrangements may provide that-

(a) one of the partners is to provide all the assessments and make all the referrals;

(b) different aspects of an assessment, and different referrals following an assessment, will be undertaken by different partners.

(5) The partners may alter their arrangements (including arrangements determined by the Welsh Ministers under section 21 and arrangements which have already been altered) if they agree the alterations.

(6) If arrangements are altered under subsection (5), the partners must ensure that the alterations are recorded in writing.

Section 23 Assessments: the relevant discharge period

(1) The relevant discharge period in relation to an adult-

(a) begins on the date on which the adult was discharged from secondary mental health services (within the meaning of section 22(2)); and

(b) ends upon the expiry of the period of time specified in regulations made for the purposes of this section by the Welsh Ministers.

(2) The relevant discharge period also ends if, before the expiry of the period of time referred to in subsection (1) (b), an event specified in regulations made by the Welsh Ministers occurs.

Section 25 Purpose of assessment

An assessment under this Part is an analysis of an adult's mental health which identifies-

- (a) the secondary mental health services (if any) which might improve or prevent a deterioration in the mental health of the person being assessed;
- (b) the community care services, not being secondary mental health services, (if any) which might improve or prevent a deterioration in the mental health of the person being assessed; and
- (c) the housing or well-being services (if any) which might improve or prevent a deterioration in the mental health of the person being assessed.

Section 26 Assessments: further provision

(2) The local mental health partners must ensure that-

- (a) an assessment results in a single report in writing which records whether the assessment has identified any services in accordance with section 25; and
- (b) a copy of that report is provided to the adult who has been assessed within such period following completion of the assessment as is specified in regulations made by the Welsh Ministers.

Section 27 Action following an assessment

- (1) Subsection (2) applies where an assessment under section 25(a) or (b) has identified secondary mental health services or community care services (not being secondary mental health services) which might help to improve, or prevent a deterioration in, an adult's mental health.
- (2) Where one of the local mental health partners would be the responsible authority in relation to any such service, that partner must decide whether the provision of the service is called for.

Annex 4

The duty to review must review all the duties contained in section 130E (1) of the Mental Health Act 1983, as inserted by section 31 of this Measure.

"130E Independent mental health advocates: Wales

(1) The Welsh Ministers shall make such arrangements as they consider reasonable to enable persons ("independent mental health advocates") to be available to help-

- (a) Welsh qualifying compulsory patients; and
- (b) Welsh qualifying informal patients.

(2) The Welsh Ministers may by regulations make provision as to the appointment of persons as independent mental health advocates.

(3) The regulations may, in particular, provide-

(a) that a person may act as an independent mental health advocate only in such circumstances, or only subject to such conditions, as may be specified in the regulations;

(b) for the appointment of a person as an independent mental health advocate to be subject to approval in accordance with the regulations.

(4) In making arrangements under this section, the Welsh Ministers shall have regard to the principle that any help available to a patient under the arrangements should, so far as practicable, be provided by a person who is independent of any person who-

- (a) is professionally concerned with the patient's medical treatment; or
- (b) falls within a description specified in regulations made by the Welsh Ministers.

(5) For the purposes of subsection (4) above, a person is not to be regarded as professionally concerned with a patient's medical treatment merely because he is representing him in accordance with arrangements-

- (a) under section 35 of the Mental Capacity Act 2005; or
- (b) of a description specified in regulations under this section.

(6) Arrangements under this section may include provision for payments to be made to, or in relation to, persons carrying out functions in accordance with the arrangements.

(7) Regulations under this section and sections 130F to 130H-

- (a) may make different provision for different cases;
- (b) may make provision which applies subject to specified exceptions;
- (c) may include transitional, consequential, incidental or supplemental provision."

Annex 5

Local Primary Mental Health Support Services

Experience of Service Questionnaire

Please think about the appointments you have had at this service. For each statement, please mark the box that best describes what you think or feel.

LOCATION

	Strongly agree	Partly agree	Dis-agree	Don't know
1. The staff listened to me and took my concerns seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The information I received was very helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. it is easy to get to the place where I have my appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My appointments are usually at a convenient time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt involved in making choices about my care and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The service helped me to cope with my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel the people who have seen me are working together to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The facilities are comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend this service to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was good about your care?

.....

Was there anything you didn't like or that needs improving?

.....

Is there anything else you want to tell us about the service you received?

.....
.....
.....

I am.....years old	I am: Female <input type="checkbox"/>	Male <input type="checkbox"/>	other <input type="checkbox"/>
My ethnic group is:	White <input type="checkbox"/>	Black/ African/ Caribbean/ Black British <input type="checkbox"/>	Asian/Asian British <input type="checkbox"/>
	Mixed/multiple ethnic groups <input type="checkbox"/>	Other <input type="checkbox"/>	
My first language is:	Welsh <input type="checkbox"/>	English <input type="checkbox"/>	Other <input type="checkbox"/>
Are your day to day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?	No <input type="checkbox"/>	Yes, limited a little <input type="checkbox"/>	Yes, limited a lot <input type="checkbox"/>

Thank you very much, we appreciate your help. If you would be happy for us to contact you about this information please fill in your details below:

Name..... Tel No.....

Email.....