

**CONWY AND DENBIGHSHIRE  
ADULT MENTAL HEALTH AND SOCIAL CARE PARTNERSHIP  
RESPONSE TO A REPORT BY HEALTHCARE INSPECTORATE WALES:  
A REVIEW IN RESPECT OF MR C  
AND THE PROVISION OF MENTAL HEALTH SERVICES**

**Introduction**

Healthcare Inspectorate Wales has undertaken an independent external review of the circumstances in respect of Mr C leading to the homicide committed in to October 2006 and the provision of mental health services. The review was commissioned by the Welsh Assembly Government to ensure that any lessons that might be learned are identified and acted upon.

Both Mr C and his victim, Mrs Y, were known to the mental health services in the Conwy & Denbighshire area. The organisations involved in the provision of services to Mr C and Mrs Y deeply regret this tragic occurrence and extend their sympathies to the families and friends concerned.

Immediately following the incident, the local partnership initiated an internal investigation to establish the facts and identify any lessons which could be learned from this local work. Action to minimize the risk of an incident of this tragic nature recurring in the future was commenced as a result of the internal review.

The local partnership is committed to learning lessons from this case to ensure that patients who require the help of the mental health services, social services and partner agencies receive the appropriate care and protection that they deserve.

The review undertaken by Healthcare Inspectorate Wales (HIW) has produced a range of recommendations which will further strengthen this response.

This action plan summarises the actions that are being progressed to respond to the recommendations set out in the independent review.

The action plan has been considered and approved by all organisations across the partnership and includes actions that were taken immediately following this incident and further actions identified in response to HIW's recommendations.

## Report of a review in respect of Mr C and the provision of mental health services

### The Partnership's response

#### Recommendation 1

Mental health services should ensure that comprehensive assessments of patients are undertaken at appropriate intervals and in any case at the outset of each episode of care and treatment; such assessment should be based upon:

- a) Teams ensuring that they have all the necessary information about patients' background and previous incidents of care.
- b) No assumptions being made about actions being taken by other organisations/agencies.
- c) Checking the accuracy of assertions which may have been made about the patient or patient's circumstances.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>All patients who are in receipt of the services of a community mental health team or are an in-patient in the Acute Unit are routinely subject to comprehensive assessment. These assessments were modified to meet the criteria of the national Care Programme Approach (CPA) in December 2004.</p> <p>For those subject to assessment under the Mental Health Act a further assessment process is undertaken.</p> <p>1a. CPA documentation has been amended to reinforce to staff the requirement to consider fully issues relating to the person's background and previous behaviours. Staff are now required to notify a senior manager if they have difficulty in accessing information from other agencies.</p> <p>1b. Staff are now required to follow up and verify actions agreed with other organisations or agencies.</p>	<p>The recommendations have been fully addressed and are subject to regular scrutiny to ensure that there is full compliance.</p>	<p>All care co-ordinators' case work is subject to monthly supervision and a monthly audit. Any weaknesses in management of care are addressed. Supervision records are kept and actions followed up.</p>	<p>Adult Mental Health and Social Care Partnership Manager</p>	<p>Achieved</p>

<b>Progress to date</b>	<b>Action required</b>	<b>Monitoring arrangements</b>	<b>Accountability</b>	<b>Timescale</b>
<p>1c. Assessment processes require information to be gleaned from a number of sources for example, family and/or other organisations/agencies, thereby providing verification of information. The source of information must be documented.</p>				

**Recommendation 2**

Training in the protection of vulnerable adults should be reviewed and provided as a priority for all mental health staff in Local Authority, Trust and Primary Care services to ensure that, in addition to awareness, it can be certain that POVA procedures are implemented and that current practice is consistent with the requirements of the POVA arrangements which have been adopted by the agencies across Conwy and Denbighshire.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The Adult Mental Health and Social Care Partnership is an integrated entity which manages both health and social care staff.</p> <p>Training in the Protection of Vulnerable Adults (POVA) has been reviewed and is mandatory for all Partnership staff.</p> <p>All staff have now completed level 1(induction) and 2 (basic awareness) training to the standard laid out in the North Wales POVA policy.</p> <p>All team managers within the Partnership have received level 4 POVA training (investigation and case conferencing).</p>	<p>Further training for identified senior staff and managers in POVA level 3 (policy and procedures awareness) training is to be undertaken.</p> <p>Follow up training will be required to be undertaken every three years.</p>	<p>Training records are maintained and mandatory training requirements (such as POVA) are audited by the team managers supervised by the Divisional Clinical Nurse Specialist (Training and Education).</p> <p>Training records are also scrutinised on the monthly "Safety Walkarounds" undertaken by senior managers. Omissions are reported to the Divisional Management Team.</p> <p>Scrutiny of POVA processes are undertaken at quarterly risk meetings.</p>	<p>Head of Nursing for Mental Health Division</p>	<p>POVA level 3 training for identified staff by end of October 2008</p>

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>All GP practices across Conwy and Denbighshire have been provided with up-to-date POVA procedures in hard copy and CD-Rom. Awareness sessions have been delivered to nursing home staff via the Independent Nurses Forum, and pharmacists have received training via Welsh Centre for Post-Graduate Pharmaceutical Education (WCPPE).</p>	<p>Basic awareness training will be delivered to all contractor services in each LHB area which have direct contact with vulnerable adults. The LHB is facilitating training sessions for GP practice staff, pharmacists, dentists and opticians and care/residential home staff. The trainers (POVA Co-ordinators for Social Services) will also deliver POVA training within larger GP practices during their staff training sessions. The LHB is also reviewing the use of an e-learning training package to create easier access.</p>	<p>The LHBs will monitor and record attendees at training sessions and follow up any non-attendance.</p> <p>Reciprocal reporting arrangements between primary community and secondary care will ensure that POVA cases are recognised by all agencies involved.</p>	<p>POVA co-ordinators (Trust and social services)</p>	<p>April 2009</p>
<p>The risk assessment/CPA forms now include a prompt to ensure the care co-ordinator considers any POVA issues and records with whom this has been discussed, as set out in the <i>Care co-ordinators handbook</i>.</p>		<p>Monthly audits of the CPA and monthly staff supervision sessions are used to monitor compliance and identify POVA issues.</p>	<p>Head of Nursing for Mental Health Division</p>	<p>Ongoing</p>

### Recommendation 3

Intra-agency Risk Assessment and Management procedures should be reinforced through further training which should emphasise:

- a) The procedures to be followed.
- b) The development of a culture which supports risk management, emphasising the importance of team work and addressing the view among some staff that risk assessments are currently “tick box” exercises.
- c) The availability of notes and history in relation to patients/clients.
- d) The importance of giving due consideration to the implications of inter-relationships which might develop between patients/clients.
- e) The importance of not making assumptions about what other agencies may or may not have done or what they know.
- f) The sharing of information between individual teams and organisations.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The Partnership has adopted the Department of Health’s best practice guidelines for managing risk.</p> <p>3a. The partnership has fundamentally reviewed its care management processes drawing upon not only the above guidance but a range of existing policies including: POVA, child protection, MAPPA and the Mental Capacity Act.</p> <p>The Partnership has also drawn up an action plan to implement the recommendations set out in the National Patient Safety Agency (NPSA) report, <i>With safety in mind: mental health services and patient safety</i>, published in July 2006, and the University of Manchester’s third <i>Five year report of the national confidential inquiry into suicide and homicide by people with mental illness – avoidable deaths</i>, published in December 2006. Both reports made a number of recommendations to improve the safety of patients and the public.</p>	<p>The <i>Framework for Managing Care</i>, which requires inter-agency risk assessment procedures to be followed where appropriate, will be adopted by the Partnership. This will include the requirement for further training to emphasise points 3a to 3f.</p> <p>The Partnership will ensure there is local engagement with the Wales Applied Risk Research Network training and support programme.</p>	<p>The <i>Framework for Managing Care</i> steering group will have responsibility for the monitoring of Department of Health’s best practice guidelines as well as the standards contained within the NPSA’s <i>With safety in mind</i> and the <i>Five year report of the National confidential inquiry</i>.</p>	<p>Divisional General Manager (Mental Health, Learning Disability and Psychology) / Clinical Nurse Specialist (training and education)</p>	<p>Best practice compliance – quarterly, commencing December 2008</p> <p><i>Framework for Managing Care</i> published October 2008</p> <p>Engagement with WARRN by March 2009</p>

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>3b. The above review has led to the publication of a <i>Framework for Managing Care</i> strategy document. Staff have been fully involved in the development of the Framework which integrates CPA, risk management, POVA, child protection and MAPPA arrangements. The Framework makes it explicit that the care co-ordinator is responsible for verifying the information known by other agencies and what action has been taken.</p> <p>3c. Work has started to establish a system of single case records which follow the patient whether in hospital or in the community. This will improve communication and access to information between teams.</p> <p>3d. All Partnership staff have been issued with guidance about what to do when patients develop relationships. This makes explicit the need for each team to alert each other about the patients' involvement and agree a communication framework. This is in addition to the MAPPA requirement to provide information about relationships in order to identify specific risks.</p> <p>3e. See 1b.</p>	<p>A new patient administration IT system is being introduced in the Trust's Mental Health Division. The risk component will be compliant with the Department of Health's best practice guidance. Training on the <i>Framework for Managing Care</i> will be mandatory within the Partnership. Records will be held both centrally and by team managers.</p>	<p>This will be monitored by monthly staff supervision and monthly audits of CPA.</p> <p>The NPSA and national confidential inquiry action plan will be reviewed every 6 months.</p> <p>Information sharing protocols relating to the transfer of information between teams will be reviewed during monthly staff supervision sessions and CPA audits to ensure that all areas are covered and the arrangements complement each other.</p>	<p>The Clinical Nurse Specialist will ensure that all staff are trained on the <i>Framework for Managing Care</i>.</p>	<p>Training completed by end of October 2008</p> <p>NPSA national confidential inquiry action plan – progress monitored by Divisional Management Team quarterly</p> <p>New IT system - March 2009</p>

<b>Progress to date</b>	<b>Action required</b>	<b>Monitoring arrangements</b>	<b>Accountability</b>	<b>Timescale</b>
3f. An information sharing protocol for the Partnership has been developed and disseminated. GPs are already automatically sent a copy of each patient's CPA document and the most up-to-date risk assessment.		Review of receipt of CPA documents and action taken in response will be monitored through quality visits to general practices.		January 2009

**Recommendation 4**

Inter-agency risk management arrangements should be reviewed and changes made to ensure that:

- a) There is appropriate representation of agencies at meetings (such as MARAC and MAPPA) to ensure that information from those who have direct knowledge of the patient/service user is available when cases are being discussed.
- b) All relevant information is made available to multi-agency decision making meetings (for example, consideration should be given as to how clinical and other professional opinions can be provided, how relevant file data can be accessed and how factors which might change risks from being general to specific are brought to attention).
- c) Systems are put in place to enable timely access to, and the sharing of, information.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The Partnership has reviewed inter-agency risk management arrangements and strengthened these as identified.</p> <p>4a. An agreed and formalised protocol is in place that ensures key clinicians attend MAPPA meetings, thus ensuring that all relevant clinical information is available. The Risk Co-ordinator has been instructed to escalate the matter to a senior manager if a clinician is unable to attend.</p>	<p>The procurement of an appropriate IT system to support information sharing by practitioners attending MAPPA meetings. The new system will include risk management pathways.</p> <p>The Local Health Board (LHB) will liaise with system developers to amend the primary care information system “Open Exeter” to incorporate a facility to flag high-risk patient groups to general practices immediately following registration of a new patient. This will ensure that GPs are aware of high-risk patients upon registration and can contact the relevant agencies.</p>	<p>The Risk Co-ordinator will be required to report quarterly to the Strategy Leadership and Planning Clinical Governance meeting on whether these arrangements are effective and being adhered to by both Partnership staff and partner agencies.</p>	<p>Divisional Risk Co-ordinator / LHB Clinical and Information Governance Leads</p>	<p>Quarterly reports to commence in October 2008</p> <p>Implementation of the procured IT system by March 2009</p>

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>4b. The principles outlined in the recommendation are embodied within both local and national MAPPA arrangements.</p> <p>4c. A manual system has been introduced to enable sharing of information pending the installation of the IT system referred to in section 3. This will fulfil the MAPPA requirements of enabling access to, and sharing of, information.</p>				

**Recommendation 5**

The new Trust should put in place arrangements for informing the police of serious incidents involving patients, particularly in respect of those patients who may need help to take forward their wish to inform police of offences which they allege to have been committed against them.

Those arrangements should include:

- a) A protocol with police about how such matters should be reported and followed up to ensure appropriate actions are taken.
- b) Ensuring that a police incident number, crime number or other suitable reference is obtained and recorded to confirm the report has been registered.
- c) Instructions to staff about the arrangements.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>5a. The Trust has agreed a protocol with North Wales Police on reporting serious incidents involving patients.</p> <p>5b. A poster for display in clinical areas has been produced instructing staff of the procedures to be followed both when reporting incidents themselves and when supporting patients who want to report such an event.</p>	<p>5c. In addition to the posters, all clinical and fieldwork areas in the Trust (including the Adult Mental Health and Social Care Partnership) will be issued with clear and unambiguous instruction on the procedures to be followed when contacting the North Wales Police regarding serious incidents, including those when patients allege that offences have been committed against them. This will include the arrangements for following up such reports should there be an unsatisfactory response. Staff will also be instructed to make a clear record in the patient’s notes of the crime number in order to confirm that the allegation or incident has been reported, and complete an incident reporting form (IR1) in order to establish an audit trail.</p>	<p>As part of the management monthly “Safety Walkarounds”, managers will carry out spot checks by asking staff what they would do in the event of a patient wishing to report an alleged incident to the police.</p> <p>IR1 forms that have been completed will be audited by senior managers to ensure actions have been completed.</p>	<p>Divisional General Manager (Mental Health, Learning Disability and Psychology)</p>	<p>October 2008</p>

**Recommendation 6**

Health and social care agencies should review their existing arrangements for ensuring good internal communications and jointly review information sharing protocols between themselves and other agencies such as police and probation, to ensure that information bearing upon risk is shared and joint work in the interests of patients/service users is facilitated.

<b>Progress to date</b>	<b>Action required</b>	<b>Monitoring arrangements</b>	<b>Accountability</b>	<b>Timescale</b>
<p>The NHS Trust and Social Services have reviewed their arrangements. Two new transition protocols have been drafted. The first involves the transition of young people from child and adolescent mental health services to adult mental health services. The second relates to the wider matter of young people leaving care and transition into adult services</p>	<p>The transition protocol from children's services to adult services for care leavers is drafted and awaiting sign off.</p>	<p>The transition protocols will be audited quarterly to ensure that they are effective and being complied with.</p>	<p>Adult Mental Health and Social Care Partnership Manager</p>	<p>October 2008</p>
<p>Senior health and social care managers meet every other month to ensure that there is joint planning across both children and adult services. In addition team managers from the respective service areas meet monthly to discuss joint working arrangements. The Adult Mental Health and Social Care Partnership Manager has also been invited to join the Local Safeguarding Children Board.</p>		<p>The group's workplan incorporates learning from incident reviews such as the need for joint training of children and adult teams. Regular bimonthly updates are provided to the Partnership Board and the Safeguarding Children Board.</p>	<p>Adult Mental Health and Social Care Partnership Manager</p>	<p>October 2008</p>

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>Arrangements for the joint risk assessment by health, social care and criminal justice agencies of individuals who may be considered a risk to others have been improved by the attendance of key clinicians at risk meetings.</p>	<p>Development of the primary care IT system, Open Exeter, to include a facility to identify patients who are being managed or supported by other agencies will ensure that GPs are aware of high-risk patients upon registration and can contact the relevant agencies.</p> <p>Review of interagency risk assessments is being undertaken to ensure consistency of approach and robust information sharing.</p> <p>The LHB will review all information sharing protocols to ensure compliance with the Wales Accord for the Sharing of Personal Information, especially in relation to vulnerable adults and children.</p>	<p>The improvements to risk assessment and information sharing will be taken to the Mental Health Partnership Board for review and to the Risk Management Committees of each of the partner agencies.</p>	<p>Local Health Board Information Governance Lead</p>	<p>All actions to be complete by March 2009</p>

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
	<p>Summary patient notes used within general practice will be reviewed and strengthened with the use of templates to ensure consistent and robust information is available across practices. This will facilitate the sharing and availability of information when patients move practices.</p>	<p>The use of comprehensive and robust patient note summaries will be reviewed and monitored as part of the annual quality review visits undertaken with GP practices by the LHB.</p>	<p>Local Health Board Information Governance Lead</p>	<p>Review to be completed in all practices by March 2009</p>

**Recommendation 7**

Agencies should ensure that strategic priorities such as the implementation of Unified Assessment, CPA and POVA are owned and implemented not only at a strategic level but also at an operational level.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The <i>Framework for Managing Care</i> gives explicit instructions to staff on how to implement Unified Assessment, CPA and POVA procedures at operational level (and risk assessment, child protection and MAPPA procedures).</p> <p>Clinicians and senior managers have worked with staff to develop jointly agreed procedures that provide clear, unambiguous direction on unified assessment, care programme approach, protection of vulnerable adults and MAPPA.</p>	<p>All staff will attend training session on POVA and CPA at induction and every three years to ensure their complete understanding of the processes involved and what needs to be done to make sure that they are followed at all times.</p>	<p>Within the Partnership implementation of POVA procedures at the operational level are monitored and reviewed by the POVA Co-ordinators who receive referrals and track progress.</p>	<p>Adult Mental Health and Social Care Partnership Manager</p>	<p>Early November 2008</p>

**Recommendation 8**

The new Trust should establish a group of senior clinicians and managers to review the implementation of the Care Programme Approach, to ensure the following:

- a) Especially in complex cases, that thorough assessments are completed, which draw upon all available information within the health service and that held by partner agencies.
- b) That such assessments include a detailed formulation, diagnostic assessment and risk management plan.
- c) That assessments are regularly updated.
- d) That assessments are communicated effectively across all teams and services that might be involved in the care of the individual.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The Care Programme Approach has been fully reviewed by a senior group of clinicians and managers.</p> <p>8a. This has incorporated issues surrounding complex cases which in future will be subject to risk assessment based on the Department of Health’s best practice guidance.</p> <p>8b. This will include a detailed case formulation and full involvement of partner agencies. In the rare event of an individual being considered a significant risk to others then, as advised in the <i>Framework for Managing Care</i>, staff are required to notify senior managers within the Partnership.</p> <p>8c. The <i>Framework for Managing Care</i> will be subject to regular review.</p> <p>8d The communication of assessments between teams and agencies will be audited on a regular</p>		<p>The group of senior managers and clinicians will continue to meet in order to audit the implementation of the <i>Framework for Managing Care</i>. Performance management arrangements will include:</p> <ul style="list-style-type: none"> <li>... audits of compliance with management supervision processes</li> <li>... case file review of CPA processes during monthly supervision of staff by team managers</li> <li>... a monthly scrutiny of 10 files, selected at random, of cases that</li> </ul>	<p>Divisional General Manager (Mental Health, Learning Disability and Psychology)</p>	<p>Quarterly from February 2009.</p> <p><i>Framework</i> to be formally reviewed in September 2009</p>

<p>basis</p>		<p>have been discharged or transferred between services                  ... review of two comprehensive CPA clinical incidents                  ... the forthcoming review of CPA in Wales being undertaken by Welsh Assembly Government.</p>		
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**Recommendation 9**

In respect of CPA, health service agencies should ensure that:

- a) Staff have received appropriate training
- b) That in mental health services CPA addresses transitions, in particular from in-patient to out-patient/community care and treatment.
- c) That where CPA identifies actions to be taken, those are actioned and checked for completion, in particular if they are prerequisites for further actions such as discharge of a patient. The appointment of a care co-coordinator and the proper discharge of that role is a key factor in ensuring any care plans are implemented.
- d) That CPA involves all the relevant parties and links to the unified assessment process.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>9a. All staff have received training in CPA.</p> <p>9b. A protocol is in place whereby community teams are required to prioritise inpatients and ensure that outpatients are followed up within seven days of discharge.</p> <p>9c and 9d. A CPA audit tool has been developed whereby the processes described are reviewed by ward managers.</p>	<p>Amend the in-patient audit tool to include scrutiny of planned actions and ensure that they are fully implemented prior to discharge.</p>	<p>Regular audit by ward manager as well as unannounced spot audits.</p>	<p>Ablett Unit Manager</p>	<p>Initial audit undertaken in August 2008. To be repeated quarterly.</p>

**Recommendation 10**

Clear protocols for sharing information between voluntary agencies and statutory services should be developed; these should be clear about who should take any action required in respect of risk, POVA and child protection procedures.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The <i>Care co-ordinators handbook</i> provides guidance on information sharing and confidentiality. The guidance details the responsibility for ensuring partner agencies undertake commitments that have been included in the care plan. This, of course, does not remove the responsibility of other professionals to act appropriately.</p>	<p>Information sharing protocols will be reviewed to ensure consistency of approach, responsibilities are clearly identified across all agencies, and that proper consideration is given as to which agencies need to be included in information sharing arrangements.</p> <p>The LHB review of information sharing protocols highlighted in recommendation 6 will inform the above.</p>	<p>Within management supervision by team managers.</p>	<p>Divisional General Manager (Mental Health, Learning Disability and Psychology) and LHB Information Governance Lead</p>	<p>By the end of December 2008</p>

**Recommendation 11**

Serious consideration should be given by the professionals concerned to appropriateness before moving patients between teams for administrative or clinical convenience in the interests of integrated, seamless and co-ordinated services which deliver continuity to the patient.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The Adult Mental Health and Social Care Partnership will adhere to the standards for the transfer of clients/patients between teams that are included in the Welsh Assembly Government’s CPA guidance. Further detail has been added to the <i>Care co-ordinator’s handbook</i> in order to ensure that the needs of the individual remain the priority when considering transferring across team or county boundaries.</p> <p>The action plan developed by mental health services in response to the National Patient Safety Agency’s report on patient safety and the most recent national confidential inquiry report also addresses the requirements set out in recommendation 11.</p>	<p>The Mental Health Partnership will audit a sample of ten files of patients discharged from the Ablett Unit every month, in order to ensure that issues relating to patient safety and safety of the public are addressed.</p>	<p>Monthly CPA audit.</p>	<p>Adult Mental Health and Social Care Partnership</p>	<p>By the end of December 2008</p>

**Recommendation 12**

The Ty Llywelyn Medium Secure Unit should take the lead in discussions with Trusts and LHBs to identify protocols for referral and re-referral of patients, linked to the seriousness and persistence of the problems they present.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The NWW Forensic Psychiatric Service at Ty Llywelyn has established the following policies in respect to the assessment, admission and discharge of patients:</p> <ul style="list-style-type: none"> <li>... Discharge &amp; Aftercare Policy (FS5)</li> <li>... The Ty Llywelyn process (FS1) which outlines the clinical pathways</li> <li>... Referral Policy (FS2)</li> </ul> <p>These policies have been circulated again to all partner agencies via the North Wales Strategic MAPPA Meeting and the need to refer and re-refer in accordance with patients' needs has been reinforced</p>	<p>All policies will be reviewed in August 2009</p>	<p>The review of the policy documents will be undertaken via the North Wales Forensic Psychiatric Service's Clinical Governance Forum.</p> <p>Via the minutes of the Strategic MAPPA meeting</p>	<p>Directorate General Manager -NWW NHS Trust</p>	<p>August 2009</p>

**Recommendation 13**

In reviewing all-Wales arrangements for care, treatment and management of those suffering from mental health problems, the needs of those suffering from personality disorders should be addressed.

Progress to date	Action required	Monitoring arrangements	Accountability	Timescale
<p>The Partnership has established a forum for working with Complex Needs with three aims:</p> <ul style="list-style-type: none"> <li>... identifying the support and training needs of staff</li> <li>... mapping current caseload profile and identifying the needs of those people on caseloads</li> <li>... developing a service model based on these needs</li> </ul> <p>Assertive Outreach Services are being developed and extended, which will provide intensive support to people with complex needs who are reluctant to engage with the service.</p> <p>A service manager has been appointed to establish a North Wales Mental Health Criminal Justice Liaison Service.</p>	<p>The forum will work to respond to any forthcoming all Wales guidance on care, treatment and management of this group.</p> <p>The Partnership will develop plans to address the NICE guidance for services provided to clients with Antisocial Personality Disorder and Borderline Personality Disorder which are due to be published in December 2008.</p>	<p>The forum will report to the Partnership Board</p>	<p>Adult Mental Health and Social Care Partnership Manager</p>	<p>Awaiting issue of all Wales guidance</p>