

# Update: RCRP Wales National Partnership Group

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# A note: From NHS Executive to NHS Wales Performance and Improvement

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- On 2 June the NHS Executive became NHS Wales Performance and Improvement
- Recommendation of the Ministerial Advisory Group on performance and productivity in the NHS
- Retains the role of:
  - Strengthening national leadership and support for quality improvement
  - Providing more central direction to ensure a consistent and equitable approach to national and regional planning based on outcomes
  - Enabling stronger performance management arrangements, including capacity to challenge and support organisations that are not operating as expected.
- **Strategic Programme for Mental Health** is realigning itself to enable delivery of the new Mental Health and Suicide and Self-Harm Prevention Strategies



# National Partnership Group Governance

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- Membership
  - Local Authority representation
  - 3<sup>rd</sup> sector
  - 4 Police Forces & Police Collaboration Wales
  - NHSW P&I, WAST, JCC
- Accountability
  - To Strategic Programme for Mental Health Programme Board & then to Joint Welsh Ministerial Mental Health Oversight Board



# Purpose

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- To oversee the implementation of the RCRP Wales Partnership Statement of Intent
- To provide a coordinating mechanism for messaging out to services in regional areas
- To provide a governance mechanism for escalations that cannot be effectively resolved locally



# Current situation

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- Phase 1 & 2 largely embedded
- Phase 3 – conveyance/transportation
  - Interface with wider system – NHSWP&I liaising with NHSW Joint Commissioning Committee, WAST & Police to consider options
- Phase 4 – handover following detention under s136
  - Interface with wider system – establishment of Task & Finish Group to look at opportunities to decrease variance in the system and for sharing learning and knowledge across Wales
  - Significant part of acute and crisis care mental health transformation



# The ambition: New strategy



Llywodraeth Cymru  
Welsh Government

## Mental Health and Wellbeing Strategy

**Vision Statement 4:** There are seamless mental health services – person centred, needs led and guided to the right support first time, without delay

- Part of a connected system
- High quality, delivering equitable access, experience and outcomes



# The case for change: Lived experience at the heart

We hear powerful stories from lived experience perspectives which underscore the importance of empathy, timely intervention, and systemic improvements.

## What we hear...

**Delayed and inadequate response:** Many people face significant delays in receiving appropriate care, leading to prolonged suffering and a sense of being ignored or dismissed.

**Lack of personalised care:** People often feel like they are treated as numbers rather than human beings in need of help, with professionals making decisions without truly understanding their unique situations.

**Need for systemic change:** There is a strong call for meaningful changes to the system to ensure that everyone receives compassionate, timely, and effective support.

**Listening deeply to stories of lived experience will be vital in our way forward together**

**"My first interaction with a crisis team was a 20-minute conversation with a doctor I had never met before. I wasn't offered a single ounce of understanding. I felt discarded and discriminated against. I was not considered a human being in desperate need of help. Instead, I was a number. It appeared like professionals had already decided what I did and didn't need before even meeting me."**

**Jess Matthews**



## Stratified Models

People are assigned to a level of care based on symptom severity and functioning (e.g. low symptom severity = low intensity intervention).

(National Institute for Health and Clinical Excellence, 2011).

## Progressive Models

People start with lowest level of intervention and progress to higher levels of intensity as required.

(National Institute for Health and Clinical Excellence, 2011).

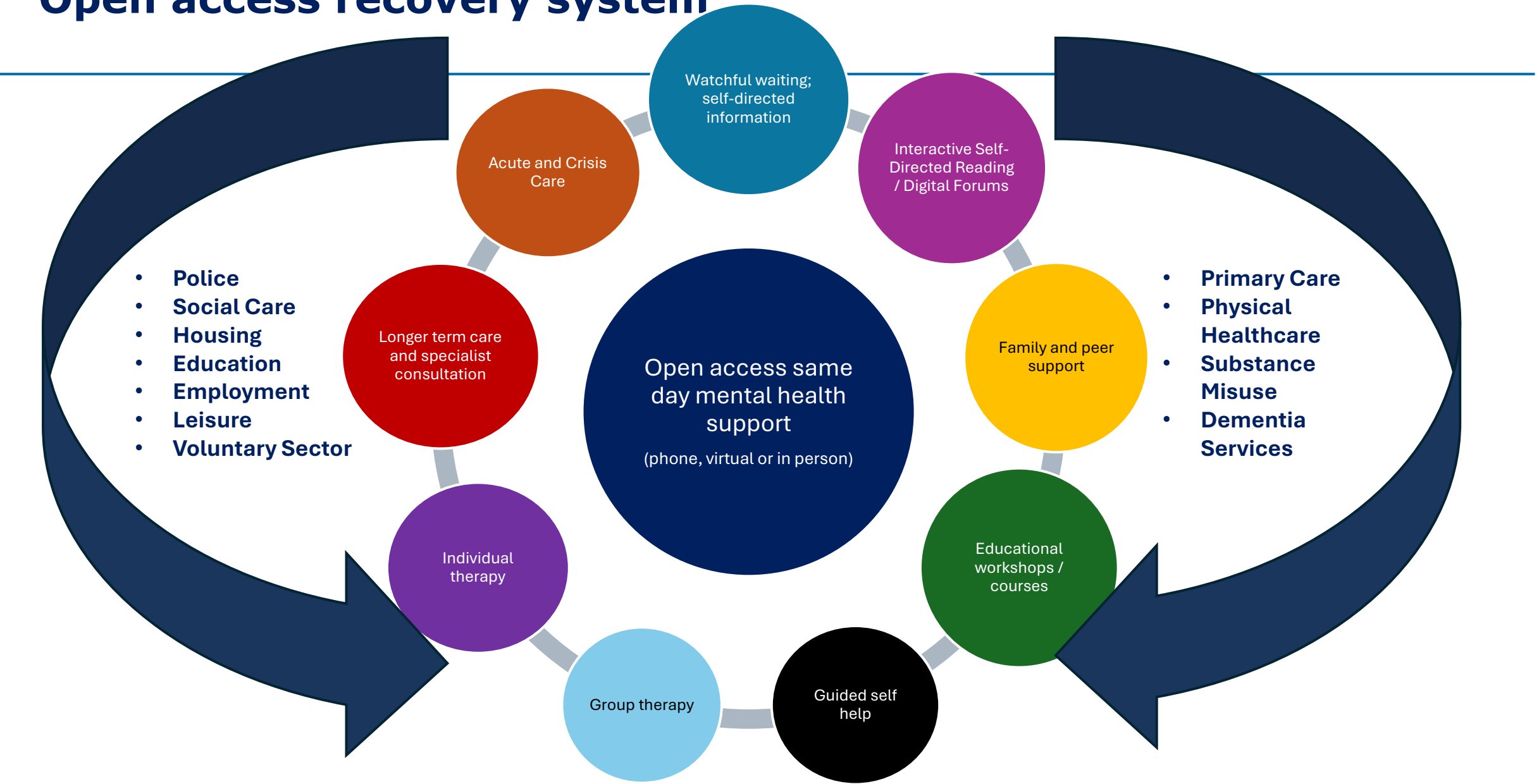
## A Flexible, Open Access Model

Decision making about service is based on the person's readiness, preferred level of autonomy and investment.

(Cornish, P., 2020)



# Open access recovery system







Y Weithrediaeth  
Executive



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Welsh Government

**HORIZONS**

# **Mental Health Acute and Crisis Care Transformation Accelerated Design Event**

Insights from an event held on  
11<sup>th</sup> and 12<sup>th</sup> March 2025



# Moving towards 5 potential high impact changes

A national strategic shift towards an open access, stepped care approach shows potential for high impact changes in 5 areas. The insights from the event shine a light on the way forward for each area.

## Model / Pathway

Build on the existing infrastructure of 111#2 to expand telephone services and provide a consistent and coordinated response.

Coordinate sanctuary provision, ensure cross-acceptance of referrals, and address data sharing and consistency across Health Boards.

## Measurement and Evidence

Create spaces to test new approaches in a safe way to spark ideas for collaboration and explore where innovation can be scaled up.

Measure the outcomes that matter to people.

Evaluate and share the impact of new approaches to grow the evidence base and use data to inform service development.

## Culture and way of working

Nurture (or create) learning spaces for cross-agency knowledge exchange, collaboration and reflective practice.

Build trust by giving service users real influence in policy and practice through genuine coproduction.

Maintain open communication as changes happen. Visible investment, role-modelling and commitment to next steps will be vital to sustain momentum.

## Workforce

Involve lived experience and peer support in care and recovery in a meaningful way.

Encourage greater family involvement in an individual's care through safe information sharing.

Develop a standardised peer practice framework to ensure consistent peer support and demonstrate the peer support workers are valued.

Support skills development for staff in areas such as trauma-informed care, neuroinclusive environments, and empathetic, person-centred conversations.

## Finance

Target investment in areas such as peer support and service innovation, to support the shift from inpatient to community settings.





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and Improvement

**Diolch yn fawr!**