GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES 2024/25-2028/29

FINAL STRATEGY DOCUMENT

JANUARY 2024

FOREWORD

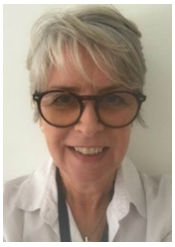
Foreword from the Managing Director of Welsh Health Specialised Services Committee (WHSSC)

This Mental Health Specialised Services Strategy 2023-2028 (the Strategy) document presented here, represents a major step in realising our ambitious whole person approach to commissioning specialised Mental Health services on behalf of the seven HBs for Wales.

We see the development of our strategy as key to our role in supporting the bold agenda set out in A Healthier Wales (2018) which describes a whole system approach to health and social care. It will help ensure we can meet the demands of the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021). Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim.

The strategy brings together the results of a wide stakeholder engagement process and a robust demand and capacity assessment with predictive modelling. It is important to recognise however, that it has only been possible to develop this document, because of the hard work of a group of clinicians, managers and third sector representatives, who enthusiastically and conscientiously supported the various work streams. Without them, WHSSC would not have been able to draw together this comprehensive understanding of the services provided to our patients and describe the opportunities for strengthening the quality of care in the future. We are grateful to them and also to the wider group of stakeholders, including patients and their families, who subsequently responded to our consultation process, ensuring that the final document takes into account the voices of as many of those affected by our commissioned services as possible.

This strategy document is a key step in delivering on the ambitions of A Healthier Wales and delivering the best services possible for our patients.



Sian Lewis, Managing Director

CONTRIBUTORS

Main Author: Emma King, Senior Specialised Services Planning Manager for Mental Health and Vulnerable Groups, Welsh Health Specialised Services Committee

With Contributions From:

Contributions have been received from representatives of the following organisations:

- Welsh Health Specialised Services Committee
- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- National Collaborative Commissioning Unit
- Ministry of Justice
- Improvement Cymru
- Community Health Council
- Public Health Wales
- NHS Wales Collaborative
- HM Prison Service
- Women in Justice Group
- Welsh Neurological Alliance
- Diverse Cymru
- BEAT Cymru
- NHS England Partners

Contents

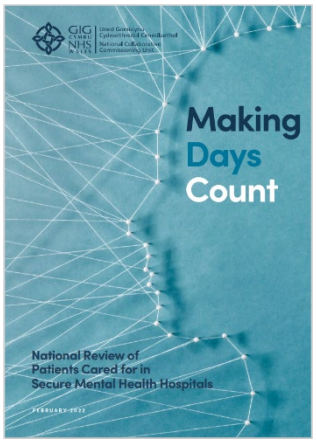
PART 1: STRATEGIC CONTEXT

1.1 Introduction and Strategic Context

The Welsh Health Specialised Services Committee (WHSSC) works on behalf of the seven Health Boards in Wales to ensure the commissioning and provision of high quality, sustainable and equitable specialist services for the Welsh population. It works through a variety of commissioning teams to plan, secure and evaluate specialist services for the people of Wales. One of the commissioning teams has a focus on Mental Health and Vulnerable Groups.

Services are delivered by Local Health Boards across various NHS sites in Wales and NHS providers in England. The independent sector is also used extensively across mental health in both England and Wales.

Maintaining high quality specialist services which meet the needs of our patients in a rapidly changing environment requires ongoing review and development. The development of this commissioning strategy for specialised mental health services has considered a wide range of key drivers:



External

- A number of Committee inquiries and external reviews influencing Welsh Government policy and recommendations.
- Welsh Government have developed a number of vision statements to support the strategic development of services across NHS Wales. One of those vision statements describes seamless mental health services which are person-centred, needs led and where service users are guided to the right support first time without delay. This vision statement covers access to quality, evidence-based mental health services to everyone who would benefit from them, and for those services to be outcome and recovery focussed prioritising those with serious mental illness.

- Changes to the commissioning landscape in England and the establishment of NHS England have meant that the previous opportunities for cross-border joint planning have reduced, and the establishment of the Mental Health Provider Collaboratives in England will fundamentally change the delivery model for services in the future.
- A number of reviews into mental health services in Wales have been published of late including Improving Care, Improving Lives (2020) with a view on learning disability services, Service Review: NHS Wales Children and Adolescent Mental Health Inpatient Services (2021), and Making Days Count (2022) which reviews the secure services provision in NHS Wales.
- The Adverse Childhood Experiences (ACE) Support Hub and Traumatic Stress Wales have collaborated on the co-production of a National Trauma Practice Framework for Wales that covers all age groups and all forms of adversity and traumatic events. The aim of the framework is to help people, organisations and systems to prevent adversity and trauma and their associated negative effects. It facilitates the development of a whole systems approach towards supporting the needs of people who have experienced adversity and trauma, seeking to bring consistency and coherence to support that effort, and ensuring that it meets the needs of those affected by trauma.

Internal

- Workforce recruitment issues particularly affecting Child and Adolescent Mental Health Services (CAMHS) need to be considered as part of this strategy and this should align to the Mental Health Workforce Strategy developed by Health Education and Improvement Wales (HEIW).
- The Welsh Framework Agreements for accessing non NHS Wales beds is dependent on an adequate supply of beds and provider competition which is currently reducing because of changes to commissioning within NHS England.
- A complex commissioning model for Forensic Adolescent Consultation Service (FACS) which is leading to service delivery problems for children with very complex social and health care needs.
- Limited national services for women in secure care.
- Lack of national services for people with a Learning Disability in Wales requiring secure care.
- Current system is financially unsustainable due to increasing costs and inefficiencies in the system.

The overall aim of this strategy is to ensure the commissioning of high quality specialist mental health services for the people of Wales.

Within this aim, the following principles will need to be considered:

- High quality specialised care provided to patients in the least restrictive environment appropriate for their treatment.
- Providing more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, with third sector or private sector partners.
- Developing commissioning models which add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.
- Addressing the challenge of improving outcomes and transitions between different parts of pathway and commissioning organisational boundaries.
- Prioritising investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.

This strategy will provide a basis upon which to commission sustainable, resilient mental health services with ease of access for the Welsh population.

1.2 Methodology and Governance

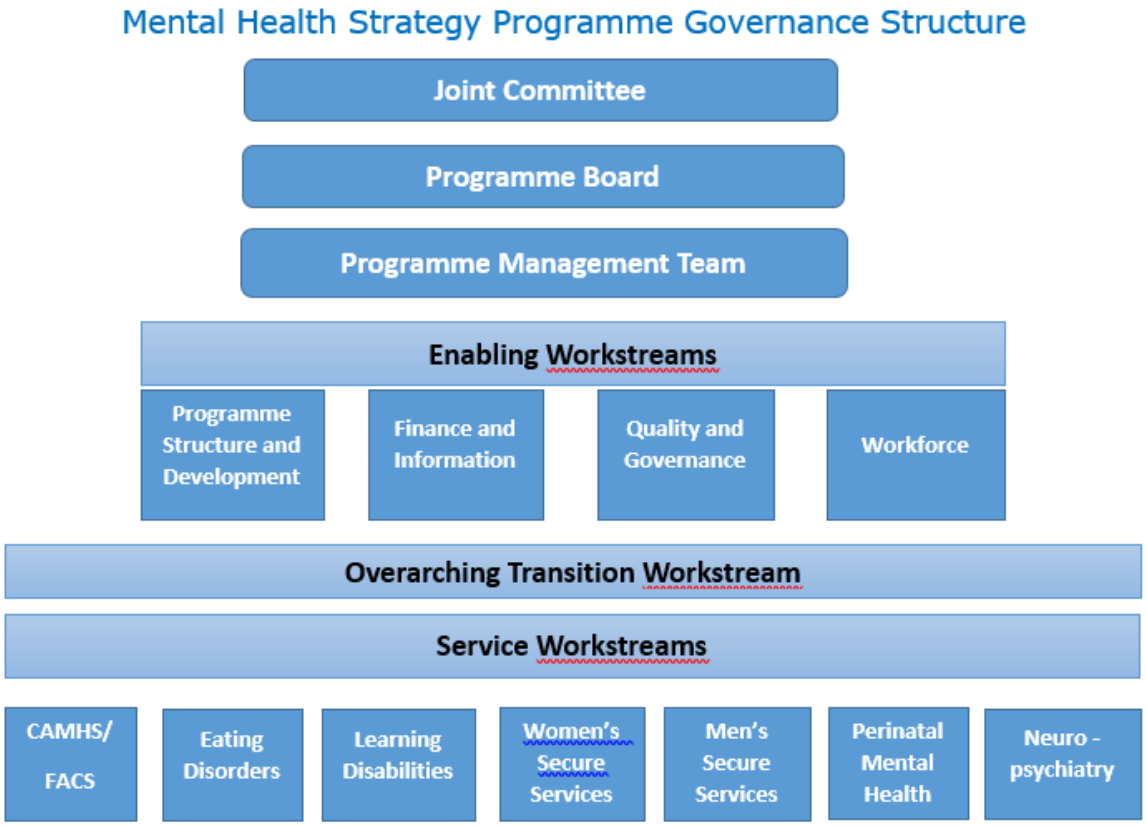
This strategy was developed using programme management methodology to ensure an appropriate governance structure was applied throughout the process. This governance structure included a series of workstreams covering each service area in addition to the enabling workstreams to provide overall assurance for key overarching themes such as workforce, finance and information, and quality and governance.

These workstreams fed into the Programme Team which was chaired by the WHSSC Assistant Director of Planning with membership from all of the service area and enabling workstream leads. In addition to being a reporting and governance mechanism, this programme team provided a platform upon which to develop discussions to provide a cohesive approach to strategy development and to drive forward discussions around the transition agenda.

The decision making was at Programme Board level, where leads from key partner organisations could consider the development of the strategy and input and advise accordingly. Programme Board was chaired by the WHSSC Director of Planning and reported by exception into the WHSSC Joint Committee.

A draft strategy was produced and consulted upon, and a large scale demand and capacity exercise was undertaken. Comments received from the draft strategy consultation and the outcome of the demand and

capacity work were taken into consideration to develop this final strategy document.



1.3 Stakeholder Engagement

A Stakeholder Communication and Engagement Plan was developed to seek the views and opinions of a range of partners including our service users and their families.

The strategy has been developed in collaboration with many of our stakeholders, and the engagement process provided an opportunity for those stakeholders to see their contribution within the document in its entirety, and to allow those stakeholders who have not contributed so far to have their voice heard.

In addition, the Health Boards across Wales were instrumental to the development of the Demand and Capacity modelling to inform future provision of specialised mental health services across Wales.

1.4 Equality and Diversity

The strategic intention of this strategy has a focus on ensuring equality for the diverse population in Wales.

All healthcare providers must uphold the requirements of the Equality Act [2010], the Human Rights Act [1998] and the Gender Recognition Act [2004] when treating patients.

It is also important that the associated risks for all patients is considered before their admission to single-sex wards in secure hospitals.

Data regarding equality and the diversity of patients in specialised mental health services is limited. In order to ensure that specialised mental health services reflect the needs of our population, a review should be carried out to identify any areas which may impact the outcomes for these patient groups.

1.5 Changes to Commissioning Arrangements in NHS England

NHS England have recently agreed a significant change to their commissioning arrangements for services including mental health services.

These changes have seen the development of Provider Collaboratives. This development will have an impact on the availability of service provision for Welsh patients and we have seen notice serviced on current NHS England contracts for services. It is essential that this strategy considers these impacts and an appropriate response through the development of our services to meet the needs of our patients.

1.6 Changes to Commissioning Arrangements in NHS Wales

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the independent review recommendations made are that WHSSC, EASC and NCCU should be combined into a single (entity) and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.

The new (entity) should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.

At the time of writing this strategy, the new organisation is due to be established from 1st April 2024. Any implications of these changes will be reflected in future reviews of this strategy where appropriate.

1.7 A Blended Approach to Service Development

Throughout the development of this strategy, the barriers of having different levels of care and "labelling" given to services has been seen as a key issue in service delivery. It was clear from discussions that a seamless approach was favoured, and a patient centred approach developed to ensure this is delivered.

The findings of the key service areas in this strategy aim to achieve this and the key theme of blended models of care can be seen in these sections.

PART 2: DEMAND AND CAPACITY

In February 2023, the Joint Committee of Welsh Health Specialised Services Committee (WHSSC) commissioned a simulation-modelling led capacity and demand review of specialist mental health services.

Within the review, a series of engagement sessions took place, meeting with nearly 40 stakeholders across Wales, to understand their aspirations for the project, as well as their hopes and concerns relating to future capacity and demand. Statistical analysis and modelling were undertaken using pseudonymised service data supplied by WHSSC, and by each of the 7 Health Boards.

Utilising this historic analysis shows:

- There was a peak in CAMHS occupancy in 2021, following a steady rise during the periods of national lockdown. From 2022/23, the previous decreasing trend in demand has again been seen. Mean occupancy in 2023 is lower than it was in 2018 (29 as against 33 occupied beds).
- There has been an increase in adult eating disorder occupancy from 2020 onwards. This has continued beyond the lockdown periods. There is no 'in-house' provision for adult eating disorder inpatients,

but most recently mean demand is for 15 placements at any one time.

- Tonna Hospital, in Swansea Bay, provides the only NHS Wales direct perinatal services. There has been a small increasing trend in use overall, but numbers are very volatile.
- There has been some volatility in use of in-house low secure provision, displaying a long-term declining trend. Overall use of these beds is now similar to that in 2018, at around 45 beds occupied at any one time.
- Over and above in-house low secure services, very substantial use is reported of independent sector placements. The number of such new placements had been rising, but more recently has begun to fall back to earlier levels.
- There has been a relatively steady increase in occupancy of medium secure services throughout the past five years. In 2022/23, typical daily use stood at 129 beds, compared to 119 in 2018.

Following baseline and scenario modelling, we conclude:

- The planned capacity of 27 could prove sufficient for CAMHS within the current planning horizon, assuming work takes place on lengths of stay and readmissions. Capacity for eating disorder services should be kept available within this number.
- A Welsh NHS eating disorder unit for adults could be created, with capacity in the range of 8-12 beds.
- A realistic planning number for low secure bed requirements could be of the order of 135 beds.
- For medium secure, a realistic planning number could be of the order of 130 beds.
- Existing arrangements for perinatal beds could be permitted to continue throughout the period forecast.
- Discussions will continue around community alternatives to inpatient admission, and these effects will need to continue to be monitored in future. If that is to be done meaningfully, better shared access to consistent datasets will need to be developed.

These findings have been used to develop and underpin the key service sections of this strategy with the detailed analysis provided in the final demand and capacity modelling report provided in each of these sections of the strategy.

For full details on the Demand & Capacity report please see link below

Demand & Capacity Report October 2023

PART 3: KEY SERVICE AREAS

This section considers the key services areas under the mental health specialised services portfolio and are as follows:

- Secure Services (including male, female and learning disabilities)
- Child and Adolescent Mental Health Services (CAMHS) and Forensic Adolescent Consultation Service (FACS)
- Eating Disorders
- Perinatal Mental Health
- Neuropsychiatry

3.1 Secure Services

Background

The purpose of this section is to consider the development of tertiary services for secure settings in Wales to meet the population need whilst meeting the requirements of the Service Review of Secure Services "Making Days Count – National Review of Patients Cared for in Secure Mental Health Hospitals" conducted by NCCU published in April 2022.

The review was commissioned to achieve greater understanding of the issues relating to secure mental health hospital care.

In addition, both the learning disabilities and secure services workstreams considered blended models of care for patients with a learning disability to receive their care in mainstream services where this is appropriate. This blended model would allow for this cohort of patients to receive their care closer to home compared to specialised learning disability placements.

One of the key drivers for the development of services for people with a learning disability is the "Improving Care, Improving Lives" review published in February 2020.

This review considers the care given to inpatients in learning disability hospitals and sets out 72 recommendations for providers, commissioners and the Welsh Government.

Current Situation

In Wales high secure hospitals are commissioned from NHS England by the Welsh Health Specialised Services Committee (WHSSC) through a national contract. Medium secure hospitals are commissioned by WHSSC, either

directly from two NHS Units in Wales, or from NHS England or the independent sector through the NHS Wales National Collaborative Framework. Low secure services are provided directly by some Health Boards and/or commissioned from the independent sector, normally through the NHS Wales National Collaborative Framework. Health Boards in Wales are the current commissioners of low secure services. The below shows the commissioning arrangements and the number of hospitals, units and patients across each type of secure setting.

Ty Llewellyn

Tŷ Llewelyn is a 25 bedded purpose-built Medium Secure Unit commissioned by WHSSC for male patients on the Bryn y Neuadd Hospital site, Llanfairfechan.

The North Wales Forensic Psychiatric Service is primarily concerned with the assessment, treatment, rehabilitation and aftercare of patients who suffer from a mental disorder and who have offended or are considered likely to offend and require a secure environment to safely provide the assessment and treatment required. The unit comprises of three wards Gwion Ward (5 bed Admission/Extra care) Pwyll Ward (10 bed Admission/Assessment) and Branwen Ward (10 bed Rehabilitation).

Referrals are taken from a variety of sources including the generic Mental Health Services, Criminal Justice System, General Practitioners, Prison Services, Special Hospitals and Social Services.

Caswell Clinic

Caswell Clinic is commissioned centrally by Welsh Health Specialist Services Commissioners on behalf of the Welsh Health Boards that it serves.

The clinic provides forensic psychiatric inpatient care to patients with serious mental illnesses who have offended or at risk of offending and pose a risk to the public. The service provides a broad range of evidence-based treatments and therapies delivered via a multi-disciplinary team with a focus on addressing, reducing and managing risk, through collaborative working with the patient to support them during their treatment and road to recovery.

There are 61 beds in the clinic in total (50 male and 11 female).

Learning Disabilities

Through discussions across the workstreams during the development of this strategy, it emerged that provision for patients with learning disabilities was very limited in the current secure services provision. This strategy ais to develop services to ensure that patients with a learning disability are able to access mainstream services where their learning disability is not the primary reason for a placement. Models of care, pathways and staffing models should be developed with this consideration.

Estates and Infrastructure

Current estates for the NHS Wales secure services provision require a modernisation agenda. This should support the development of integrated secure services as described above, allow provision for more robust services for our female population, and provide a basis for flexibility and further development to meet the needs of our population now and in the future. This should include the provision of en-suite facilities and the development of sufficient seclusion suites for each unit. A separate women's seclusion suite has recently been built for the female cohort and a business case submitted to Welsh Government for an additional two seclusion suites at Caswell. A further business case is being developed for an additional seclusion suite at Ty Llewellyn.

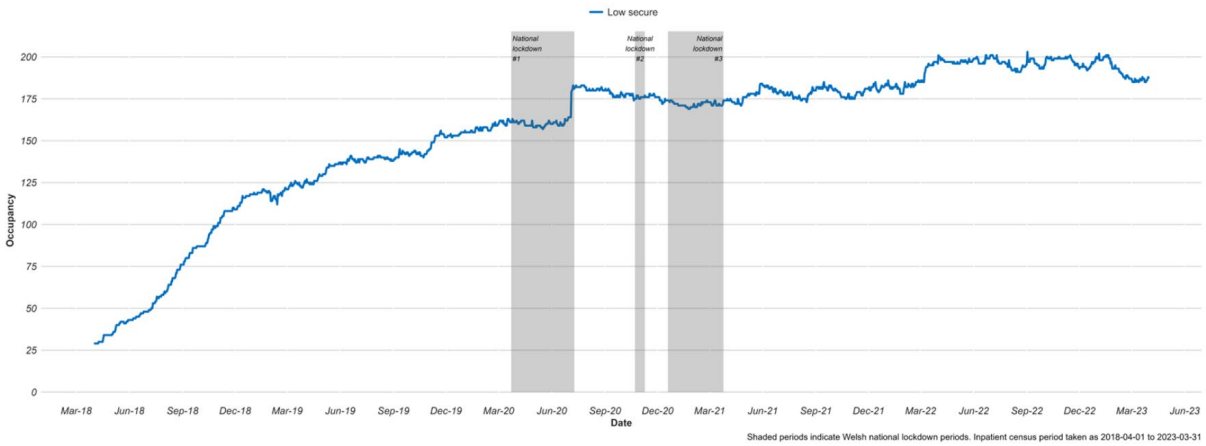
Recognising that access to capital funding in Wales is limited, consideration should be given to developing a provider collaborative approach between the NHS and independent sector to ensure our population have access to services in a timely manner.

Information systems also require modernisation with paper records still in use and the lack of a system to record and share records. This should include the development of a set of minimum information standards and a patient passport in order to facilitate the transfer of patients into and out of our secure services beds and units.

Demand and Capacity

Historic Analysis

Historic occupancy – Low Secure
Total Wales Historic occupancy by service type (Inc. OOAs)

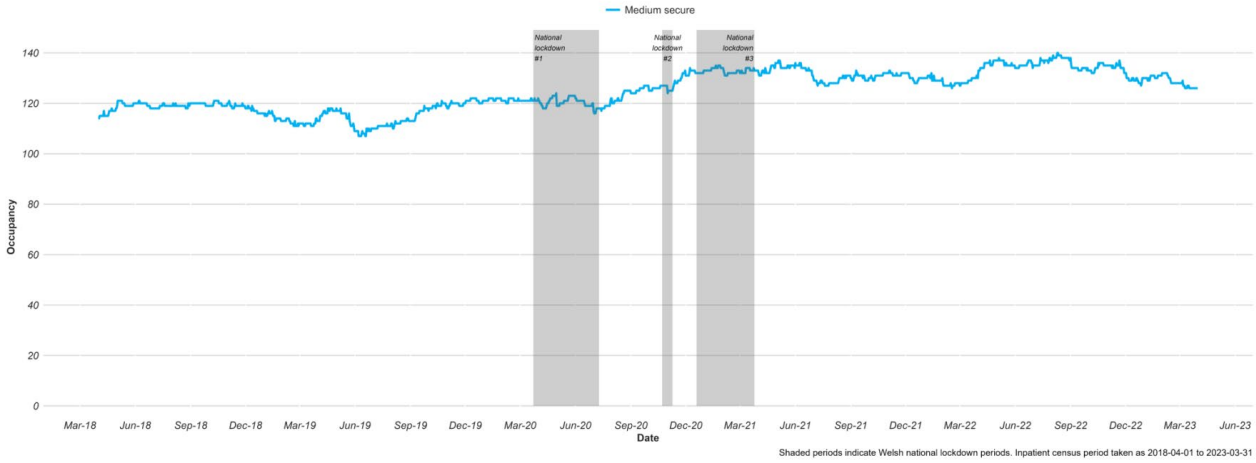


There has been some volatility in use of in-house low secure provision, within a long-term declining trend. Overall use of these beds is now similar to that in 2018, at around 45 beds occupied at any one time.

Over and above in-house low secure services, very substantial use is reported of independent sector placements. The number of new such placements had been rising, but has now fallen back below 2018/19 levels.

Historic occupancy – Medium Secure

Total Wales Historic occupancy by service type (Inc. OOAs)



There has been a relatively steady increase in occupancy of medium secure services throughout the past five years. In 2022/23, typical daily use stood at 129 beds, compared to 119 in 2018.

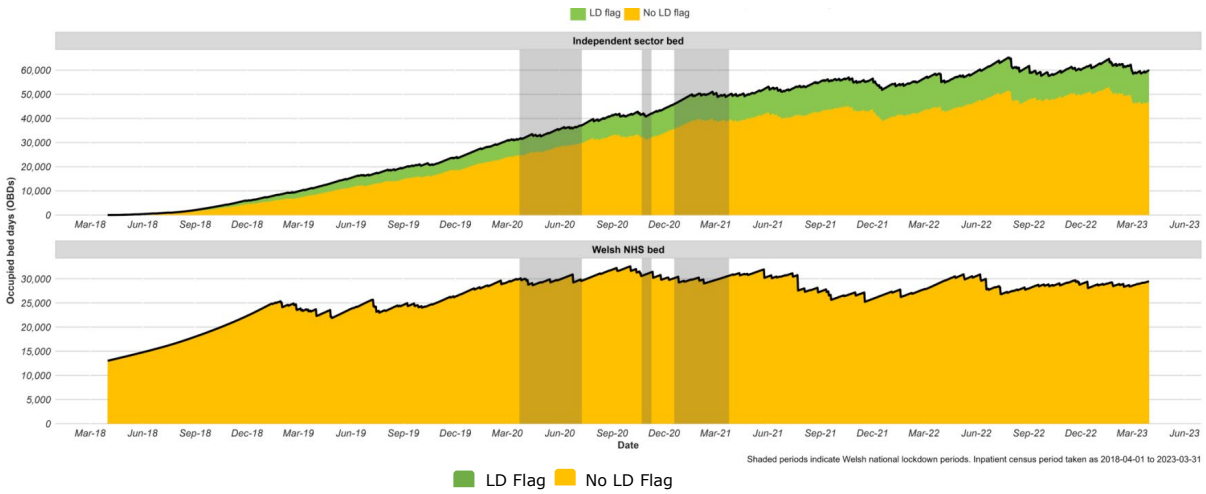
		Mean daily occupied beds by service, responsible Health Board and financial year				
		2018/19	2019/20	2020/21	2021/22	2022/23
Medium secure	Aneurin Bevan	5.1	3.7	4.7	5.4	7.2
	Betsi Cadwaladr	9.4	9.6	9.8	10.9	10.0
	Cardiff & Vale	9.4	9.4	9.9	10.8	10.0
	Cwm Taf	6.1	6.4	6.9	6.8	7.6
	Hywel Dda	6.7	6.1	6.8	7.0	7.9
	Powys	10.4	9.4	10.5	8.9	8.7
	Swansea Bay	7.4	9.3	9.6	10.2	9.6
Low secure	Aneurin Bevan	4.2	7.1	8.2	9.7	11.8
	Betsi Cadwaladr	2.1	5.0	8.7	8.2	7.5
	Cardiff & Vale	5.9	11.3	9.5	9.5	12.7
	Cwm Taf	11.1	16.7	19.9	21.2	23.4
	Hywel Dda	9.9	13.1	12.9	13.9	12.2
	Powys	4.9	9.9	9.6	8.2	9.9
	Swansea Bay	1.2	5.3	9.6	13.3	13.8
Total		*111.9*	*140.1*	*153.5*	*169.4*	*176.9*

Although there remain differences, the values attributable to each health board are weighted by their resident population size. Many numbers are very small, and it is to be expected that there will be some random variation in distribution of cases across Health Boards.

Historic Occupancy - Learning Difficulties

Within Low Secure (OBDs)

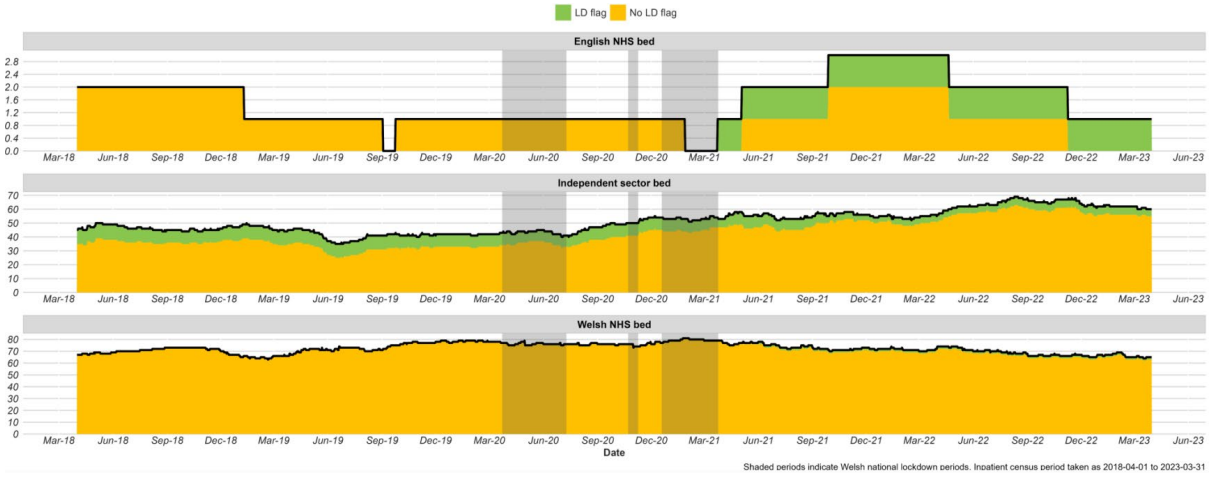
Low secure occupied bed days over time by LD flag status and bed type



Historic Occupancy - Learning Difficulties

Within Medium Secure

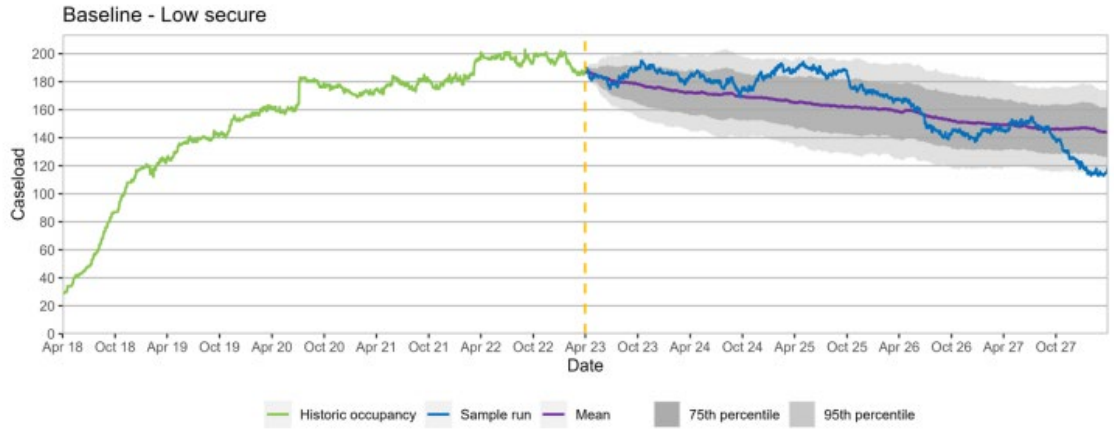
Medium secure occupancy by LD flag status and bed type



Within the secure numbers, there is no recorded use of Welsh NHS low secure beds for patients with a learning disability. Use of independent sector low secure beds for patients with a learning disability has been growing; recorded use of medium secure beds for patients with a learning disability has been falling.

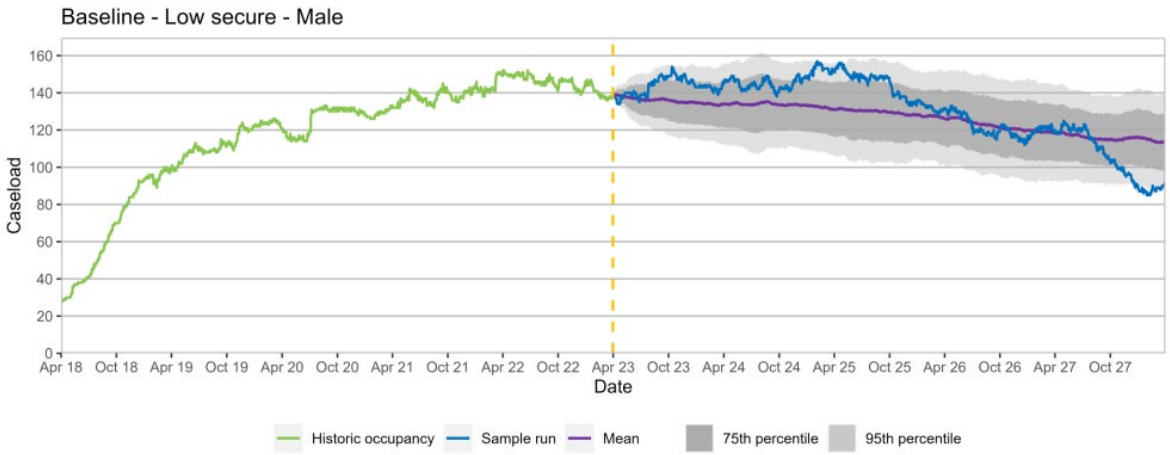
<u>Baseline Model</u>

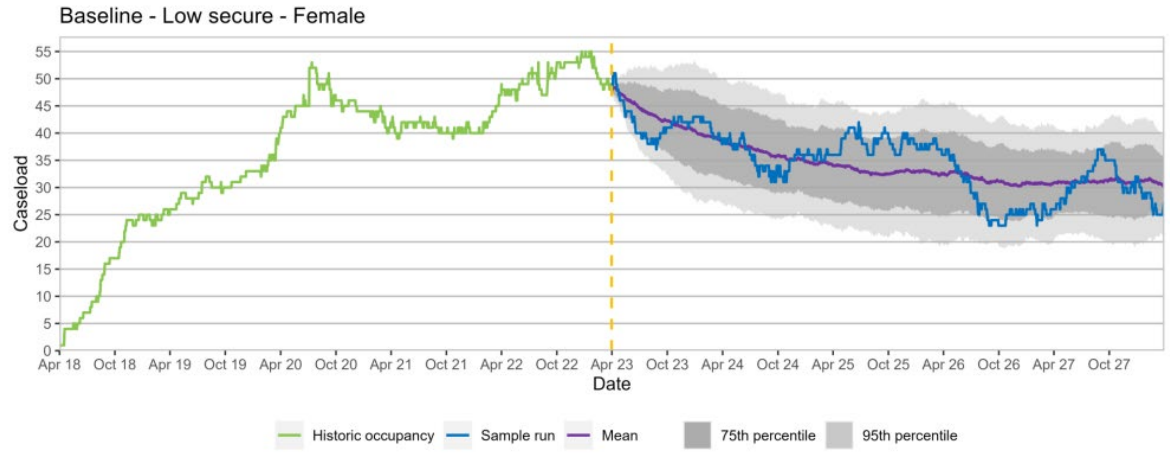
Baseline model – Low secure forecasted occupancy – mixed sex



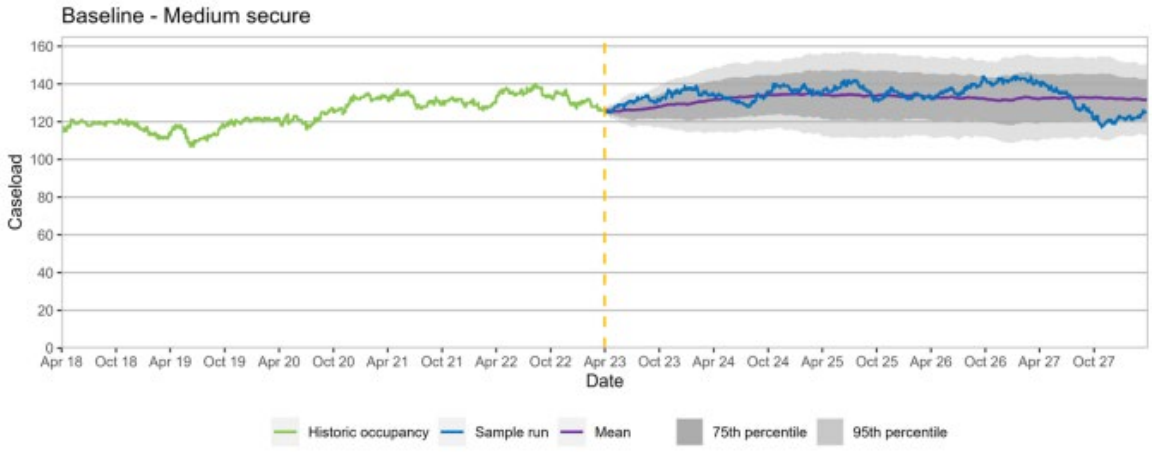
For low secure services, mean forecast demand could stand at 147 beds in 2027/28, against planned in-house capacity of 77 beds. The 95% confidence interval suggests a range of around 120-175 beds. Access to a total of 196 beds could be required to ensure a turnaway risk of 2%.

The following two graphs show that this demand is substantially male (just under 80%).



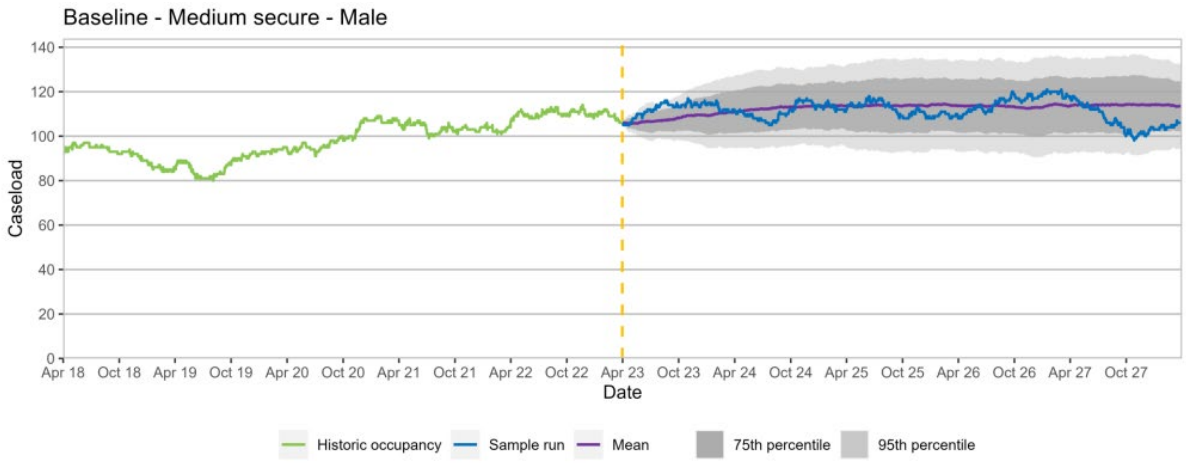


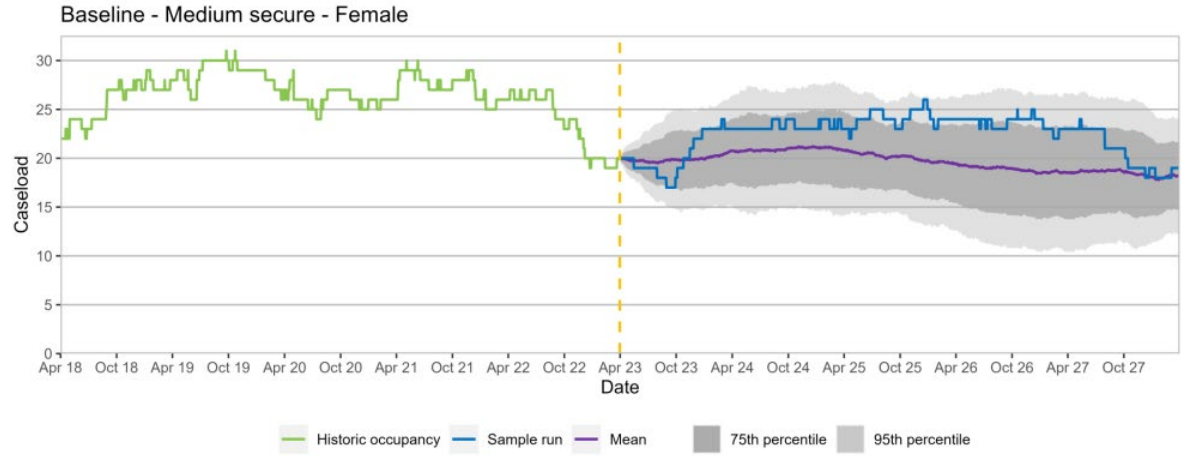
Baseline model – Medium secure forecasted occupancy – mixed sex



For medium secure services, mean forecast demand could rise to 132 beds in 2027/28, against planned in-house capacity of 92. The 95% confidence interval suggests a range of 120-150. Access to a total of 155 beds could be required to ensure a turnaway risk of 2%

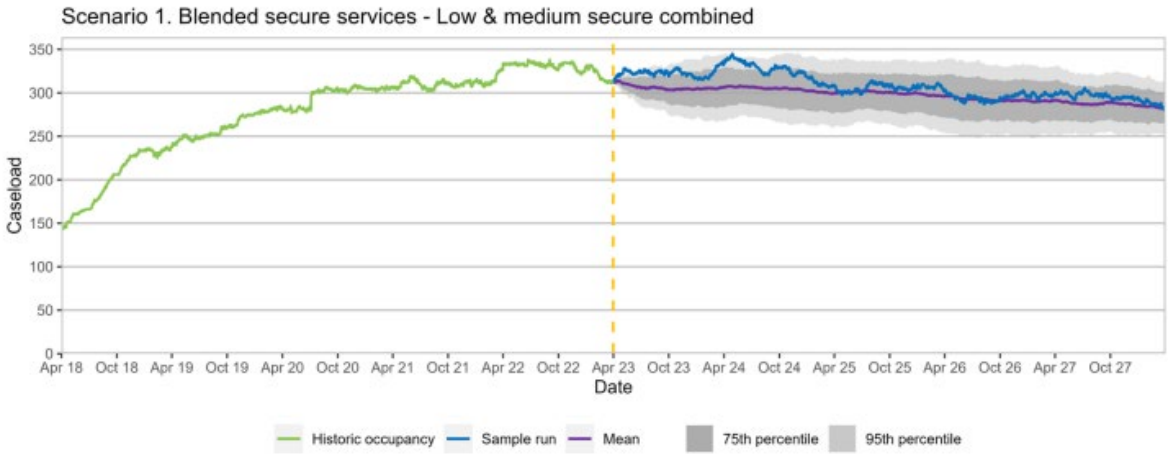
As the next two graphs show, demand for medium secure services is overwhelmingly male.





Scenarios

Scenario 1 - Blended Secure Services:

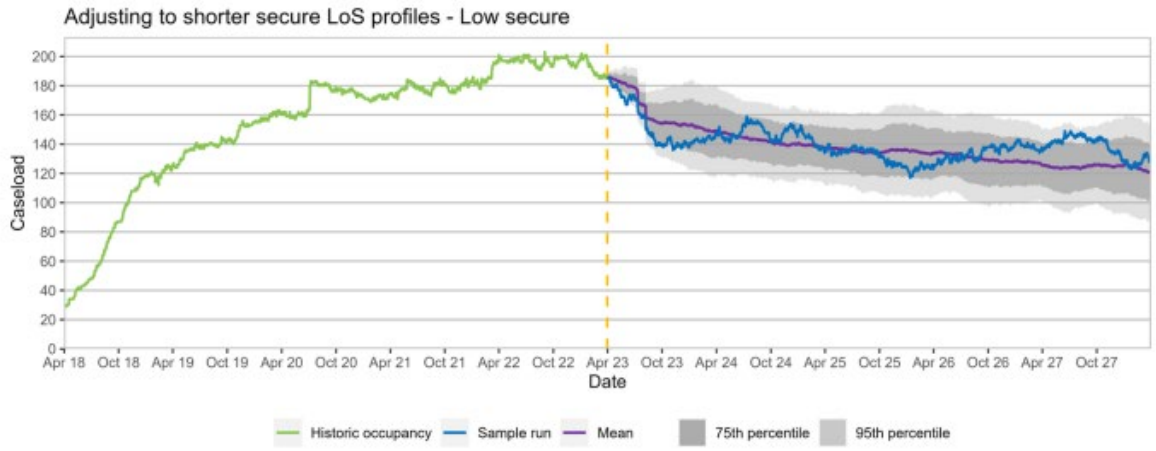


Blending secure services – ending the distinction between medium and low secure beds. This makes no difference to overall demand, but reduces the

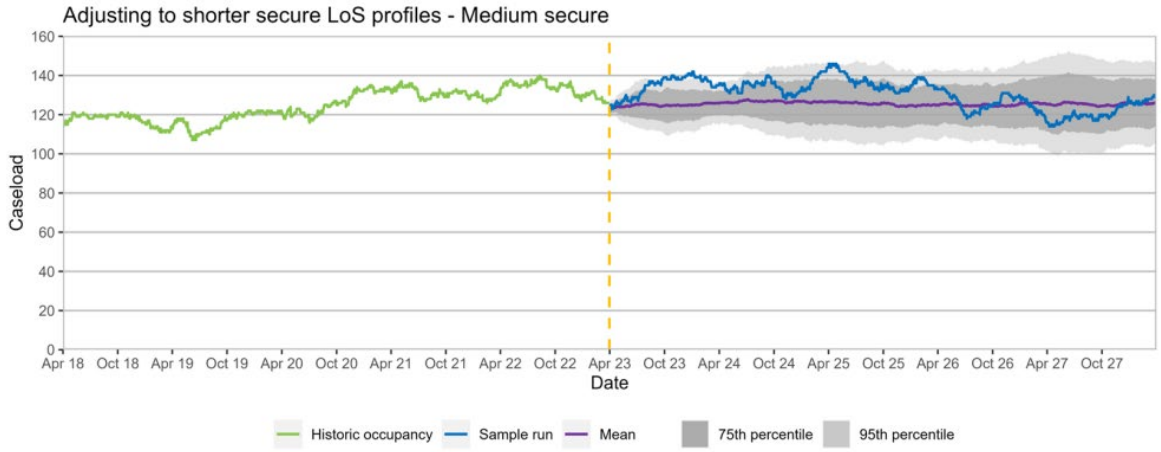
beds required to achieve 2% turnaway risk from 351 to 334 in total, as there is more flexibility across a notional larger bed pool.

Scenario 2: Adjusting to shorter secure Length of Stay profiles:

This scenario reduces patterns of lengths of stay across all secure services to those demonstrated by the services with the shortest pattern of length of stay.



For low secure services, this reduces expected mean demand from 147 to 124 beds by the end of the modelling period.



For medium secure services, this reduces mean demand from 132 beds to 126 beds by the end of the modelling period.

Discussion and Conclusions from Demand and Capacity Report

Low secure

The currently planned in-house capacity of 77 beds is very clearly insufficient to manage current and plausible levels of demand. Use of existing in-house services has actually been falling, with demand increasingly going to independent sector placements.

The likely number of total beds to which access is required could be as low as 124 if variances in lengths of stay can be reduced; or as high as 196 to achieve a 2% turnaway risk with no changes in practice. The mean forecast would be 147 at the baseline level.

The report suggests that a realistic planning number for low secure bed requirements could be of the order of 135 beds. This assumes that some work can successfully be taken forward to address variances in lengths of stay, but that these are not eliminated completely. Given the potential need for substantial capital investment, it does not seem sensible to plan for the higher ends of potential ranges; any investment which can be made would reduce the current dependence on a wide range of independent sector placements.

Blending secure services – ending the distinction between medium and low secure beds - makes no difference to overall demand, but creates more flexibility across a notional larger bed pool. Given the very large difference between current capacity and expected demand, a blended approach should not be expected to make a material difference to bed numbers required, and should be pursued only if considered clinically desirable, rather than in the hope of a significant effect on required bed capacities.

Medium secure

Whilst the currently planned in-house capacity of 92 beds appears insufficient for expected demand, it is closer to that level than is the case for low secure. For medium secure, the report suggests a realistic planning number could be of the order of 130 beds. This would meet current typical daily use, and assume some work is undertaken to address variances in lengths of stay.

As with the low secure situation, this implies substantial capital investment. In both cases, it appears prudent to plan for investment levels at the lower end of current forecasts, with plans being revisited depending on emerging future data.

Future Model

The workstream discussions centred on the need to consider secure services as a whole and an integrated or blended secure services model was discussed as the preferred option for secure services going forward.

Through these discussions, it became apparent that the opportunity to commission secure services through one organisation was the preferred option to ensure that the patient was not disadvantaged in their care through any artificial barriers created by the current organisational arrangements. Further benefits to this approach would include providing a seamless approach to care, and strengthening care co-ordination and gatekeeping for this cohort of patients which will also be taken forward within this strategy.

Secure Services for Men

In terms of secure services for our male patients, it was noted that those with a learning disability could be placed in mainstream secure services if appropriate workforce development was undertaken to meet the additional needs this cohort of patients.

The barriers of the current commissioning arrangements for low and medium secure services by different organisations were discussed and a model of secure care in its entirety was considered the most beneficial for patients, staff and organisations alike. These cross-organisational discussions and arrangements were seen as detrimental to service provision and caused delays in patient care.

The current pathways were considered complex and confusing and a regional approach would ensure national standards and a cohesive approach to care.

In addition, the changes to the commissioning arrangements in NHS England may also impact the need for a more robust Welsh provision, and the development of the Welsh estate should also be considered to ensure a flexible estate to meet demand and increased seclusion facilities to better care for those patients requiring additional care and support.

The impact of the prison population should also not be underestimated. The establishment of HMP Berwyn in North Wales has seen a significant impact on the services provided by Ty Llewellyn. The impact of having no low secure provision in North Wales also has an impact on flow.

The priority for this strategy is to commission secure services for Welsh patients by one organisation to ensure care closer to home and serve the needs of the majority of our Welsh patients in Wakes where this was

appropriate to do so this will include the option of working with the independent sector to achieve this as part of this initial scoping work.

Secure Services for Women

Similarly to the learning disability and men's secure services workstream, the women's secure services workstream had a focus on eradicating labelling and barriers and providing a blended model of care for females in secure services in Wales.

The workstream researched various models of care in NHS England and considered a blended model of care the preferred option. This model considers the secure care pathway for women in secure services and as the majority of women in secure services have a lived experience of trauma, provides a particular focus on trauma informed care.

The blended model should encompass the importance of stability, relationships, connections to family and home life, and include purposeful engagement to develop the model to be most effective and deliver outcomes to support personalised recovery.

Links to the Women in Justice Service would further improve the support available to our women in the criminal justice system benefitting from:

- A psychologically-led, gender and trauma informed model
- A multi-agency gender-informed training package
- Development of an Information Passport
- Gender-informed housing solution model for women who are in or at risk of entering the CJS
- MoJ Residential Women's Centre to be piloted in South Wales

Secure Services for People with a Learning Disability

Patient demographics should be taken into account with a higher prevalence of male learning disability patients that female (69% male, 31% female) and an ageing population, in addition to special needs and co-morbidities, e.g. deaf, autism, dementia, mental illness.

Staff skill mix and therapeutic interventions should be considered for specialised services to ensure the community first ethos is at the forefront of care.

The following options have been considered by the workstream:

1. Do nothing – status quo
    - The current situation is not sustainable and would carry high risks for service provision.
2. Develop a new national specialist Learning Disabilities Medium Secure Unit for male & female patients.

- Accessing capital funding for this option will be challenging. In addition, the numbers of patients requiring the service would not be large enough to support a business case.

3. Blended model:
    - Utilise existing Medium Secure Unit with reasonable adjustments for a provision that blends medium and low secure care.
    - It is useful to have medium and low secure service on the same site, as this would enable a concentration of expertise, particularly important for psychology, to enable treatment programmes (e.g. thinking skills groups, offender groups).
    - Combine services with autism secure care to concentrate expertise.

Preferred Option - Blended Model

All secure hospital care including low secure to be commissioned through one organisation. This would:

a. Support a blended model
b. Facilitate gatekeeping
c. Ensure close working relationships with local provider and Community Learning Disability Teams

Learning Disability Specialised Services in Wales provide care for a small number of patients; however, placements can be very expensive, particularly bespoke placements.

This strategy aims to consider the needs of those patients first and to provide care as close to home as possible for those patients in our specialised services.

The key message from the Learning Disabilities workstream to consider is to provide care through a blended model, utilising and maximising current service provision within the NHS in Wales.

The recommendations from both the Improving Care, Improving Lives review published in February 2020, and the Secure Services Review published in April 2022 indicate the need for services to evolve and develop into a more blended model, eradicating barriers along the pathway and improve patient care.

As such, this strategy aims to scope and implement a blended model, alongside work arising from this strategy for both men's and women's secure services as a coalition to improve secure services for the whole population, including those with learning disabilities.

A blended model of care would provide the following outcomes:

- This would facilitate the development of a blended model and other functions, such as the gatekeeping role and the centralisation of expertise.
- Ensuring close working with local providers and Community Learning Disability Teams is crucial to move the patients according to their needs and clinical presentations.
- Utilise existing Medium Secure Units in NHS Wales with reasonable adjustments for a provision that blends medium and low secure care.
- Further development of our multi-disciplinary teams.
- To expand and improve the current coordination of patients in secure care to enable strong clinical leadership and input into the treatment plans offered by the secure care.
- To remove a significant impediment to the effective use of resources.
- To improve, and expedite, the patients journey through secure care.
- To ensure patients' needs are met by the right level of security.
- To reduce delays in transfer by implementing a robust Delayed Transfers of Care reporting and explore barriers to step down. The gatekeeping role should be strengthened to support the patient.
- To remove perverse incentives for change.
- To take more of a strategic view of capacity across the secure services system.

In order to achieve this, this strategy aims to:

Strengthen links to community services to ensure seamless transition between levels of services and between age thresholds.

- Investment in community complex case teams.

To develop appropriate governance arrangements for Integrated and blended secure service provision in NHS Wales to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

Key Projects

The discussions at workstream to develop the strategy and the Demand and Capacity modelling have highlighted a number of key projects to be undertaken to improve secure services for mental health in order to achieve the outcomes outlined above.

The following projects have been highlighted for progression during the tenure of this strategy:

1. **A Single Commissioner Model for Secure Mental Health Services**

The commissioning of secure care services is to be consolidated and commissioned by one organisation for low, medium and high secure care for both men and women. Commissioning is to be inclusive of those with a learning disability where secure requirements are relevant and it is appropriate to do so.

- Commissioning and funding streams to be examined and redesigned if necessary.
- Funding to be ring-fenced for secure services.
- Consideration of the provider collaborative model.
- Ensure care closer to home where this is possible and appropriate and serves the needs of the Welsh patients in Wales.
- Ensure the Welsh public spending goes back into the Welsh economy.

2. **Blended Model for Men in Secure Mental Health Services**

To develop appropriate governance arrangements for integrated and blended male secure service provision in NHS Wales to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

3. **Blended Model for Women in Secure Mental Health Services**

To develop appropriate governance arrangements for integrated and blended female secure service provision in NHS Wales to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

4. **Inclusion for patients with a Learning Disability and Neurodevelopmental Conditions in mainstream Secure Mental Health Services**

To ensure regular review of LD patients in placements reinforcing the care co-ordination and gatekeeping role.

- The current coordination of patients in secure care needs to expand to have strong clinical leadership and input into the treatment plans offered by the secure care. There is also a need to implement robust Delayed Transfers of Care reporting and explore barriers to step down. The gatekeeping role should be strengthened to support the patient.

To consider the role of the community learning disabilities team to support forensic requirements.

- It emerged that there is little specialist expertise to deal with this group of patients. Welsh expertise can be developed to advise on such cases, to avoid total reliance on private providers either through upskilling the current teams, or through the development of an all-Wales liaison model to provide forensic expertise as required.

3.2 CAMHS/FACS

Background

In order to provide a focus on the requirements of specialist Child and Adolescent Mental Health Services (CAMHS) across Wales, including the FACS (Forensic Adolescent Consultation Service) Service, the strategy considers the development of services for both CAMHS and FACS to meet the population need.

One of the key drivers for this area is the "Service Review: NHS Wales Children and Adolescent Metal Health Inpatient Services" published by NCCU in April 2021.

This review considers the care given to inpatients in CAMHS hospitals in NHS Wales sets out key recommendations for Health Boards, commissioners and the Welsh Government.

In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist CAMHS service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC). In addition to this, the workstream considered the relationships and provision of the FACS service to support forensic CAMHS services in Wales.

The CAMHS/FACS workstream was jointly chaired by the Director of Quality, NCCU and the Director of Finance at WHSSC, with membership from a range of clinical and service representatives, as well as representatives from NCCU and WHSSC. These professionals came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

Current Situation

CAMHS

The North Wales Adolescent Service Unit (NWAS) is located on a relatively isolated community hospital site, just south of Abergele in North Wales. As well as the NWAS unit, the community hospital site hosts a specialist eye unit, orthopaedic rehabilitation services and some Betsi Cadwaladr University Health Board (BCUHB) administrative functions. There are no other mental health or paediatric services on site. The NWAS unit was opened in 2009, the original business case for the service was for 18 beds split between a 6 bedded acute ward and a 12 bed planned treatment ward but this was adjusted due to revenue constraints. The service was eventually commissioned for 5 acute beds and 11 planned treatment beds although staffing difficulties has limited this to a mixed 12 bedded treatment/acute ward.

The Ty Llidiard Unit is based on the Princess of Wales Hospital site in Bridgend, South Wales. As well as the Ty Llidiard unit, the general hospital site hosts an emergency department, paediatric services and adult mental health services. The Ty Llidiard Unit was opened in 2011 and although it has capacity for 19 beds, has been commissioned to provide 15 mixed treatment/acute beds.

In December 2021, additional recurring funding was awarded to provide specialised CAMHS services in Wales. This provision will allow the services to strengthen leadership and culture, staff mix and greater therapies input for our inpatient unit therefore developing the multi-disciplinary teams, Tier 4 outreach support, the purchase of additional surge beds, improvements in quality and value, and the opportunity to conduct a rapid review into eating disorder services.

FACS

FACS is a highly specialist consultation and treatment service to Tier 3 Forensic Child and Adolescent Mental Health Services (FCAMHS) concerned with the care and treatment of children and young people who, in the context of mental disorder(s) or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others. The service does not provide services directly to patients.

The role of FACS includes:

- A consultation service to Tier 3 Forensic Child and Adolescent Mental Health Services.
- Facilitating and overseeing the pathway for young people requiring admission to medium secure inpatient services.
- Direct assessment of young people and the family and/or professional systems around the young person may at times be indicated.

- Providing training to other healthcare professionals and multiagency partners.
- Research.

Through the recent development of a draft service specification for FACS, a number of key performance indicators have been identified that will be reported on a monthly basis going forward, including:

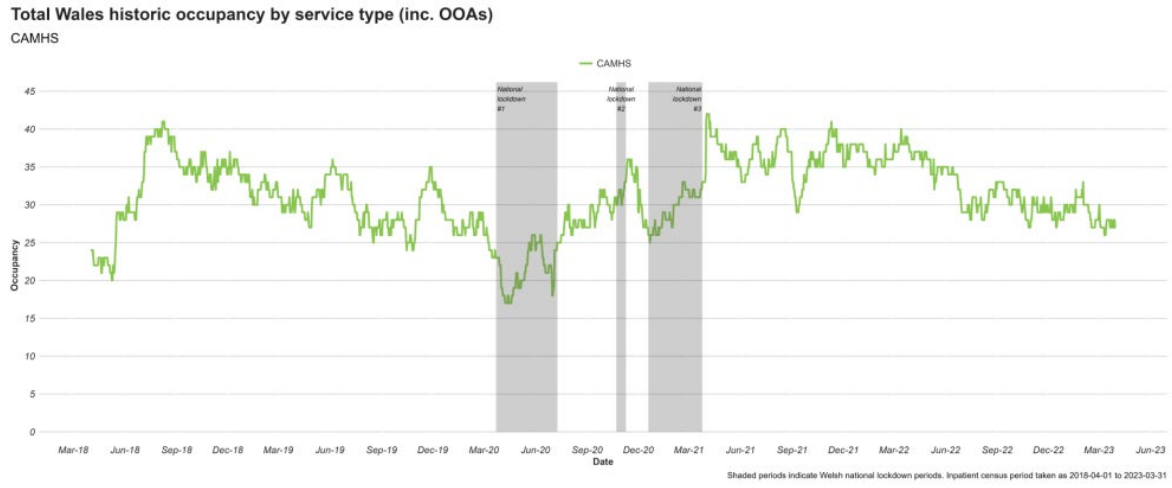
- New Referrals by Health Board
- New Referrals Accepted
- New Referrals Not Accepted
- Number of Professionals Meetings arranged by and attended by FACS
- Number of Professionals Meetings arranged by partner agency but attended by FACS
- Number of Written Reports sent out by FACS
- Number of Professionals Letters written and sent out by FACS
- Number of cases formally consulted on by FACS from Tier 2 CAMHS
- Number of cases FACS has formally consulted on as referred by Tier 3 CAMHS (including cases in the monthly meetings)
- Number of cases formally closed by FACS with written confirmation sent.

A new service specification outlining 'Core FACS' has been co-produced by WHSSC and the FACS Team and the inclusion of prison in reach is being considered. WHSSC are also working with FACS to develop a service specification for the work they undertake with Youth Offending Teams.

Demand and Capacity

Historic Analysis

There was a peak in CAMHS occupancy in 2021, following a steady rise during the periods of national lockdown. From 2022/23 the previous decreasing trend in demand has again been seen. Mean occupancy in 2023 is lower than it was in 2018 (29 as against 33 occupied beds).

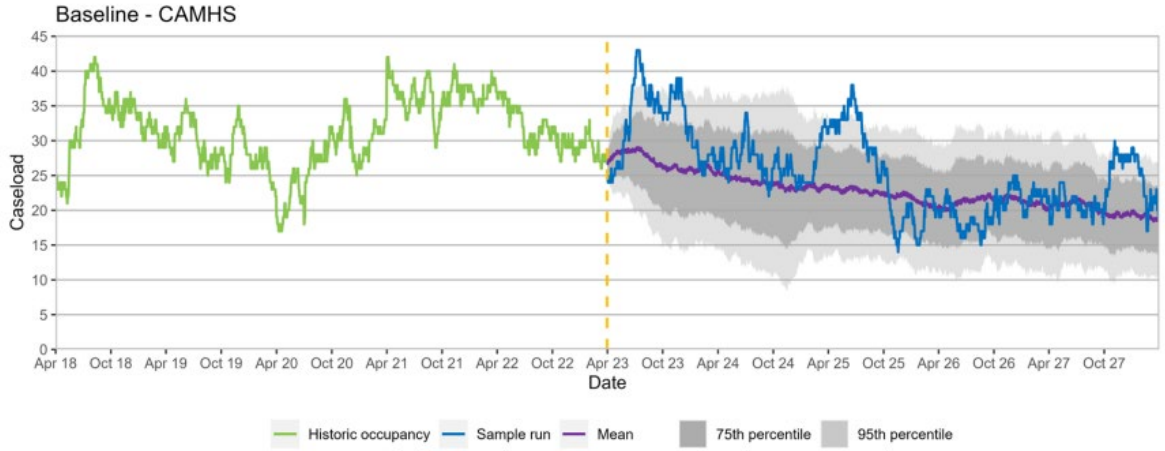


Baseline Model

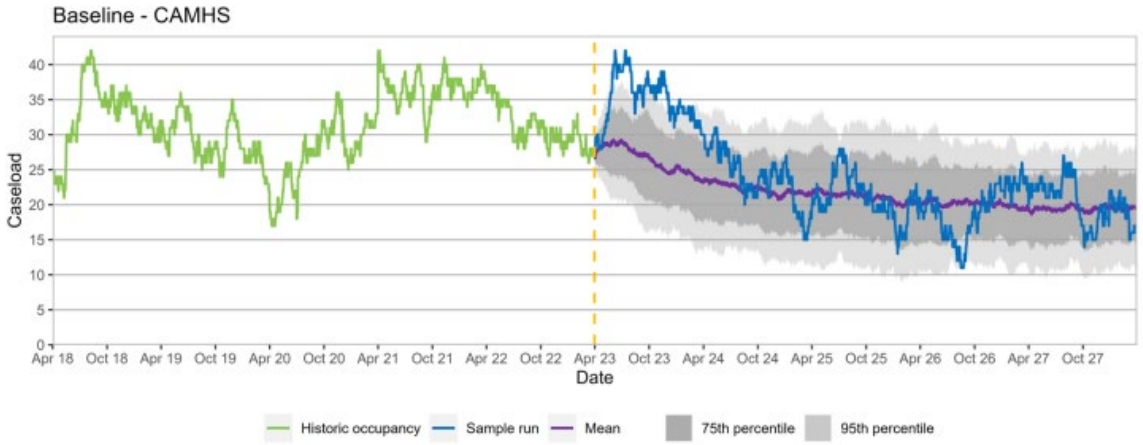
The baseline model forecasts that, for CAMHS, mean forecast occupancy could fall to 20 beds in 2027/28, if current trends continue. These are small numbers, and the 95% confidence interval around this suggests a range of 11 to 27 beds.

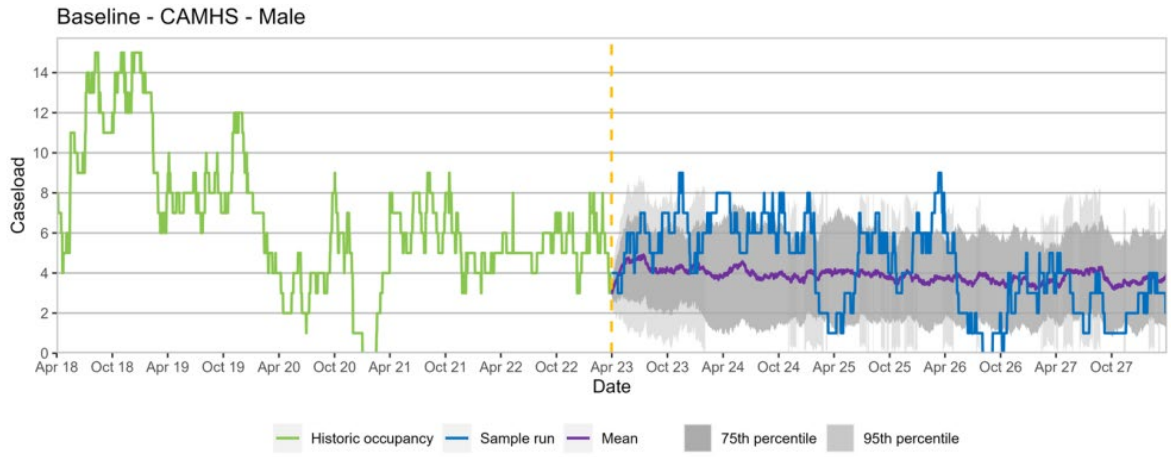
As many as 34 beds (against planned capacity of 27) could be required to ensure a turnaway risk of 2% i.e. a suitable bed being unavailable for only 2% of new presentations.

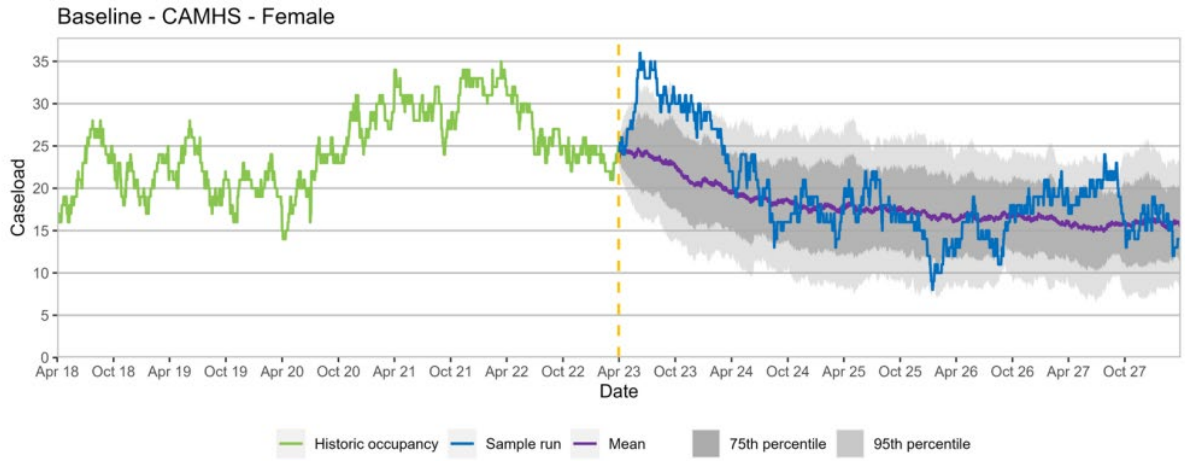
Demand for CAMHS beds is overwhelmingly female.



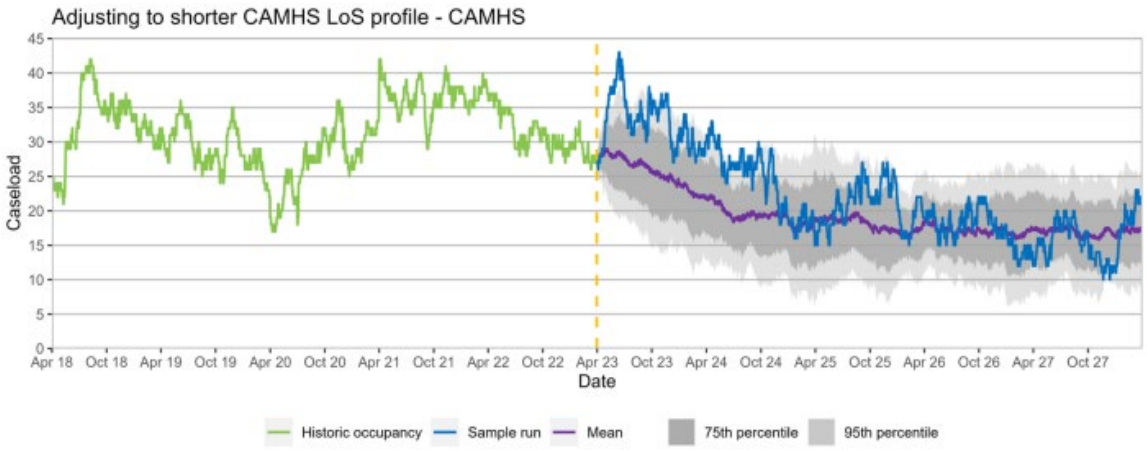
CAMHS forecasted occupancy





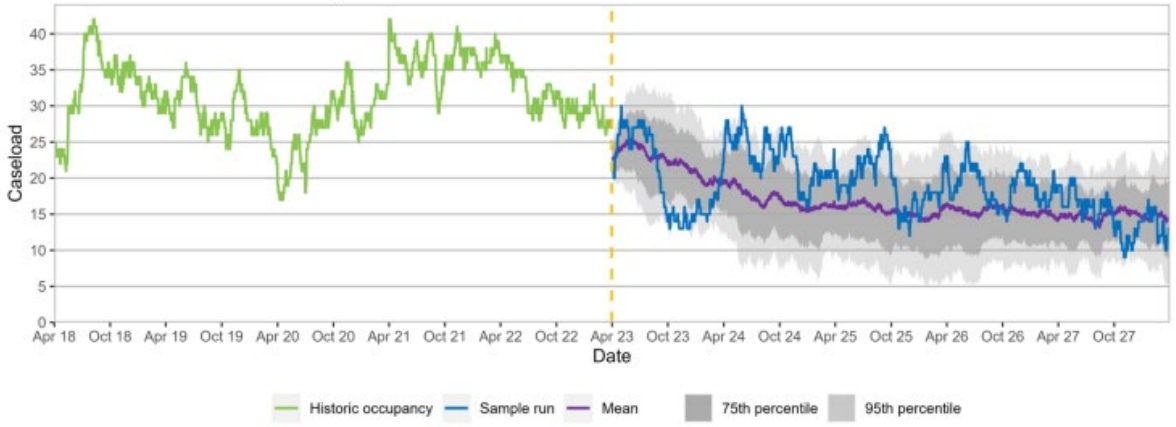


Scenarios



Reducing patterns of lengths of stay across all CAMHS beds to those demonstrated by the service with the shortest pattern of lengths of stay. This reduces mean demand from 20 beds to 17 beds by the end of the modelling period.

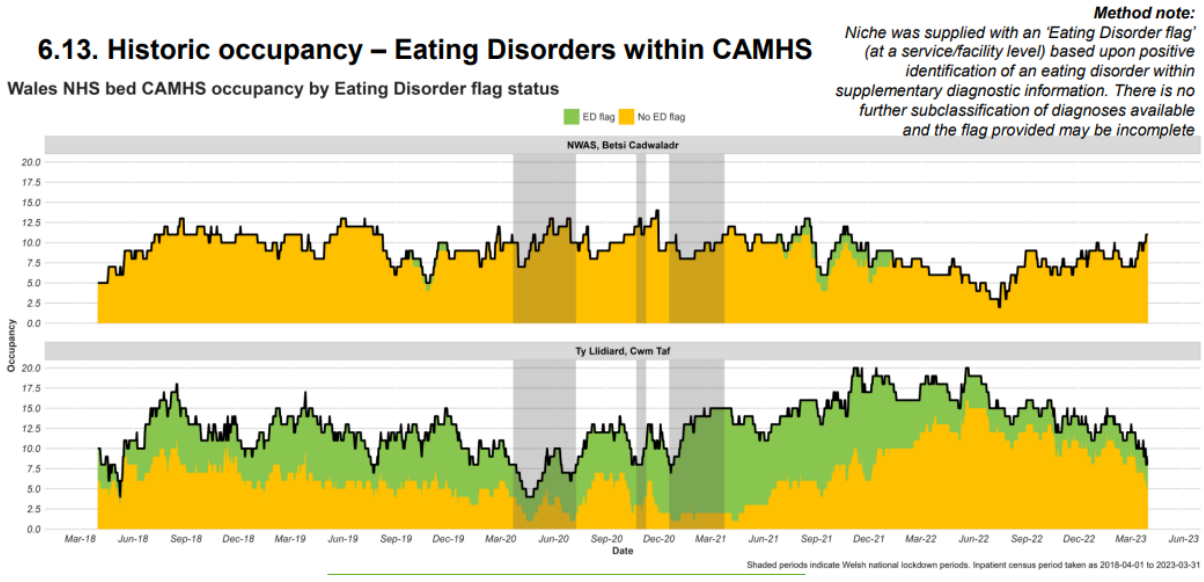
Removal of all repeat admissions - CAMHS



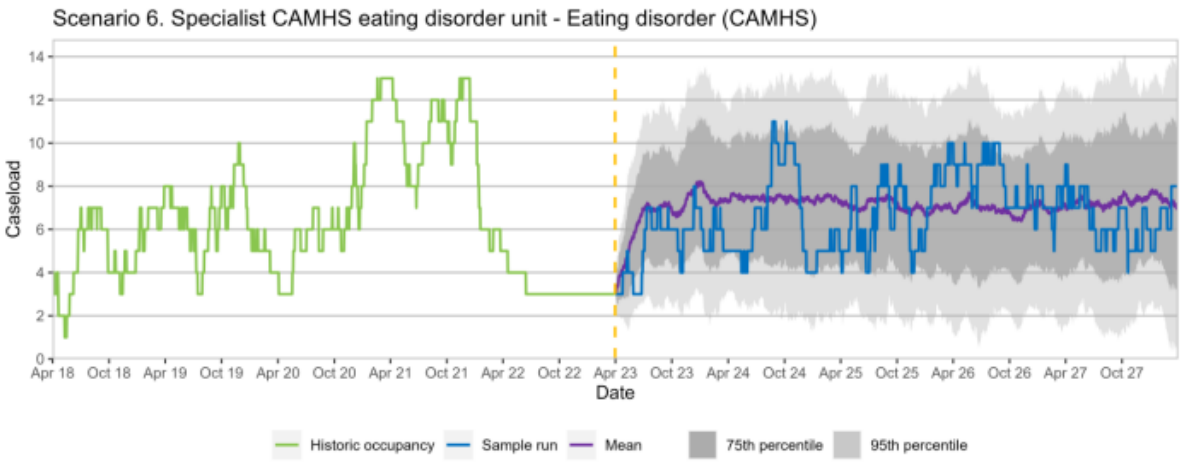
Removing repeat admissions could result in mean demand falling from 20 beds to 14 beds by the end of the modelling period. Effects on other services would be very small, as there are far fewer repeat admissions for services other than CAMHS.

Also of note are the opportunities which stakeholders identified to reduce the variance in patterns of lengths of stay across Wales, and to work to reduce 90-day readmissions.

It may therefore be that the planned capacity of 28 could prove sufficient for CAMHS within the current planning horizon, assuming work takes place on lengths of stay and readmissions.



6.15. Eating disorder (CAMHS) forecasted occupancy



The case for a specialist CAMHS eating disorder unit is not clear-cut. A single unit for Wales of potentially around 7 beds would inevitably be at a significant travelling distance for many patients and families; whichever unit hosted this service could in turn require more non-eating disorder patients to travel greater distances within Wales. In addition, demand for this potential service appears quite volatile. It may therefore be a more practical option to emphasise the need for skills in the care and treatment of eating disorders within the existing small base of CAMHS beds, rather than to create a new and specialist unit. This would in turn mean accepting that some very highly specialist needs may still need to be met by dedicated specialist eating disorder services, from time to time.

Future Model

CAMHS

Referrals into the units are currently assessed by unit staff and this does not support the ethos of impartial gatekeeping policies. A review of alternative pathways and an options appraisal will be conducted to assess feasibility of any alternative referral options. Consideration will also be given to developing the service to accommodate 7 day admissions.

In addition, there is a need to develop and strengthen partnership working with community services and consideration given to in-reach, out-reach and transition services.

Consideration of the NHS Lothian model of care should be considered to scope the feasibility of unscheduled care and assertive outreach services for the Welsh population. This model has been considered as a key driver of this strategy due to the similarities with the health model in Wales, the

Health Board system, and the opportunity to explore the model of care from both the provider and referrer viewpoints.

The Unscheduled Care service at NHS Lothian is a nurse led service that forms part of their Tier 4 CAMHS whilst maintaining links across service levels. The service currently runs 7 days a week between 7.30am and 8.30pm with an aim of being 24 hours in the future providing emergency assessment and short term follow up for young people up to the age of 18 who present in crisis and require same day emergency input.

The CAMHS Assertive Outreach Team (CAOT) at NHS Lothian is also classed as a Tier 4 service which offers input to young people and families that present with increased risk that requires more than one contact per week

It was agreed that the traditional "tiers" system in CAMHS services often provided a barrier to care provision for our children and young people and in some cases caused confusion when interacting with other services. It is recommended that the Tier system be reviewed nationally to ensure a seamless pathway for our population. The Welsh Government Vision Statement referred to previously in this strategy indicates consideration of the removal of no longer purposeful or meaningful age-based service definitions where working age ends at 65 and childhood ends at 18. This work will be taken into consideration throughout the tenure of this strategy and the strategy will be revised accordingly.

Betsi Cadwaladr University Health Board are currently developing a programme to improve quality and effectiveness of assessment, inpatient care and alternative to admission at Tier 4 CAMHS. Links to this strategy are in place in order to inform future developments as a result of this programme, particularly in relation to the Tier 4 NWAS service.

The provision of paediatric support available to the NWAS unit in North Wales was considered a positive addition to service provision and many areas would like to see this replicated. Data would suggest that this input has attributed to admission avoidance, early discharge, and to be of particular support to the avoidance of NG Feeding for children and young people. The option of collaborative bidding should be scoped for paediatric input provision to be available across Wales.

In terms of capital developments, the siting of the NWAS unit was raised as a key area of concern due to the separation of this site from other service provision. A review of the NWAS site will be undertaken and, if appropriate, an options appraisal and scoping exercise undertaken to consider alternative options.

National Eating Disorders Team

The Eating Disorders Outreach Service (EDOS) was established to provide assessment and consultation, specialised Eating Disorders Training and group programmes to support the community eating disorders services for young people. In addition, the service received further funding in 2017 to support the development of transition services.

Consideration should be given through the scoping work described in this strategy to the support the EDOS Team could give to further enhance service provision.

FACS

In response to a strategic review in 2019, the following priorities have been identified:

- Stabilisation of the service – addressing recruitment, retention and management issues.
- The development of service specifications and associated resource that set out the services provided to CAMHS, Youth Offending Teams and Parc Prison.
- Review of FACS interface with CAMHS services as part of the core health (CAMHS) service specification.
- Clarification of FACS role in Hillside Secure Children's Home.

Key Projects

1. To assess the CAMHS NHS Wales inpatient estate

To consider the implications of the remote location of the NWAS unit in its ability to meet the requirements of the service specification. In the short term it may be necessary to consider admission exclusions and initiate corrective actions such as the security of the perimeter fence. In the long term, the re-provision of the service at a more suitable site should be considered as part of this assessment.

To ensure estates provision at both units would be able to meet the service specification for an enhanced care area.

2. To review referral pathways into NHS Wales Tier 4 CAMHS Services

This pathway would provide a set of national standards and templates for the referral of patients for in-patient admission into the 2 Welsh units in order to improve and simplify the pathway and strengthen links to gatekeeping and case management.

3. To undertake a comprehensive needs assessment for CAMHS Tier 4 services to include unscheduled care provision

This would ensure the establishment of beds to meet the needs of the Welsh population and also provide the basis upon which to scope the options to extend the current admission hours to allow 7 days admissions onto the units and assist in the timely transition of patients between levels of service provision. Unscheduled care and assertive outreach options could be scoped to assess feasibility.

4. Stabilisation of the FACS service

To address recruitment, retention and management issues.

To review the FACS interface with CAMHS services as part of the core health (CAMHS) service specification.

3.3 Eating Disorders for Adults

Background

In order to provide a focus on the requirements of specialist Eating Disorders services across Wales, the strategy will provide a sustainable and resilient model of care for eating disorders which will give consideration to the development of Specialised Eating Disorder services at tertiary level for Adults to meet the population need.

One of the key drivers for this area is the NHS Benchmarking Demand and Capacity Report commissioned in May 2021. This report provides a rapid review of ED service demand and provision and seeks to identify any trends and considerations for further service development. The review was repeated in November 2021 and the information for both reviews is considered for this section of the strategy.

In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist Eating Disorders service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Eating Disorders workstream was chaired by the National Eating Disorders Lead for Wales, with membership from a range of clinical and service representatives including psychology, psychiatry, dietetics, paediatrics, nursing, case management, family therapy and service management professionals, as well as representatives from NCCU and WHSSC. These professionals represented both adults and child and adolescent services and came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

The workstream considered the information and data available, and considered a number of service options as outlined below.

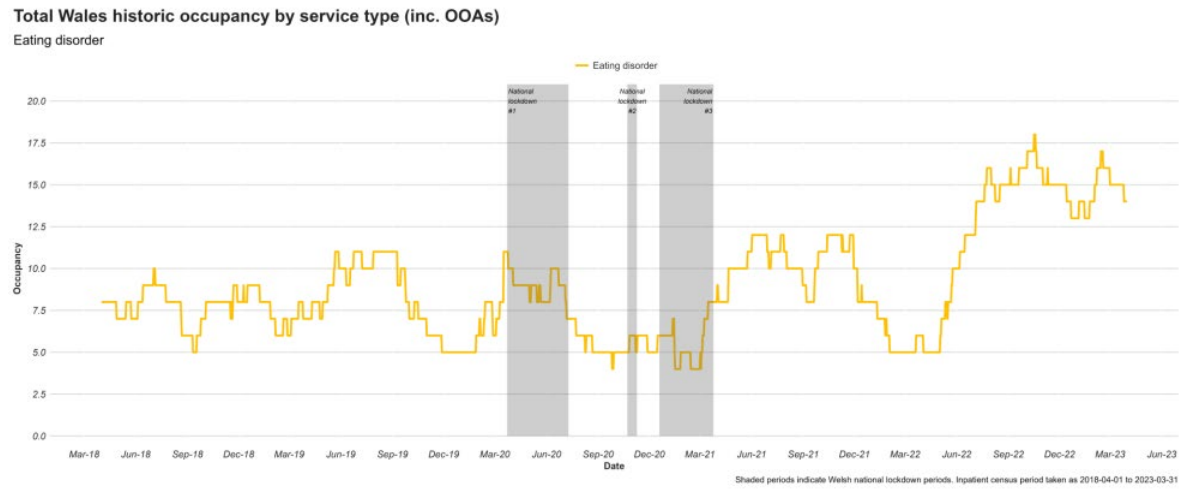
Current Situation

There is currently no NHS Wales provision for specialised adult eating disorder services. Up until August 2022, patients were largely admitted to Cotswold House provided by Oxford Health NHS Foundation Trust. Due to changes to NHS England commissioning arrangements, this service was no longer available for NHS Wales patients, and private sector provision was sought.

In October 2023, Elysium opened a private sector provision in South Wales. WHSSC commission beds from this unit for NHS Wales patients, with this unit and a number of other independent sector providers being added to our framework in October 2023.This has allowed provision for patients closer to home.

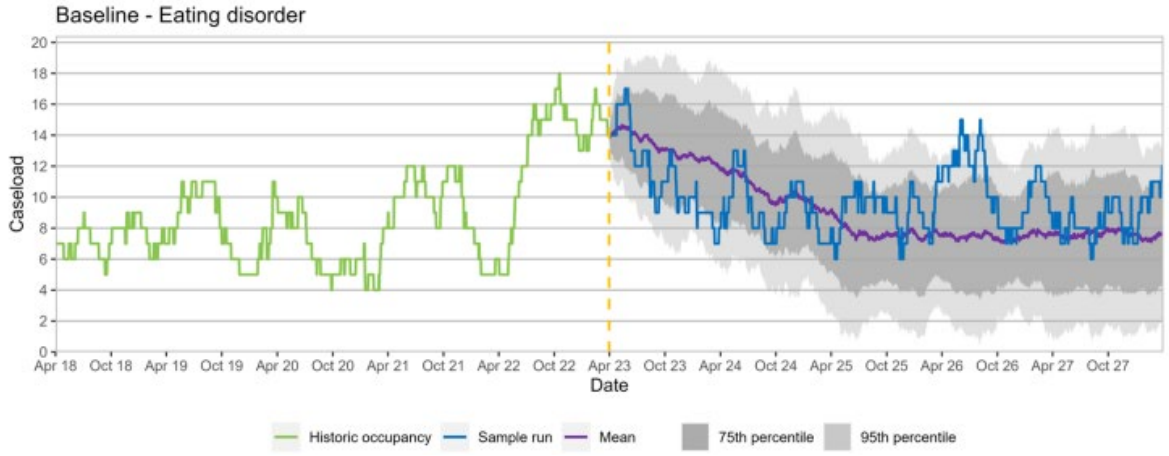
Demand and Capacity

Historic Analysis



There has been an increase in adult eating disorder occupancy from 2020 onwards. This has continued beyond the lockdown periods. There is no 'in-house' provision for adult eating disorder inpatients, but most recently mean demand is for 15 placements at any one time.

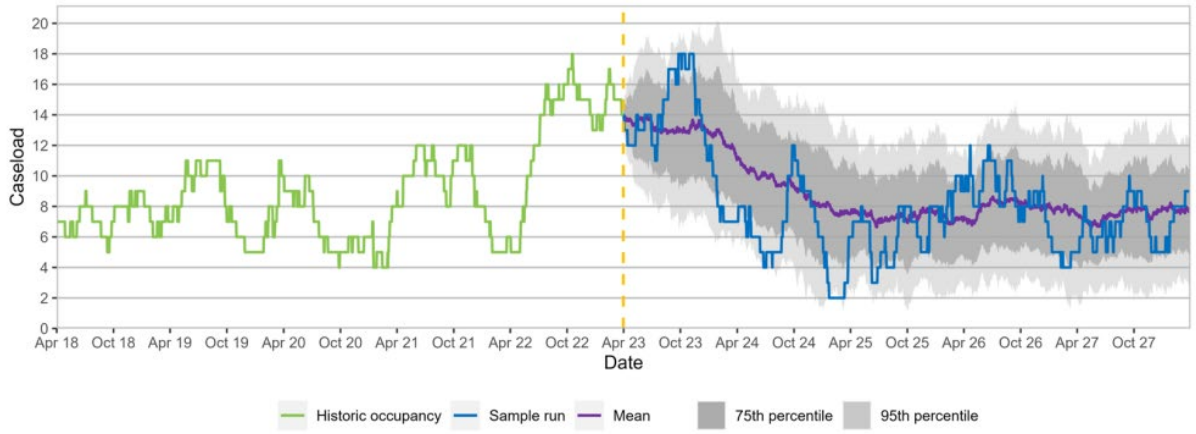
Baseline Model



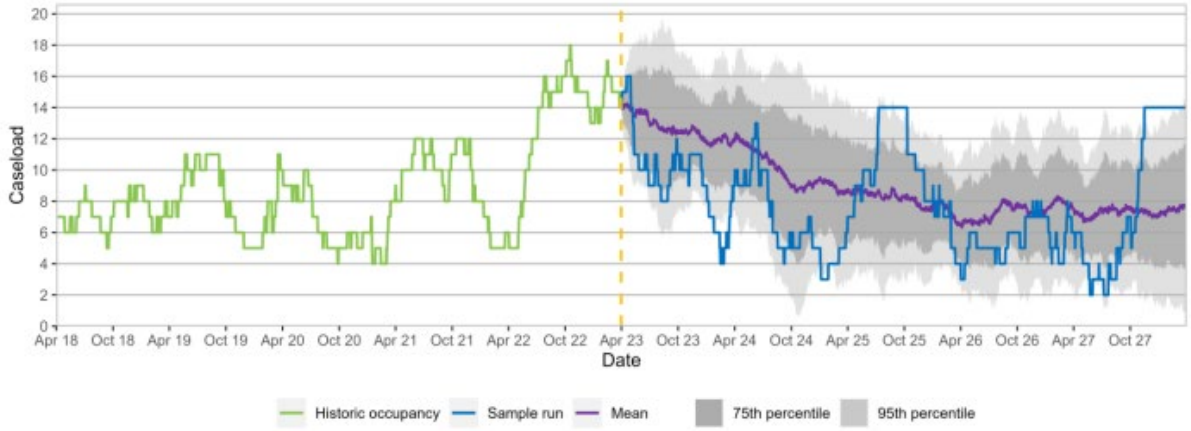
For adult eating disorders, mean forecast demand could fall to 8 beds, if current trends continue. These are very small numbers, and the 95% confidence interval around this is very wide, from as few as 2 to as high as 14. This volatility and uncertainty means that access to as many as 17 beds could be required to ensure a turnaway risk of 2%.

Scenarios

Removal of all repeat admissions – Eating disorder forecasted occupancy



Specialist Adult Eating Disorder Unit (Tested at 14 beds)



The creation of a new specialist adult eating disorder unit confirmed the baseline analysis' forecast of 16-17 beds being required to achieve a turnaway risk of 2%. A unit of 14 beds could be expected to achieve mean occupancy of around 50%, unless new demand were created by the additional supply.

Discussion and Conclusions from Demand and Capacity Report

The case for at least some specialist NHS provision in Wales is strong, and was heard clearly from stakeholders. The difficulty is that small numbers and volatility in demand make unit size particularly uncertain. As many as 17 beds could be required to ensure a turnaway risk of 2%, but even a unit of 14 beds could be expected to achieve mean occupancy of only around 50%, unless new demand were created by the additional supply.

The report suggests that it might be most practical to plan towards creating a Welsh NHS unit with capacity in the range of 8-12 beds. A unit in this size range should have sufficient capacity for most of the time, whilst reducing the risk of supply-induced demand. Specialist placements might still be required at times of high and sustained demand.

Future Model

Eating Disorders Unit for Wales

Following changes to the commissioning arrangements within NHS England as outlined earlier in this strategy, a number of options require consideration for the provision of specialised adult eating disorder services for NHS Wales patients. In the first instance, discussions with Welsh Government should take place to consider the feasibility of providing inpatient eating disorder services with NHS Wales, including discussions on the availability of capital funding to support this option and workforce development. An in-depth options appraisal will be conducted to thoroughly

investigate how best to develop future specialist eating disorder services for Wales.

Some of the key discussions when considering eating disorders are silo working and the different pathways and models each health board holds.

Consideration of the data suggested that some health board areas had less referrals to tertiary care and this was partly attributed to resources such as paediatric input and health care support worker roles which correlated with less referrals to specialised services and in particular, less patients with NG feeding requirements.

These discussions highlighted the benefits of more robust collaborative working and provided the recommendation that collaborative funding bids would ensure a more cohesive service across health board areas.

A full options appraisal will be conducted in the first instance to consider the following key issues:

- Capital investment needed.
- Workforce challenges for this specialised service in Wales where there is currently no provision.
- Numbers of patients to support business case.
- Consideration of transition arrangements for CAMHS patients to adult services.
- Potential for day hospital provision to be attached or provide satellite services.
- Build time to be considered as potentially out of the 5 year scope of this strategy.

Medium Term Considerations

There are a number of interim measures that are being taken whilst consideration is made regarding the Eating Disorders Unit. These measures are required regardless of the feasibility of the unit and have stand-alone benefits to consider as the medium term solution or to develop into a longer term solution should the Unit not be agreed for capital investment.

Building our workforce

During the timeframe of this strategy, regardless of whether the Eating Disorders unit progresses, workforce development is crucial for our Welsh patients. The skill mix and specialist qualified and experienced staff are to be considered and developed within the Welsh workforce including the wider multi-disciplinary team provision.

Independent Sector

Following the commissioning of beds within the independent sector in Wales, this should be monitored closely to consider this as a longer term arrangements should an NHS Wales provision not be a viable option.

In addition, framework placements outside of this arrangement should be monitored to ensure quality of service for our patients in all independent sector placements.

Health Care Support Worker Support

In 2018, Aneurin Bevan University Health Board received additional funding to support the medical monitoring of Tier 3 adult eating disorder patients and provide support to those requiring a medical admission for refeeding. The funding was used to employ 2 full-time Band 4 Health Care Support Workers (HCSW). These HCSWs provide support from 8am – 6pm, this includes meal support, supporting patient pre and post meals and liaising with medical, nursing and dietetic staff on the ward. The service also provides intensive community meal support (1 meal a day, 5 days a week) with the aim of preventing admission or supporting patients on discharge from hospital.

Data shows a substantial decrease in medical admissions from 16 in 2017 to 3 in 2021, a decrease in mental health admissions from 8 to 0 and Tier 4 admissions from 8 to 3 for the same time period.

It is proposed that HCSW input is available for all Health Boards to support eating disorder community services for adults in order to avoid hospital admission where this is appropriate.

Support for strengthening of Community Provision

In-reach/Out-reach Model:

North Wales: Early Intervention and Treatment at Tier 2 and the development of a MEED (Medical Emergencies in Eating Disorders) team (MEED: Medical Emergencies in Eating Disorders: Guidance on recognition and management (CR233), Royal College of Psychiatrists, 2022; replaced MARSIPAN and Junior MARSIPAN, 2014)**.**

In North Wales, significant investment agreed by Welsh Government (WG) aimed to address the substantial deficits in existing Adult Eating Disorder (ED) service provision in BCUHB. Historically, the Specialist Tier 3 service offered direct interventions to moderate to severe and /or complex ED cases only. The focus for expansion therefore, involves enabling more people with eating disorders to access a specialist ED

service, driven by the principles of early detection, intervention and treatment that predict better outcomes and reduce mortality associated with ED as highlighted in the Review of Eating Disorders Services in Wales (2018). It is also expected these developments will meet the six underlying principles as highlighted in the ED Report (2018) of early detection and intervention, inclusivity, person centred approach, relationship based, recovery focused, trauma informed.

The EDS expansion project became known as "Early Intervention and Treatment at Tier 2 and the development of a MEED team". The first key aspect involves a specific focus of working towards early intervention, and treatment at Tier 2 (community, mental health teams) through extensive recruitment of a multidisciplinary ED workforce. This began with recruiting a number of core staff. All additional staff have or are being trained in delivering NICE (2017) compliant ED interventions.

Earlier intervention and treatment at Tier 2 was the initial goal, but has also progressed into Tier 1 (Primary Care) in many regions in North Wales, and a number of patients have benefited from the new service to date.

A second key aspect of the project is the development of a multidisciplinary, specialist MEED team to facilitate and support ED inpatient, admissions-medical or psychiatric-when needed.

An informal arrangement has been in existence for many years whereby ED patients who required an admission and a SEDU (Specialist Eating Disorders Unit) is inappropriate or unavailable, are admitted and treated in a local psychiatric unit. The rationale for this is based on many of the staff having experience of treating patients and being local to the Medical Lead for the EDS. The development of the MEED team and pathway formalises this arrangement.

The MEED Team also aims to address the significant increase in acuity in ED patients seen in recent years and subsequent demand for admissions to costly Specialist Eating Disorder Units (SEDU), which do not always have positive outcomes in the long term. SEDU admissions will always be required, but in some cases the MEED Team is a preferable option; being closer to home and mitigating the potential iatrogenic aspects of SEDU admissions. At the same time, the MEED Team aims to retain the positive and helpful aspects of a SEDU such as provision of 1:1 supervision and support through mealtimes and other key times, and providing access to ED dietitians and acute hospital dietitians, occupational therapy, psychology and support workers.

Disordered Eating:

To date both CAMHS and Adult Eating Disorder Services have seen a substantial increase in the number of patients presenting with disordered eating, and not specifically an eating disorder. There has also been a significant increase in the complexity of these presentations and high risk (e.g. low BMI's). In Adult services this is often within the context of an Emotionally Unstable Personality Disorder (EUPD), and needs to be treated accordingly, i.e. the eating difficulties are seen as part of the wider EUPD context and therefore is not the sole focus of the treatment. If the eating difficulties *are* focused on and treated as an eating disorder, they are likely to worsen.

Disordered eating cases are presenting in various different services including but not limited to community dietetics, Perinatal, Primary and Secondary care, and also into tertiary level services.

In North Wales the Tier 3 Adult Eating Disorder Service is working collaboratively with local services such as community dietetics to develop a protocol for adults who present with disordered eating. This is likely to include:

- Guidance on what clinical presentations to expect
- A brief overview of EUPD if appropriate and guidance on language to use Structured Clinical Management, Bateman and Dialectical Behaviour Therapy).
- A guide on the number of sessions to be offered and by whom e.g. 2 sessions from a community dietitian.

Key Projects

1. To conduct a feasibility study to consider an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages

Initial scoping exercise to establish appetite for an eating disorders unit in Wales. Full options appraisal to be delivered in order to scope feasible options for future specialist eating disorder services in Wales and to consider the feasibility of both inpatient and day service provision.

The Eating Disorders review conducted in 2018 recommended a detailed comprehensive review of inpatient provision for eating disorders to be conducted by 2023. It is suggested that this builds upon the demand and capacity work conducted and is built into this feasibility study.

2. Developing our Eating Disorders workforce

Development of MDTs and strengthening of skills specific to eating disorders to ensure skill mix and capability is available for service provision.

3. Expansion of Paediatric Support for inpatients in Welsh NHS Units

Paediatric input to be available for all Health Boards to support community services and avoid CAMHS admissions for eating disorder patients where this is appropriate.

4. Support the strengthening of Community provision

a) In-reach/Out-reach Model
MEED model to be monitored to establish whether this service could be rolled out across Wales in order to support admission avoidance where possible into tertiary level services and collaborative working across health boards to develop and provide a cohesive eating disorders service across Wales, including the provision for joint collaborative bidding for funding where appropriate.

b) National Eating Disorders Team
To develop and strengthen the National Eating Disorders Team to deliver services to support admission avoidance and facilitate timely discharge.

5. To revise "Specialised Services Policy: Tertiary Level Specialised Eating Disorder Services" in line with this strategy.

3.4 Perinatal Mental Health

Background

This section of the strategy aims to consider the development of tertiary services for Perinatal Mental Health to meet the population need and includes the recommendations of a review conducted in 2022 of the Mother and Baby unit (MBU) hosted by Swansea Bay University Health Board, and consideration of options for North Wales residents.

Current Situation

The Mother and Baby Unit (MBU) is a 6 Bed Inpatient Unit situation at Tonna Hospital, Neath, South Wales. The unit is hosted by Swansea Bay University Health Board. Uned Gobaith became clinically operationally on 19th April 2021.

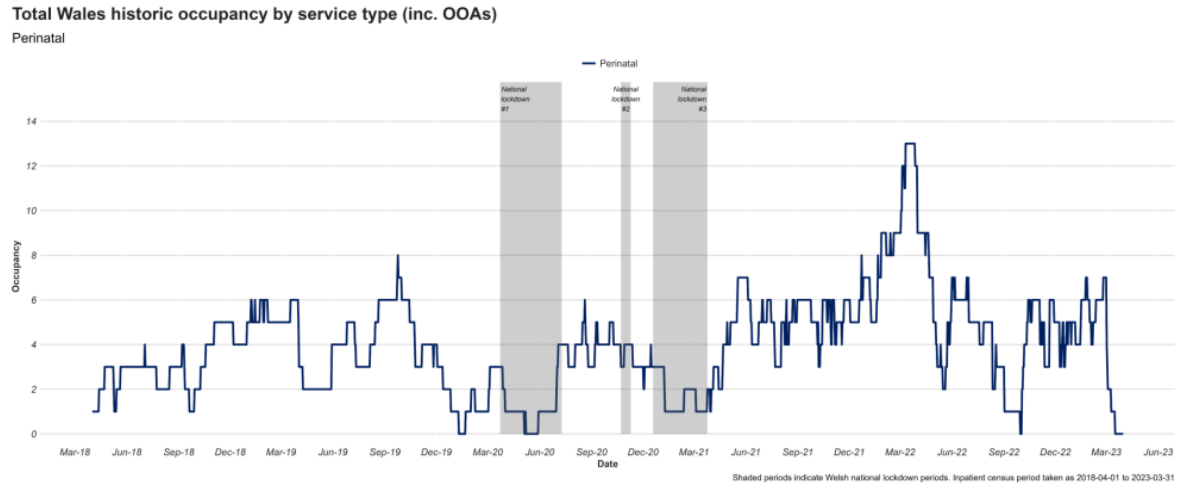
Uned Gobaith MBU Provides Specialist assessment, care & treatment (within the Mental Health Measure (Wales) Part 2 Framework) to Mothers of all ages experiencing severe mental illness from 32 weeks antenatal to 1 year post-partum. Currently, mothers are admitted to the unit with their infant (up to 1 year old). Patients from the whole of NHS Wales are able to access the unit however, in order to access the benefits of care to closer to home, North Wales patients generally access perinatal services in NHS England through the Individual Patient Funding Request (IPFR) process.

The service is able to provide care to individuals detained under the Mental Health Act and individuals with 'informal' status.

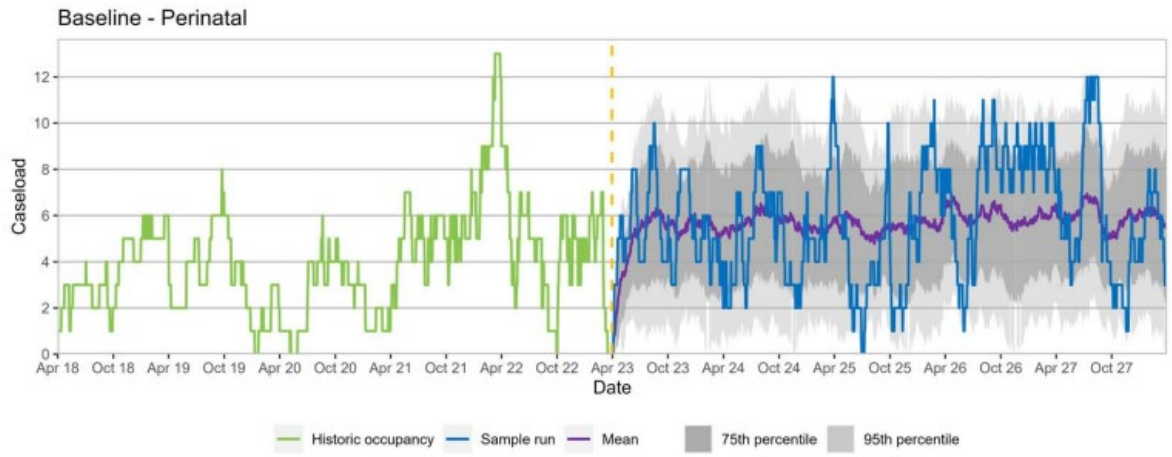
Extensive stakeholder and service user consultation was undertaken in the planning and design of the service, with detailed options appraisal focussing on location, accessibility, clinical priorities, and ability to meet accepted Royal College of Psychiatry Standards for Mother and Baby Inpatient Units. The Unit was designed to provide an interim unit, whilst further options appraisal & site identification was undertaken by WHSSC, Welsh Government & Swansea Bay University Health Board.

Demand and Capacity

Historic Occupancy – Perinatal Mental Health

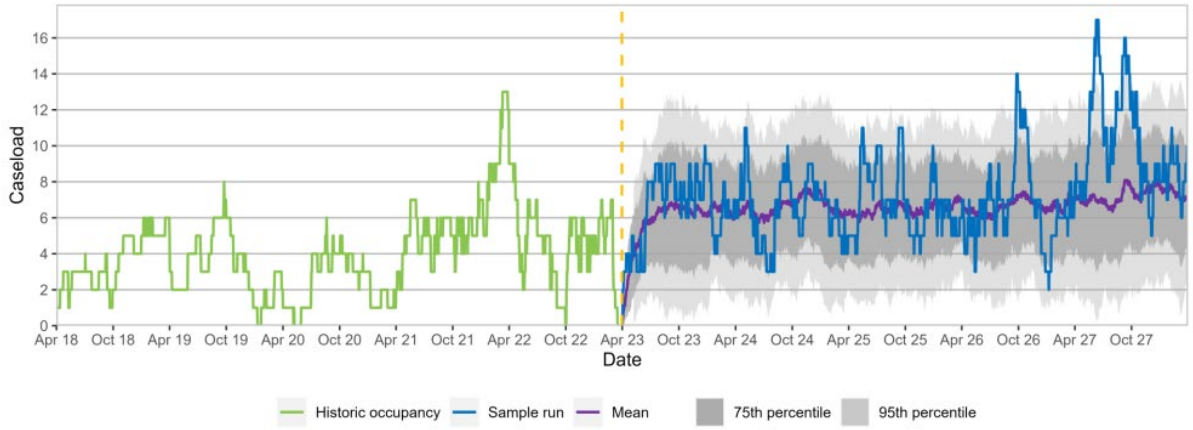


Tonna Hospital, in Swansea Bay provides the only NHS Wales direct perinatal services. There has been a small increasing trend in use overall, but numbers are very volatile.



For perinatal beds, the numbers are small and very volatile. Mean forecast demand is around 6 beds, equivalent to planned provision, but access could be required to as many as 11 beds to ensure a turnaway risk of 2%.

Perinatal Forecasted Occupancy – Levelled to average use



Since the opening of the MBU in Tonna in April 2021, the unit has been consistently at capacity and for the most part has resulted in very few out of area placements.

Data to inform provision for North Wales' patients demonstrates a need for 2 beds for this population at any one time.

Future Model

In order to ensure ongoing MBU provision for our patients, a review of the MBU at Tonna Hospital took place in 2022. The following recommendations were made by the review to take forward into this strategy:

- It is recommended that the MBU facility remain on the Tonna site until a review of estates provision has been conducted

- It is recommended that a further options appraisal takes place to consider the future location of the service to incorporate more family facilities in line with the Estates review due to take place within Swansea Bay University Health Board
- It is recommended that staffing structures and training requirements are reviewed in line with service developments.

Partnership working has been undertaken with Cheshire and Wirral Partnership Trust and NHS England to ensure a 2-bed provision for our North Wales patients. Capital approval has been received from NHS England for a unit to be based on the Countess of Chester Health Park and will consist of 6 beds in total, 2 of which will be secured for Welsh patients.

The Trust have committed to proving literature & signage in dual language and will try to recruit some Welsh speaking staff if this is feasible. The BCUHB Perinatal Team are fully engaged in the process and have indicated their support for location following discussions with service users.

At the time of writing the following timescales have been set:

- Enabling works commenced on 25th October 2023
- Main contracted works are commencing in January 2024
- Completion and operational start of clinical services is scheduled for October 2024.

Key Projects

1. **To implement the recommendations of the 12 month review of the MBU at Tonna Hospital including consideration of the Tonna site in line with the Swansea Bay University Health Board Estates Review.**

2. **To work in partnership with NHS England to secure 2 beds for Welsh patients in the new unit within Cheshire and Wirral Partnership Trust.**

3.5 Neuropsychiatry

Background

In order to provide a focus on the requirements of Neuropsychiatry services across Wales, the strategy considers the development of services for Acquired Brian Injury to meet the population need.

To develop this section of the strategy, a workstream was set up to specifically consider Specialist Neuropsychiatry service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Neuropsychiatry workstream was chaired by the Directorate Manager, MHSOP at Cardiff and Vale University Health Board, with membership from a range of clinical and service representatives, as well as representatives from WHSSC. These professionals came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

Current Situation

The Welsh Neuropsychiatry Service is a specialist tertiary service for individuals who have suffered a serious acquired brain injury presenting with neuropsychiatric sequelae and neurobehavioral presentations and who require neuropsychiatric management and neuro-rehabilitation.

Patients seen in this service represent the most complex in behavioural, emotional and psychiatric need and require expert clinician in the field of neuropsychiatry. A full complement of specialist skilled and knowledgeable staff would include Medical, Nursing, Psychology, Speech and Language Therapy, Physiotherapy and Occupational Therapy providing assessment, neuropsychiatric interventions, management and rehabilitation.

Referrals are accepted from across Wales for inpatient care. For Day Services referrals are mainly received from South and Mid Wales.

The Service is based at Hafan y Coed, University Hospital Llandough and has:

- An inpatient ward of 10 Inpatient beds.
- A Day Service operating from the same site offering day attendance for assessment and rehabilitation.
- Community based rehabilitation and support in a patient's home locality.
- Consultant and Psychology outpatient appointments are offered in Cardiff. Consultant Psychiatry clinics also operate at Haverfordwest quarterly, and as needed in Llandrindod Wells.

There is currently no provision in North Wales. When referrals have been received from North Wales, Llandrindod Wells CMHT have provided a clinic facility for the Service on an ad hoc basis. For logistic reasons, from the patient perspective and the staffing capacity within this service, referral rates are low from North Wales but Consultant to Consultant advice has been a component of collaborative working between North Wales and this service.

For admission into the Inpatient Service, patients are received from across Wales. The criteria for admission is linked to the Patient Categorisation Tool (PCAT) and requirement for a highly specialised service able to support patients with severe neuro-behavioural presentations. The pathway for admission is invariably through UHW, Major Trauma Network, Neurosurgery ward, Rookwood Unit (UHL) and Neath and Port Talbot Neurorehabilitation Units and other DGHs.

For patients requiring assessment for inpatient admission, the distribution across Health Boards, excluding Betsi Cadwaladr, is equitable. For North Wales, families have understandably favoured admission to more local units such as Liverpool and the Midlands where there is a greater ease of access for them to visit.

The service should work with providers in North Wales to ensure that any service model changes in both Health Boards are equitable and do not adversely affect patient care. Collaboration and connection with neuropsychiatry developments in North Wales would be a priority to ensure a good interface with all relevant services across the Welsh network.

Demand and Capacity

Audit data over past years indicates the service has consistently received around 150 referrals per year for neuropsychiatric opinion. Referrals are for:

- Inpatient assessment
- Day Unit assessment leading to individual interventions and group rehabilitation programmes.
- Out Patient Neuropsychiatric opinion and management advice

		Actual Referrals by Financial Year			Referrals per 100,000 population		
Referrals from (Health Board)	Population (ONS mid 2019)aged 18+	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Cardiff & Vale	397,948	49	71	52	12	18	13
Aneurin Bevan	470,481	43	42	32	9	9	7
Abertawe Bro Morgannwg/ Swansea Bay	315,259	7	20	21	2	6	7
Cwm Taf	356,309	22	15	30	6	4	8

Hywel Dda	313,704	10	15	10	3	5	3
Powys	108,508	6	6	6	6	6	6
Betsi Cadwaladr	560,731	1	1	0	0	0	-
TOTAL	**2,522,940**	**138**	**170**	**151**	**39**	**48**	**44**

Patients are complex with Patient Categorisation Tool (PCAT) scores > 30 even on discharge. This can lead to discharge planning delays because finding appropriate specialist placements in patients' local areas to meet their ongoing complex needs is challenging with few providers having the necessary skills and knowledge. Earlier working with Health Board teams and staff within specialist placements should reduce some of the discharge delays, and reduce the need for unnecessary re-admissions.

Given the enduring nature of patient complexity, the service provides post discharge follow up and support to ensure sustainability of the place of discharge. The requirement to conduct follow up/home visits by the appropriate discipline of staff and to provide training to support staff in the discharge setting is an additional pressure which cannot be robustly met within the current establishments.

Impact of Covid 19

The brain injury charity Headway (Tyerman, July 2020) has conducted a study into "*The impact of COVID-19 and the associated lockdown on people who are affected by brain injury*". The Headway survey, on over 1000 Aquired Brain Injury (ABI) survivors, indicated that 65% of their ABI respondents reported feeling isolated as a result of lockdown and 60% reported that it had a negative impact on their mental health (including 64% reporting an increase in anxiety and 53% a worsening of depression).

This finding is replicated among neuropsychiatry service users with service users demonstrating an increase in psychiatric symptomology, requiring urgent review and re-referral of patients previously discharged now returning for access via part three of the Mental Health Measure (which gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services), for further intervention.

Future Model

Neuropsychiatry is a specialism that spans both Neurology and Psychiatry and after discharge from Neuropsychiatry and back to their local areas, patients continue to present with lifelong psychiatric difficulties. Local teams are not sufficiently acquainted with psychiatric presentations after

ABI and supporting local Mental Health Services is paramount, through case by case liaison and ongoing training.

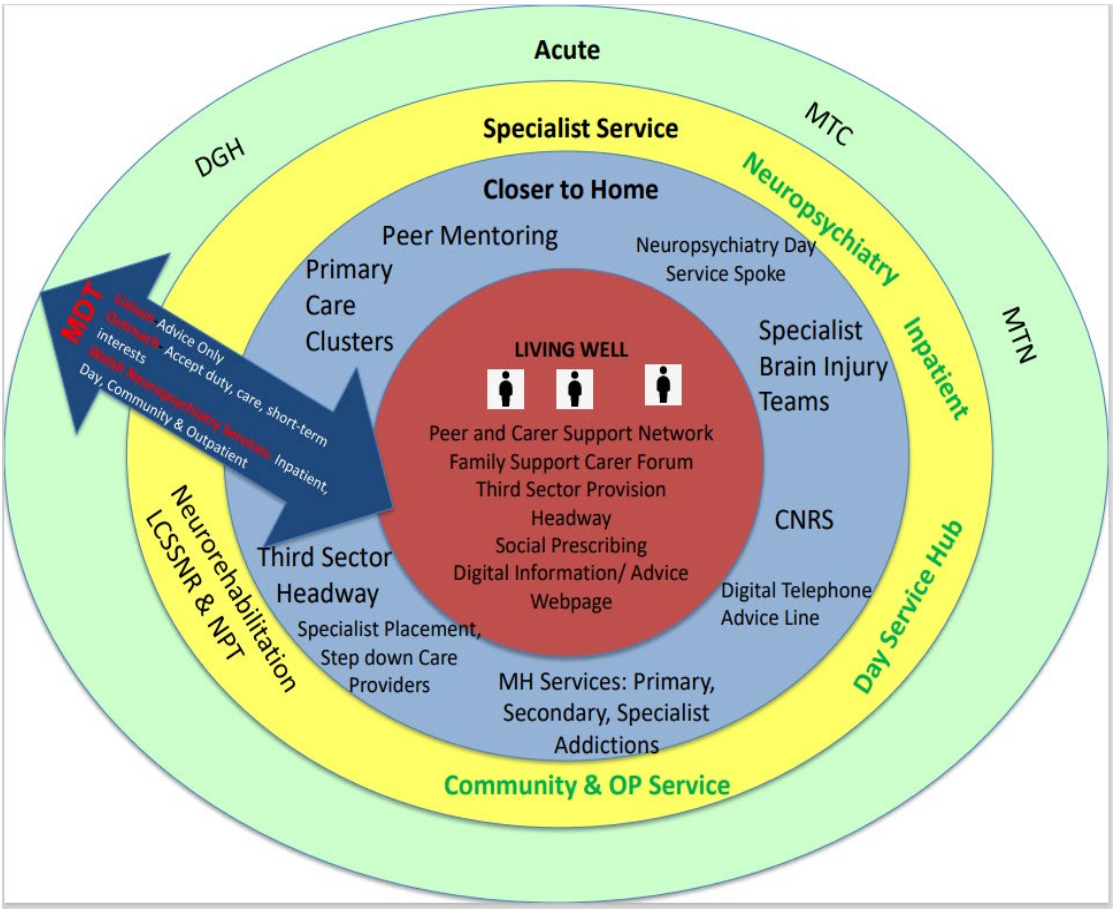
Inequity of access may occur if no bed were immediately available when required as inpatients can typically require lengthy stays and discharge planning can be complex.

With an enhanced multi professional team the service would be able to increase the current in-reach and outreach activity to support services at the front end of the pathway (UHW, Rookwood Unit (UHL) and Neath and Port Talbot etc.). Patients will then be referred from the community in a more efficient and effective way, working closely with teams, reducing admissions and supporting patient management when no bed is immediately available. This enhanced service provision will become a flexible Liaison Service responding to other services' pressures.

It is anticipated that an additional Consultant will ensure the delivery of outreach clinics in other Health Boards, but this will have a corresponding effect on the rest of the Welsh Neuropsychiatry Service demand.

In line with Welsh Government Standards, patients will often require input closer to their home from specialist therapy, psychology or specialist nurses as an alternative to medical outpatient clinics.

By developing the MDT Liaison model as phase two of the Welsh Neuropsychiatry Business case, the service will naturally expand to provide support and training across Wales and within UHB Neuro rehabilitation services, which in turn will inevitably increase demand and generate increased referrals into the service.



Key Projects

1. To address the sustainability of the Welsh Neuropsychiatry Service

By enhancing staffing establishment in line with BSRM standards and investing further in specialist staff to develop and deliver a liaison model of working.

Upskilling of non-specialist staff in assessment and management and education/support to staff and family members.

Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.

2. To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales

Though the development of a liaison model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry

Services whilst still retaining the ability to provide care close to home for its population.

To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.

3. Improve the flow of patients across the whole patient pathway

Facilitating the movement of patients into and out of the service as their treatment progresses with step down to local area services including a flexible working model.

Providing more consistent and intensive rehabilitation, increasing multidisciplinary input into discharge planning and supporting ongoing rehabilitation at discharge destination in order to reduce patient length of stay.

Support joint and partnership working to enable multi-organisational processes.

Support patients to step down to local facilities; working earlier with care providers to develop intervention and care plans with patients and their families, to support discharge from hospital.

Identify opportunities to develop a tiered model of care and /or further step down placement opportunities closer to patient's homes.

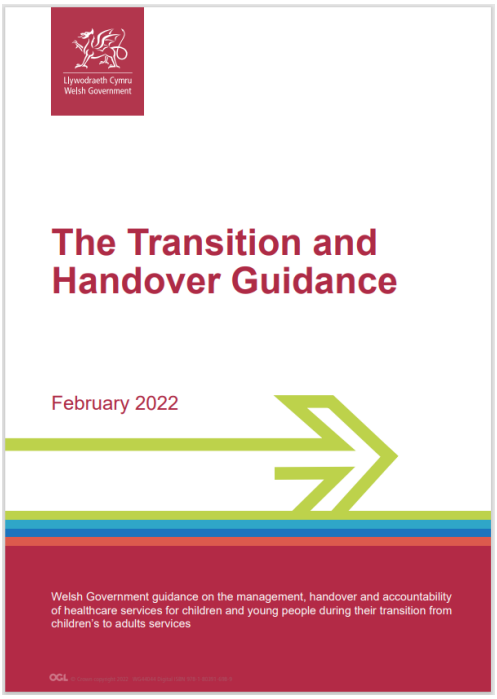
Develop support pathways and networks with the UHB neurorehabilitation team and other health board teams, to provide joined up care and support plans around the needs of patients and their families across Wales

4. Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health

To work collaboratively with local mental health teams, neurology and neuro-rehabilitation networks.

PART 4: TRANSITION

4.1 Age Transition



Welsh Government's document "The Transition and Handover Guidance" published in February 2022 highlights the handover of care and accountability from children's to adult's services for children and young people between the ages of 16 and 25 as a key priority.

The overall aim of the document is "To provide a safe and effective transition and handover from children's services to adult's services for all children and young people requiring on-going care and support from health services".

The document outlines the planning for transition should start at age 13-14 years, although does state that this may start later for children in child and adolescent mental health services as in NHS Wales, Mental Health services transition age is 18 years.

For young people entering services at aged 16-17 years, the document states that a clear pathway should be in place for transition and that children and adult teams should work together to achieve continuity and the most effective service for the child or young person.

Together for Mental Health (2012) is the Welsh Government's 10 year strategy for mental health services across all age groups and aims to improve mental health services and outcomes.

It states that transfer between services should be based on need and not on artificial age boundaries, however key discussions through the development of this strategy have highlighted a focus on transition at the age of 18 for specialised services provision. This is attributed to the different skills required for CAMHS (Child and Adolescent Mental Health Services) and adult mental health services and

also the mix of having adult patients over the age of 18 mixed with young people for this vulnerable cohort of patients.

Together for Mental Health is currently being revised to consider the strategic focus for the upcoming 10 years.

As part of this work, the Welsh Government has developed a number of Vision Statements as outlined earlier in this strategy. Pertinent to this section is their intention to consider the removal of no longer purposeful or meaningful age-based service definitions where working age ends at 65 and childhood ends at 18. This work will be taken into consideration throughout the tenure of this strategy and the strategy will be revised accordingly.

In the Making Sense report 2016, young people who had used Specialist CAMHS (sCAMHS) reported that they were 'deeply concerned about the transition point' to Adult Mental Health Services. 38% of sCAMHS users said flexibility over the age young people move to adult mental health services was the most important way to improve the transition. The need to reorganise the transition to adult mental health services was highlighted as a key priority area for improvement.

Following this the Welsh Government T4CYP developed in consultation with young people and professionals the following:

- Good Transition Guidance: A seamless transition from child and adolescent to adult mental health services.
- Young Persons Transition Passport which comes from a strengths based perspective. It is owned by the young person and intended to be dynamic, evolving with them as they grow and their needs and aspirations change.

This strategy has been developed through a number of key workstreams which all discussed the issues surrounding the transition for young people from CAMHS to adult services and the importance of these pathways. In particular, the "Patient Passport" was highlighted as, not only an effective tool for referral into different levels of services as outlined elsewhere in this document, but also to ensure the best transition from CAMHS to adult services.

The secure services workstreams also highlighted the transition between adult and older adult services, particularly for those patients requiring dementia care. It was agreed that the "Patient Passport" would also be a very useful tool for this cohort of patients.

Service Level Transition

The workstream discussions also highlighted difficulties and barriers to patients transitioning between different levels of service in Mental Health. These discussions covered a variety of areas where there were issues including:

- Transitions between different levels of secure care, particularly between low and medium secure services.
- Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.
- The development of a seamless secure care provision would improve the patient pathway and minimise the barriers to accessing appropriate levels of service.
- Timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs.

Summary

Conclusions drawn in the developmental stages of this strategy indicated an appetite to eradicate labelling of patients into categories and to focus more on the needs of the patient.

In addition, the development of electronic records to include a "patient passport" were also felt to be of significant value to the services and the patient journey through the pathways.

The following will be implemented as part of this strategy to support areas of transition:

Transition
The development of a patient passport to improve transitions from CAMHS to Adult and Adult to older people's services, and also between levels of service and sub-specialties.
Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.
Ensure pathways consider the timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs and prioritising transition planning of patients with a learning disability who have a length of stay over five years.

PART 5: CROSS-CUTTING SUPPORT

5.1 Workforce

The development of this strategy has highlighted the need for further strengthening to the mental health workforce across all aspects of the service. Particularly for specialised services, the development of multi-disciplinary teams and roles has been at the forefront of discussions.

Following the Covid-19 pandemic, NHS Wales has seen considerable strains on their workforce and this has resulted in burnout and fatigue amongst staff. Solutions must be sought to ensure staff well-being and development and to consider alternatives to traditional roles where this is appropriate.

In addition to these recent challenges, our specialised mental health services are being delivered using resources identified a number of years ago. This workforce model requires development and consideration in line with the key priorities set out in the Health Education Improvement Wales (HEIW) workforce plan and the ongoing discussions instigated by the development of this strategy.

HEIW have developed a mental health workforce plan published in October 2022. This plan sets out the intentions of NHS Wales to develop and support the mental health workforce over the coming years and considers a number of key priorities:

- Workforce supply and shape
- An engaged, motivated and healthy workforce
- Attraction and recruitment
- Seamless workforce models
- Building a digitally ready workforce
- Excellent education and learning
- Leadership and succession

This strategy aims to work alongside HEIW to support the achievement of these priorities and associated actions and further strengthen the workforce through its implementation by developing and supporting the

workforce, using resources differently and effectively and supporting our workforce and their well-being.

Some of the key discussions through the strategy development have focussed on the need to review the traditional workforce models which are in place. This has focussed on consideration of alternate roles and multi-disciplinary teams, links to other specialties to ensure whole system approaches, development of multi-professional teams to include social care roles as an integral part of the health and care system and encouraging the evolution of professionals from other disciplines with a special interest in mental health.

These can be seen below:

KEY WORKFORCE REQUIREMENTS	
CAMHS	To consider staffing models at both units to meet the needs of the service specification.
Eating Disorders	To ensure sufficient training and development opportunities and links to the HEIW MH Workforce Plan to develop staff to enable the development of Specialised Eating Disorder Services in Wales. Development of multi-disciplinary teams (MDTs) to support patients with eating disorders, particularly Paediatric support, and HCSW roles.
Learning Disabilities	Development of workforce in mainstream secure services to ensure the needs of patients with a learning disability and those with Neuro-developmental needs are met. Development of workforce to ensure a blended model of care can be delivered.
Secure Services	To undertake a staffing modernisation programme for the two NHS Wales medium secure units. To consider the workforce skill mix to adapt to the increasing acuity of patients in medium secure services, including an increase in those who have experienced significant trauma. To ensure staff are supported and offered regular supervision and dedicated emotional support. To ensure that the blended models of care and commissioning of low secure services takes into account appropriate training, staff numbers and skill mix.
Perinatal Mental Health	Further development of the Mother and Baby Unit (MBU) in South Wales should ensure the well-being and development of the workforce.

	Consideration of the North Wales MBU provision should ensure adequate staffing to meet the requirements of NHS Wales.
Neuropsychiatry	By enhancing staffing establishment in line with British Society of Rehabilitation Medicine (BSRM) standards and investing further in specialist staff to develop and deliver a 'liaison model' of working. Upskilling of non-specialist staff in assessment and management and education/support to staff and family members. Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.

5.2 Finance and Information

Financial Strategy

The level of ambition set out in the strategy is significant given the baseline review undertaken. In order to help deliver the overall strategic direction there is a need for a clear financial strategy to help fund the improvements in both capacity and quality that are required. This section sets out the key areas of the financial strategy that will be used to target both funding releases and improved value for money:

- **CAMHS (including under 18 eating disorders)**
  - Whilst the overall number of inpatient beds appears to be in line with demand opportunities have been identified to reduce length of stay
  - The quality of inpatient services in terms of therapies recently implemented in both Welsh units provide an opportunity to reduce cost by reducing the use of higher acuity beds outside of Wales or shortening their use by closer integration with local tiers of service
  - Increasing the bed utilisation within the Welsh NHS units provides an opportunity for reducing system wide costs by more timely intervention and getting the right care to patients earlier in the pathway
  - Environmental improvements can assist the NHS units to manage higher acuity cases more safely and with a better balance of relational security
- **Adult Eating Disorder**
  - There is currently an excess cost in the system resulting from a peak in the number of patients needing eating disorder inpatient

care compounded by acuity levels on admission, communication lines with tier 3 and excess lengths of stay
    - The financial strategy to reduce cost and improve quality and outcomes is to develop inpatient capacity locally within Wales to improve joint working with tier 3 (now secured with the independent sector) followed by the potential longer term development of an NHS inpatient service within Wales
    - This will enable closer joint working with tier 3 and ensure that available capacity can be deployed more effectively and on a more timely basis and length of stay and hence patient numbers decrease back to a more sustainable level
    - This will need to be done in close collaboration with health board tiers of services to ensure patients are in a better condition on admission to be able to benefit from inpatient care and enable improved management of risk across the system
    - The unit costs of external inpatient units largely in the independent sector are high and costs may be more controllable in the long term by the development of a local NHS service
    - There are opportunities to develop more flexible models of care in partnership with the independent sector
- **Low Secure Services**
    - There is currently an excess dependence on the use of low secure provision from outside of the NHS and outside of Wales with in Wales provision being the exception
    - The lack of local provision results in inefficiency from reduced opportunities for timely care planning at both the admission and discharge end of the pathway
    - Changing the balance of care between outside of Wales and in Wales and between the independent sector and the NHS will be challenging in the context of the scale of the demand gap and the acute shortage of NHS capital funding for local development. A staged approach is likely to be required to secure more local independent provision to improve flow through the care pathway
    - There is an opportunity to develop a more comprehensive understanding of patient need currently in low secure to optimise the planned use of supported accommodation to provide both improved long term outcomes and reducing overall length of stay in the secure setting
    - Development of a better mix of local services will also allow for more blended models of care to be developed that may be able to deliver services more suited to the needs of certain sub groups of low secure patients – such a women and learning difficulties
    - Provision of increased local services will also improve the ability of the system to develop a better understanding of quality and

outcomes which it is hoped can translate through into financial efficiency

- **Medium Secure Services**
  - The balance of NHS in Wales provision with the independent sector and use of English capacity is better in medium secure but still has significant gaps particularly in the sub groups of women and learning difficulties
  - Improvements in local capacity will provide an opportunity to rebalance the system so that timing of admission and discharge is better planned. Whilst the admission process and demand for admission is largely driven by the judicial process there are opportunities for more timely transition through the levels of security through low secure and into supported accommodation or community care
  - Reviews have indicated strongly that the number of patients in Welsh medium secure units are higher than the care need requires. This is partly influenced by the structural lack of low secure capacity available locally but also on attitudes to risk management across the wider system. Putting a value on this opportunity is difficult given the immediate lack of the correct capacity but could be reasonably estimated to be at least 25% across the 2 Welsh inpatient units and probably significantly higher
  - The utilisation and delivery of inpatient medium secure across the 2 Welsh NHS units is significantly not optimal – a snapshot of empty beds during recent years would indicate a potential financial value lost of circa £5m – which could go a significant way to helping to address the strategic service gaps identified in the demand and capacity report
  - Combined with the issue of the mix of patients there is an opportunity to improve length of stay and a financial opportunity to improve financial efficiency by paying for what is being delivered or at the least improving actual utilisation
  - Changing the utilisation of medium secure capacity also brings an opportunity for developing blended models of care particularly across women and learning difficulties
  - The current unit price in the Welsh units derived from actual activity data results in excess unit costs in comparison to external NHS providers and the independent sector. There is a financial opportunity at the least to reduce unit costs by improved utilisation, a move away from block contracting and an admissions policy that takes an appropriately higher acuity mix of patients
- **Whole System Management**

- The delivery process for the specialised mental health services strategy brings with it a further opportunity to work across the system to measure and monitor overall system flow and capacity to inform system improvement and efficiency improvements
- Collection and transparency of the right system data will help inform both system flow but also pinch points and improve accountability

- **Financial Strategy Summary**
  - The financial strategy is to develop ways of unlocking the significant opportunities for reducing cost and/or improving efficiency and value for money across specialised mental health services working across the whole pathway
  - The opportunities arise from:
    - **CAMHS** – improved length of stay, reduction in out of area admissions, improved case-mix and system management
    - **Adult Eating Disorders** – improved liaison with local inpatient units, reducing overall length of stay and patient numbers, reducing and controlling unit costs, improving outcomes from improved risk management and earlier intervention and patient conditioning, eventually development of a local NHS service with further integration of services
    - **Low Secure Services** – increased liaison from more local provision, reducing length of stay overall, increasing opportunities for step down into supported accommodation to decrease cost and improve long term outcomes, reducing unit costs in the long term from greater mix of NHS services, development of blended models of care more matched to patient need
    - **Medium secure** – improved utilisation of NHS units, improved flow to low secure and supported accommodation to reduce current total demand in medium secure, development of blended models of care across medium and low secure, changing the contractual structure to reduce actual unit costs, provide right care location first time to reduce overall length of stay, improve unit costs from greater use of NHS capacity (subject to contract changes)
    - **System-wide Pathway** – improved data collection to measure system performance across pathways and identify opportunities of improving efficiency, value for money, cost improvement and accountability for performance

Some of the key capital investment considerations will be scoped in year 1 of this strategy (2024-25), with a view to providing the information

required to conduct option appraisals and inform a way forward for NHS Wales' provision of these services.

Some of the key investment requirements are outlined in the table below:

KEY INVESTMENT REQUIREMENTS	
Commissioning	Consideration of commissioning pathways to allow all secure services to be commissioned by a single organisation.
Electronic Records	To develop and implement an electronic records system for mental health services in Wales to include minimum data and a "Patient Passport".
CAMHS	To scope capital investment requirements for North Wales Adolescence Service (NWAS) site development or preferred option to re-site unit to meet the needs of the service specification. To scope capital investment requirements to develop Ty Llidiard site to meet the needs of the service specification. To consider collaborative bidding to allow joint funding for key services such as paediatric input into CAMHS Eating Disorders services.
Eating Disorders	To scope capital investment to ensure the feasibility of an eating disorders unit for Wales.
Secure Services	To consider the requirements of the secure services estate in Wales through the development and expansion of the two sites to improve current facilities and consider requirement for learning disability patients and women's services. To ensure a flexible estate to meet demand, and increased seclusion facilities to better care for those patients requiring additional care and support. Consideration should also be given to the Caswell site as the service is currently run by Swansea Bay University Health Board, but utilises Cwm Taff Morgannwg University Health Board site which can cause barriers and difficulties to developing the estate to meet service need.
Perinatal Mental Health	Capital investment has been secured by NHS England for the development of services for our North Wales patients and this project is progressing.

Neuropsychiatry	Service development to date has been funded via the WHSSC CIAG process for Phase 1 of the Neuropsychiatry model. The work outlined in this strategy has been submitted as phases 2a and 2b of this ongoing work.

In addition to the capital investment, the development and strengthening of the NHS Wales workforce for mental health services is crucial to either support any new or repatriated services, or to enhance current provision to avoid admission to tertiary care. These developments are outlined in the workforce section above.

Information

WHSSC are currently developing a Mental Health information dashboard to include data on the number of patients and associated costs of specialised placements. In addition, information and performance management tools have been developed for key service areas.

These developments should contribute towards a more robust information system by which specialised mental health services can be monitored to ensure ongoing service development to meet the needs of our population and assess demand.

The workstreams have also highlighted the need for electronic records and standardised minimum data requirements, and this work is described further in our "Key Themes" section.

Electronic Systems and Records

The lack of standardised electronic records for mental health services in Wales currently provides a barrier to achieving the seamless approach to care. Many records are still in paper format, and where these are electronic, systems are basic and relevant to the single provider. They do not currently link to other areas of the service and this could result in the providers of care not receiving all the information required.

The following project will be developed as part of this strategy:

An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.

- This should include minimum data sets for patient records and to aid referrals and transitions between service levels, and a standard electronic pre-admission form for tertiary level services.

- An all-Wales agreement on information sharing across mental health service provision should be in place urgently.
- A single record for inpatient and outpatient activity to be available on the point of admission via a "Patient Passport".
- CAMHS inpatient services in Wales should have a standard referral pathway and unified electronic records to support this.
- Investment in business intelligence is required to ensure ongoing development and improvement to meet changing needs for patients.

5.3 Quality and Governance

Quality

The quality of care and experience that patients and their families receive, is of paramount importance to the commissioning of specialised services.

Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

Quality in health care supports a system-wide approach which requires an organisational culture of openness and honesty with continual public engagement in the planning and commissioning of services.

These can be summarised as reflected within the Quality framework:

- Safe - avoid harm.
- Effective - evidence based and appropriate.
- Person-centred - respectful and responsive to individual needs and wishes.
- Timely – at the right time.
- Efficient - avoid waste.
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status, etc.

Key enablers:

- Ensuring that the patient is at the centre of the services commissioned. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and service users in line with the Welsh Government framework for Assuring Service User Experiences (2018).
- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators that are clinically-led and reflect the specialist nature of the service delivered.

- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Embed a culture whereby quality is seen as everybody's business across the organisation.
- Reducing duplication and unwarranted variation.

In addition to the expectation set out in the contracting arrangements with providers, the following sources of internal and external intelligence are used to gain a better understanding from a provider and service perspective. The sources of intelligence builds on quality reporting from the providers, gathers assurance from the regulators and provides an emphasis on the reporting back to the Health Boards for the services that WHSSC commission on their behalf.

Specialised Mental Health Reporting Systems

Reporting for specialised mental health services is currently done using the Commissioning Care Assurance and Performance System (CCAPS) via the Quality Assurance Improvement Services (QAIS). Mental health specialised commissioner meetings also take place with NHS England providers.

In addition, our Gatekeeping, Placement and Case Management for Specialised Mental Health Services policy has been reviewed and was published in summer 2022.

The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine management information on quality, identifying areas where improvement work is needed and helping with cultural change. We need to harness the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care

Good experience of care, treatment and support is an essential part of an excellent health and social care service. This, alongside clinical effectiveness and a culture of safety puts the patient first and gives patient experience the highest priority.

These fundamental principles bring the concept of Prudent Healthcare to the forefront and in line with Welsh Government policy direction. Segmenting the individual elements of this definition gives rise to four components:

1. Identification and implementation of standards.
2. Monitoring, evaluating and reporting of performance against standards.
3. Action in response to monitoring; sharing good practice, disseminating and embedding lessons learnt.
4. Evidencing closure of concerns and continuous improvement.

Patient and public engagement are central to understanding service provision and areas for improvement development and of good and excellent practice.

Some of this can be summarised as follows:

- Understand the patient's expectation of a particular service.
- Put things right if the patient experience was not as expected or planned.
- Understand differences in patient experience between locations and types of treatment.
- Make changes where needed and highlight areas where changes have improved care.
- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing.
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision.
- Understand the delivery of a value based health care approach.
- The patient's role in the decision making about their care.

Indirect methods of evaluating services may include:

- Undertaking visits to hospitals and specialised units where treatments are funded by WHSSC and speaking to the staff and reviewing the environment.
- Internal reporting of actual and potential issues with a particular service.
- Collating compliments and areas of best practice.
- Keeping updated on current media interests in UK wide patient feedback and NHS developments.
- Requesting clinical updates on patients post treatment.
- Maintaining a website that is easy to use and gain access to important information.
- Undertaking regular audits and reviews of services funded by WHSSC including presentations on Quality Improvement initiatives and development of these.
- Monitoring patient feedback from provider services, through Quality indicators and through data collected on the Once for Wales site.
- Utilising 3rd party surveys.

Feedback may be classified into the following types:

1) **Patient outcomes** – What was the patient's (and family) experience of the service and to what extent were their expectations met or not met.
2) **Process data** – Tells us about the way the services WHSSC funds are delivered
3) **Outcome data** –Demonstrates what difference the service has made to the patient and if this was within a prudent model of care.

Outcome Measures
Detailed outcome measures for specific projects to be implemented as part of this strategy will be included as part of the project plan for that area of focus.

Impact data
Changes in health are important milestones in the lives of patients and we should use Patient Reported Outcome Measures (PROMs) to measure them. This can help us assess and meet patient needs and to understand their experience of care, and to improve services

Patient Reported Outcome measures (PROMS) and Patient Experience Measures (PREMS) are frequently used in the NHS to assess the quality of care delivered. Information about a patient's health and quality of life before they receive treatment and about their health and the effectiveness after they have received treatment can be used to measure and improve the quality of care, evaluate the specific outcomes of treatments and inform future decisions about how care is planned and delivered in the future.

PROMs are a means of collecting information on the effectiveness of services, care and treatment delivered to individuals as perceived by the individuals themselves. They measure the impact of clinical interventions such as did patient's physical and/or mental condition improve and if so by how much? PROMs examples are Quality of Life, Measurement of symptoms e.g. pain, functional ability, distress.

Patient Reported Experience Measures **(PREMs)** gather a patients' objective experience after treatment and aim to remove the subjectivity around the experience of care by focusing on specific aspects of the process of care e.g. were you seen on time?

<u>Governance</u>

In order to provide robust governance structures to commissioned services, risk registers and escalation processes are in place. Risk is mitigated and managed or escalated at all levels. In addition, oversight is maintained through coordinating regional responses to specialised commissioning issues and ensuring specialised commissioning fits in with the wider quality and governance systems. We manage escalating issues that cannot be

managed regionally or require wider support by facilitating improvement through:

- Providing responsive support for issues requiring regional and wider response (e.g. independent providers).
- Sharing benchmarking data, learning and best practice both regionally and nationally.
- Reviewing and supporting the mitigation of wider quality risks Specialised Commissioning.
- Retaining accountability.
- Ensuring that national standards are being maintained.

Specific governance considerations relative to this strategy are outlined below:

GOVERNANCE	
CAMHS/FACS	Service specifications to be revised in line with this strategy for CAMHS in-patients and FACS.
Eating Disorders	Appropriate governance arrangements to ensure robust contracting and service provision for any interim, medium or long term solutions.
Learning Disabilities	Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.
Secure Services	Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.
Perinatal Mental Health	Future service developments should take into account governance processes and develop accordingly. Consideration of the North Wales provision takes into account the needs of the Welsh population including the provision of bi-lingual services where possible.
Neuropsychiatry	Through the development of a liaison model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry Services whilst still retaining the ability to provide care close to home for its population. To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.

5.4 Estates

Current estates provision for mental health services in Wales are not fit for purpose to provide the appropriate care for our patients. Service need has developed and many elements of the estate do not meet the needs of our patients. Examples of this are the limited number of dedicated seclusion facilities in our medium secure provision, en-suite provision in care settings, and the CAMHS estate, having been developed for a different demographic not suitable for the current demographic of patients.

The following projects will be taken forward within this strategy:

A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficiency of use of public funds.

- Infrastructure and estates are not robust enough or fit for purpose. Investment in the development of current estates to ensure sufficient capacity and suitable accommodation to include an increase in en-suite and seclusion facilities is necessary to provide the best care for our patients. Seclusion suites should include a separate provision for women.
- CAMHS units to be reviewed to identify areas of development, for example the remote location of NWAS to be considered, and developments to Ty Llidiard to meet the needs of patients.
- Consideration given to the estates implications of the development of services for eating disorder patients.

PART 6: SUMMARY AND STRATEGY IMPLEMENTATION

This strategy aims to take a holistic view of specialised mental health services for Wales and has considered key service areas for future development.

Investment will be needed if the ambition for specialised mental health services to ensure the highest quality care and service provision for our patients, is to be realised. Also our current commissioning and service model will need to be restructured to ensure we can deliver a seamless approach to care. This should be considered alongside the development of the new commissioning arrangements for Wales outlined earlier in this strategy. Opportunities to review current commissioning arrangements are to be considered during the development of the new commissioning organisation to include single commissioner and single provider models where this is appropriate to do so.

A summary of the key projects from this strategy is outlined in the table below.

1. CROSS-CUTTING THEMES		
No.	**Key Project**	**Investment Requirements**
1.1	An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.	IT Infrastructure and Resource
1.2	A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficient use of public funds.	Capital and Resource
1.3	To conduct a review of equality and diversity across specialised mental health services in order to ensure there is no impact on outcomes for these patient groups.	Resource
2. SECURE SERVICES		
No.	**Key Project**	**Investment Requirements**
2.1	High, Medium and Low Secure Mental Health Services to be commissioned by one organisation (WHSSC)	Capital and Resource
2.2	Blended Model for Men in Secure Mental Health Services	Resource

2.3	Blended Model for Women in Secure Mental Health Services	Resource
2.4	Inclusion for patients with a Learning Disability and Neurodevelopmental Conditions in mainstream Secure Mental Health Services	Resource
3. CAMHS/FACS		
No.	**Key Project**	**Investment Requirements**
3.1	To assess and consider the CAMHS NHS Wales inpatient estate	Capital
3.2	To review referral pathways into NHS Wales Tier 4 CAMHS Services	Resource
3.3	To undertake a comprehensive needs assessment for CAMHS Tier 4 services to include unscheduled care provision	Resource
3.4	Stabilisation of the FACS service	Resource
4. EATING DISORDERS FOR ADULTS		
No.	**Key Project**	**Investment Requirements**
4.1	To conduct a feasibility study to consider an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages	Capital and resource
4.2	Developing our Eating Disorders workforce	Resource
4.3	Expansion of Paediatric Support for inpatients in Welsh NHS Units	Resource
4.4	Support the strengthening of Community provision: c) Day Services d) In-reach/Out-reach Model e) National Eating Disorders Team	Resource and Capital
4.5	To revise "Specialised Services Policy: Tertiary Level Specialised Eating Disorder Services" in line with this strategy	None
5. PERINATAL MENTAL HEALTH		
No.	**Key Project**	**Investment Requirements**
5.1	To implement the recommendations of the 12 month review of the MBU at Tonna Hospital including consideration of the Tonna site in line with the Swansea Bay University Health Board Estates Review	Resource and Capital
5.2	To work in partnership with NHS England to secure 2 beds for Welsh patients in the new unit within Cheshire and Wirral Partnership Trust	Resource and Potential Capital
6. NEUROPSYCHIATRY		

No.	Key Project	Investment Requirements
6.1	To address the sustainability of the Welsh Neuropsychiatry Service.	Resource
6.2	To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales.	Resource
6.3	Improve the flow of patients across the whole patient pathway.	Resource
6.4	Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health.	Resource

A Strategy Implementation Programme will be developed to ensure alignment to appropriate programme and project management and governance structures.

Business Cases will be developed for key projects within this strategy as part of that implementation programme which will include investment requirements as appropriate.

Glossary

BSRM	British Society of Rehabilitation Medicine
CAEDS	Community Adult Eating Disorder Service
CAMHS	Children adults Mental Health Service
CCAPS	Commissioning Care Assurance and Performance System
CHC	Community Health Council
DTOC	Delayed Transfers of Care
ECA	Extra Care Area
ED	Eating Disorder
EDS	Eating Disorder Service
EUPD	Emotionally Unstable Personality Disorder
FACS	Forensic Adolescent Consultation Service
HCSW	Health Care Support Workers
HDU	High Dependency Unit
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
HSE	Health Safety Executive
LD	Learning Disabilities
MDT	Multi-Disciplinary Team
MEED	Medical Emergencies in Eating Disorders
MH	Mental Health
MOU	Memorandum of Understanding
NCCU	National Collaborative Commissioning Unit
NG	Nasogastric (NG) Tube Feeding
NICE	National Institute of Clinical Excellence
NWASU	North Wales Adolescent Service Unit
OfWCMS	The Once for Wales Concerns Management System
PCAT	Patient Categorisation Tool
PREMS	Patient Experience Measures
PROMs	Patient Reported Outcome Measures
QNLD	Quality Network for Learning Disability Services
QSIS	Quality Surveillance Information System
QST	Quality Surveillance Team
SEDU	Specialised Eating Disorders Unit
SUI	Serious Untoward Incident
WHSSC	Welsh Health Specialised Services Committee