Evaluation Of the 2009-2011 Bamford Action Plan

As at December 2011

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CONTENTS

1 BACKGROUND

1.1 Background 4
1.2 Bamford Action Plan 2009-2011 4
1.3 Aims of the Evaluation 5

2 KEY CHALLENGES

2.1 Background 7
2.2 Mental Health 7
2.3 Learning Disability 8

3 INPUTS

3.1 Financial resources 9
3.2 Staffing 12

4 STRUCTURES

4.1 Bamford Vision 14
4.2 Ministerial Level 14
4.3 Inter-Departmental Group 16
4.4 Health and Social Care Taskforce 16
4.5 Bamford Monitoring Group 17

5 OUTPUTS

5.1 Summary of Progress on Actions 19
5.2 Quantifiable targets 22

5.3	Promoting positive health and wellbeing	23
5.4	Supporting carers	28
5.5	Supporting people to lead independent lives	32
5.6	Developing structures and legislative framework	42
5.7	Developing better services to meet people's needs	46

6 OUTCOMES

6.1	Introduction	61
6.2	Bamford Monitoring Group reports	61
6.3	User and Carer overview	66

7 LEARNING

7.1	Background	67
7.2	Learning experiences	67
7.3	The Bamford Vision in 2011	70

ANNEXES

A	Quantifiable Actions	71
B	All actions	75
C	Glossary of abbreviations	126

1 BACKGROUND

1.1 Background

Bamford Review of Mental Health and Learning Disability

1.1.1 The Bamford Review of Mental Health and Learning Disability, an independent and comprehensive review of legislation, policy and service provision, concluded in August 2007. Key messages arising from the Review called for:

- continued emphasis on promotion of positive mental health
- reform of mental health legislation
- a continued shift from hospital to community-based services
- development of specialist services, for children and young people, older people, those with addiction problems and those in the criminal justice system
- an adequate trained workforce to deliver these services.

1.1.2 The Review envisaged a 10-15 year timescale for full implementation of its recommendations.

1.2 Bamford Action Plan

1.2.1 The Northern Ireland Executive's response to the findings of the Bamford Review, Delivering the Bamford Vision, was consulted on in 2008. This led to the publication in October 2009 of the Bamford Action Plan (2009 – 2011).

1.2.2 This Plan set out the Executive's commitment across Departments to improving the mental health and well-being of the population of Northern Ireland and to driving service improvement for those with a mental health need or a learning disability. It contains agreed actions and timescales for Northern Ireland Government Departments and Health and Social Care sectors.

1.2.3 In committing to the delivery of the first stage of the Bamford reforms via the 2009-2011 Action Plan the Executive was very aware of the challenges for the future that would have a major influence on the implementation of that plan and future plans. These challenges are set out in Section 2.

1.2.4 The Plan further enhanced the key Bamford messages, Para 1.1.1, by grouping of all actions, 80 mental health and 67 learning disability, under five themes.

- Promoting positive health, wellbeing and early intervention
- Supporting people to lead independent lives
- Supporting carers and families

- Providing better services to meet individual needs
- Developing structures and a legislative framework

1.2.5 Progressing these themes, securing adequate resourcing (Section 3) and establishing delivery structures (Section 4) of the Action Plan addressed the identified challenges and established a firm foundation for delivery for change over the first two years of the ongoing Bamford Vision.

1.2.6 The Action Plan instituted a requirement for positive cross-sectoral working within Government and recognised the need to engage with service users, their families and carers to ensure services were fit for purpose. The Plan also compelled those who provide services to engage with each other to improve interfaces and ensure a coherent approach to delivery. The Action Plan initiated steps to drive cultural change across society, Government and health and social care provision.

1.2.7 An inter-Ministerial group, chaired by the Minister for Health, Social Services and Public Safety (DHSSPS) was established to oversee the work.

1.3 Aims of Evaluation

1.3.1 The Bamford Action Plan 2009-2011 reaches its expiry date in 2011. The Plan contains a commitment to review and roll it forward in 2011. Recognising this requirement the inter-Ministerial Group in late 2010 agreed that the DHSSPS should lead on an evaluation of the implementation of the current Plan.

1.3.2 Evaluation is a continuous process of setting objectives, collecting information, judging outcomes, reviewing progress and making decisions about what else needs to happen.

1.3.3 It was envisaged that this evaluation would

- give assurance on what has been achieved
- identify any key learning from the experience of implementing this Plan; and
- inform the development of the next Plan from 2011 onwards.

1.3.4 Given the current Action Plan spans only a short period of time in a longer-term programme of modernisation and reform, the evaluation at this stage focuses on achievement of the actions in the Plan.

1.3.5 This evaluation is therefore concerned with assessing how far the Action Plan is achieving its purpose and ensuring that the investment in specific mental health and learning disability services is appropriately targeted and is making a difference for the population of Northern Ireland.

1.3.6 The evaluation is informed by:

- the routine system used to monitor the extent to which the actions in the

2009-2011 Plan have been achieved;
- relevant supporting data where quantified targets were set in the Action Plan;
- any evaluation carried out or supporting measurement of targets in relation to specific actions within the Plan; and
- reports from the Bamford Monitoring Group.

1.3.7 The following sections of this document consider:

Section 2 – Challenges
Section 3 - The resources that were dedicated to delivery of the Action Plan
Section 4 - The structures put in place to drive the Plan forward and to monitor its progress
Section 5 – The outputs achieved
Section 6 – The outcomes achieved and
Section 7 – The lessons to be learned.

Editors Note

1.3.8 Whilst every effort has been made to ensure the accuracy of information within this Evaluation the delivery and enhancement of mental health and learning disability services is continually progressing. Some of the service improvements, delivery timescales and quantitative delivery data outlined within this Evaluation, though correct at the time of writing, may have been superseded.

2 Key Challenges faced in 2009

2.1 Background

2.1.1 At the time of the formulation of the Action Plan Bamford stakeholders identified a number of challenges which would have a major influence on implementation of this Action Plan and future plans. These included:

- population mental health and wellbeing;
- demographic change, particularly our longer lifespans with increasing complexity of needs;
- the need for a shift to early intervention; and
- the need to integrate treatment, care and support to meet the needs of individuals regardless of age or geographical location.

2.1.2 It was also recognised as crucial to the success of the Bamford Vision that Government Departments and other Bamford stakeholders collaborate on bidding, cross-support and implementation. It was recognised that the voluntary and community sectors have an important role. Many such organisations are run by or have input from people who have direct experience of the services themselves and can therefore provide informed and sensitive support and advice.

2.2 Mental Health

2.2.1 The focus of mental health services was seen as the provision of a comprehensive range of safe and effective recovery-based services for all age groups that support people with a mental health need to achieve and maintain their maximum level of functioning.

2.2.2 The key challenges in the delivery of the Action Plan were seen as :

- establishing a stepped care approach to service provision;
- enhancing the range of options available to primary care professionals to deal with the mental health needs presenting to them;
- improving access to psychological therapies;
- streamlining access to all mental health services;
- providing home based care and support as the norm for the delivery of mental health services;
- applying a systematic approach to enable the recovery of people with long term conditions;
- building up the range of specialist mental health services required to meet need; and
- redesigning and extending roles and retention of an effective workforce.

2.3 Learning Disability

2.3.1 The Action Plan recognised that people with a learning disability must be treated as equal citizens, fully included in mainstream services and in the life of the community, empowered to participate actively in decisions affecting their lives, enabled to work together with their families and representatives and helped to use their individual strengths to reach their full potential. Learning disability is a lifelong condition and service users therefore require sustained services, not just individual episodes of care and treatment.

2.3.2 The Action Plan embraced a life long approach encompassing:

- early intervention and support for individuals, families and carers;
- appropriate interagency care planning with involvement of individuals and carers;
- education, training and life opportunities, appropriate to individual needs;
- promoting and maintaining physical and mental health and wellbeing and the management of chronic conditions;
- effective management of transitions – from infancy to school, childhood to adolescence, adolescence to adulthood and adulthood to old age
- effective succession planning and supported living to meet the needs of older relatives and the individual with learning disability; and
- end of life care and bereavement counselling.

2.3.4 The actions in the Action Plan aimed to address these challenges. In order to clearly identify key output areas all actions were grouped together under 5 themes:

- Promoting positive health, wellbeing and early intervention
- Supporting people to lead independent lives
- Supporting carers and families
- Providing better services to meet people's needs
- Providing structures and legislative base to deliver the Bamford Vision

2.3.5 Progress in each of these themes will be considered in a later section of this report.

3 INPUTS

3.1 Financial resources

3.1.1 People with a mental health need or a learning disability benefit from services funded by a range of Departments, but the DHSSPS, the Department of Education (DE) and the Department for Social Development (DSD) are key contributors. DHSSPS and DE have specific funding streams devoted to services for these groups of people.

Health and Social Care Funding

Baseline

3.1.2 In 2007/08 within the DHSSPS's area of responsibility just under £200m was spent on mental health services and just over £200m on learning disability services. Considering also the funding for services for older people with dementia, this made up almost one quarter of Health and Social Care Trusts' expenditure. However at that time it was noted that too high a proportion of mental health and learning disability funding was spent on hospital services rather than community settings.

3.1.3 At that time DHSSPS also allocated £6.8m to the implementation of the New Strategic Direction for Alcohol and Drugs and a further £4m for mental health promotion.

3.1.4 Recognising the fundamental role of voluntary and community bodies in providing support to people and in promoting partnerships in health improvement, DHSSPS supports a number of voluntary and community sector organisations who deliver services in the fields of mental health and learning disability. Annual DHSSPS expenditure on these amounts to approximately £2m.

2008-2011 Comprehensive Spending Review

3.1.5 As a result of the 2008-2011 Comprehensive Spending Review (CSR) DHSSPS planned to allocate from within its resources an additional £44m to mental health and learning disability services as set out below.

DHSSPS mental health and learning disability proposed allocation breakdown

3.1.6

		08/09 £m	09/10 £m	10/11 £m	Total £m
Learning Disability	Cumulative	7.00	9.00	17.00	
	In-year additions	7.00	2.00	8.00	17.00
Mental Health	Cumulative	12.75	14.60	27.00	
	In-year additions	12.75*	1.85**	12.40	27.00
TOTAL					44.00

* including £400k allocated direct from DHSSPS ** including £300k allocated direct

from DHSSPS

3.1.7 A further £3m was also made available to support mental health promotion and suicide prevention over the three year period.

Efficiencies

3.1.8 The Northern Ireland Assembly agreed annual service wide efficiency savings of 3% for the three years 2008 – 2011. These efficiencies impacted on all Departments and required delivery of savings totalling £700 million across the public sector over the three years of the CSR.

3.1.9 Pressures on public spending across all Departments in 2010/11 resulted in a reduction in the allocations for Bamford from what had originally been planned. This substantial reduction – from an additional £20.4m anticipated to an actual addition of £6m – impacted on the delivery of some actions within the Action Plan, which will be considered in later Sections.

		08/09 £m	09/10 £m	10/11 £m	Total £m
Learning Disability	Cumulative	7.00	9.00	12.40	
	In-year additions	7.00	2.00	3.20	12.40
Mental Health	Cumulative	12.40	14.30	17.10	
	In-year additions	12.40	1.90	2.8	17.10
TOTAL					29.50

Overall Health and Social Care Service Expenditure

3.1.10 Despite the need to meet efficiency targets in 2009/10 and 2010/11, recent data indicates that actual expenditure on mental health and learning disability services in these years compared with a baseline of 2007/08 increased by more than the amounts allocated from DHSSPS.

3.1.11 By the end of 2010/11, expenditure on mental health services had risen by £32.31 from the baseline of £195.69m in 07/08, while the additional CSR allocation for this period was £17.10m.

3.1.12 Mental Health Expenditure (£m)

	07/08	08/09	09/10	10/11
Hospital	95.81	109.49	107.04	103.46
Community and Social Services	99.88	111.96	117.26	124.54
Total actual spend	195.69	221.45	224.30	228.00
Increase over 2007/08 baseline		25.76	28.61	32.31
Bamford CSR inputs		12.40	14.30	17.10
Additional funds from HSC allocations		13.36	14.31	15.21

3.1.13 Learning disability service data demonstrates corresponding increased resourcing over and above the Bamford CSR uplift. By the end of 2010/11, expenditure on learning disability services had risen by £39.88m from the baseline of £200.2m in 07/08, while the additional CSR allocation for this period was £12.40m.

3.1.14 Learning Disability Expenditure (£m)

	07/08	08/09	09/10	10/11
Hospital	40.14	42.67	42.23	42.98
Community and Social Services	160.06	172.64	186.03	197.09
Total actual spend	200.20	215.31	228.26	240.08
Increase over 2007/08 baseline		15.11	28.06	39.88
Bamford CSR inputs		7.00	9.00	12.40
Additional funds from HSC allocations		8.11	19.06	27.48

3.1.15 A wide range of Departments and agencies fund programmes and services which benefit people with mental ill-health or a learning disability. Most of these benefit a

wider range of people; it is not therefore possible to identify how much of this funding directly impacts Bamford services.

Section 5 in this evaluation will set out the major quantifiable outputs this resourcing has supported.

3.2 Staffing

Workforce Review

3.2.1 It was recognised that the successful implementation of the reform of mental health and learning disability services would rely on the development of an appropriately sized workforce with the necessary competencies to deliver the range of services required.

3.2.2 One of the actions within the Action Plan was to complete a workforce planning study for mental health and learning disability health and social care services. Deloitte MCS Limited was commissioned by the DHSSPS to undertake a workforce planning review to support the implementation of the Bamford Vision. This work established the baseline workforce at the beginning of the Action Plan period as follows:

Mental health workforce

3.2.3 In March 2008 3,461 people were working in mental health services in the statutory sector, equating to 3,256.22 Whole Time Equivalents (WTEs). Nursing staff made up the largest proportion of the workforce accounting for just less than three quarters of the mental health staff identified.

Learning disability workforce

3.2.4 At the same date 2,139 people were working in learning disability statutory sector services or 1,881.71 WTEs. Nursing and social work were the two largest staffing groups.

Non-statutory support

3.2.5 The workforce review also recognised the invaluable role of the community and voluntary sectors and attempted to quantify the numbers of staff involved in these sectors through a Northern Ireland Council for Voluntary Action (NICVA) survey.

3.2.6 In total, 80 organisations responding to the NICVA survey stated their primary or secondary beneficiaries to be people with mental health needs those organisations employing a total headcount of 1,685 staff.

3.2.7 Within the learning disability sector the NICVA survey identified 64 organisations stated their primary or secondary beneficiaries to be people with a learning disability; employing a total headcount of 2,685 staff.

3.2.8 The total number of staff in the community and voluntary sector providing services to individuals with mental health (MH) and learning disability (LD) needs at that time was therefore estimated at 4,370.

Workforce Review recommendations

3.2.9 The Review noted major trends within the workforce with regard to age, gender and working patterns. Overall, the collated data with regard to workforce turnover indicated a relatively stable workforce, with some areas of growth.

3.2.10 The Review foresaw that implementation of the Bamford recommendations would result in a number of new roles and teams being introduced into the mental health and learning disability workforce. However the Review concluded that given the economic climate and the restraints and challenges of budgets, a considerable proportion of the change within the mental health and learning disability workforce would be through reform and modernisation of the existing workforce.

4 STRUCTURES

4.1 Bamford Vision

4.1.1 Delivering the Bamford Vision is a cross-Departmental challenge which has required the establishment of a range of structures to oversee the development of the Action Plan, drive forward its delivery and monitor progress. Lead responsibility for individual actions in the Action Plan is spread across a number of Departments and statutory agencies.

4.2 Ministerial Level

4.2.1 The Bamford Ministerial Implementation Group, chaired by the Minister for Health, Social Services and Public Safety, oversees and drives forward the broad strategic changes required across Government and ensures that the issues requiring inter-Departmental co-operation are taken forward in a co-ordinated and coherent manner. This Ministerial Group was constituted prior to the inception of the 2009-2011 Action Plan and assisted in the formulation of the Executive response to the Bamford Review.

4.2.2 The Group has representation from 10 Departments:

- Health and Social Services and Public Safety (DHSSPS) - chairing Role
- Social Development (DSD)
- Regional Development (DRD)
- Enterprise, Trade and Investment (DETI)
- Culture, Arts and Leisure (DCAL)
- Education (DE)
- Employment and Learning (DEL)
- Finance and Personnel (DFP)
- Office of the First Minister and Deputy First Minister (OFMDFM)
- Justice (DOJ)

Departmental breakdown

4.2.3 Mental Health

	Actions	Percentage
DHSSPS	32	40
HSC	18	23
PHA	2	3
PCC	1	1

DEL	9	11
DE	6	8
OFMDFM	4	5
DCAL	2	3
DETI	2	3
DFP	2	3
DSD	2	3
	80	100

4.2.4 Learning Disability

	Actions	Percentage
DHSSPS	24	36
HSC	16	24
PHA	2	3
PCC	1	1
DE	10	15
DEL	5	7
OFMDFM	2	3
DCAL	2	3
DFP	2	3
DSD	2	3
DRD	1	1
	67	100

4.3 Bamford Inter-Departmental Officials Group

4.3.1 An Officials group mirrors the composition of the Ministerial Group and is chaired by a senior official within DHSSPS. In addition to the Departments represented at Ministerial level it has representation from:

- the Health and Social Care (HSC) Taskforce and
- the Bamford Monitoring Group - user and carer representation

4.3.2 This ensures a co-ordinated response to the Bamford review and the group reports to the Ministerial Group on progress.

4.3.3 The cross-sectoral working established by this Group has been very productive in developing a network of civil servants and HSC professionals to drive forward the Bamford Vision. In addition to the twice-yearly programmed meeting members of this Group have, coordinated workshops, developed joint CSR bids, facilitated bi-lateral meetings to resolve specific issues and shared learning and wider contacts.

4.4 Health and Social Care Sector

HSC Taskforce on Mental Health and Learning disability

4.4.1 More than a quarter of the actions in the Action Plan fell to either the Health and Social Care Board (HSCB) or the Public Health Agency (PHA) to lead on and many of these required cooperation between these two bodies and other organisations. The HSC Taskforce jointly chaired by the HSCB and the PHA was formed to co-ordinate and lead on these actions.

4.4.2 Main duties of the HSC Taskforce are to:

- Promote positive mental health and wellbeing of the population of Northern Ireland, recognising that mental health is inextricably linked to a range of other health conditions, social care and lifestyle behaviours.
- Recognise the importance of good general health, wellbeing and early intervention for those with a mental health need or learning disability; and that individuals, their families and carers have a right to live as independently as possible, regardless of the cause(s) of the underlying condition.
- Continue to promote societal change which aims to destigmatise mental health and learning disabilities, recognising that a partnership approach and inter-sectoral working, which includes the voluntary and community sectors, will be necessary to effect change and improve the quality of life.
- Secure reform and modernisation of HSC mental health and learning disability services in line with Delivering the Bamford Vision.
- Co-ordinate work to take forward specific actions assigned to the HSC in the Bamford Action Plan(s) supporting Delivering the Bamford Vision and to deliver those actions to the agreed timeframe.
- Provide an annual work plan to the Minister for Health, Social Services and Public

Safety and to report annually to the Minister on that work plan.
- Provide the Bamford Monitoring Group of the Patient and Client Council (PCC) the annual work plan and annual report and any interim progress reports as agreed between the HSC Taskforce and Bamford Monitoring Group; and
- Contribute to the review of the Bamford Action Plan in 2011 and beyond, as requested by the Department.

4.4.3 In order to make progress on all of the priority areas within the timescales on the Action Plan a project structure was put in place comprising:

- HSC Taskforce Project Board comprising senior stakeholders representatives.
- Regional Commissioning team.
- Taskforce sub-groups - aligned with the key output service areas from the Bamford Vision:
    - Adult mental health
    - Learning disability
    - Autistic Spectrum disorder
    - Specialist Support Services
    - Eating disorders
    - Child and Adolescent Mental Health Services (CAMHS)
    - Protect life and mental health promotion and
    - Drugs and Alcohol

4.4.4 Sub group members include service users, carers, voluntary organisations, HSC Trusts as service providers, other statutory bodies and HSCB and PHA staff.

HSC Taskforce Work Plan

4.4.5 The Taskforce is required to make a formal annual report to the Minister. The first annual report was made in September 2010, a year after the issue of the Action Plan, setting out progress on each of the actions for which the HSC Taskforce has responsibility. The Taskforce also submitted a Work Plan setting out objectives and priorities for 2010-11 for each of the subgroups, linking these to the Bamford Action Plan 2009-2011 objectives and commissioning priorities. The Work Plan also stresses that implementation of the objectives is dependent on available funding.

4.5 Bamford Monitoring Group

4.5.1 The involvement of service users and carers in planning, delivery and monitoring of services was a strong underpinning theme of the Bamford Review itself and this is being maintained within the work to deliver the Bamford Vision. The aim of the Bamford Monitoring Group is to capture the views and experiences of those with mental health needs or learning disabilities and their families and carers on the changes resulting from the Bamford Review. The Bamford Monitoring Group is supported by the Patient and

Client Council. The group has representation from service users, carers and Patient and Client Council members and meets on a monthly basis.

4.5.2 The main duties of the Bamford Monitoring Group are to:

- Involve the public in assessing progress on implementation across Government of 'Delivering the Bamford Vision';
- Engage with the HSC Taskforce and other relevant groups;
- Support the public, people with mental health needs, learning disabilities, their families and carers in making recommendations as to how implementation can be improved;
- Advise the Minister on any specific aspects of mental health and learning disability service commissioning, delivery or outcomes as appropriate to the Bamford Review;
- Report annually to Minister and to provide a work plan.

Patient and Client Council Membership scheme

4.5.3 The wider PCC membership scheme creates opportunities for people with a general interest in health and social care service delivery to have their say in how these services are developed and implemented. Subsections of this scheme focus in on mental health and learning disability issues. The views and concerns of this wider network are channelled directly into the Bamford Monitoring Group and serve to keep the Group informed on grass-roots issues and as a sounding board for performance, implementation and policy queries. Membership is open to anyone living in Northern Ireland and includes individuals and organisations. The scheme is free to join, and there are no age restrictions.

4.5.4 It is now almost two years since the HSC Taskforce and Bamford Monitoring Group were established and the inter-Departmental groups have been operating since 2008. Their effectiveness is considered later in this document at Section 5.

5 OUTPUTS

5.1 Summary of Progress on Actions

5.1.1 This first Bamford Action Plan establishes a solid foundation for service enhancements. Many of the actions within it delivered policies and strategies that may not have delivered observable outcomes over the lifetime of this Plan, but those outcomes will be more visible through the implementation of programmes and services in future years.

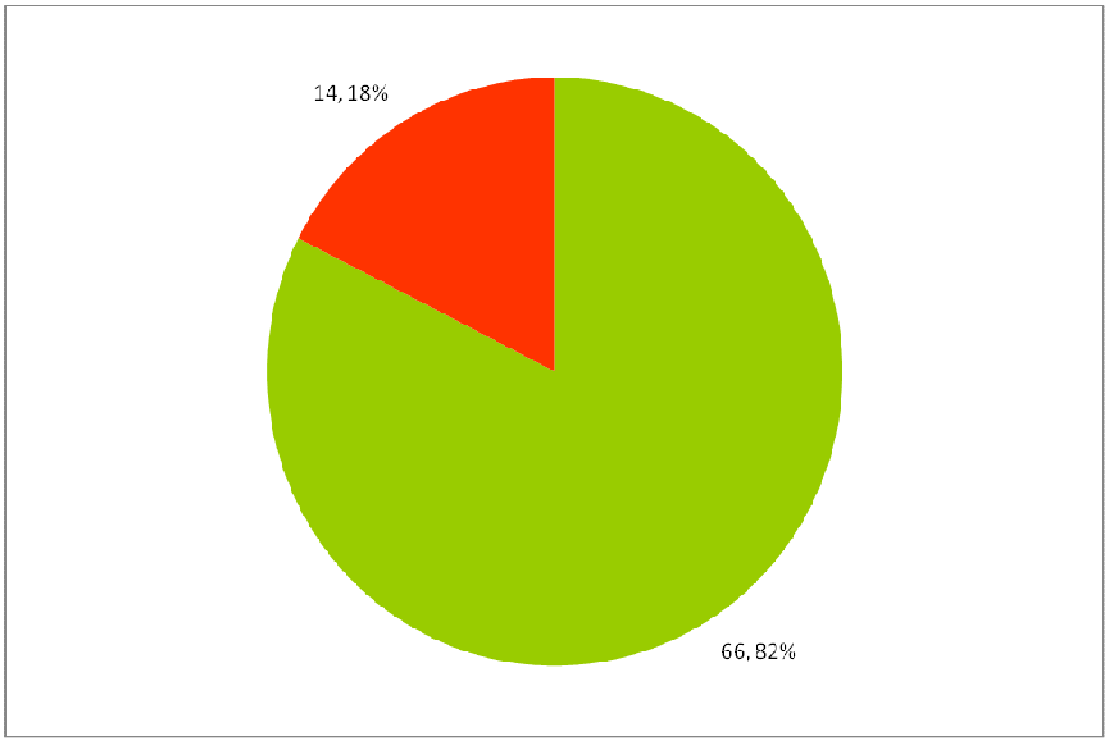
5.1.2 Each action in the Action Plan identified the Department(s) or agency(ies) responsible for delivery, the output required and the timetable for delivery. In order to report to the inter-Ministerial group on progress, monitoring arrangements have tracked the implementation of actions every six months using a traffic light indication system (Green, Amber and Red) to enable identification of those targets on track for achievement and those at either some or serious risk of failure.

5.1.3 The monitoring returns at June 2011 were used as a final indicator of the number of actions achieved or not achieved (either Green or Red) and the charts below illustrate overall progress.

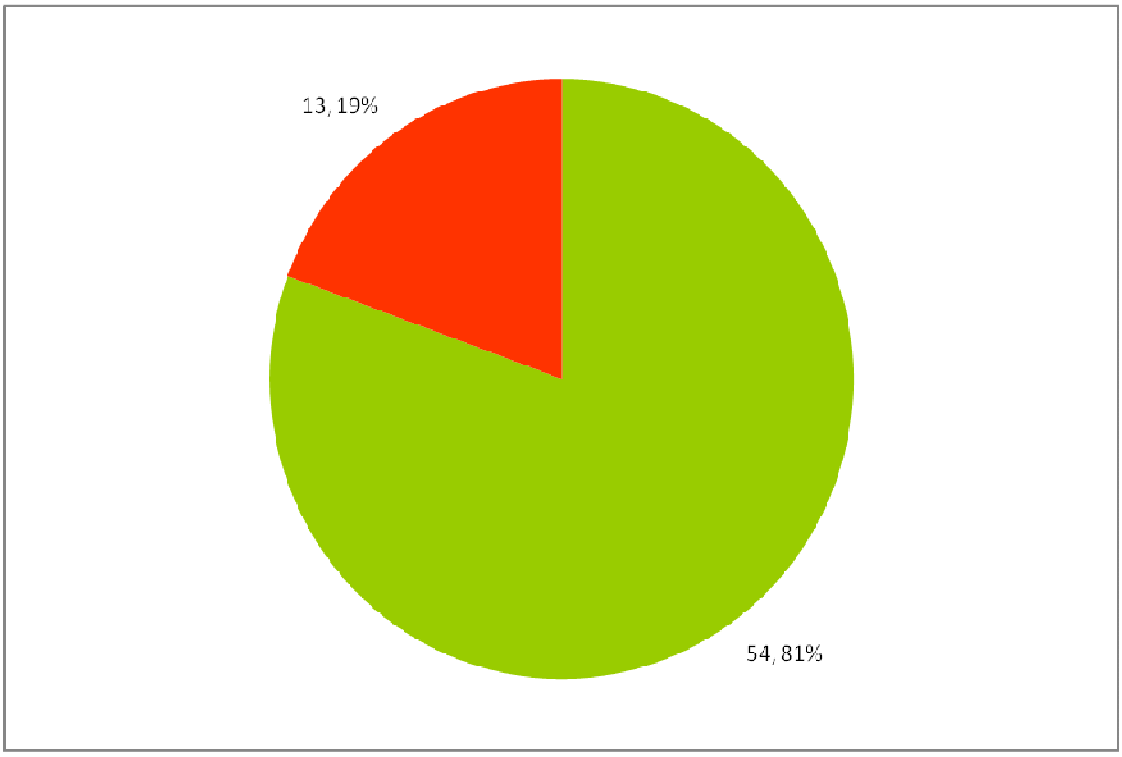
	GREEN	RED
Mental Health	82%	18%
Learning Disability	81%	19%

5.1.4

Mental health



Learning disability



5.1.5 The remainder of this section of the evaluation will reflect on the achievements and failures highlighted in these monitoring returns.

5.1.6 In considering the 14 mental health actions and 13 learning disability indicating RED; while it is entirely correct to say that the full objectives set in 2009 were not achieved, some progress has been made on many of the actions.

5.1.7 Some actions had multiple objectives within the action; a GREEN indicator was awarded only if all of these sub-objectives were achieved.

5.1.8 The reduction in funding particularly in 2010 did restrict some service delivery. In some cases lack of staffing resources delayed the implementation, e.g. service mapping. For others ongoing work, post the June monitoring, has now resulted in actions indicating RED here now being achieved, e.g. the Regional Dementia Strategy.

5.1.9 There were those actions such as the implementation of the Protect Life strategy and its associated target of a 15% reduction in the overall suicide rate that were impacted by external conditions, however even in these instances it is possible to see progress.

5.1.10 These RED indicators therefore reflect the inflexible nature of our self-imposed - achieved or not yet achieved - monitoring regime and the outcome of monitoring at June 2011. Where appropriate, these actions will continue to be progressed via the follow-on Action Plan. Annex B sets out all Bamford actions as monitored in June 2011, the numerical tags added in 2010 have also been included and referenced throughout this section.

5.2 Quantifiable Targets

5.2.1 Some of the actions set quantified targets for delivery over the life of the Action Plan. These actions are set out in Annex A. It was difficult in a small number of cases to establish baseline data immediately aligned with targets in the Action Plan because of existing database limitations, overlapping timelines or service descriptors. The tables below summarise data from Annex A

5.2.2 Learning Disability

Number of Actions	achieved	Not yet achieved	Percentage achieved
4	4	0	100%

5.2.3 Mental Health

Number of Actions	achieved	Not yet achieved	Percentage achieved
9	6	3	66%

5.2.4 Further deliberation on the failure to deliver regarding the 4 mental health actions highlighted in Annex A is presented later in this section.

Consideration of five Themes of Action Plan

5.2.5 The actions in the Action Plan were grouped in five key themes, which are considered in turn in the sections that follow.

5.3 Promoting positive health and wellbeing

5.3.1 The actions within this theme reflect the Bamford ethos of a holistic approach to promoting positive community heath, well being and early intervention. Many factors affect mental and emotional health and these can be addressed at a number of levels by a variety of organisations as well as individuals themselves. Several actions being taken forward by Department of Education recognise the importance of promoting good emotional health from an early age. The Action Plan also recognised the importance for people with a learning disability of maintaining good physical health and having access to the same health services as everyone else in order to look after their health.

Mental Health and Well-being Strategy

5.3.2 The Department committed to develop a new Mental Health & Wellbeing Promotion Strategy, M1, to replace the original Promoting Mental Health Strategy. Progress has been delayed due to need to gain cross Departmental/sectoral commitment. It is expected that a new 5 year Mental Health and Wellbeing Promotion Strategy will be published during 2012.

5.3.3 The new strategy will define the aim, objectives and priority actions for the promotion of mental wellbeing in Northern Ireland during 2011 to 2016. It will focus on building the mental and emotional resilience of the whole population and of specific "raised risk" groups. The strategy will acknowledge that all aspects of life impact on mental wellbeing and that action to promote better mental health and wellbeing requires effective collaboration across Departments and sectors. For example, it will be necessary to support action across complimentary agendas such as Anti-Poverty, Community Safety, Fuel Poverty, Housing, Domestic Abuse, Neighbourhood Renewal, Early Years, and the Children's Strategy.

Protect Life

5.3.5 The implementation arrangements for the Protect Life strategy on suicide prevention , M2/M3, are well established. The suicide strategy implementation body advises and can challenge the Department on the implementation of the strategy. Membership of that group is drawn from a wide range of areas, including the statutory sector, the voluntary and community sector and families bereaved by suicide. In addition, the Public Health Agency and HSC Trusts work with local multi agency implementation groups to develop community action plans, which are funded under Protect Life. The Public Health Agency leads on the commissioning of regional training, specific pilot projects and awareness raising. Coordination of local, regional and cross border initiatives is taken forward by the HSC Taskforce sub group. Action is also progressing to implement the All Island Action Plan for Suicide Prevention in partnership with the National Office for Suicide Prevention.

5.3.6 The Protect Life strategy set a target to reduce the overall suicide rate by 15% by 2011. This however has not been achieved. 2010 witnessed the highest ever

recorded suicide rate in Northern Ireland (20% increase on 2009), and there is concern that the ongoing economic downturn could further negatively impact on our ability to deliver on the future reduction of local suicide rates. Tackling suicide is a complex matter which is influenced by a wide range of societal issues, and enhanced cross-Departmental and cross-sectoral efforts will therefore be required to address the social, cultural, and economic determinants of health and wellbeing. Progress against the cross-Departmental actions in the refreshed Protect Life strategy will be monitored by the Ministerial Co-ordination Group on Suicide Prevention, and DHSSPS will continue to ensure identification and implementation of the latest international evidence-based interventions on suicide prevention.

5.3.7 The Bamford Monitoring Group's report, Is Bamford Making a Difference?, Section 6, noted issues during times of crisis, gaining help when needed, assessment and in relation to accessing appropriate services.

Early Years

5.3.8 Early intervention has to be a key element in the approach to improving our young people's mental and emotional health. Children and young people need to be equipped with the necessary coping skills to deal with life's problems as they come their way.

5.3.9 In June 2010 DE launched the consultation process of the draft Early Years (0-6) Strategy, L4/M4. A new strategy will be published early in 2012. The purpose of the new 5 year Strategy is to set out a vision and plan for ensuring better outcomes for children by improving the provision and quality of services to the youngest children, their parents and families. It reflects the drive for cohesion in the policies and services affecting early years so that children and parents get the best outcomes possible.

5.3.10 The Northern Ireland Child Health Promotion Programme has been redesigned and the document Healthy Child, Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland was issued in May 2010. The framework sets out a core programme of child health contacts that every family can expect, wherever they live in Northern Ireland. It recognises that individual families are different and that there is a need to be flexible and innovative to ensure that all families are able to access and benefit from the advice, support and services that are available to them.

Schools and Colleges

5.3.11 The revised school curriculum provides a means of helping children and young people to understand the stressors that can impact on their lives and about coping mechanisms and sources of help. All pupils in post primary schools have access to counselling support which is independent of the school if they wish to use it.

5.3.12 The Action Plan recognised the DE's proactive measures to support pupils throughout their educational lives through a revised curriculum, M5, a new

programme of pastoral care and counselling, M6, M7 and M8, guidance and support materials to tackle bullying, M9, and identification of those at risk, M10. Five work streams are currently taking forward different aspects of the development of the Pupils Emotional Health and Wellbeing Programme. Each Work Stream includes representatives from DE, DHSSPS, Education and Library Boards and the Voluntary and Community Sectors.

5.3.13 A Pupils Emotion Health and Well-being, PEHAW, work stream developed homework diary inserts for use for post -primary pupils in the 2010/11 school year. The design and content were updated and revised for the 2011/12 school year. Evaluative feedback and constructive suggestions on format and appropriateness of the topics covered from stakeholders will inform development of future insert issues.

5.3.14 The work of all the dedicated PEHAW workgroups is complemented by opportunities for pupils to experience the mental well-being benefits of participation in sport and physical recreation.

5.3.15 These new programmes are ensuring the needs of young people are met and resilient foundations are built for positive mental health development during adulthood.

5.3.16 The Bamford Monitoring Group has observed that more evaluative work is needed to ensure qualitative outcomes are delivered to service users.

Workplace

5.3.17 Bamford stakeholders also recognised the importance of ensuring ongoing support in the working environment M11, M14 and M15. The Health and Safety Executive NI (HSENI) supported this by funding amounting to £237K over the period of the Action Plan.

5.3.18 HSENI established the Stress and Mental Wellbeing Unit comprising of health and safety inspectors and Workplace Health Advisors in April 2009. The unit is primarily focused on the promotion of mental wellbeing in the workplace, through the prevention of work-related stress and implementation of the HSE Management Standards.

5.3.19 HSENI have ensured that all Northern Ireland Civil Servants have been issued with the HSE management standards questionnaire and have supported a number of Departments/business units in further completing the management standards process (currently 630 staff). HSENI have actively supported 13 Councils and approximately 4290 Council staff, 230 staff in the Health Sector, 250 staff in the Education sector, 800 staff in the Police Service for Northern Ireland and are actively supporting the Northern Ireland Prison Service (approximately 2350 staff).

5.3.20 In March 2010 HSENI, in partnership with a range of interested organisations, produced Mental Wellbeing – A general guide for employers. This guide purposed to create a working environment that encourages mental wellbeing to enable

employers to be better equipped to address workplace mental wellbeing issues.

Sport and Physical Recreation Strategy

5.3.21 It has been recognised that access to stress relievers such as hobbies and recreational activities is extremely important for good mental health. DCAL's Sport and Physical Recreation Strategy, L9/M13, is a 10 year strategy that sets out to improve opportunities for people to gain the mental well being benefits of participation in sport and physical recreation.

Special Olympics

5.3.22 In NI the Special Olympics programme, operating through Special Olympics Ulster (SOU) one of the regional arms of Special Olympics Ireland, has over 2,000 active registered athletes participating in 15 different sports. These athletes are supported by 3,792 volunteers in 64 different clubs throughout NI.

5.3.23 In June 2010 Sport NI produced a final business case to support funding of SOU over a 4-year period 2011/12 to 2014/15 amounting to £2,295k. Ministers from DCAL, OFMDFM, DE, DSD and DHSSPS have agreed to support funding of SOU over this period.

5.3.24 Funding for SOU does not solely cover the delivery of sporting benefits, it covers delivery of services provided through SOU which further core aims of each of the relevant Departments:

- DCAL - increased participation in sport;
- DHSSPS - health benefits for disabled people;
- DSD - volunteering and active citizenship;
- DE - provision of opportunities to actively participate in public life; and
- OFMDFM - provision of equal opportunities to those with disabilities

5.3.25 SOU anticipate that as a result of funding from the Executive it will be able to expand the number of clubs and reach out to a large number of people who are not yet engaged.

Drugs and Alcohol

5.3.26 Through the implementation of the New Strategic Direction for Alcohol and Drugs and its underpinning Hidden Harm and Young People's Drinking Action Plans, high level targets were set to reduce alcohol and drug abuse and its impact on those who abuse substances and their families, M16. This work requires action across Departments, voluntary groups and community associations.

5.3.27 A 15% reduction in the proportion of adults who binge drink, 38% 2005 to 32% in 2008, has been delivered against a target of 5%. A 10% reduction in the proportion of young people who report getting drunk from the baseline in 2003 has been

achieved and the 5% reduction in the proportion of young adults taking illegal drugs is on target for delivery.

5.3.28 The Bamford Monitoring Group has suggested that the New Strategic Direction for Alcohol and Drugs should be linked within the wider mental health strategy as many people are affected by both alcohol/drugs and mental health.

Domestic and sexual violence

5.3.29 Domestic and sexual violence can have profound effects on the emotional wellbeing of victims and their families. Cross-sectoral work, M17 and M18 has continued to take forward the Action Plans which support the strategies tackling these two issues. Work in the period since 2009 has included:

- provision of a Government-funded 24 Hour Domestic Violence Helpline to provide information, advice and support to all victims of domestic violence;
- routine checks have been introduced for pregnant women engaging HSC services and it is planned to extend to GPs and A&E Departments;
- domestic violence guidance documents for employers, agencies, faith communities and political representatives;
- appointment of a specialised Domestic Violence Officer in each PSNI command;
- specialised domestic violence training for Court and Prosecution Service staff;
- a public information media campaign on sexual violence and abuse;
- a review of sexual abuse counselling services to increase capacity and improve timescales for adult victims accessing services;
- a Regional Directory of Services which details all existing services across the voluntary and statutory sectors available for child and adult victims of sexual violence and abuse;
- work to establish, by 2012, a new Regional Sexual Assault Referral Centre SARC to provide 24 hour crisis response to adults and children who are the victims of sexual violence or abuse.

Equal Access to Health Services

5.3.30 The Action Plan required that persons with a learning disability should have equal access to the full range of primary health care services, L1. A Directed Enhanced Service (DES) for adults with a learning disability has been put in place in each Health and Social Care Trust area. The DES is being delivered in each Trust by a partnership approach between Primary Care staff and Trust Health Facilitators have now been appointed in each Trust. The Heath Facilitators ensure continuing contact between people with a learning disability and primary care. To date 3654 health checks have been carried out. The percentage of adults initially seen, and people recalled and reviewed with a learning disability will be recorded and reported as part of the DES specification.

5.3.31 The Plan also had a number of actions in relation to improving access to dental services for people with a learning disability, L49, 50 and 51. The pivotal action

related to the appointment of a consultant in Specialist Care Dentistry. While attempts were made to fill the consultant post, this was successful only for a limited period. It has not been possible therefore to progress the related actions to training pathways and to training primary care dental care professionals. The need to further enhance oral health services for people with an learning disability will be actioned in the follow-on plan.

5.3.31 People with a learning difficulty have reported difficulties in assessing and communicating with their GP. Although the DES for adults with a learning disability has been put in place in each HSC Trust, more evaluative work is necessary to assess the experiences of service users.

5.3.32 The Bamford Monitoring Group has also noted issues for people with a learning difficulty using general hospitals despite the development of recent GAIN guidelines.

5.3.33 People with a learning difficulty who are also deaf or hard of hearing have reported difficulty in accessing help through health services.

5.4 Supporting carers

5.4.1 In line with the Bamford Vision, carers are acknowledged as a vital part of the Government's vision of providing support for people to live more independent lives and helping people remain in their own homes and live independently for longer. Carers must be recognised and valued as equal partners in the provision of care at every level of public sector planning and service delivery, and be properly supported to maintain their life outside of their caring role.

Carer Support Review

5.4.2 Both the DHSSPS Valuing Carers strategy and a joint DHSSPS/DSD Review of Support Provision for Carers (2009) emphasised the importance of the provision of relevant information and signposting for carers.

5.4.3 The 2009 Review was completed and contained 15 recommendations, to be taken forward by DHSSPS and DSD.

http://www.dhsspsni.gov.uk/review-of-support.pdf

5.4.4 Progress has been made in relation to many of the recommendations contained in the Review, such as:

- The HSCB has agreed to take over chairmanship of the Carers' Strategy Implementation Group CSIG. The reconstituted CSIG will take on a role of monitoring implementation of the other recommendations of the Review;

- During 2010 some 30,000 copies of the revised A-Z guide for Carers have been distributed to all health and social care bodies and voluntary & community organisations working in support of carers;

  http://www.nidirect.gov.uk/a-z_guide_for_carers.pdf

- The Carers Support and Needs Assessment component of Northern Ireland Single Assessment Tool, NISAT, was issued to Trusts in December 2009 along with guidance indicating that it is the "tool of choice" for use in assessing the needs of carers in all programmes of care, thus ensuring a standardised approach to assessment.

5.4.5 Bamford Monitoring Group reports, Section 6, highlight that only 58% of those surveyed had heard of a carer's assessment, therefore more work is required to deliver outcomes.

5.4.6 Since there have been a number of policy documents in recent years focusing on support for carers, DHSSPS developed a 'self-audit tool' for Trusts which amalgamated all of the recommendations from the various documents since, and including, Valuing Carers in 2002 – some 170 in total. Within the last year all Trusts completed this self-assessment and submitted their returns. DHSSPS analysed these, identified gaps or weaknesses in provision and earlier this year forwarded the results to the HSCB, as commissioner for services, for appropriate action.

5.4.7 Generally speaking, the results showed that in most cases Trusts were working hard to provide a comprehensive service for carers and ensure that carers' needs featured strongly in their planning; but improvement could be made in areas such as the promotion of Direct Payments, the engagement with General Practitioners (GPs) with respect to the needs of carers, and the involvement of carers in service planning.

Respite provision

5.4.8 Recognising the value of respite provision in supporting informal carers to continue in their role, the Action Plan set targets for increased respite provision of 200 learning disability packages and 2000 dementia packages, L37/M41. It was feared that reductions in funding in 2010/11 would impact on this provision and these targets were reduced to 125 and 1200 respectively.

5.4.9 Early monitoring of these respite targets highlighted difficulties in defining and measuring what exactly respite provision is. The HSCB has carried out substantial work to agree definitions and measurement of respite provision and is leading on further work to progress respite support and standardise service provision.

5.4.10 Recent published data suggests that these early fears for delivery were not justified and the Action Plan targets for package delivery were surpassed. As of 31 March 2011 225 additional learning disability packages and 4585 dementia packages were delivered across Northern Ireland.

5.4.11 An example of improved provision is Omagh Beltany Disability Respite Unit. This £2.2m development opened in Jan 2011 is a state of the art facility with eight residential places which will offer short term breaks for children with a learning disability. The new facility will enable children with complex needs and their families to avail of short term breaks which will provide a positive experience for both the children and families. This form of respite care will also involve community and voluntary organisations as well as local employers.

5.4.12 Although the data would suggest that the targets have been achieved for respite provision, the views of those who use these services, outlined in Section 6, clearly indicate that more work is needed on outcomes.

5.4.13 The Bamford Monitoring Group reports reveal that people are aware that respite allocation is limited because demand is high and resources are stretched. Contributors noted that the level of respite provision generally had stayed the same although a variation in the service is apparent across the Trusts.

5.4.14 The carers and families of those using these services indicated that respite is an essential service and they would value more respite and short break provision.

5.4.15 The Bamford Monitoring Group has commenced a programme of work to identify the experiences of carers and families of people with dementia. Initial findings from the survey group indicate most people have reservations about the respite provision they receive and also have concerns regarding the availability of facilities suitable to meet the needs of someone with dementia.

5.4.16 The Group believes that in addition to learning disability and dementia mental health respite should also be recognised and further work is needed regarding definitions to ensure that the complexity of real lives, e.g. a service user who is also a carer, can be accommodated.

Family Support Pathways

5.4.17 Following the implementation of the DHSSPS/HSCB Reform Implementation Team process and launch of the NI family support model all children in need and their carers are entitled to an assessment of need. A full needs assessment considers what is required by the family as a whole. Where necessary support is provided via the family support pathway as set out in Understanding The Needs of Children in Northern Ireland (UNOCINI). This pathway establishes key roles and responsibilities within the provision of support.

Direct payments

5.4.18 Direct Payments, actions L38 and M43, allow individuals to decide when and in what form services are provided and who provides them, who comes into their home, and who becomes involved in very personal aspects of their lives. They put real power into the hands of service users and carers and allow them to take control over their

lives. DHSSPS is committed to the wider roll-out of Direct Payments and as of May 2011, some 642 people associated with learning disability and mental health services were in receipt of a Direct Payment. Section 5.5 provides a further break down of this figure.

5.4.19 The Bamford Monitoring Group accepts that the targets have been achieved but point out that these targets were set against a very low baseline. The Group also highlights the considerable variation in availability of Direct Payments across Trust areas and the need for more progress towards self-directed support and personal budgets.

5.4.20 The recent Girvan judgement clarified that people who lack capacity to consent to their receipt cannot receive Direct Payments. As a result the Carers and Direct Payments Act (Northern Ireland) 2002 will need to be amended and this could take up to 2 years. Interim arrangements which make use of referral to the Office of Care and Protection will be published shortly. New cases where consent is an issue will make use of these arrangements; existing cases will be covered by Extra Statutory Authority until they can be migrated to the interim arrangements. DHSSPS will be asking the HSC Board, with HSC Trusts, to project manage this process.

Young Carers

5.4.21 DHSSPS in conjunction with Barnardos and DE has produced a DVD on the needs of young carers which is designed as a learning tool for those working with young people.

Provision of Information

5.4.22 Bamford also indicated that carers must be appropriately supported through the provision of information as well as practical and financial assistance.

5.4.23 A large resource of information for carers has been added to the central NIdirect website detailing available support from both DHSSPS and DSD.

http://www.nidirect.gov.uk/index/information-and-services/caring-for-someone.htm

The targeted material covers support services for carers, information on benefits, carers' rights, caring for a disabled child, respite, and employment issues with signposting to appropriate organisations.

5.4.24 The quality and availability of information to carers and families is raised throughout the recent Bamford Monitoring Group reports, Section 6. These reports highlight a continuing perceived major deficit in the provision of advice and information for those who use and rely upon mental health and learning disability services.

5.5 Supporting people to lead independent lives

Promoting Social Inclusion (PSI) report and action plan

5.5.1 Reflecting the strong theme of social inclusion in the Bamford Review, L15/M20, the PSI Working Group on Disability, which had cross Departmental and cross-sectoral membership including representation from Equality, Human Rights and the Children's Commission, reported in late 2009 on:

- Children, Young people and their Families;
- Housing, Transport, Information and Access;
- Access to Employment;
- Lifelong Learning, Sports, Arts and Culture: and
- Legislations, Citizenship, Language and Attitudes

5.5.2 However work to develop the associated Action Plan, L16/M21, has not been completed in the timescale envisaged. Work on this is being taken forward alongside work to publish the Executive's response to the PSI working group's report on Disability.

5.5.3 OFMDFM is working to develop a new strategy to sit alongside the Action Plan and to give effect to the recommendations included in the PSI report. It is anticipated that the Action Plan will also be subject to public consultation and will issue for comments early in 2012

Victims and survivors

5.5.4 OFMDFM was tasked with providing an assessment on the impact of the Troubles on the mental health needs of victims and survivors, M22. The Commission for Victims and Survivors has submitted a plan to OFMDFM for completion of the Comprehensive Needs Assessment (CNA). An initial interim report was submitted to OFMDFM in October 2010, with a second interim report in March 2011. The final CNA is expected in 2012.

School and Colleges

5.5.5 It is recognised that children and young people with disabilities must be offered the same opportunities as other young people in respect of education and training and their needs for specific support, flexible delivery and additional time to achieve these benefits should be recognised. To make certain that the full range of education and vocational provisions are available to disabled young people aged 14-25 years old, DE in collaboration with DEL and DHSSPS completed an action plan with appropriate performance measures to ensure:

- Continuation of support for learning and personal development
- Maintenance of a high standard of learning experience
- Achievement of the highest possible education and vocational

qualifications
- The provision of sufficient and appropriate educational, vocational and occupational services
- That young people are equipped with the necessary social and life skills for adult life
- Maximum use of the opportunities for collaborative working between different types of schools and colleges presented by the Entitlement Framework
- Guidance is available for extended schools to specifically encourage greater inclusion of young people with disabilities in activities through outreach and in-reach activities and afterschool provision.
- Performance measures are developed to ensure new opportunities are created and used
- Parents and young people are aware of their right to appeal to the Special Educational Needs & Disability Tribunal should a Board cease to maintain a statement
- That information will be made available for all young people, their families and relevant professionals in relation to transition procedures, services and opportunities in their local and regional areas taking care to ensure that those who fall outside statementing have access to this advice and guidance

Transition to Adult Life

In Schools

5.5.6 The Ministerial Sub Committee on Children and Young People, L18, identified transition of young people from school to post school placements as one of six key priorities to be addressed in a cross-Departmental approach. DE chair a sub-group on this issue with representatives from DHSSPS, DEL, DCAL DSD and DoJ.

5.5.7 The Key Priority/Outcome for this sub-group is:-

"Provision for children with special educational needs in mainstream and special schools, including transitions to adulthood and the provision of appropriate health and social care interventions"

5.5.8 A draft Action Plan has been developed by the sub-group to be implemented by all participating Departments and contains 19 actions to further strengthen policy delivery and post school provision. A draft flowchart detailing the transition from school to post school destinations has also been prepared.

In Health and Social Care Services

5.5.9 In relation to transition from children's to adult health and care services for children with a disability or special needs, L61, this work is being progressed through the new regional Children and Young People's Strategic Partnership (CYPSP).

5.5.10 CYPSP has replaced the children's services planning structures previously located within the 4 Legacy Health and Social Care Boards and was launched in February 2011.

5.5.11 This new regional group is a cross sectoral, strategic partnership, consisting of all key stakeholders who have responsibility for improving outcomes for all children and young people in Northern Ireland including health, social services, education, policing and housing as well as representatives from the voluntary and community sectors.

5.5.12 The key principles will be that transition should be person centred, needs led and will be outcomes focused in seeking to provide choice within a service reform model.

5.5.13 In conjunction with this there are a number of other processes occurring which will have relevance particularly in areas such as Personalisation, Direct Payments and currently a self directed support model is running in the Southern HSC Trust. This pilot is currently operational and will assist in looking how personalisation self directed support will become main stream in areas such as transition.

5.5.14 The CYPSP will lead to integrated planning and commissioning of supports and services aimed at improving outcomes for children and young people across the province.

5.5.15 In Section 6 people with a learning disability and their parents highlight the lack of appropriate information with regard to the options available in their local area. In addition they want access to real day opportunities and choice with support and guidance to decide on what to do during the day.

Further Education, Training and Employment

5.5.16 DEL have completed the Education and Training Inspectorate Evaluation, L17, that considered a range of documents including previous reports on Further Education and Training For Success and also carried out a range of interviews and site visits to Colleges and training providers.

5.5.17 Overall the findings of the Evaluation were quite positive, albeit highlighting some areas for improvement. The key priorities for development that will require cross-Departmental working are:

(a) The need for improved transfer of data between schools, further education (FE) and training providers in relation to the specific support needs of individual learners to allow for planning and scheduling of provision.
(b) Work with other organisations, including DHSSPS, to raise awareness of and develop roles needed to support learners with learning needs, ensuring that FE and Training For Success (TfS) complements the work in day care provision.

5.5.18 Regarding (a), work is ongoing between DEL and DE to find a means of sharing available information. The sharing of this information would provide DEL with essential information to assist in the planning and design of future services in relation to employment programmes, training, further and higher education.

5.5.19 The Careers Service is the interface between the school and FE/training providers. Careers Advisers encourage young people/parents to share information to ensure that the young person can avail of effective support and advisers will share appropriate information with their permission. However, further work will be required by a number of parties and progress is being made through the Children and Young People's Ministerial Sub Group on Transitions, referred to above.

5.5.20 In relation to (b) above, it is recognised that cross-sectoral work is required to resolve all the issues pertaining to the needs of this group. For some individuals the severity of their disability is such that it renders it unsuitable for them to be accommodated in mainstream provision. There are already good examples of collaborative working between Health Trusts and DEL. Under the College Development Planning process, FE colleges are required to provide DEL annually details of collaborative arrangements they have established with local Health Trusts, special schools, voluntary groups and other key stakeholders.

5.5.21 DEL has developed, and implemented, an action plan arising from the Education and Training Inspectorate (ETI) evaluation. The recommendations relating to the Further Education sector have been implemented, as appropriate, in partnership with the Colleges.

5.5.22 In 2009 DEL took the lead in completing a Scoping Study of those young people who are Not in Education, Employment or Training (NEET), M27, in Northern Ireland. The Study was submitted to the Executive in July 2010 and a cross-Departmental mechanism was put in place.

5.5.23 Considerable work has been undertaken by the Department with the principal service delivery Departments to elicit their initial views on the mechanism and development of a strategy and action plan. Work is also ongoing with the voluntary and community sector through and important working relationships have been developed.

5.5.24 The DEL Assembly Committee also undertook an Inquiry into the NEET group. A formal consultation document is being developed drawing on all of the work to date with the sector and Departments, supported by the evidence from the Scoping Study and Committee enquiry Report.

5.5.25 The consultation along with the pertinent findings from the DEL Assembly Committee Enquiry, will inform the final development of a strategy and related action plan. Proposals to develop partnership working guidance are currently being prepared and a draft will be issued to the relevant Departments, Health and Social Care and community and voluntary sector for comments and advice in the near future.

5.5.26 The Bamford Monitoring Group reports, Section 6, set out perceptions that there is a lack of new courses and a limited variety of existing courses. The group also believe that more input is needed from people with a learning disability in order to identify perceived barriers to change.

Evaluation of Supporting People Programme

5.5.27 The DSD's policy evaluation of the administration of the Supporting People Programme by the Northern Ireland Housing Executive (NIHE), L26, was completed in October 2009,.

5.5.28 The purpose of the evaluation of the Supporting People programme was to provide DSD with an assurance that the administration of the programme by the NIHE met both the policy intent and the programme's strategic objectives. It examined the NIHE current funding, governance and accounting arrangements for Supporting People and made recommendations for the future delivery of the programme which are currently being progressed.

5.5.29 The aim of Supporting People in Northern Ireland is to improve the quality and effectiveness of housing related support services. The Department has overall responsibility for the Supporting People programme in Northern Ireland. The intention of the Supporting People programme is to provide:

- a better quality of life for vulnerable people to live more independently and maintain their tenancies.
- housing related support to prevent problems that can often lead to hospitalisation, institutional care or homelessness, and
- help to smooth the transition to independent living for those leaving an institutionalised environment.

5.5.30 The Supporting People programme has made a significant and valuable contribution in assisting vulnerable people to live independently in the community. This has been evidenced in visits to various schemes across a range of client groups as part of the evaluation process. Very positive feedback was received from service users in relation to the benefits of being able to live independently and the value of the schemes and services that were provided.

5.5.31 DSD has committed substantial funding to the programme and this is making a difference to and improving the lives of vulnerable people. The programme has now been running for 6 years with a current annual budget of £63.8m being paid to 110 providers delivering 808 schemes. Currently the Supporting People programme is assisting approximately 23,000 vulnerable people to live independently, exceeding the Public Service Agreement target of assisting 17,000.

5.5.32 The Bamford Monitoring Group believe more input from service users and their carers is necessary within the evaluation process and more focus is required on the needs of people who currently live at home with their families but want to move and

need housing support.

The Health in Mind project

5.5.33 To date the DCAL's Health in Mind project, M24, which runs through to 2014, has delivered 268 programmes, 5 courses, 5 high profile events and facilitated approximately 900 people including carers to enjoy enhanced opportunities for social interaction, and enabled people to have a better understanding of mental illness. Also enabling people with mental illness to acquire some self help skills to assist in their recovery and social inclusion, making people aware of the importance of positive mental health, facilitating people in accessing quality assured mental health information and wider information for life skills to facilitate tolerance and social inclusion.

5.5.34 Frontline library staff have been trained to be aware of customers with mental health issues and carers under stress. Relevant resource materials were researched, produced and disseminated. Thematic book and information displays and bibliotherapy exhibitions were held in libraries.

Equality and diversity awareness

5.5.35 The latest Northern Ireland Civil Service (NICS) Employment Equality and Diversity Plan, M33/L28, has been published by DFP and is available for download at:

http://www.dfpni.gov.uk/nics-employment-equality-and-diversity-report-2010.pdf.

5.5.36 It identifies the key equality and diversity issues facing the NICS, as an employer, and reports on the achievement of actions set out in previous plans.

5.5.37 The NICS equal opportunities and diversity training, M34/L29, continues to be made available to staff via a classroom based course for all new entrants and an e-learning package for all other staff. This is a mandatory training requirement for all NICS staff and over 12,000 civil servants have completed the training.

Transport accessibility

5.5.38 DRD was tasked to undertake research into the transport needs of people with a learning disability, L20. This research was carried out by the Inclusive Mobility Transport Advisory Committee (Imtac) and was completed in June 2010.

http://www.imtac.org.uk/publications/2learningdisabilityrpt(finalversion).pdf

5.5.39 The research examined all aspects of transport accessibility through undertaking a literature review, assessing the current policies and transport opportunities available and also by talking to groups of people with learning disabilities. The report recommends 7 areas in which improvements could be made to increase the travel

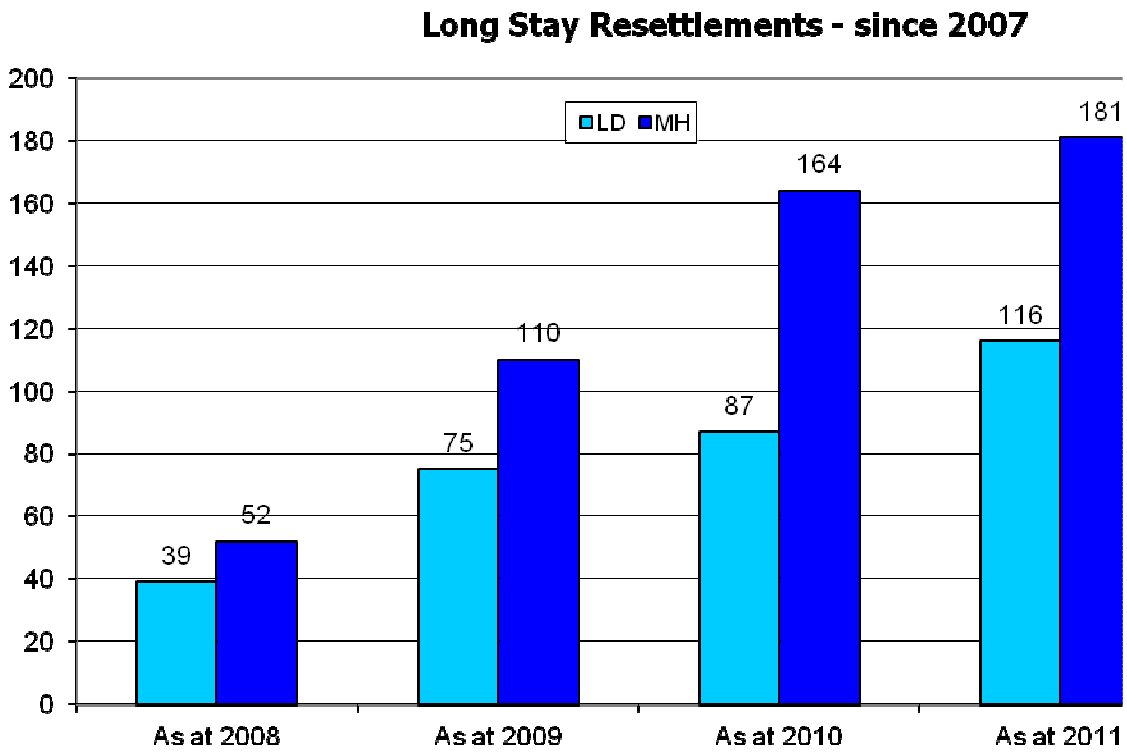
opportunity. These include: developing travel training programmes, improving provision of travel information, providing improved disability awareness training for staff involved in transport, raising awareness of current travel opportunities available, exploring taxi card schemes, reviewing the eligibility criteria for the concessionary fares scheme and engaging people with learning disabilities when making changes.

5.5.40 DRD is currently in discussion with Imtac regarding the outcomes of the report and how the recommendations can be implemented.

Resettlement of long stay Inpatients

5.5.41 For many years the policy aim in both mental health and learning disability services has been resettlement to enable people to live as far as possible in the community. The resettlement programme was supported by the Bamford review, which recommended challenging timescales for completing the resettlement programme. This was reflected in the targets set in the Action Plan, M37/L32.

5.5.42



5.5.43 Since 2007/08 the emphasis of the resettlement programme has been on people who had been admitted to hospital prior to 1 April 2006 and had been in hospital for 12 months or more at 31 March 2007. At the same time work continues to ensure that people who are admitted to hospital for assessment and treatment are discharged as soon as they no longer need to be in hospital, thus avoiding "delayed discharges".

5.5.44 The associated target of a 25% reduction in the number of long-stay patients in learning disability hospitals (baseline 2007/08) has also been achieved. While the

resettlement target attracts specific funding it is assumed that other patients can be discharged to the community without additional specific funding for individual packages.

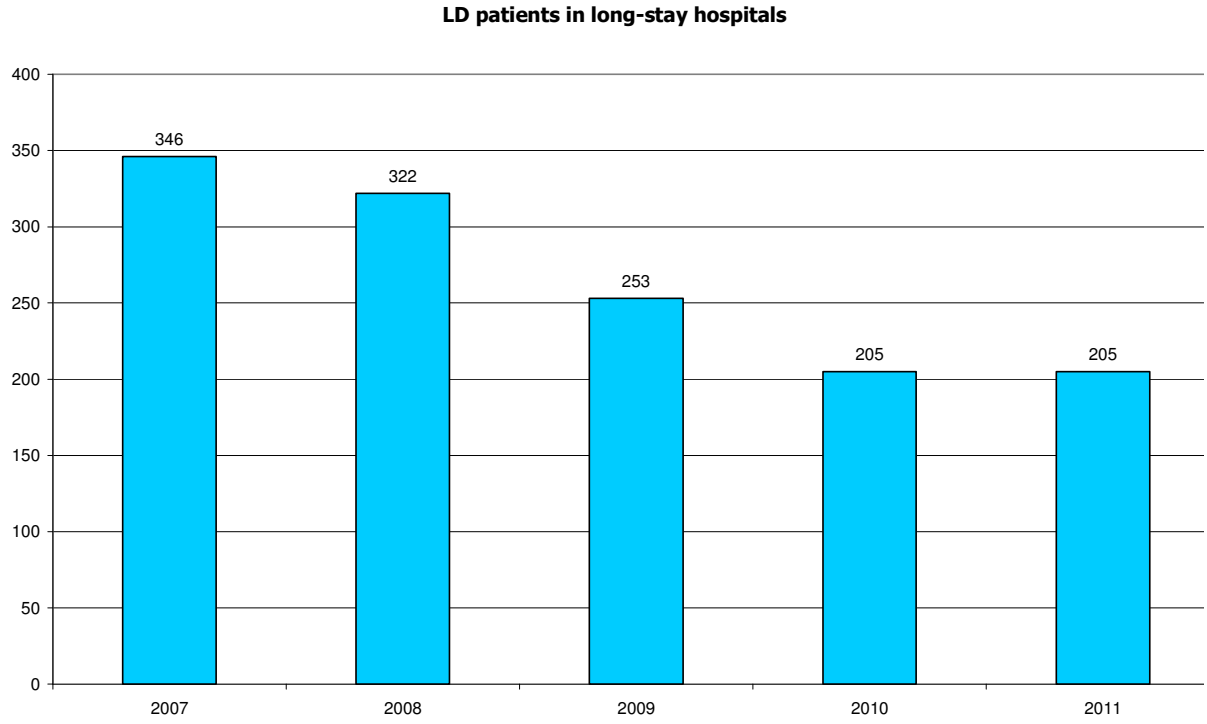
5.5.45 In most patients' cases this is what happens; however, there are a smaller number of patients who remain in hospital beyond the 90 days target who do require a newly funded package of care in the community to permit their discharge. In order to address the potential growth of a new long stay population the Department has set a target for 2011-12 specifying that the additional funding of £6.4m for learning disability is targeted on the resettlement of 45 long stay patients and a reduction of 15 in delayed discharges. It is the intention to continue to address both issues in parallel as the resettlement programme progresses.

5.5.46 The HSC Board has established a Community Integration Project to take a more managed, organised and structured approach to the resettlement process including the examination of all of the housing and care options which are available. The principle of "betterment" remains the key consideration for Trusts in the resettlement of individuals in the community. Considerations also include full discussion with the individual, family and carers on accommodation arrangements, support for independent living and the range of health and social care services which are required. Work has commenced on carrying out detailed individual assessments of those remaining in Muckamore and Trusts continue to work closely with NIHE and other providers to identify accommodation solutions to meet individual need.

5.5.47 The Bamford Monitoring Group is currently working on a project to capture the views and experiences of people with a learning disability who have moved from living in a hospital to a home in the community.

5.5.48 Another associated action was to improve inpatient assessment and treatment services for children with a learning disability. The Iveagh unit is a £4m investment providing a completely new eight-bedded children's treatment and assessment unit. The unit opened in April 2010.

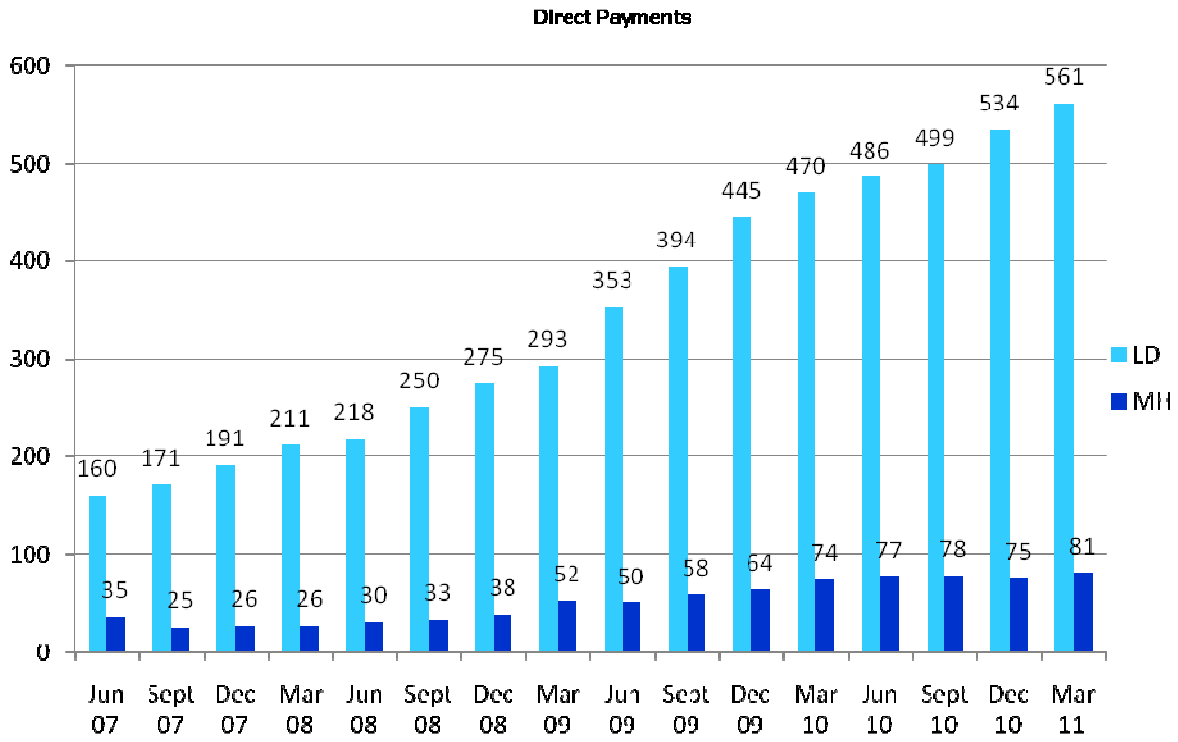
5.5.49



Direct Payments

5.5.50 In 2009 the HSCB were tasked to double the uptake of Direct Payments in order to give service users and their carers greater choice in the support they receive, M36/L38. Through active promotion and background support to those choosing this option the number of Direct Payments in effect has risen from 38 at the start of 2009 to 81 in May 2011 for mental health service users and from 218 in June 2008 to 561 in May 2011 for people with a learning disability. In addition a duty has been placed on Trusts to offer Direct Payments to those assessed as needing services and to whom they had agreed to provide services. Although the targets set in the Action Plan have been achieved, there is still considerable scope to further promote uptake of Direct Payments as a means of ensuring that people can access the support that best suits their needs.

5.5.51



Access to information

5.5.52 The Bamford Vision recognised the benefits deliverable by ensuring better support for service users and carers in understanding the services and making their views heard. The Action Plan tasked stakeholders with improving communication methods and access to information for people with a learning disability, L30, L31, L35, L43 and L58.

5.5.53 The Bamford Monitoring Group in conducting evaluation work for their 2011 reports captured the perceptions of service users and their carers on the availability of information. (see Section 6) Service users and their carers believe that relevant information is difficult to access, more dedicated local service information is required and that generally much more work is needed on this work stream.

Advocacy

5.5.54 Reflecting the Bamford Review's recognition of the important role of advocacy in a health and social care context and informed by the outcomes of stakeholder workshops in September 2010 and May 2011, a draft policy was published for consultation in June 2011. Consultation responses are currently being analysed. The draft policy seeks to clarify what advocacy is and set out some key principles and standards for the future commissioning and delivery of advocacy services. Further more detailed guidance for commissioners will be prepared once the detail of the new statutory right (under the new Mental Capacity legislation, section 5.6) to an independent advocate has been fully developed. It is expected that the final policy will be published in March 2012.

5.6 Developing structures and legislative framework

Development of Mental Capacity Legislation

Background

5.6.1 One of the key Bamford reports A Comprehensive Legislative Framework (Bamford 2007) recommended new mental capacity and mental health legislation for Northern Ireland based on agreed principles. Work to develop the new legislation was therefore a key action within the Action Plan, M78/L65.

Progress to Date

5.6.2 In September 2009, the Health Minister took the decision to prepare new mental capacity legislation which would include, for the first time in any jurisdiction, mental health provisions. Since then the Department has developed policy proposals which give effect to the single Bill approach. This has been a complex project, as there is no template to follow. It has required developing innovate solutions. To this end the Department has worked closely with the major stakeholders, including other involved Government Departments.

5.6.3 As part of that process the DHSSPS on 30 July 2010 published an equality impact assessment for consultation. Many respondents felt that the impact on section 75 groups would be positive and there was a broad measure of support for the Department's core proposals, in particular that:

- there should be a single Bill.
- the Bill should be principles based.
- there should be a presumption of capacity in all, and
- there should be a hierarchical approach to providing protections to those subject to interventions under the Bill.

5.6.4 Some concern was expressed that some areas of policy were insufficiently developed to enable respondents to express a view on these issues; that the legislation was not being applied to those under 16 years of age; and that DHSSPS did not propose extending roles traditionally undertaken by doctors and social workers to other professions. The DHSSPS does propose taking an enabling power to widen professional roles should the need arise at a future date.

5.6.5 In January 2011 DHSSPS sought the agreement of the NI Executive to the preparation of a draft Bill which would apply to civil society. It had previously been agreed with the Department of Justice that policy in relation to a separate Mental Capacity Bill will be prepared for those subject to the criminal justice system although if timings permitted the aim would be to bring criminal justice provisions back within a single Bill. The Executive has subsequently agreed to the overall policy content of the Bill and to moving to the drafting stage of the Bill. However the Executive has made it clear that the Bill when drafted should come back to the

Executive in due course for fuller consideration of the policy content and the estimated costs.

Next Steps

5.6.6 The next steps in relation to the Bill are :-

- Preparation of a draft Bill
  This will require the Bill Team to complete a comprehensive set of instructions for the Office of the Legislative Counsel which give effect to the agreed policy content of the Bill. However this will be dependent on the Counsel achieving the policy intent of what will be a complex piece of legislation and on the other legislative workload of the Counsel.

- Consultation on the Draft Bill
  While it is not essential to undertake consultation at this point, it would seem prudent to do so. This is an important piece of social legislation and it will give the minister and the Executive the opportunity to consider the Bill again before its introduction into the Assembly. Consultation should be complete by end of Summer 2012.*

- New Minister and Executive clearance of draft Bill
  Following consultation the minster and the Executive will have to provide final clearance of the Bill prior to its introduction into the Assembly in Autumn 2012.*

- Introduction to Assembly
  It is anticipated this will in late 2012.*

- Enactment
  This will be dependent on the time it takes progressing through the Assembly but should be achieved in 2014.*

** In relation to the timetable for the introduction and enactment of the proposed Mental Capacity Bill, the information provided in paragraph 5.6.6 was an accurate reflection of the position at 31 December 2011. However there has been a significant development since then which has altered that timetable considerably. Pressure from stakeholders and from the Health and Justice Assembly Committees led to a reconsideration of the original Executive proposal to apply the Bill only to those in civil society and for separate consideration of the application of the Bill approach to those subject to the criminal justice system. In February 2012 the Health and Justice Ministers jointly agreed that the scope of the Bill should be extended to include those subject to the criminal justice system. It is now proposed that, subject to Executive agreement, consultation on the draft Bill will occur in the Summer of 2013, with the Bill introduced into the Assembly towards the end of 2013 and its enactment in March 2015.*

Deprivation of Liberty Safeguards guidance.

5.6.7 The Department issued revised Deprivation of Liberty Safeguards (DOLS) guidance in October 2010 to provide interim guidance on the principles to be applied by those involved in taking decisions about an individual's care or treatment that may result in the deprivation of that individual's liberty, M80/L67.

http://www.dhsspsni.gov.uk/revised-circular-deprivation-of-liberty-safeguards-october-2010.pdf

5.6.8 The guidance was issued as result of the European Court of Human Rights (ECtHR) judgement in 2004 in the "Bournewood" case and is therefore an important element in the protection of human rights of patients as required under the European Convention of Human Rights.

5.6.9 The guidance is intended as an interim solution based on the current legislative framework, the Mental Health (Northern Ireland) Order 1986 and best practice, pending the introduction of the new Mental Capacity (Health, Welfare and Finance) Bill.

Nearest Relative Guidelines

5.6.10 Arising out of a ECtHR case has been a need to amend the Mental Health (NI) Order 1986 to provide patients with the right to challenge the appointment of their nearest relatives and have a county court appoint an alternative nearest relative, M79/L66. Rather than considering an amendment to the 1986 Order at this stage, however, consideration is being given to give effect to this through the introduction of nominated persons in the proposed Mental Capacity Bill.

Impact of management structures.

5.6.11 The structures put in place to drive forward the Action plan have been described in section 3. This section considers the impact the Bamford management structures have had on the delivery of the Bamford Vision.

5.6.12 The strong cross-sectoral working established at Departmental level is evident with the management structures under the Action Plan. Departmental, HSCB and Bamford Monitoring Group representatives cross-populate management groups and programmed meetings. Where beneficial, these structures have embedded the ethos of Personal and Public Involvement, PPI, as part of the organisational activity. The extent of direct user/carer involvement within these structures is increasing, however an ongoing focus on this work stream will be require to maintain momentum.

Inter-Departmental Group Monitoring

5.6.13 The Inter-Departmental Group's (IDG) monitoring has established a firm grounding for this first phase of the Bamford Vision. The chosen Traffic light system has provided a useful guide on specific action milestones and achievements. The current monitoring reports are supplied to the Ministerial Group, IDG, HSC Taskforce and Bamford Monitoring Group. The Bamford Monitoring Group outcome reports, Section 6, raise concerns that the quantity of interdepartmental and cross sectoral working evident at IDG level may not be as apparent or productive at local level. The issue of local level cooperation will be actioned in the follow-on Action Plan.

HSC Taskforce

5.6.14 The Taskforce Work Plan sets out the HSC/PHA workstreams necessary to make delivery of the Bamford Vision for people who use Mental Health Services and for people with a Learning Disability and their families a reality in future years. Many of the workstreams are taken forward within specific sub-groups.

5.6.15 The sub-groups further allow issues raised by service users and carers to be brought to the attention of the main Taskforce. The structure of the Taskforce has also ensured that actual Bamford targets for mental health and learning disability services are reflected in the HSCB's overall commissioning priorities.

5.6.18 The Taskforce is also undertaking work to develop a set of high level outcome indicators. The establishment of the indicator set will provide a solid foundation for longer-term evaluation of the Bamford programme of work.

Bamford Monitoring Group

5.6.19 The wider Patient and Client Council membership network currently includes 2,279 contacts under mental health and 2,132 contacts under learning disability. These include individual service users, carers, family members and interested members of the public together with organisational mental health and learning disability groups. These members have been engaged by the Bamford Monitoring Group to assist with the user and carer portion of this evaluation, Section 6. As this scheme develops further it may be possible for other groups within the management structure to get immediate feedback on focused queries through the Bamford Monitoring Group from this network.

5.6.20 The Bamford Monitoring Group reports précised in Section 6 are a good example of how this network can be utilised to focus in on specific work streams. These reports set out the outcomes and impacts of the 2009-2011 Action Plan from a user and carer perspective. They have been extremely useful not only in balancing the quantifiable outputs in this Evaluation but also through informing development of the follow-on Plan.

5.7 Developing better services to meet people's needs

Personal and Public Involvement

5.7.1 The Bamford Review of Mental Health and Learning Disability set a strong example of involving service users and carers in their deliberations. This has been sustained in the structures and processes set in place since then. The Bamford HSC Task force and its supporting subgroups, established within the last 18 months, have included service user and carer representation. In addition the Bamford Monitoring Group, established through the Patient and Client Council, has a remit to ensure that service users and carers have an opportunity to feed back their views to the Minister on how services are meeting their needs. The Bamford Monitoring Group reports annually to the Minister. "Easy read" versions of documents are also produced where appropriate.

Service Frameworks

5.7.2 Service Frameworks set out the standards of care that people who use services, their family and carers can expect to receive. Consultation on the Mental Health Service Framework finished in March 2011 and the final paper was published in autumn 2011.

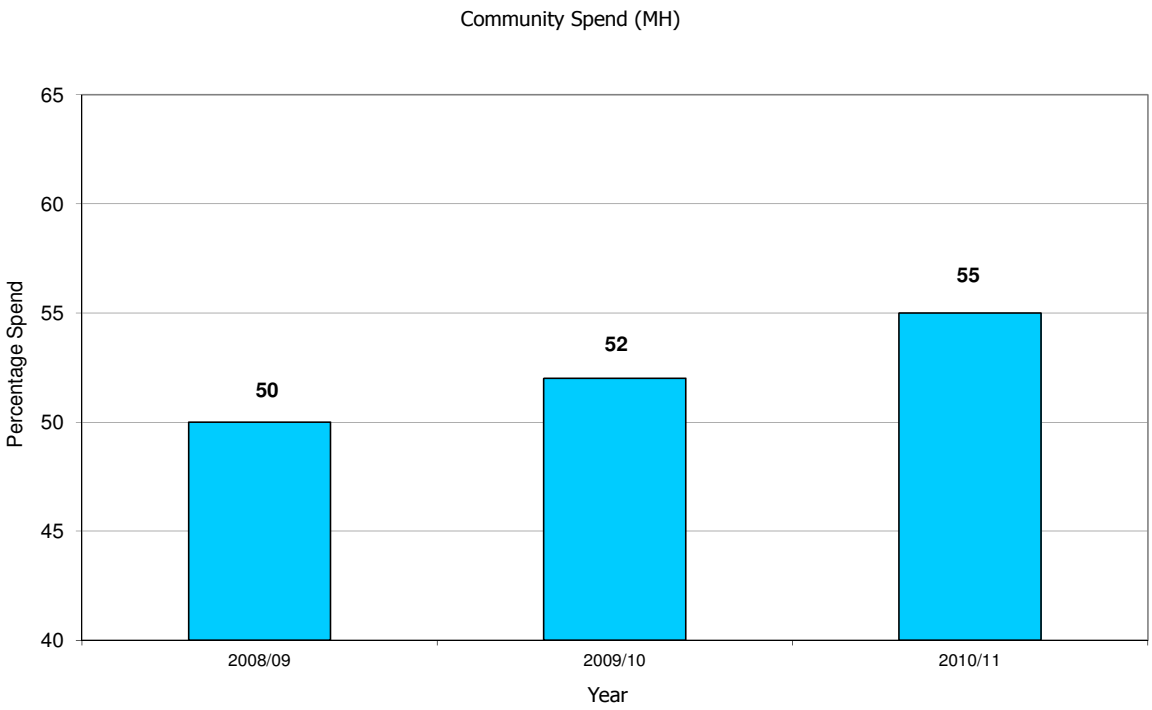
http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards-service-frameworks/sqsd_service_frameworks_mental_health.htm

5.7.3 The Service Framework for Mental Health and Wellbeing, M47, sets a range of standards in relation to the prevention, assessment, diagnosis, treatment, care and rehabilitation of individuals and communities who currently have or are at greater risk of developing mental ill-health. These standards have been developed in partnership with a wide range of stakeholders with representation from all aspects of health and social care as well as service users and carers. They are aimed at improving areas such as mental health promotion and user and carer experience. They also set out the standards of care and treatment that patients can expect to receive.

Shift resources to community

5.7.4 The Bamford vision is to expand community based services and prevent inappropriate admission to inpatient services. The Action Plan targeted that 60% of HSC spend on mental health services, M46 , and 80% of HSC spend on learning disability services should be on community services. While the balance of spend in learning disability services has been maintained at above 80% (82% in 2010/2011), the target has not been achieved in mental health services, where spend on community services was 53% in 2010/11. However notwithstanding the efficiencies imposed on all spending in recent years the trend remains positive. The Bamford Monitoring Group's Is Bamford Making a Difference report stressed the need to focus on recovery within mental health; more support for carers in the community; the importance of mental health community groups in supporting people and the lack of appropriate information regarding the options for referral to voluntary and community groups.

5.7.5



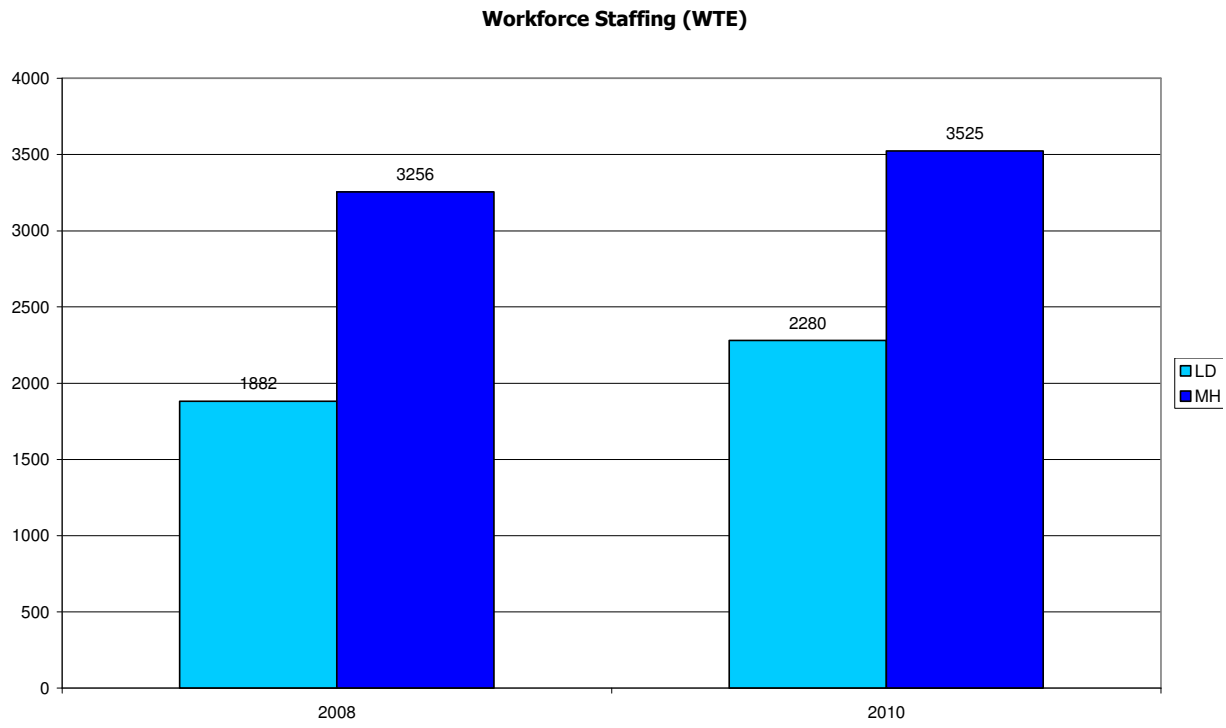
Workforce

5.7.6 The Action Plan sought an additional 240 staff in community mental health services from the 07/08 baseline, M54. The learning disability Action Plan also called for an increase in community staffing, L42, but set no target for the amount.

5.7.7 The Human Resources Management System which was used by the Deliotte Workforce Review as a data source, identified 3256 Whole Time Equivalent (WTE) staff in mental health services in 2008, and of 3,525 WTE staff working within mental health services in 2010. For learning disability, the baseline identified 1882 WTE with an increase to 2280 WTE in 2010 using like-for-like comparators.

5.7.8 It is not possible to separate community staffing because of role descriptor indicators within the database. The ongoing commitment to community services should have channelled the majority of these additional staff – 269 in mental health and 398 in learning disability - into community services, although the existing database descriptors cannot substantiate this.

5.7.9



Service mapping

5.7.10 The Action Plan included actions to complete and maintain a map of mental health, M52, and learning disability services, L44, across Northern Ireland, so that new services can be better targeted and gaps in existing services can be filled. Information from this could also be made available to GPs and to members of the public, who may be seeking to access services. Progress on this action has been slower than anticipated. Some resources have now been identified jointly between the HSCB and the DHSSPS to take forward the mapping of services. It is anticipated that the mental health map will be completed early in 2012, and the learning disability map within the following 12-18 months.

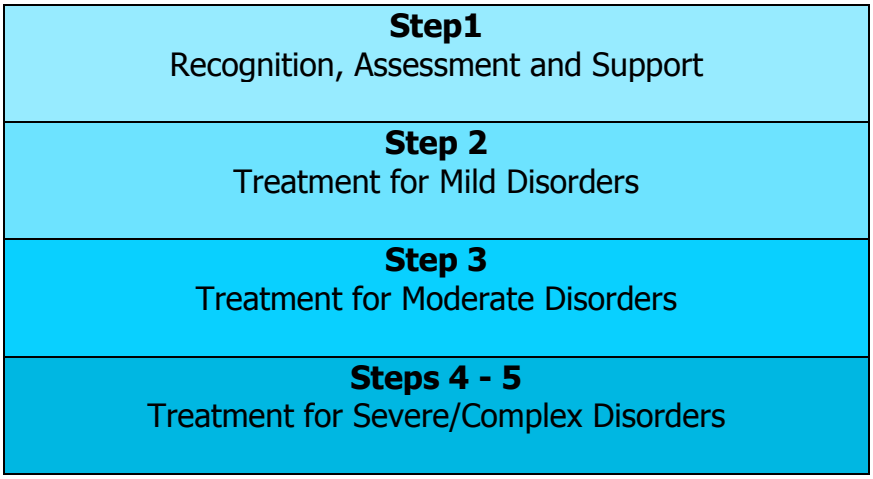
Mental health service enhancement

Stepped Care Model

5.7.11 The Bamford Action Plan 2009-2011 envisaged a stepped care model for future service provision in Northern Ireland. The model aims to provide a graduated range of care options including self-help and the provision of support and treatment within primary care before referral to more specialist services.

Stepped Care Model

5.7.12



5.7.13 The HSCB developed a Mental Health Elective Access Protocol in May 2010. This protocol requires Trusts to develop stepped care approaches as a means of streamlining care pathways. The HSCB continues to work with Trusts on the design of an agreed Stepped Care Service model. This work is currently being progressed through the Regional Psychological Therapies Network. Specific sub-streams are currently refining the required service elements necessary to provide a robust Stepped Care service model. A consensus position will be established encompassing the 5 Trusts regarding the elements of service provision required. This is being underpinned by the development of regional threshold criteria which will match need with intervention and decisions on who should provide this care. Beyond the consensus model Trusts are also required to review how their existing resources may be realigned/re-shaped to map into the Stepped Care model. Those using these services maintain that there are still difficulties in accessing services in times of crisis and uncertainty regarding the application of assessment criteria.

Psychological Therapies

5.7.14 Recognising the evidence base for psychological therapies and as recommended by the Bamford review, the Psychological Therapies strategy was published in June 2010, M55, to inform the development of these services in line with the Bamford Vision.

http://www.dhsspsni.gov.uk/show_publications?txtid=42865

5.7.15 A Regional Psychological Therapies Implementation Plan will ensure the provision of psychological therapies will be a core component of mental health and learning disability services. Services will be delivered by staff with the skills and competence appropriate to the level of interventions required, and to national and regionally agreed standards and guidelines. Future work streams will:

- Profile Services.
- Produce an Integrated Care Pathway.
- Develop Matched Care Threshold Criteria.
- Produce Workforce/Skills/Outcomes Frameworks, and
- Produce Regional Guides to Psychological Therapies.

Beating the Blues

5.7.16 Beating the Blues (BTB) a computerised Cognitive Behavioural Therapy programme, M56, is recommended by NICE for use in primary care for the treatment of mild/moderate depression. The programme is designed to provide feedback to the GP after a patient has completed each of the eight sessions, in order to monitor progress. The service has been available to all Northern Ireland GP practices from December 2010 but uptake has been slower than expected. Access to BTB has recently been extended to include prisons and Trusts' Occupational Health Departments and regional voluntary and community organisations. Up-take of the programme is steadily increasing, by September 2011 2,782 people had made use of the service.

5.7.17 The Bamford Monitoring Group is currently conducting a survey of users and carers asking them about their experiences of using the BTB programme. A report on the findings will be published in 2012. The Group have also raised concerns regarding the ease of use for those with a learning disability.

Crisis Response Home Treatment

5.7.18 The Action Plan sought an improved and harmonised model for crisis intervention Services, M64. Mental health services in all HSC Trusts are repositioning to the preferred model of treating people with acute mental illness within the community thus decreasing reliance on, and numbers of, acute inpatient beds. The 269 additional mental health staff outlined in section 5.7.8 are enabling the ongoing deployment of this vision.

5.7.19 Crisis Response Home Treatment (CRHT) teams and service models are being developed within Trusts to support people, who previously would have been admitted to acute units, in their community on a 24/7 basis.

5.7.20 Audits have been conducted on all Trust services and a process is in place to fully harmonise services with a further potential for implementation of a CRHT regional

specification.

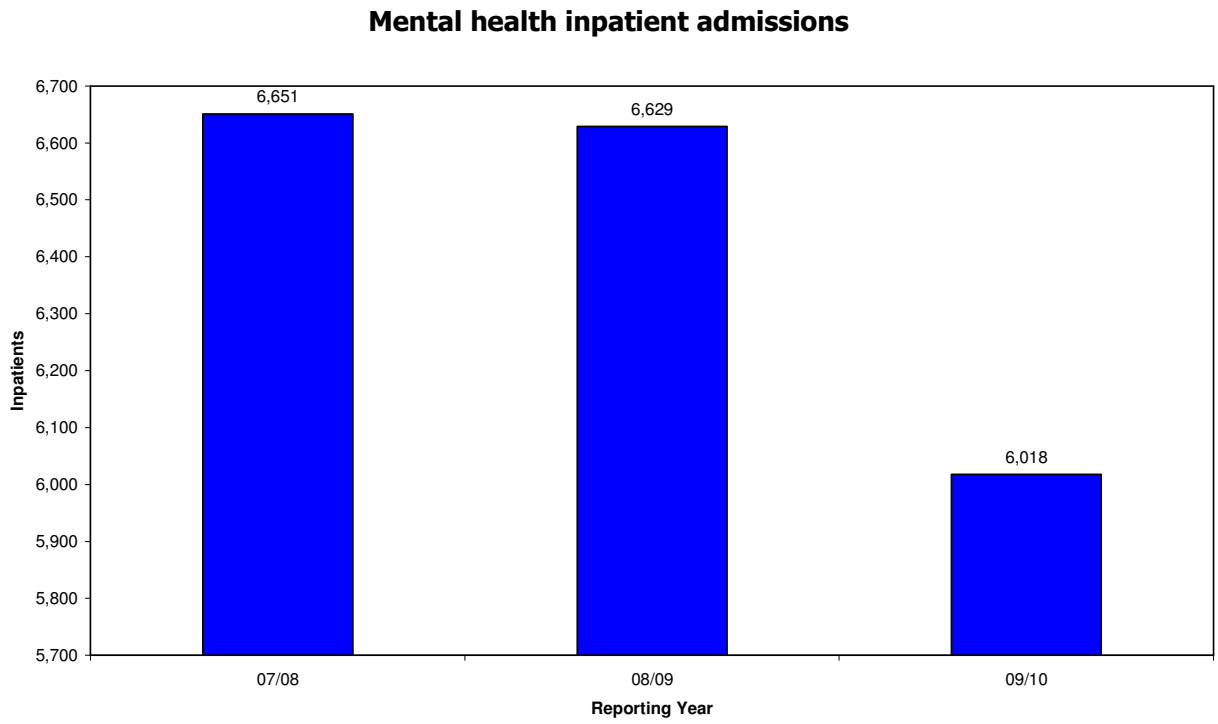
5.7.21 Service users and carers stressed that support for individuals and families in times of crisis were very important. They believed though that there was a lack of these support mechanisms in place and access to services was not easy. They also called for a place of safety particularly in relation to suicide and self harm. The ongoing need for education and strong therapeutic relationships were also emphasised.

Admissions to Hospital

5.7.22 Linked to the development of crisis response services was an objective to see a 10% reduction in admissions to mental health hospitals (baseline 2007/08), M54.

5.7.23 While there have been increasing numbers of day cases in hospitals over recent years due to changes in working practice, the number of admissions spending at least 1 night in a mental health hospital has decreased by 10% (633).

5.7.24



Source ….http://www.dhsspsni.gov.uk/hosp_stats_2010_mhld.pdf

Access to Mental Health Services for those leaving hospital or A&E departments

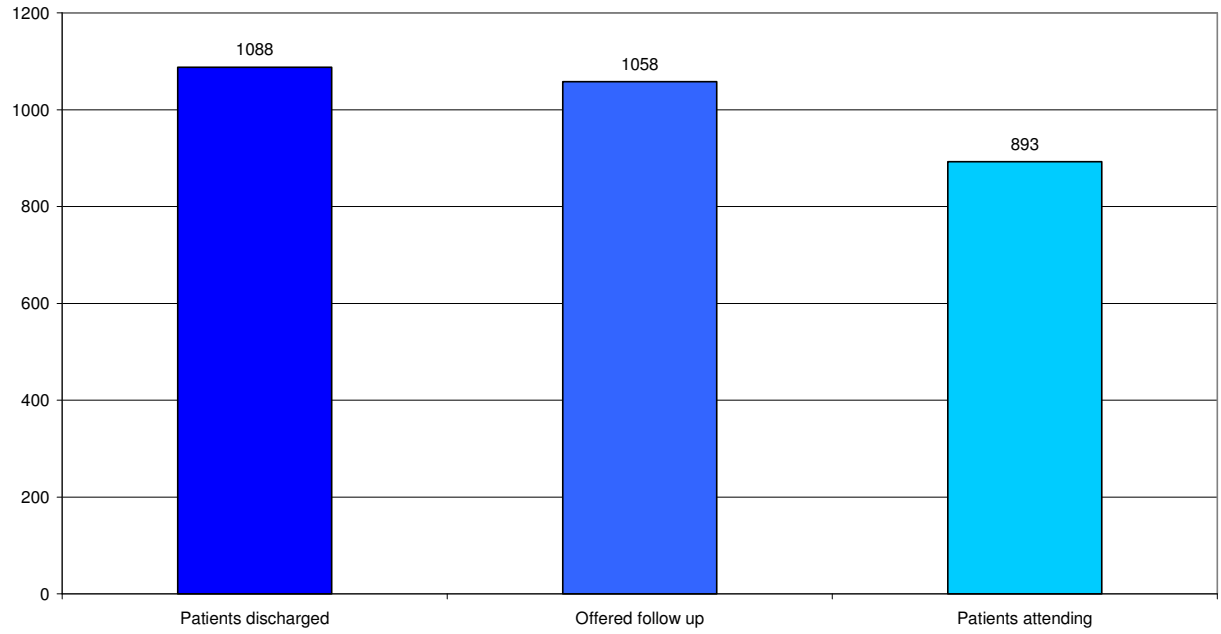
5.7.25 The Card Before You Leave protocol is in operation in each Trust area. The programme was launched in January 2010 in order to ensure that patients at risk of self-harm or suicide receive ongoing care in the community following their discharge from A&E or an acute inpatient setting.

5.7.26 Those patients presenting at A&E, who are assessed to be at low risk of self-harm or suicide, are given a card detailing useful contact numbers within adult Mental Health Services. This card will also have a fixed-time appointment for a follow-up assessment in five Trust areas. The same system operates within Child and Adolescent Mental Health Services in all Trust areas.

5.7.27 In addition each Trust has procedures in place to ensure that mental health patients who need continuing care have a follow up contact with mental health services within 7 days of discharge from hospital, M62.

5.7.28

Mental Health post discharge7 day follow-up appointments
October to December 2010



5.7.29 The Bamford Monitoring Group is currently asking people to share their experiences of Card Before You Leave and follow-up appointments. The findings from this work will assist future evaluation of the schemes. Regular feedback is also being given to the Regional Card Before You Leave Steering Group.

Promoting Quality Care

5.7.30 People who may pose a risk to themselves or to other people or who may be at risk from other people will have such risks assessed and managed in an appropriate way as part of their treatment and care plan. The DHSSPS issued the Promoting Quality Care Guidance to Trusts in May 2010 in response to an Action Plan objective, M57.

http://www.dhsspsni.gov.uk/show_publications?txtid=42473

Meeting Specialist Needs

Child and Adolescent Mental Health Services (CAMHS)

5.7.31 The HSCB has recently reported to the Department that there is continued emphasis on the key areas of communication, interface and collaborative working which are being driven by the "Think Child, Think Parent, Think Family" regional project. Work reported as taken forward by this project includes:

- The Draft Joint Working Agreement consultation which finished in January 2010.
- UNOCINI guidance has been strengthened to reflect mental health needs. Further work will be developed on the UNOCINI Threshold of Need.
- 2 online surveys have been developed to capture the views of service users and carers and staff on a regional basis; these are expected to help shape and influence services through to the future.
- The development of the Social Care Institute for Excellence (SCIE) recommendations are being progressed by all 5 Trust locality teams.
- The 'Champions' model is being developed further in the Southern and South Eastern Trust areas which is expected to enrich the key areas of communication and collaborative working.

5.7.32 The Regulatory Quality Improvement Authority (RQIA) completed an independent review of CAMHS in Northern Ireland in 2010 their report dated February 2011 has been published.

http://www.rqia.org.uk/cms_resources/RQIA%20CAMHS%20Report%2022%20Feb%2011.pdf

5.7.33 A number of work streams are already currently underway which will address many of the recommendations outlined in this report. These include:

- The Bamford CAMHS sub-group which is taking forward actions from the Bamford Action Plan 2009;
- A review of Tier 4 services; and
- The recent appointment, by the HSCB, of a commissioner for CAMHS.

5.7.34 Overall it is clear that child and adolescent mental health services are continually improving and developing. However, there is still much work to do to develop and improve services further. Unfortunately, this cannot be achieved without additional investment. To fully implement the RQIA recommendations may cost around £2m per annum – in the current financial climate, clearly not all recommendations can be implemented in the short-term; therefore, it will require a prioritised approach to implementation.

5.7.35 A new combined child and adolescent mental health inpatient facility - a £15m investment at Foster Green opened in 2010, M70. These units provide a total of 33 inpatient beds and a further five day case beds for children and adolescents with mental health problems, along with parents' overnight stay accommodation and a family flat.

Dementia

5.7.36 The Northern Ireland Dementia Strategy was consulted on in 2010 and the final strategy and supporting action plan was published in November 2011, M71, albeit after the cut-off date for monitoring for the Action Plan. Key messages in the strategy are:

- Prevention
- Raising awareness and addressing stigma
- Access to early diagnosis
- Staged approach to care and support
- Improving staff awareness and skills, and
- Redesign of services

http://www.dhsspsni.gov.uk/show_publications?txtid=53089

5.7.37 DHSSPS has also funded the NI Dementia Services Development Centre for a 3 year period up to March 2012 to support dementia service providers in both the statutory and non-statutory sectors, M72. A separate evaluation of this work was completed in 2011.

Personality Disorder

5.7.38 The Personality Disorder strategy was published in June 2010, M61.

http://www.dhsspsni.gov.uk/show_publications?txtid=43090

5.7.39 New funding, (£600k 09/10 and £574k in 20/11), has been allocated and staff recruitment has commenced. Of the £574k, £100k is being provided to SET specifically to develop services within prisons. The main emphasis on moving forward will now be the development of a Personality Disorder care pathway, raising awareness across all professions, training of staff at steps 2 and 3, and engagement with the voluntary and community sectors.

Forensic Services

5.7.40 A multi agency Specialist High Support Bamford Subgroup has been established, M73. A work plan has been developed and its actions are being taken forward by the Group. This Group is also looking to see how existing services could be developed

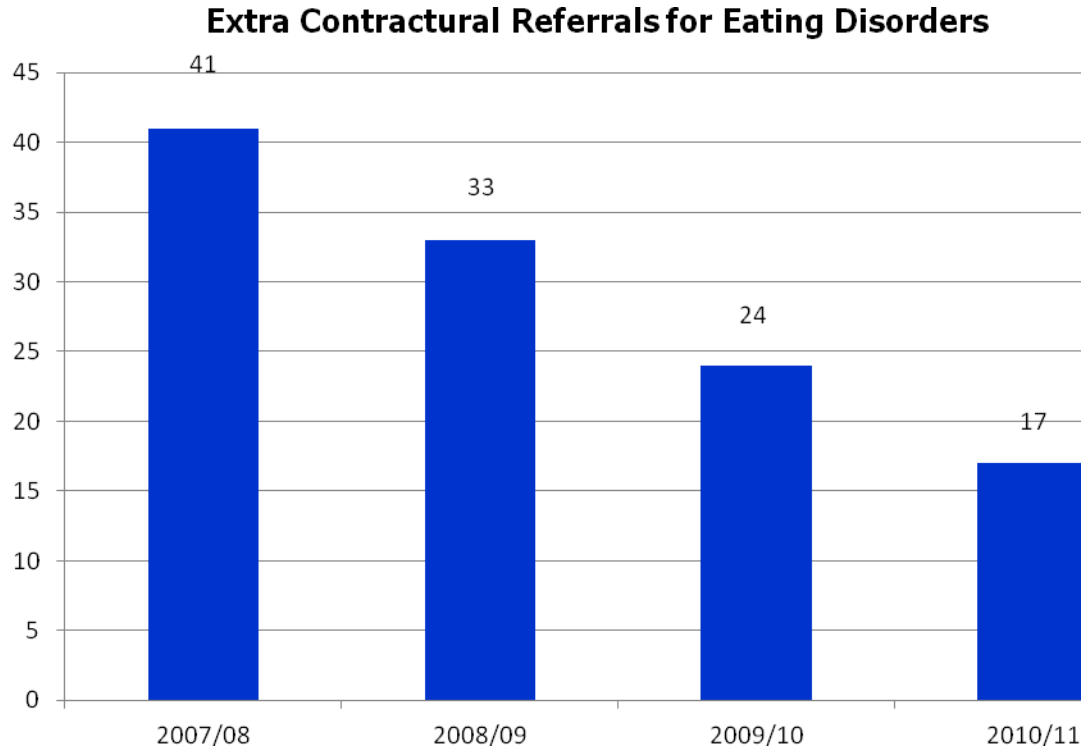
further and how best to share information. The Community Forensic Care Pathway has been reviewed and updated and has been issued for stakeholder consultation.

Eating disorders

5.7.41 The Action Plan aimed to establish an inpatient service for eating disorders to complement existing community based services, M66. The Regional Eating Disorders Network group is working towards implementation of a regionally agreed service model. This aims to enhance community provision allied to specific inpatient service capacity in each Trust's acute hospitals and also to reduce the number of people who require placement outside NI for specialist care. However Trusts are working together to progress the development of local in-patient service capacity in terms of sharing knowledge and skills. These beds (1-2 per Trust) are managed by specially trained medical/psychiatric staff, supported in an in-reach basis by staff from community based eating disorder teams. This provides a seamless service which is key to achieving the best long-term outcomes.

5.7.42 The absence of investment during 2010/11 has meant it is no longer possible to develop the model in full, limiting the scope to prevent placements outside NI. Although the development of the local in-patient service is at a relatively early stage figures show a significant reduction in referrals in recent years and this trend is expected to continue as local expertise in the management of complex conditions continues to develop.

5.7.43



5.7.44 The Bamford Monitoring Group's Open Dialogue Mental Health Conference report, Section 6, expressed criticism that people who battle with eating disorders are still sent to England; the lack of therapy, the types of therapy available for people and, as eating disorders impact the whole family, the need for therapy to be open to all family members.

Low secure provision

5.7.45 The Low Secure Sub Group of the HSC Taskforce has developed a referral care pathway for low secure services, M74. Consideration is now being given to the link between forensic and prison services to streamline that pathway. A new model of therapeutic interventions considering good practice guidance on therapeutic interventions and services elsewhere informed recommendations within this care pathway.

5.7.46 The Group also completed a Low Secure Services Report to look at the projected service need and identify a preferred model for future low secure provision.

5.7.47 Capital funding to enable implementation of the preferred service model was identified. This issue will now be taken forward by the HSCB in discussion with the Health & Social Care Trusts.

5.7.48 In April 2011 operational implementation of the low secure service was handed over to the HSCB for discussion and implementation with the five Health & Social Care Trusts.

Learning disability service enhancement

Day opportunities

5.7.49 To support people with a learning disability who want to have a job, DEL's Disability Employment Service (DES) provides a range of vocational and pre-vocational programmes to meet the needs of disabled people whatever their age, L60. The particular programme that is appropriate for each individual is discussed and agreed with an Adviser based in Jobs and Benefits Offices/Jobcentres. DES has a team of Occupational Psychologists to assist Advisers provide their services. The programmes are demand-led and much of the DES provision is individually assessed. Programmes include:

- Job introduction scheme
- Access to Work NI
- Workable NI
- Ulster Supported Employment Ltd
- Residential Training
- Steps to Work
- Local Employment Intermediary Service, and
- The European Social Fund (ESF) programme.

5.7.50 DEL is responsible for the implementation of the Northern Ireland ESF programme 2007-2013. Priority 1 of the programme , entitled ' Helping people into sustainable employment', provides support for projects that offer training to people disadvantaged from entering the labour market and those seeking further skills. Some of these projects focus exclusively upon participants with a disability. Currently, there are 17 projects in receipt of assistance in relation to participants with a mental health difficulty, learning disability or physical disability.

5.7.51 The HSC sector also continues to provide a range of day opportunities, often in partnership with voluntary and community organisations.

5.7.52 The Bamford Monitoring Group reports referenced in Section 6 reveal that people with a learning disability need real day opportunities, real choice and real decision making on what they can do during the day. These principles will be carried forward into the follow-on Action Plan.

People with challenging behaviours and profound and multiple learning disabilities

5.7.53 The Bamford Review of Mental Health and Learning Disability recognised children's services as a key area where Departments and their agencies must work together to most effectively meet assessed needs. This was particularly emphasised in relation to services for children with a learning disability who present with challenging behaviours, L47.

5.7.54 Departments gave priority to improving children's services through the establishment of separate sub groups and the development of specific action plans, these were given the full endorsement of the NI Executive.

5.7.55 The Bamford Action Plan carries 2 actions in relation to children with learning disability and challenging behaviours. These are:

- Improve services for people with challenging behaviours and their carers, and
- Improve collaboration between education and health sectors in meeting the educational needs of children and young people with significant challenging behaviours

5.7.56 A cross sectoral protocol has been developed to clearly set out the requirement for health and social care services and education services to collaborate closely in assessing and meeting the needs of those children with learning disability and challenging behaviour. This work will be progressed with a wider consultation and a follow-on Action Plan.

5.7.57 The Bamford Monitoring Group have decided to do a further piece of work to specifically focus on gathering the views and experiences of individuals, parents, carers and family members regarding the provision for and needs of this group.

Autism Spectrum Disorder (ASD) Action Plan - Implementation

5.7.58 The Bamford Action Plan recognised ASD as a related issue which needed to be progressed and some of the additional Bamford funding was directed towards services for people with ASD. The Regional ASD Network (RASDN), established in March 2009, comprises input from the 5 HSC Trusts (both children's and adult services) and the Education Sector. Parents, carers, service users and the voluntary sector are represented across the RASDN project structure via the 50 strong Regional ASD Reference Group.

5.7.59 Implementation of the Action Plan and improvement of actual services is taken forward via each Trust ASD forum and a lead director has been identified to oversee the improvement of services across service programmes and across the child/adolescent/adult age range.

5.7.60 The Education sector is also represented in each of regional sub-groups and also each Trust implementation group. Important links have therefore been established between Health and Social Care and the Education sector right across N.Ireland at both strategic and local operational level. RASDN is also forging links with other Departments and agencies, including Youth Justice and District Councils.

5.7.61 Parents, carers, service users and voluntary sector representatives from the Reference Group are full members of Trust ASD fora. For the first time parents, carers and service users therefore have a direct consultative role regarding the development of ASD services locally in each Trust area. Reference Group members are also assisting the Regional sub groups in their work to identify evidence based and consensus approaches to the key issues identified within the Action Plan.

5.7.62 A significant proportion of the available investment over the 2008-10 period has been directed towards improving the capacity of each Trust's children's service directorate, specifically to increase diagnostic/assessment and also intervention/support service capacity.

5.7.63 A single agreed diagnosis/assessment process is now being rolled out across N.Ireland. The Pathway document will further assist in addressing the previous lengthy waiting list position regionally. In addition, the inherent quality of service provision will be improved as the Care Pathway is incorporated into day-to-day practice by practitioners within Trusts. Implementation of the pathway will be accompanied by regional training.

Actions to Support Service Improvement

Research

5.7.64 The Bamford Review indicated a considerable number of areas of research need, L20/M50. The Action Plan sought to establish a prioritised plan for research with a timetable for delivery. In order to take this forward, the Health & Social Care

Research and Development Division of the Public Health Agency (HSC R&D Division) worked with users of research (policy-makers, practitioners and commissioners), service users and carers and researchers to determine the main priority areas. A series of Rapid Reviews was then commissioned to help refine the scope of subsequent research. The priority areas for rapid reviews were:

- Children & Young People
- Learning Disabilities
- Patient Outcomes
- Primary Mental Health Care
- Psychological Therapies, and
- Personality disorder

These reviews have been completed and will inform the future research programme.

Information systems

5.7.65 To ensure that mental health and learning disability services can be better planned to meet needs and monitored to ensure service improvement, an action was proposed, L43, to establish a regional anonymised database on inpatients in mental health and learning disability facilities and make it available at regional level for use by DHSSPS and HSC bodies. The action also proposed to extend the database to include users of community based services as a second phase. Phase One of this work is nearing completion, but Phase Two cannot be implemented at present due to the current resource position.

Bed Management Protocol

5.7.66 A draft Bed Management Protocol for learning disability hospitals has been developed, L57. It is expected that the final agreed Protocol will be implemented across all Trusts in 2012, this action has been carried forward into the 2012-2015 Action Plan.

Learning Disability Service Framework

5.7.67 Although indicating RED on the monitoring return, L41, the DHSSPS in association with other Departments has recently announced a public consultation on the Learning Disability Service Framework. The Framework recognises that improving the health and wellbeing of the population requires action right across society and acknowledges that health and wellbeing is influenced by many other factors such as poverty, housing, education and employment. The Framework reflects the full range of public service requirements for people with a learning disability and highlights the need for effective collaboration across sectors to meet these needs.

5.7.68 For people with a learning disability, the Framework details what they can expect in terms of care and support to meet their individual needs in ways that they understand and are accessible. For carers and families of people with a learning disability, it outlines what it is they can expect in terms of access to services for their family member and of their involvement as partners in the planning processes.

Summary

5.7.69 In the two years since the Plan's inception in 2009 the extent of services and programmes available has increased through the focus of the Bamford Vision; many of the outputs detailed in this section may not have been possible without this Vision. There are however areas where progress has not been sufficient, in some cases related to reduced funding levels. Consideration will be given to progressing these actions in the next phase of implementation.

6 OUTCOMES

6.1 Introduction

6.1.1 The previous section considers the substantial progress made in relation to progressing the actions in the 2009-2011 Action Plan over the last two years. It would however be unacceptable to reflect on these developments as the only measures of how effective, and reflective of the Bamford Vision, this Action Plan has been.

6.1.2 This section will consider the impact on service users, their carers and families. While it would be impossible to reflect the views of every stakeholder, the BMG has played a vital role over the past two years in representing the views of service users and carers and carrying out a number of studies on the effects of some of the key Bamford work areas. Studies completed in time to be reflected in this report are considered in the rest of this section.

6.2 Bamford Monitoring Group Reports

Is Bamford Making a Difference? - 23 June 2011

6.2.1 Hosted jointly with Mental Health Trialogue Network Ireland, this Bamford Monitoring Group day conference brought together 145 stakeholders - service users, carers, clinicians, service managers and policy developers. As well as a choice of focused workshops, delegates participated in a trialogue discussion on a key question – "How we will know if Bamford is making a difference?"

6.2.3 Participants acknowledged that the Bamford Review has initiated a change process and that significant seeds of change have been planted but that this process will take time to yield tangible outcomes. They acknowledged the longer timescale for delivery of the substantial change required to fulfil the Bamford Vision. In noting the achievements of the 2009-2011 Action Plan they also outlined their expectation to see more meaningful changes over the next few years.

6.2.4 Some frustration was expressed by delegates on the apparent emphasis on reviews and reports rather than using resources to improve services. Delegates agreed that service user and carer voices must continue to be heard in the decision making processes.

6.2.5 People said they would like more information on the range of services and alternative therapies available to them locally, including those offered by community and voluntary organisations. Community based and voluntary mental health services play an important role and it was suggested that statutory services should work with these organisations to support those affected by mental health issues. This is particularly significant because accessing mental health services, especially in times of crisis,

remains an issue for some people.

6.2.6 People agreed that education and open discussion about mental health have an important role to play in decreasing stigma and discrimination around mental illness and in creating more compassionate communities

6.2.7 Delegates at this conference were able to identify positive changes within some mental health services over that last two years. Even though many did not readily link these improvements to the Bamford tag and others had not even heard of the Action Plan

Respite (Short Breaks)

6.2.8 The August 2011 Short Breaks Report from the Bamford Monitoring Group gave people with a learning disability or dementia, their carers and family members the opportunity to reflect on their experiences of respite provision. The views of over 700 people were gathered, either through a questionnaire or the Our Stories respite workshops.

6.2.9 The clear message from parents, carers and family members was that respite is an essential service. It was observed however that over the last 5 years regionally things have 'stayed the same' without any major enhancements to the provision of short breaks. Contributors to the report were however pragmatic, noting that respite allocation is limited while demand is high and resources are therefore stretched. This is however disappointing when over £3.8m has been allocated for increased respite provision for learning disability and dementia in the last 3 years.

6.2.10 There were gaps in provision noted; some local concerns were noted in the Northern and Western Trust where contributors believed that they have not received sufficient respite over the past 12 months and that respite services could be further improved.

6.2.11 The report observed that people would like more respite options and more alternatives to residential or nursing home accommodation. Provision of local information on what is available and how to access could also be improved.

6.2.12 Concerning Carer's Assessment and Direct Payments, carers and family members said that more advice and support was needed and that overall the benefit of a Carer's Assessment was questionable.

6.2.13 Further concerns were noted in relation to the flexibility of the service, advance bookings, confirmation of dates, respite for emergency or short-term breaks and transport to and from respite.

6.2.14 The provision of short breaks to people with dementia and their carers was perceived as being more problematic with concerns particularly noted regarding the general availability and the range and quality of facilities designed specifically to meet the needs of those with dementia.

6.2.15 This report reaffirms the importance of short breaks to services users, their carers and families. It is therefore essential that the services provided are fit for purpose and continue to be person centred. The areas for improvement highlighted within this report will assist in developing and reshaping future provision.

My Day My Way

6.2.16 This report gave people with a learning disability the chance to voice their opinions on the ways in which they spend their day and on the range of day services and opportunities available to them. Twelve hundred people with a learning disability, their parents, carers and family members took part in this process.

6.2.17 The report reveals that the majority of people with a learning disability were happy with how they spent their day and had many positive things to say about both day care services and day opportunities.

6.2.18 Contributors strongly expressed their belief that variety in their weekly activities and a balance between work, college, social enterprise, work skills training, drop-in or day centres was vital. However while many believed they had choice in the particular activities within their day centres, they had much less say in where they actually spent their day or in the range of activities provided. There was a sense amongst many that services are sometimes based on what is available rather than on the needs of the individual, and parents and carers highlighted the need for person-centred planning.

6.2.19 Some parents and carers also felt that there is a distinct lack of opportunities for people with more severe and complex disabilities and they highlighted the need for properly equipped and staffed centres to provide the necessary care and stimulation.

6.2.20 Most people in employment or education responded positively, valuing their jobs or courses, but issues were raised regarding impact of any earning on benefits and the diversity of courses available.

6.2.21 Contributors stated that more information and support was needed about the options available to advise them on the most appropriate service to meet their needs. Early planning for transition from children's to adult services was also seen important.

6.2.22 The report stresses the importance of continuing development of day opportunities to enable people with a learning disability to realise their full potential and support must be provided to enable people with a learning disability to understand the options available to them, and to help them make their own choices.

Online Mental Health Information for Young people

6.2.23 During the summer of 2011 20 young people with mental ill health in two focus groups carried out a "mystery shopper" evaluation of the five Health and Social Care Trust websites. The groups were tasked to investigate the ease of access to and the quality of information available on the Trust websites.

6.2.24 The young people identified a number of positive aspects of the information provided. One group found the 'CAMHS IN BRIEF' leaflet extremely useful. Others singled out the facility to enlarge text as a helpful feature.

6.2.25 The report identifies some difficulties young people had in locating relevant information on mental health services for young people when visiting websites for the first time. A considerable amount of guidance was necessary for people to find what they were looking for. Without this assistance many believed that the time spent locating it greatly outweighed the value of the information provided.

6.2.26 Most young people in the groups were not familiar with the terminology 'Child and Adolescent Mental Health Services' or the acronym CAMHS, so when these links came up they were not always recognised as relevant.

6.2.27 In summary, the report recommends that information on mental health services for young people on Health and Social Care websites must be:

- Easy to understand and relevant to young people
- Written using terms young people recognise
- Accessible within a few quick clicks, and
- Written by and for young people

Further Education

6.2.28 The views of 88 people with a learning disability contributed to the 2011 Bamford Monitoring Group report on Further Education.

6.2.29 The majority of contributors had positive things to say about the student experience. The report notes their experiences of learning new things, developing a greater sense of independence, working towards a goal and the feeling of achievement that comes from gaining qualifications.

6.2.30 Contributors also expressed their desire to see a more diverse range of courses available to people with a learning disability at college. Many felt that they were not involved enough when making the decision as to which course they take.

6.2.31 The report identified that going to college is clearly a valuable experience for many people with a learning disability and a significant step towards greater independence and progression into the workplace.

Summary

6.2.32 These Bamford Monitoring Group reports highlight many areas where existing services can be enhanced and where gaps in service provision exists. The wider recommendations and personal reflections have assisted in consideration of how the 2009-2011 Action Plan has progressed the Bamford Vision and will assist to inform the development of the follow-on Action Plan.

6.2.33 The full text of all these reports can be accessed at:
http://www.patientclientcouncil.hscni.net/bamford-monitoring-group

6.3 User and carer Overview

6.3.1 The second annual report from the Bamford Monitoring Group published in September 2011 summarises the work of the Group from September 2010 to August 2011 and reflects the findings from the reports detailed above in section 6.2.

6.3.2 On a wider scoping across these projects a number of themes and messages recur, including the following:

- Generally, people recognise that the Bamford Vision is beginning to make a positive difference to their lives; however, there is frustration with the slow pace of change.

- People are concerned that funding and the other resources necessary to realise the Bamford Vision may be reduced due to the financial cutbacks.

- There is a perceived major deficit, at a regional level, in the provision of advice and information services for those who use and rely upon mental health and learning disability services.

- People with mental health needs, learning disabilities, parents, carers and communities want to be involved in the planning, design, delivery and evaluation of services in Northern Ireland.

- Service users and carers believe there to be a considerable lack of interdepartmental working on realising the Bamford Vision. This has the potential to be a major detriment in the delivery of essential services and cause stress to individuals, families and carers.

7 LEARNING

7.1 Background

7.1.1 The aims of this evaluation as set out in Section 1.3 are:

- To give assurance on what has been achieved
- Identify any key learning from the experience of implementing this Plan; and
- Inform the development of the next Plan from 2011 onwards.

7.1.2 This first Bamford Action Plan has established a foundation for service enhancements. Many of the actions within it delivered policies and strategies that may not have delivered observable outcomes over the lifetime of this Plan, but those outcomes should become more visible through the implementation of programmes and services in future years.

7.1.3 We have been able to set out the key achievements in earlier sections of this document. These include:

- service enhancements and improved facilities;
- development of new regional policies and guidance;
- establishment of new monitoring, commissioning and implementation structures; and
- substantial progress towards the longer-term aim of legislation reform.

7.1.4 Much of this has been achieved through increased funding for mental health and learning disability services. We have been able to validate, through the monitoring process and via the feedback from service users, their carers and families, health and social care professionals and the voluntary and community sectors that change is happening, albeit slowly.

7.1.5 We must however balance these achievements against the challenges that still remain as we seek to improve the experiences of those who use and contact mental health and learning disability services. Additionally we must also reflect on those actions where we, as yet, have been unable to deliver all we set out to do in 2009 or where there were difficulties in verifying achievements. Much remains to be done. As we move forward with development of a further Action Plan, there are lessons to be drawn from the work on the 2009-211 Plan.

7.2 Key learning experiences

Monitoring and measurement

7.2.1 The regular cross-Departmental monitoring of progress on the Action Plan allowed all

stakeholders including the representatives of service users and carers to readily identify those actions falling behind on delivery expectations and take remedial action where possible. Use of the same system at the end of the Action Plan period gave a clear indication of those actions completed and those, as yet, not achieved.

7.2.2 A number of quantified targets were set with the baseline period indicated in the Action Plan. The substantive data to back up these targets proved difficult to obtain for some quantifiable actions. The respite actions were a case in point where clarity on definitions and measures has been reached only recently.

7.2.3 In some instances however the outputs specified in actions have not yet been fully evaluated or the programme has a longer running term than the two years of the Action Plan.

7.2.4 The monitoring and measurement of the proposed 2012-2015 Bamford Action Plan must therefore be robust enough to give clarity and assurance with regard to achievements.

7.2.5 Stakeholders should consider:

- A Specific Measurable Achievable Realistic Time bound (SMART) template for all actions.
- Clarity on service and outcome definitions.
- Specific in-house measurement systems, where necessary, for each action, and
- The system for overall monitoring .

7.2.6 HSC Taskforce Outcome Indicators

The HSC Taskforce is developing a set of high level outcome indicators for both mental health and learning disability. Indicators include deaths from suicide, numbers on GP depression registers, survey data on numbers of people with potential psychiatric disorder, resettlement and day opportunities etc. The nature of these outcome measures means that any measureable change is likely to some time away, but the establishment of the indicator set will provide a solid foundation for longer-term evaluation of the Bamford programme of work.

Responsibility

7.2.7 The 2009-2011 Action Plan tables indicated the Department or agency with lead responsibility for taking forward each action. Many of the actions in the 2009-2011 Action Plan, particularly those in the health and social care sector, were directed to developing guidance/policies/action plans with a longer-term objective that existing services would be enhanced or new services put in place to progress the Bamford Vision. While DHSSPS was the lead body for the initial phase of the action, responsibility for implementation then moved to the HSC. This was not always adequately reflected in the Action Plan and in the monitoring systems. Also when the 2009-2011 Action Plan was being developed, the HSB Taskforce had not been

established and ownership of some of the actions attributed to the HSC was unclear.

7.2.8 The HSC Taskforce is now well established with a number of working groups addressing specific service developments. This structure will help to clarify where lead responsibility lies for individual action in the next Action Plan.

7.2.9 Consideration should be given to

- Identification of a lead body/ individual for each action, and
- Tracking of that lead role throughout the life of the follow-on Plan.

Cross-sectoral working

7.2.10 The endorsement and support from the Northern Ireland Executive from an early stage in the Bamford processes has resulted in Ministerial and senior official level commitment of all the Departments with responsibility for delivery of the Bamford Vision.

7.2.11 This high level commitment has achieved much; cross-Departmental funding on housing and education issues, bi-lateral working on many mental health and learning disability issues.

7.2.12 In the course of stakeholder engagement for this evaluation some issues were raised concerning the resolution of some more practical issues around interdepartmental engagement. These tend to be at operational level and illustrate the need for collaboration at both strategic and operational level.

7.2.13 Stakeholders should consider:

- How best to structure future cross-sectoral interfaces particularly at local level.

Access to information

7.2.14 Continuing difficulties in obtaining local relevant up-to-date information on services have been highlighted in several of the recent Bamford Monitoring Group reports. While work was undertaken over the period 2009-2011 to improve information systems in both mental health and learning disability, we must accept that these systems are not yet fully meeting the needs of service users and carers.

7.2.15 There were three main areas for improvement flagged during the collation of evidence for this evaluation:

- the need for the information to be current;
- the requirement that information should be as local as possible, and
- the ease of accessibility.

7.2.16 Further work will be needed in the next Action Plan with regard to future provision, taking advantage where possible of new and emerging technologies.

7.3 The Bamford Vision in 2011

7.3.1 From the first Bamford Adult Mental Health Report published in 2005 to the end of the first Bamford Action Plan in 2011, servicer users, their carers, families, clinicians, health and social care professionals, and the voluntary and community sectors have experienced a process of change impacting on many areas and levels of mental health and learning disability services.

7.3.2 Over and above the Bamford Review's 700 published recommendations, the actions in the 2009-2011 Action Plan or even what actions may be within the next Plan, the Bamford Vision has in some ways had a much deeper impact than even the Review team could have envisaged. The thinking of many stakeholders has changed from a begrudging acceptance of what needs to be done to deliver the Bamford Vision, to an embedding of the Bamford ethos at all levels of government and administration. This deep rooted cultural change is in some ways a much stronger and more lasting testament of the achievements of the Bamford Review, than delivering a distinct number of actions or recommendations. It is perhaps this rather than any present structure or action plan that will carry the Bamford Vision into the future and well past the original 10-15 year lifespan.

7.3.3 The ongoing use of the Bamford title has been a topic for discussion as this 2009-2011 Action Plan draws to a close. During the course of this evaluation some stakeholders have expressed the view that the Bamford title has been superseded and should be replaced since some of the Review recommendations have been overtaken by more recent developments. Others want to see the Bamford title retained as a link back to the original Bamford Review.

7.3.4 It would be difficult to create a new title that invokes the same passion, and covers the whole range of mental health and learning disability services as the term "Bamford" achieves. We are now at a point where the Bamford ethos has been embedded in stakeholder culture.

7.3.5 It is fitting therefore, both for reasons of practicality and to maintain the ethos of the Review, that the follow-on Action Plan should still bear the Bamford title.

7.3.6 The 10 to 15 year programme of reform envisaged by the Bamford Review for service development has commenced and much has been achieved, there is still much to do.

Annex A

Quantifiable Targets

Learning Disability Actions

DEPT	KEY ACTIONS	OUTPUT REQUIRED	OUTPUT ACHIEVED
HSC	Resettlement of long stay patients from learning disability hospitals	a) 25% reduction in the number of long-stay patients in learning disability hospitals (baseline 2007/08) b) Anyone who has a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital	a) Numbers in long stay LD hospitals 2007 – 346 2008 – 322 2009 – 253 2010 – 205 2011 - 205 41% reduction **ACHIEVED** resettled numbers 07/08 – 39 08/09 – 75 09/10 – 87 10/11 – 116
HSC	Support for individuals with a learning disability and their carers and families by the provision of short breaks and respite opportunities	The provision of 200 additional respite packages benefitting 800 people (baseline 2007/08)	Original target of 200 packages reduced to 125 as a result of CSR budgetary cuts announced in 2010/2011. Latest PFA data indicates 225 packages delivered. **ACHIEVED**
HSC	Increase uptake of Direct Payments	Double the number of recipients of Direct Payments in learning disability programme of care (baseline June 2007)	DHSSPS figures At 30/6/2007 **160** At 31/03/2011 **561** **ACHIEVED**

HSC	Maintain direction of HSC funding towards community based services	At least 80% of HSC spend on learning disability services should be on community services	LD community funding 82% 2010/2011 **ACHIEVED**

Mental Health Actions

DEPT	KEY ACTIONS	OUTPUT REQUIRED	OUTPUT ACHIEVED
DHSSPS	Implementation of the Protect Life Action Plan	Reduce overall suicide rate by 15% by 2011 (baseline: 2004-06)	rate per 100,000 of population 04/06 - 12.6 05/07 - 14.3 06/08 – 15.5 07/09 – 14.7 08/10(p) – 15.9 **NOT ACHIEVED**
DHSSPS	Ongoing implementation and development of the New Strategic Direction for Alcohol and Drugs, and its underpinning Hidden Harm and Young People's Drinking Action Plan	a) 5% reduction in the proportion of adults who binge drink (baseline - Adult Drink Patterns Survey 2005) b) 10% reduction in the proportion of young people who report getting drunk (baseline - Young People's Behaviour and Attitudes Survey 2003) c) 5% reduction in the proportion of young adults taking illegal drugs (baseline – Drug Prevalence Survey in Ireland and Northern Ireland 2002/3)	**a)** Baseline - 38% March 2005 Target - 36% March 2010 Latest position - 32% 2008 **ACHIEVED** **b)** Baseline - 33% March 2003 Target - 30% March 2010 Latest position - 23% 2010 **ACHIEVED** **c)** Baseline - 6.1% March 2003 Target – 5.8% March 2010 Latest position - 5.7% 2010/11 **ACHIEVED**
HSC	Increase uptake of Direct Payments	Double the number of recipients of Direct Payments in mental health programme of care (baseline June 2007)	DHSSPS figures At 30/6/2007 **35** At 31/03/2010 **81** **ACHIEVED**

HSC	Resettlement of long stay patients from mental health hospitals	10% reduction in the number of long-stay patients in mental health hospitals care (baseline 2007/08) No-one will remain unnecessarily in a mental health hospital	resettled numbers 07/08 – 52 08/09 – 110 09/10 – 164 10/11 – 181 **ACHIEVED** For the period 1 April 2007 to 31st January 2011, 181 long-stay patients in mental health hospitals were resettled against a PfA target to resettle 90 patients by 31 March 2011. This in excess of 10% of the long stay patients at 07/08.
HSC	Improve respite care for people with dementia	Additional 2000 places per year (baseline 2007/08)	Original target of 2000 packages reduced to 1200 as a result of CSR budgetary cuts announced in 2010/2011. The latest data from PfA returns indicates 4858 additional places provided. **ACHIEVED**
DHSSPS PHA	Implementation of Hidden Harm Action Plan – supporting the needs of children and young people born to or living with substance misusing parents or carers	10% reduction in the number of children at risk from parental alcohol and/or drug dependency (baseline under development)	Proxy measures show no change **NOT ACHIEVED**
HSC	Re-direction of HSC funding towards community based services	60% of HSC spend on mental health services should be on community services.	MH community funding 53% 2010/2011 **NOT ACHIEVED**

HSC	Increase levels of community mental health services	a) 240 additional staff in community mental health services (baseline 2007/08) b) 10% reduction in admissions to mental health hospitals (baseline 2007/08)	a) 269 additional staff in MH Services. b) 07/08 6651 09/10 6018 633 reduction – 10% **ACHIEVED**
DHSSPS HSC	Establish procedures to ensure people leaving hospital who need continuing mental health care receive it	From April 2009, all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive follow-up within 7 days of discharge	For the period 1 April 2010 to 31st January 2011, **95%** of patients discharged from hospital who were to receive a continuing care plan received follow-up within 7 days of discharge **ACHIEVED**

Annex B

Learning disability Actions

L1	HSC	Ensure that persons with a learning disability have equal access to the full range of primary health care services to improve the physical and mental health inequalities experienced by them A directed enhanced service (DES) to work in partnership with mu	A directed enhanced service (DES) will be rolled out regionally for adults with learning disabilities and will be provided in 90% of GP practices which will: • Develop and maintain a register of clients with a learning disability • Develop individual • Develop specific health facilitation posts where appropriate • Allow full access to the full range of health screening services that are available to the general population • Develop screening and early identification mechanisms regarding mental health	2011	• Better health promotion and interventions that focus on improving the health status of people with a learning disability in key areas such as nutrition, obesity, exercise and dental health • Health problems detected and treated earlier to minimise	GREEN
L2	DHSSPS	Publish a revised cross-sectoral Promoting Mental Health Strategy	A renewed emphasis on mental health promotion across all sectors, taking account of lessons learned from previous work	By December 2009	Better mental wellbeing in the population	RED **Strategy re-prioritised and carried forward to Follow-on Action Plan.**

L3	HSC	Increase oral health promotion programmes aimed at clients with a Learning Disability and their families	Development of regional and local programmes that will empower LD clients, their carers and families to improve oral health	Ongoing	Increased awareness of oral health as a personal priority for people with a Learning Disability Increased knowledge of personal measures that can be taken to improve or maintain oral health Improved attendance at primary Dental Care services Reduced re	**RED** **The inability to fill a consultant's post, L50, had a impact on all actions relating to oral health provision.**
L4	DE	Develop, consult and implement a 10 year Early Years Strategy.	Consultation on Strategy Implementation Plan	Autumn 2009 Spring 2010	Prevention and lessening of emotional and behavioural problems in young children by ensuring access to - physical nurturing - nourishing food - exercise and play (particularly outdoor play) - adequate sleep - emotional and social support	**GREEN**
L5	DE	Introduce a revised curriculum which provides opportunities through Personal Development and other areas for young people to develop the skills they need to cope with challenging personal situations such as violence against women and children; self-harm e	All schools to have implemented the revised curriculum	By September 2009	Pupils benefit from the opportunity to develop the skills they need to cope with a range of challenging personal situations; teachers receive guidance and support, including training, to implement the revised curriculum	**GREEN**

L6	DE	Produce guidance and support material for post primary schools on proactively promoting positive emotional health and well being among staff and pupils Produce guidance for schools on the management of critical incidents and ensure consistent support to	All schools understand their role in promoting positive outcomes for pupils There is consistent minimum provision across all post primary schools within the curriculum and pastoral care supports	Commencing Autumn 2009 Ongoing	All pupils and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies	**GREEN**
L7	DE	Develop proposals for developing resilience among primary aged pupils and those in special schools for consultation; to implement agreed new services		Commencing Autumn 2009.	All primary age pupils, those in special schools and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies	**GREEN**
L8	DE	Support schools in their work to create an anti-bullying culture with guidance and materials which tackle all forms of bullying, including homophobic bullying, are up to date and reflect the dynamic nature of the problem	All schools have in place an effective approach to tackling all forms of bullying	Ongoing	Pupils are confident that their concerns about bullying will be dealt with in an appropriate and timely manner	**GREEN**

L9	DCAL	Implement a 10 year Strategy for Sport and Physical Recreation	A greater emphasis on the mental benefits of regular participation in sport and physical recreation	From September 2009	Improved opportunities for people to gain the mental well being benefits of participation in sport and physical recreation	**GREEN**
L10	DHSSPS	Progress the Tackling Sexual Violence and Abuse Strategy 2008-2013	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of sexual violence and abuse	**GREEN**
L11	DHSSPS	Implement the domestic violence strategy Tackling Violence at Home	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of domestic violence and abuse through funding a range of support/education programmes.	**GREEN**
L12	DEL	Commission a scoping study of Pastoral Care arrangements in FE	To ensure that the FE sector is fully aware of and responsive to the needs of its students including having in place comprehensive pastoral care arrangements across all campuses to identify and address any problems experienced by students.	Scoping study commissioned by Public Procurement. Commenced July 2009 Findings of scoping study by December 2009 Implementation plan for any identified actions by March 2010	More effective, comprehensive and consistent pastoral care services for students across all 6 regional colleges	**GREEN**

L13	DHSSPS	Review of the NI Child Health Promotion Programme (Health for all Children -Hall 4) to ensure early identification and intervention from the ante-natal period through pre-school and school age years	Redesign of Child Health Promotion Programme to ensure best practice is being delivered	Implementation from 1 January 2010 ***** REVISED 1 MAY 2010*****	Early identification of disability to secure early intervention and support	**GREEN**
L14	HSC	Increase access to dental hygienists for education and regular appointments	To train increased numbers of Hygienists Develop Oral Hygiene Services Utilise skill mix in workforce to deliver increased oral hygiene programmes to the Learning Disability population	To progress by 2011 and review progress against longer term targets.	Improved oral hygiene for people with a Learning Disability Reduce levels of dental decay Reduced usage of dental general anaesthetic & intravenous services	**RED** **The inability to fill a consultant's post, L50, had a impact on all actions relating to oral health provision.**
L15	OFMDFM	Publish a report on the 'Promoting Social Inclusion' work led by OFMDFM with input from Departments and the sector as appropriate	The work of the PSI Group for people with disabilities covers a range of topics and cuts across Departmental boundaries – the report will provide a composite set of recommendations for Executive consideration which will improve the quality of life for	Autumn 2009	Improved social inclusion of people with disabilities across a wide range of areas and activities examined by the PSI Group including: • Access to Employment; • Children, Young People and their Families; • Housing, Transport, Information and Access; • Le	**GREEN**

L16	OFMDFM	Publish an action plan for the implementation of recommendations arising from the PSI report (above)	As above. The action plan for this PSI work will be taken forward in the context of the wider 'anti-poverty and social inclusion' strategy - Lifetime Opportunities	Agreed action plan by March 2010	As above	**RED** **Work to develop the associated Action Plan has not been completed in the timescale envisaged. Work on this is being taken forward alongside work to publish the Executive's response to the PSI working group's report on Disability**
L17	DE	Mainstream the funding of 5 Education and Library Board Transition Service Pilot Project, subject to positive outcome of ETI Inspection Report	To strengthen the transition planning process in school and provide a co-ordinated approach to transition planning with other statutory agencies and advice givers	Consider and evaluate outcomes of ETI Inspection Report which has been published in February 2009 and, if positive, mainstream funding from 2009/10 financial year	This action will benefit all pupils with a statement of special educational needs (including those pupils with a mental health problem or a learning disability) by ensuring that Education and Library Boards/the Education Skills Authority provide a cohesive	**GREEN**

L18	DE	Consider and develop, under the auspices of the Transitions Sub-Group of the Ministerial Sub Committee on Children and Young People, an Inter-departmental Action Plan to further strengthen policy delivery and the provision for young people with special ed	To implement, through inter-departmental working and collaboration, an action plan to consider and remove barriers to the successful transition of young people with special educational needs from school to adulthood and the provision of continuing	May 2009	Benefits young people with special educational needs (including those pupils with a mental health need or a learning disability) as they make the transition from school to adulthood	**GREEN**
L19	DE	Issue Review of SEN and Inclusion Policy Proposals for public consultation. Develop agreed guidance and quality indicators which will cover issues such as:- - early identification and intervention; - the effectiveness of strategies and services employed	A shared commitment between DE and DHSSPS to the planning and timely provision of locally commissioned services which are child centred, easily accessible, effectively and consistently delivered to those children and young people who need them	During 2009 (subject to agreement of Executive to move to consultation phase).	Every child and young person, facing barriers to learning and social inclusion (in particular, those with disability or health needs and social and emotional factors) is given a fair and equal chance and provided with the necessary support as early as pos	**GREEN**
L20	DRD	Commission research to ascertain the impact on people with learning difficulties of the policies and actions contained in the Accessible Transport Strategy	The research would provide an assessment of how accessible services supported by DRD are to people with a learning disability. It would also consider areas such as the provision of travel information, training provision and personal safety and confidence	Report commissioned April 2009 Date for delivery of draft report by end of October 2009	Address a wide range of the barriers that impede the use of the transport system by people with a learning disability	**GREEN**

L21	DEL	Complete an analysis of DEL provision across the further education and training sector for those with a disability, including those with special educational needs or with mental ill health. This work to build on detailed reviews of Students with Learning	Identification of areas for future DEL action where appropriate; also, an indication as to whether individuals have access to the services they require consistently across further education and training	Report finalised by June 2009	More effective services for individuals accessing DEL programmes and services	**GREEN**
L22	DEL	Consider the findings of the overarching review and any strategic implications for DEL and develop an action plan	Strategic action plan to address cross-departmental issues identified that impact on individuals with mental ill health and /or learning disability	Action plan in place for 2010/11 Key milestones - consider resource implications, both staff and financial - identify delivery mechanisms - seek approvals to proceed	More effective services for individuals accessing DEL programmes and services	**GREEN**
L23	DEL	Undertake scoping study of provision for those not in education, training or employment (NEET), including those with mental ill-health and/or learning disability	Determination of available provision	Scoping study completed by Autumn 2009	Improved information to enable consideration of need for cross-Departmental strategic approach/ further actions	**GREEN**

L24	DEL	Examine the benefits for NI of adopting similar partnership arrangements to those put in place by the Scottish Executive that detail the roles and responsibilities of agencies involved in meeting the educational, health and social needs of people with add	Clear understanding of the respective roles and responsibilities including information sharing between DHSSPS and its agencies, DEL and its delivery partners and other agencies in addressing the needs of these learners (in particular assistance with asses	Stage 1: Scope benefits by End 2009 -Identify resource to undertake project - establish steering group for the project Stage 2 : Bring forward proposals to develop partnership working guidance in 2010. Report progress to Inter –Ministerial Group	Better awareness of the challenges of delivering provision to learners with profound and complex needs and clear signposting for individuals, families and providers Better informed healthcare and other professionals in relation to the education and training	**GREEN**
L25	W5	Develop new exhibitions / exhibits to include provision for those with learning difficulties	Include exhibits/Exhibitions with sensory experiences, graphics and limited text to be inclusive to those with learning difficulties.	Ongoing	Inclusion and enjoyment in exhibition	**GREEN**

L26	DSD	Carry out a policy evaluation of the Supporting People programme	Examination of the governance arrangements, commissioning process and funding arrangements, to ensure compliance with the policy intention that Supporting People is to fund advice and guidance for relevant individuals/organisations	Mar-10	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it	**GREEN**
L27	DSD	Collaborative work between DSD, NIHE, DHSSPS and HSC	Ensure that the accommodation needs of vulnerable adults are included in the delivery of the Social Housing Development Programme in as far as resources are available at that time	Ongoing	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it	**GREEN**

L28	CHR	Publish action plan of how NICS will promote diversity	Equal opportunities monitoring of the NICS workforce. Review the 2008 – 2011 NICS Employment, Equality and Diversity Plan	Dec-09	A working environment where everyone has a right to equality of opportunity and individual differences are valued and respected The NICS workforce will be more representative of the community by attracting a more diverse applicant pool for advertised pos	**GREEN**
L29	CHR	To develop mandatory equal opportunities and diversity awareness training to all staff at all levels within the NICS	Ensure that all employees are aware of their duties and responsibilities to ensure equality in the workplace and to fully include employees with disabilities, including learning disabilities, in the working environment	Mandatory Training to commence in October 2009. To be complete by June 2010	To raise awareness of issues facing staff and customers with disabilities including those with a learning disability by ensuring all NICS employees are trained in equal opportunities and diversity awareness	**GREEN**

L30	PHA	Improve communication methods and access to information for people with a learning disability	Increase in information and advice services, at least some of which will be delivered by voluntary sector Provision of information in easily accessible formats to cater to users' needs – this will involve training for staff in contact with those with a	Ongoing	Better support for service users and carers in understanding the services and making their views heard	**GREEN**
L31	DE	Education and Library Boards to continue to develop their information and advice service	Improvement of statutory information and advice service	Ongoing	Better support and advice for parents, pupils and schools in understanding the services available	**GREEN**

L32	HSC	Resettlement of long stay patients from learning disability hospitals	25% reduction in the number of long-stay patients in learning disability hospitals (baseline 2007/08) Anyone who has a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital	By 2011 By 2013 (Programme for Government Target)	More people with a learning disability able to live independent lives safely in the community	**GREEN**

L33	HSC	Development of a plan by Local Commissioning Groups demonstrating what advocacy services are currently in place and the vision for the future	To enable individuals and carers to actively engage in care planning and quality assurance	By March 2011	People with a learning disability and their carers will be better informed to make their own decisions and will have a greater opportunity to have their voices heard and influence their care which will improve their independence	**RED** **Work was not completed in line with target and is carried forward to follow-on Plan**
L34	DHSSPS	Complete a joint Review of Support Provision for Carers	Improved support services for carers who look after people of all ages who have a learning disability or mental health issues	Autumn 2009	People with a learning disability or mental health issues are supported to live independent lives in their own home for as long as possible and carers are supported in their caring role so that they can continue to care for as long as they wish and are	**GREEN**

L35	DHSSPS HSC	Improve regional information on provision of respite care	Pilot data collection and refine as necessary Monitor respite care provision in NI on a quarterly basis	By December 2009 Ongoing	Respite provision can be better planned and monitored	**GREEN**
L36	HSC	Support to families with a child with a learning disability	Family Support Plans which will identify unmet need and changing needs as children grow The appointment of a key worker to support families and carers at time of diagnosis and beyond and to co-ordinate and link in with other services required	Mar-11	Families will be provided with more co-ordinated support at an earlier stage	**GREEN**
L37	HSC	Support for individuals with a learning disability and their carers and families by the provision of short breaks and respite opportunities	The provision of 200 additional respite packages benefitting 800 people (baseline 2007/08) There should be a move away from traditional respite to the delivery of a more flexible and responsive service, taking full advantage of Direct Payments, self-di	Mar-11	People will be afforded more flexible respite options which will help maintain their care settings by supporting their carers.	**GREEN**
L38	HSC	Increase uptake of Direct Payments	Double the number of recipients of Direct Payments in learning disability programme of care (baseline June 2007)	By March 2011	Give service users and their carers greater choice in the support they receive	**GREEN**

L39	DHSSPS HSC	Provide a service wide, supportive, quality driven environment to promote Personal and Public Involvement, (PPI), in planning, commissioning, delivery and evaluation of services	Submit consultation schemes under section 19 of the Health and Social Care (Reform) Act (Northern Ireland) All organisations to embed PPI consistently as part of organisational activity Establish leadership and accountability arrangements for PPI	Jan 2010 Apr 2010 Apr 2010 From Apr 2010	• Improvements in service design. • Improvements in user and carer experience of services. • Promotion of social inclusion • Improved safety and quality of treatment • Reduction in complaints • Improved management of demand • Understanding of how and when	**RED** **A number of Working Groups have been established to progress this action. It will be carried forward to the follow-on Plan.**
L40	HSC	Maintain direction of HSC funding towards community based services	At least 80% of HSC spend on learning disability services should be on community services	Ongoing	Community services will promote integration of individuals into society	**GREEN**

L41	DHSSPS	Develop a Service Framework for learning disability services	Strengthen the integration of health and social care, enhance health and wellbeing, promote evidence – informed practice, focus on safe and effective care and enhance multidisciplinary and inter-sectoral working	By December 2010	Set out the standards of care that people who use services, their family and carers can expect to receive	**RED** **Resource allocations delayed development. To be published at the end of 2011.**
L42	HSC	Increase levels of community learning disability services	Increase the LD community based workforce commensurate with the improvement in community infrastructure to meet the needs of the learning disabled population.	2011	Greater access to community learning disability services	**GREEN**
L43	HSC	Improve information systems on provision and use of mental health and learning disability services	Anonymised database on inpatients in learning disability facilities available at regional level for use by DHSSPS and HSC bodies Extend the database to include users of community based services	October 2009 April 2011	Services can be better planned to meet needs and monitored to ensure service improvement, based on up to date local information	**RED** **Phase one completed, resourcing restrictions impacted second phase of programme.**

L44	PHA HSC	Complete and maintain a map of learning disability services across Northern Ireland	Compile mapping information on all learning disability services provided	April 2010 and ongoing	New services can be better targeted and gaps in existing services can be filled	**RED** **Resources not available to carry out. Carried forward to follow-on plan**
L45	DHSSPS HSC	Review range of facilities used to provide both inpatient and community based mental health and learning disability services and agree future pattern of provision	Plan for facilities required to deliver mental health and learning disability services	The Capital Priorities Review was completed in September 2008. A Policy Infrastructure Forum has been established to address new requirements and ongoing prioritisation	Services will be delivered in appropriate, accessible, fit for purpose buildings	**GREEN**

L46	DHSSPS	Complete a workforce planning study for mental health and learning disability health and social care services	Agree a prioritised action plan to take forward recommendations from the commissioned workforce study	December 2009	Adequate numbers of appropriately trained staff to deliver services needed	**GREEN**
L47	DHSSPS	Improve services for people with challenging behaviours and their carers	Production of agreed regional guidelines in partnership with service providers and the voluntary sector on the management of challenging behaviours within services	Mar-11	Assist carers in managing challenging behaviours e.g. by directing to appropriate "behaviour services"	**GREEN**
L48	DHSSPS DE	Improve collaboration between education and health sectors in meeting the educational needs of children and young people with significant challenging behaviours	Production of agreed protocols	Mar-10	Smooth transition between health and education services to appropriate placements	**GREEN**
L49	DHSSPS HSC	Training of primary dental care professionals to improve quality of care provided to patients with a Learning Disability	Provide training in disability awareness and communication skills Undergraduate and postgraduate training in provision of dental care to people with a Learning Disability	2011 initially and progress towards longer term target	Increased local availability of dental care to Learning Disability population Increased local levels of dental care Reduced levels of secondary referrals to SCD specialist teams Increased access to mainstream primary dental care services	**RED** **The inability to fill a consultant's post, L50, had a impact on all actions relating to oral health provision.**

L50	DHSSPS HSC	Establish consultants in Specialist Care Dentistry (SCD)	Appoint consultant in SCD Fund additional SCD consultant position	March 2011	Improved quality of services for patients with severe / complex Learning Disability needs Strengthen SCD network; provide absence cover; reduce waiting lists	**RED** **Consultant's post was filled for only a short time. Difficulty in recruiting to fill the post.**
L51	DHSSPS HSC	Establish training pathways in Specialist Care Dentistry (SCD)	Specialist registrar positions in SCD Training for community based specialists in SCD Training for Dentists with Special Interests in SCD Training for Primary Dental Care Practitioners	2011 initially and progress towards longer term target	Increased local availability of dental care to Learning Disability population Increased local levels of dental care Reduced levels of secondary referrals to SCD specialist teams Increased access to mainstream primary dental care services	**RED** **The inability to fill a consultant's post, L50, had a impact on all oral health provision.**

L52	HSC	To provide assessment and treatment for children with a learning disability Provide suitable respite facilities to ensure children do not have to remain in hospital	Provide an 8 bedded assessment and treatment unit at Iveagh Provide 8 respite places. The location / locations of these respite places have to be determined and will provide residential and respite care for children who challenge services	January 2010 In line with agreed DHSSPS Capital Priorities	To ensure those children affected are looked after in the safest, most suitable location	**GREEN**
L53	HSC	Establish a Northern Ireland Forensic Mental Health and Learning Disability Steering Group involving users of services and carers and the relevant agencies at senior level	A co-ordinated approach across HSC and criminal justice agencies to improve forensic mental health and learning disability services	September 2009	Better joined up services for people who need forensic mental health & learning disability services	**GREEN**
L54	HSC	Develop a plan for a community LD Forensic Service	A plan for the future implementation of services, providing specialist low secure community accommodation and community based forensic services	By March 2011	Improved forensic learning disability services delivered by appropriately trained staff	**GREEN**

L55	DHSSPS	Inclusion of learning disability in all service frameworks.	The standard and quality of care for people with a learning disability will be improved. All services should be accessible to people with a learning disability and all service frameworks should explicitly reference the needs of people with a learning disa	Ongoing	The framework will improve the health & well being of people with a learning disability through promoting social inclusion, reduce inequalities in health & wellbeing, and improve quality of care. They will be better supported to live in the community	**GREEN**
L56	DHSSPS	Completion of a needs assessment to inform the future need for and provision of learning disability services.	To develop a joint policy to progress inclusive and co-ordinated planning processes for services to inform comprehensive spending reviews.	2010/11	This will improve the services provided to those with a LD as services will be co-ordinated.	**GREEN**
L57	DHSSPS	Improve the experience of those with a Learning Disability accessing the HSC in all care settings	Training of staff to make them more aware of the needs of people with a learning disability.	Ongoing	Staff will be better equipped to recognise the needs of people with a learning disability and to deal with them appropriately with respect to their disability The experiences for people with a learning disability in all HSC settings will be improved.	**GREEN**

L58	DHSSPS HSC	Improve the information provided to people with a learning disability to ensure appropriate health and social care is given where needed.	Implementation of best practice identified in the Equality Commission Report into the accessibility of health information in Northern Ireland for people with a learning disability. Passporting for both children and adults should be developed and rolled o	Ongoing	Enhanced exchange of information between individuals, their families and carers and HSC Services.	**GREEN**
L59	HSC	Develop a Regional Bed Management Protocol for those with a learning disability.	A bed management protocol which will cover the 5 Trusts and 3 hospitals	Dec-09	Safer and more effective access to care for those with a learning disability	**GREEN**
L60	DHSSPS HSC	Increase the provision of person – centred day opportunities (including employment provision) for people with a learning disability that facilitate integration into the community	Provide better day support opportunities, including employment opportunities, recognising the impact of demographic changes	Mar-11	Opportunities tailored to the needs of people with a learning disability promoting their inclusion in society	**GREEN**
L61	DE	Improve transitions planning for all children with statements of special educational needs	A shared Transitions Plan between education and health and social care sectors. Multi agency planning to facilitate improved planning and delivery at local level	Ongoing	Person-centred planning to meet the needs of the individual	**GREEN**

L62	HSC	Establish Health and Social Care Mental Health and Learning Disability Task Force	A co-ordinated approach across HSC to improving mental health and reforming mental health and learning disability services in line with Bamford	By October 2009	Task Force will be charged with ensuring that services are reformed and modernised in line with Bamford vision	**GREEN**
L63	PCC	Establish Bamford Monitoring Group	Provide a challenge function on the extent to which the reform of services is working	By October 2009	Service users and carers will have an opportunity to feed back their views to Minister on how services are meeting their needs	**GREEN**
L64	DHSSPS	Inter-Departmental Ministerial and Implementation groups to continue	A co-ordinated approach across NI Executive improving mental health and reforming mental health and learning disability services in line with Bamford	Ongoing	Better joining up of services across agencies	**GREEN**
L65	DHSSPS	Introduce new mental capacity and mental health legislation	Commence new mental capacity and mental health legislation	Post 2011, exact timing depending on legislative programme Initial objective is to have Ministerial and Executive clearance to policy proposals by Spring 2010.	A consistent approach, with appropriate safeguards, to decisions - about care, treatment, property or assets – which have to be made for those unable to make decisions for themselves, whether because of mental disorder or for other reason	**GREEN**

L66	DHSSPS	Introduce a small amendment to the Mental Health (NI) Order to enable patients to apply to the court to replace their nearest relative	An amendment to the 1986 Order enabling patients to apply to court to replace their nearest relative	By March 2011	Patients will be able to challenge the appointment of a nearest relative. This will be important in situations where the relationship with the nearest relative has broken down or where there is a history of abuse by the nearest relative	**RED** **Instructions completed and amendments drafted, awaiting clearance to proceed.**
L67	DHSSPS	Issue guidelines to health trusts advising of a European Court of Human Rights judgement requiring safeguards for those deprived of their liberty for their protection	Guidelines issues to health trusts	By December 2009	Those deprived of their liberty for their protection in nursing homes and hospitals and their relatives and carers will be consulted on the nature and extent of the deprivation	**GREEN**

Mental Health Actions

M1	DHSSPS	Publish a revised cross-sectoral Promoting Mental Health and Wellbeing Strategy	A renewed emphasis on building the emotional resilience of our population and on mental health and wellbeing promotion across all sectors, taking account of lessons learned from previous work	By December 2009	Better mental wellbeing in the population	**RED** **Strategy re-prioritised and carried forward to Follow-on Action Plan.**

M2	DHSSPS	Implementation of the Protect Life action plan	Reduce overall suicide rate by 15% by 2011 (baseline: 2004-06)	Ongoing	Decrease risk of people taking their own lives	**RED** **Bamford sub-group established local regional and all island actions plans have been implemented. Outcome target not achieved. Carried forward to follow-on Plan.**
M3	DHSSPS	Implementation of Health Committee recommendations on the prevention of suicide and self harm	Reduce overall suicide rate by 15% by 2011 (baseline: 2004-06) Reduce levels of deliberate self harming	May 2009 to March 2010	Decrease risk of people taking their own lives	**GREEN** **(recommendations actioned)**
M4	DE	Develop, consult and implement a 10 year Early Years Strategy	Consultation on Strategy Implementation Plan	Autumn 2009 Spring 2010	Prevention and lessening of emotional and behavioural problems in young children by ensuring access to - physical nurturing - nourishing food - exercise and play (particularly outdoor play - adequate sleep - emotional and social support	**GREEN**

M5	DE	Introduce a revised curriculum which provides opportunities through Personal Development and other areas for young people to develop the skills they need to cope with challenging personal situations such as violence against women and children; self-harm e	All schools to have implemented the revised curriculum	By September 2009	Pupils benefit from the opportunity to develop the skills they need to cope with a range of challenging personal situations; teachers receive guidance and support, including training, to implement the revised curriculum.	**GREEN**
M6	DE	Produce guidance and support material for post primary schools on proactively promoting positive emotional health and well being among staff and pupils Produce guidance for schools on the management of critical incidents and ensure consistent support to	All schools understand their role in promoting positive outcomes for pupils There is consistent minimum provision across all post primary schools within the curriculum and pastoral care supports	Commencing Autumn 2009 Ongoing	All pupils and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies	**GREEN**
M7	DE	Sustain the Independent counselling support service for pupils in post primary schools	Continued access for all schools that wish it to a minimum of half day counselling support per week	Ongoing	Support, independent of the school, accessible for pupils experiencing stress	**GREEN**
M8	DE	Develop proposals for developing resilience among primary aged pupils and those in special schools for consultation; to implement agreed new services	Age and ability specific programmes which promote positive outcomes operating in primary and special schools	Commencing Autumn 2009.	All primary age pupils, those in special schools and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies	**GREEN**

M9	DE	Support schools in their work to create an anti-bullying culture with guidance and materials which tackle all forms of bullying, including homophobic bullying, are up to date and reflect the dynamic nature of the problem	All schools have in place an effective approach to tackling all forms of bullying	Ongoing	Pupils are confident that their concerns about bullying will be dealt with in an appropriate and timely manner	**GREEN**
M10	DE	Progress ongoing work of the DE Safeguarding Co-ordination Group	The DE Safeguarding Coordination Group will raise awareness of the range of safeguarding issues, including domestic violence, across DE business areas	Ongoing	Vulnerable children will be supported and signposted to appropriate interventions	**GREEN**

M11	TNC	Promote Teacher Health and Wellbeing through: • Revision of Promoting a Dignified Workplace (a policy statement and code of practice on measures to combat bullying and harassment of teaching staff in school) • Centralisation of counselling services for	Reduction in incidence of bullying and harassment Improved level of support available to teachers Greater clarity for schools in dealing with and preventing this problem For issue to schools during 2010-11 year.	Draft presented to employing authorities in December 2008. Once approved will go forward to the teachers' unions for comment and possible negotiation prior to ratification by TNC Ongoing from 1 April 2009 A workshop to consider revised guidance was h	Potential benefits to all teachers Benefits to teachers who have been bullied or have other mental health issues Will benefit schools whose staff have been abused. Includes a Desk Aid to help all teachers prevent incidents of abuse and deal with them when they do occur.	**GREEN**
M12	DEL	Commission a scoping study of Pastoral Care arrangements in FE	To ensure that the FE sector is fully aware of and responsive to the needs of its students including having in place comprehensive pastoral care arrangements across all campuses to identify and address any problems experienced by students	Scoping study commissioned by Public Procurement commenced July 2009 Findings of scoping study by December 2009 Implementation plan for any identified actions by March 2010	More effective, comprehensive and consistent pastoral care services for students across all 6 regional colleges	**GREEN**

M13	DCAL	Implement a 10 year Strategy for Sport and Physical Recreation	A greater emphasis on the mental benefits of regular participation in sport and physical recreation	From September 2009	Improved opportunities for people to gain the mental well being benefits of participation in sport and physical recreation	**GREEN**
M14	HSENI	Publish guidance for employers in general on "Creating a working environment that encourages Mental Wellbeing"	All employers will be better equipped to address workplace mental wellbeing issues.	Dec-09	Fewer employees will suffer from work related stress. More working environments will encourage mental well being. More employers will feel confident about employing someone who has mental health needs	**GREEN**
M15	HSENI	Set up a Stress and Mental Wellbeing Unit comprising health and safety inspectors and business advisors to focus on high stress risk work sectors	The Unit will through the provision of advice and where necessary enforcement ensure that organisations in sectors, in which employees are at a high risk of suffering from stress related ill health caused by or made worse by their work, have adopted system	Dec-09	In high stress risk work sectors see, as a result of reduced stress related ill health and associated absenteeism, increased productivity	**GREEN**

M16	DHSSPS	Ongoing implementation and development of the New Strategic Direction for Alcohol and Drugs, and its underpinning Hidden Harm and Young People's Drinking Action Plan	5% reduction in the proportion of adults who binge drink (baseline 2005) 10% reduction in the proportion of young people who report getting drunk (baseline 2003) 5% reduction in the proportion of young adults taking illegal drugs (baseline 2002/3) 10% red	By 2011	Reduce levels of harm related to alcohol and drug misuse	**GREEN**
M17	DHSSPS	Progress the Tackling Sexual Violence and Abuse Strategy 2008-2013	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of sexual violence and abuse	**GREEN**
M18	DHSSPS	Implement the domestic violence strategy Tackling Violence at Home	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of domestic violence and abuse	**GREEN**
M19	HSC	Implement the recommendations and associated actions arising from the Review of School Nursing and Health Visiting, once agreed post-consultation	Service delivery will be targeted on parenting support and mental health early interventions	As set in the Action Plan from the Review of School Nursing and Health Visiting	Children and young people's emotional health is promoted, all children are supported to lead happy healthy lives and problems are prevented from escalating to more serious mental health needs	**GREEN**

M20	OFMDFM	Publish a report on the 'Promoting Social Inclusion' work	The work of the PSI Group for people with disabilities covers a range of topics and cuts across Departmental boundaries – The report will provide a composite set of recommendations for Executive consideration which will improve the quality of life for people	Autumn 2009	Improved social inclusion of people with disabilities across a wide range of areas and activities examined by the PSI Group including: • Access to Employment; • Children, Young People and their Families; • Housing, Transport, Information and Access; • Le	**GREEN**
M21	OFMDFM	Publish an action plan for the implementation of recommendations arising from the PSI report (above)	As above. The action plan for this PSI work will be taken forward in the context of the wider 'anti-poverty and social inclusion' strategy - Lifetime Opportunities	Agreed action plan by March 2010	As above	**RED** **Work to develop the associated Action Plan has not been completed in the timescale envisaged. Work on this is being taken forward alongside work to publish the Executive's response to the PSI working group's report on Disability. Carried forward to follow-on plan**
M22	OFMDFM	Establish an initial assessment of the mental health needs of victims and survivors through a Comprehensive Needs Assessment	Better information on the extent of the impact of the Troubles on the mental health needs of victims and survivors	Sep-09	Better planning of services for victims and survivors	**GREEN**

M23	OFMDFM	Bring forward primary legislation to establish the Office of Commissioner for Older People	Legislation to establish a Commissioner for Older People, with a range of functions, powers and duties	Introduce legislation in May 2010	Will provide a strong independent voice for older people, including those experiencing mental ill health	**GREEN**
M24	DCAL	"Health in Mind" programme to improve the quality of life of 25,000 adults affected by mental ill-health through the provision of information, learning and reading activities	By project end: 40,000 people have accessed improved information about mental health; 20,000 people affected by mental ill health, their families and carers have improved knowledge and skills to enable them to access and use relevant information; 3.000	5 years from October 2009	People affected by mental ill health and their families have improved access to information and support	**GREEN**
M25	DEL	Complete an analysis of DEL provision across the further education and training sector for those with a disability, including those with special educational needs or with mental health needs. This work to build on detailed reviews of Students with Learn	Identification of areas for future DEL action where appropriate; also, an indication as to whether individuals have access to the services they require consistently across further education and training	Report finalised by June 2009	More effective services for individuals accessing DEL programmes and services	**GREEN**

M26	DEL	Consider the findings of the overarching review (above) and any strategic implications for DEL and develop an action plan	Strategic action plan to address cross-departmental issues identified that impact on individuals with mental ill health and /or learning disability	Action plan in place for 2010/11 Key milestones - consider resource implications, both staff and financial - identify delivery mechanisms - seek approvals to proceed	More effective services for individuals accessing DEL programmes and services	**GREEN**
M27	DEL	Undertake scoping study of provision for those not in education, training or employment (NEET), including those with mental ill-health or learning disability	Determination of available provision	Scoping study completed by Autumn 2009	Improved information to enable consideration of need for cross-Departmental strategic approach/ further actions	**GREEN**
M28	DEL	Continue to deliver DEL provision to address the employment needs of Incapacity Benefit and Employment and Support Allowance (ESA) recipients including those with mental ill-health	Individuals with mental ill health issues are assisted via DEL programmes , including the Condition Management Programme offered in conjunction with DHSSPS to re-enter the labour market	Ongoing	Individuals with mental ill health issues can access the necessary training and support to enable them to re-enter the labour market	**GREEN**

M29	DEL	DEL to consider, following recommendations from the Disability Liaison Group, improved information and communications about provision, including the possibility of an "easy to read" directory of DEL provision aimed at individuals with mental ill health an	A range of clear and accessible information resources	Summer 2010	Better informed decision making in terms of future education, employment and training options available	**GREEN**

M30	DEL	Examine the benefits for NI of adopting similar partnership arrangements to those put in place by the Scottish Executive that detail the roles and responsibilities of agencies involved in meeting the educational, health and social needs of people with add	Clear understanding of the respective roles and responsibilities including information sharing between DHSSPS and its agencies, DEL and its delivery partners and other agencies in addressing the needs of these learners (in particular assistance with asses	Stage 1: Scope benefits by end 2009 -Identify resource to undertake project - establish steering group for the project Stage 2 : Bring forward proposals to develop partnership working guidance in 2010. Report progress to Inter – Ministerial Group	Better awareness of the challenges of delivering provision to learners with profound and complex needs and clear signposting for individuals, families and providers Better informed healthcare and other professionals in relation to the education and	**GREEN**
M31	DSD	Carry out a policy evaluation of the Supporting People programme	Examination of the governance arrangements, commissioning process and funding arrangements, to ensure compliance with the policy intention that Supporting People is to fund advice and guidance for relevant individuals/organisations	Mar-10	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it	**GREEN**

M32	DSD	Collaborative work between DSD, NIHE, DHSSPS and HSC	Ensure that the accommodation needs of vulnerable adults are included in the delivery of the Social Housing Development Programme in as far as resources are available at that time.	Ongoing	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it	**GREEN**
M33	CHR	Publish action plan of how NICS will promote diversity	Equal opportunities monitoring of the NICS workforce. Review the 2008 – 2011 NICS Employment, Equality and Diversity Plan.	Dec-09	A working environment where everyone has a right to equality of opportunity and individual differences are valued and respected The NICS workforce will be more representative of the community by attracting a more diverse applicant pool for advertised pos	**GREEN**
M34	CHR	Develop mandatory equal opportunities and diversity awareness training to all staff at all levels within the NICS	Ensure that all employees are aware of their duties and responsibilities to ensure equality in the workplace and to fully include employees with disabilities, including mental conditions in the working environment.	Mandatory Training to commence in October 2009. To be complete by June 2010	To raise awareness of issues facing staff and customers with disabilities including those with a mental condition by ensuring all NICS employees are trained in equal opportunities and diversity awareness	**GREEN**
M35	HSC	Additional information and advice services for mental health service users and their carers	Improved information and advice services, at least some of which delivered by voluntary sector.	Ongoing	Better support for service users and carers in understanding the services available and in making their views heard	**RED** **Resources not available to complete. To be carried forward to follow-on Plan**
M36	HSC	Increase uptake of Direct Payments	Double the number of recipients of Direct Payments in mental health programme of care (baseline June 2007)	By March 2011	Give service users and their carers greater choice in the support they receive	**GREEN**

M37	HSC	Resettlement of long stay patients from mental health hospitals	10% reduction in the number of long-stay patients in mental health hospitals care (baseline 2007/08) No-one will remain unnecessarily in a mental health hospital	By 2011 By 2013 (Programme for Government target)	More people with a mental health need able to live in community settings with appropriate support.	**GREEN**
M38	DHSSPS	Implementation of harm reduction strategies, including needle and syringe exchange and substitute prescribing	Delivery of key harm reduction projects	Ongoing	Support for drug users to live less chaotic lives, and to reduce the harm they face in relation to their drug misuse	**GREEN**
M39	DHSSPS DSD	Complete a joint Review of Support Provision for Carers	Improved support services for carers who look after people of all ages who have a learning disability or mental health issues	Autumn 2009	People with a learning disability or mental health issues are supported to live independent lives in their own home for as long as possible and carers are supported in their caring role so that they can continue to care for as long as they wish and are	**GREEN**
M40	DHSSPS	Improve regional information on provision of respite care	Pilot data collection and refine as necessary Monitor respite care provision in NI on a quarterly basis	By December 2009 Ongoing	Respite provision can be better planned and monitored	**GREEN**

M41	HSC	Improve respite care for people with dementia	Additional 2000 places per year (baseline 2007/08)	By March 2011	Improve access to respite care	**GREEN**
M42	HSC	Additional information and advice services for mental health service users and their carers	Improved information and advice services, at least some of which delivered by voluntary sector	Ongoing	Better support for service users and carers in understanding the services available and in making their views heard	**RED** **Resources not available to complete. To be carried forward to follow-on Plan**
M43	HSC	Increase uptake of Direct Payments	Double the number of recipients of Direct Payments in mental health programme of care (baseline June 2007)	By March 2011	Give service users and their carers greater choice in the support they receive	**GREEN**
M44	DHSSPS PHA	Implementation of Hidden Harm Action Plan – supporting the needs of children and young people born to or living with substance misusing parents or carers	10% reduction in the number of children at risk from parental alcohol and/or drug dependency (baseline under development)	By 2011	Increased support (at local and regional level) for children and young people with substance misusing parents or carers	**RED** **Action progressing at regional and local level however outcome target not achieved.**

M45	DHSSPS HSC	Provide a service wide, supportive, quality driven environment to promote Personal and Public Involvement, (PPI), in planning, commissioning, delivery and evaluation of services	Submit consultation schemes under section 19 of the Health and Social Care (Reform) Act (Northern Ireland) All organisations to embed PPI consistently as part of organisational activity. Establish leadership and accountability arrangements for PPI. Mon	Jan 2010 Apr 2010 Apr 2010 From Apr 2010	• Improvements in service design. • Improvements in user and carer experience of services. • Promotion of social inclusion • Improved safety and quality of treatment. • Reduction in complaints • Improved management of demand • Understanding of how and	**RED** **A number of Working Groups have been established to progress this action. It will be carried forward to the follow-on Plan.**
M46	HSC	Re-direction of HSC funding towards community based services	60% of HSC spend on mental health services should be on community services.	By 2011/12	Greater access to community mental health services and fewer people need to be admitted to hospital	**RED** **Work progressing. However outcome target not achieved. Carried forward to follow-on Plan,**

M47	DHSSPS HSC	Develop a Service Framework for mental health services and commence implementation	Strengthen the integration of health and social care, enhance health and wellbeing, promote evidence – informed practice, focus on safe and effective care and enhance multidisciplinary and inter-sectoral working	By January 2010	Set out the standards of care that people who use services, their family and carers can expect to receive	**GREEN**
M48	DHSSPS HSC	Review range of facilities used to provide both inpatient and community based mental health and learning disability services and agree future pattern of provision	An agreed plan for facilities required to deliver mental health and learning disability services	The Capital Priorities Review was completed in September 2008. A Policy Infrastructure Forum has been established to address new requirements and ongoing prioritisation.	Services will be delivered in appropriate, accessible, fit for purpose buildings	**GREEN**

M49	DHSSPS HSC	Complete a workforce planning study for mental health and learning disability health and social care services	Agree a prioritised action plan to take forward recommendations from the commissioned workforce study	December 2009	Adequate numbers of appropriately trained staff to deliver services needed	**GREEN**
M50	DHSSPS PHA	Develop and take forward a prioritised plan for research on mental health and learning disability issues	Plan agreed with a timetable	Jun-10	Service provision informed by local research on needs and on evidence of what works	**GREEN**
M51	HSC	Improve information systems on provision and use of mental health and learning disability services	Anonymised database on inpatients in mental health facilities available at regional level for use by DHSSPS and HSC bodies Extend the database to include users of community based services	October 2009 April 2011	Services can be better planned to meet needs and monitored to ensure service improvement, based on up to date local information.	**RED** **Phase one completed, resourcing restrictions impacted full programme.**
M52	PHA	Complete and maintain a map of mental health services across Northern Ireland	Compile mapping information on all mental health services provided	Mapping to be completed by March 2011 and maintained on ongoing basis	New services can be better targeted and gaps in existing services can be filled	**RED** **It is anticipated that work will be completed within 12 months.**

M53	HSC	Develop a stepped care model for mental health services	A regionally agreed model across all HSC services	By March 2010	People should be able to access mental health services appropriate to their needs	**GREEN**
M54	HSC	Increase levels of community mental health services	240 additional staff in community mental health services (baseline 2007/08) 10% reduction in admissions to mental health hospitals (baseline 2007/08)	March 2011 March 2011	Greater access to community mental health services and fewer people need to be admitted to hospital	**GREEN**
M55	DHSSPS	Develop a strategy for improving access to psychological therapies	Strategy to be agreed	By October 2009	Improved access to psychological therapies	**GREEN**
M56	HSC	Introduce a computerised Cognitive Behavioural Therapy programme	Introduce programme and monitor uptake and patient outcomes	Ongoing	Improved support for those with mild to moderate depression	**GREEN**

M57	DHSSPS HSC	Develop regional guidance on assessment and management of risk in mental health and learning disability services	Agreed guidance to cover full range of mental health and learning disability services with regionally agreed tools to support guidance. Implement guidance and supporting tools	By September 2009 From September 2009	People who may pose a risk to themselves or to other people or who may be at risk from other people will have such risks assessed and managed in an appropriate way as part of their treatment and care plan.	**GREEN**
M58	DHSSPS HSC	Develop regional prescribing guidance on anti-psychotic medicines for primary and secondary care sectors	Provide regional guidance to those prescribing anti-psychotic medicines	Mar-10	Ensure that anti-psychotic medicines are prescribed and managed appropriately	**GREEN**
M59	DHSSPS HSC	Develop pilot of community pharmacy medicines management initiative for people with mental health needs	Commence pilot and put in place evaluation	From September 2009	Provide better and more accessible advice and support to people with mental health needs who are taking medication	**GREEN**
M60	DHSSPS HSC	Establish specialist medicines management clinics for people who have been prescribed benzodiazepines	Complete an initial assessment of effectiveness of such clinics Undertake formal evaluation of clinics	March 2011 During 2011/12	Provide better advice and support to people who have been prescribed benzodiazepines and, where appropriate, support reduction in use	**GREEN**

M61	DHSSPS	Develop a strategy for services for people with a personality disorder	Agreed strategy with implementation plan to provide a range of services to address the varying needs of people with personality disorders	By October 2009	Better access to services for people with a personality disorder and support for their carers	**GREEN**
M62	DHSSPS HSC	Establish procedures to ensure people leaving hospital who need continuing mental health care receive it	From April 2009, all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within 7 days of discharge	Ongoing	Better community support for those discharged from hospital	**GREEN**
M63	DHSSPS HSC	Establish procedures to ensure people presenting at A&E departments who need continuing mental health care receive it	From April 2009, all mental health patients seen at A&E departments and assessed as requiring further mental health care should have an appointment made with mental health services before they leave the A&E department	Ongoing	Better follow up and support for those in need of mental health services	**GREEN**

M64	DHSSPS HSC	Improve and harmonise model for crisis intervention services	DHSSPS to issue regional principles for provision of crisis mental health services Trusts to ensure regional principles are complied with and that services are harmonised across Northern Ireland	October 2009 Action Plan drawn up by December 2009 and action taken to agree timescales thereafter	People in crisis will be able to receive appropriate care and support to a consistent standard	**GREEN**
M65	HSC	Appoint a Service Improvement lead for mental health and learning disability in each HSC Trust	Ensure that service improvement in mental health and learning disability services is given sufficient focus	Apr-10	People using mental health and learning disability services have access to high quality, efficient and effective care and treatment	**GREEN**

M66	HSC	Introduce inpatient services for eating disorders	Develop regional approach to inpatient services with appropriate in-reach	By March 2011	Continuity of care from community services for those who need to be admitted to hospital. Less people will require admission to a facility outside Northern Ireland	**RED** **Trusts are working together to progress the development of local in-patient service capacity in terms of sharing knowledge and skills.**
M67	DHSSPS HSC	Improve Perinatal mental health services	Take forward action plan to implement relevant NICE guidance across all Trusts and primary care	Consult on proposed action plan by October 2009 Agree action plan and timescales for implementation by January 2010	Better detection and treatment of mental illness during pregnancy and the post natal period	**GREEN**

M68	HSC	Improve interface between adult mental health services and child care services.	To explore and agree how best to ensure appropriate liaison between adult mental health services and child care services. Develop guidance for staff working across these services	Ongoing	Better service for all family where the parent has a mental health problem.	**GREEN**
M69	PHA	Provide a mental health information resource for young people and their families	Web-based resource including directory of mental health services for young people	By April 2010	Young people encouraged to look after their mental wellbeing and provided with information on sources of support	**RED** **Resources not available to carry out. This will be carried forward through future service mapping.**
M70	HSC	New facilities with 33 mental health inpatient beds provided for children and young people up to the age of 18	New linked units for children and young people who require inpatient mental health treatment	By 2010	Increased inpatient provision in new purpose-built facilities	**GREEN**
M71	DHSSPS HSC	Develop a strategy for dementia services, including the needs of younger adults.	Agree draft strategy and associated action plan and issue for consultation	By December 2009	Improved services for people with dementia and their families and carers	**RED** **Strategy to be published later in 2011.**

M72	DHSSPS HSC	Support the Northern Ireland Dementia Services Development Centre	Centre to deliver a range of training, educational, consultative and research services to HSC and to service users and carers	Ongoing to March 2012	Improved services for people with dementia and their families and carers	**GREEN**
M73	HSC	Establish a Northern Ireland Forensic Mental Health and Learning Disability Steering Group involving users of services and carers and the relevant agencies at senior level.	A co-ordinated approach across HSC and criminal justice agencies to improve forensic services	Sep-09	Better joined up services for people who need forensic services	**GREEN**
M74	DHSSPS HSC	Conduct a review and produce a strategy to increase the provision of low secure and community forensic placements	Current inpatient provision quantified and need for low secure and community forensic placements determined. A strategy developed for future provision based on assessed need.	March 2010 March 2011	Appropriate levels of support provided in the least restrictive conditions for those who need forensic services	**GREEN**
M75	HSC	Establish Health and Social Care Mental Health and Learning Disability Task Force	A co-ordinated approach across HSC to improving mental health and reforming mental health and learning disability services in line with Bamford.	By October 2009	Mental health and learning disability services will be reformed and modernised in line with Bamford vision	**GREEN**

M76	PCC	Establish Bamford Monitoring Group	Provide a challenge function on the extent to which the reform of services is working.	By October 2009	Service users and carers will have an opportunity to feed back their views to Minister on how services are meeting their needs	**GREEN**
M77	DHSSPS	Inter-Departmental Ministerial and Implementation groups to continue	A co-ordinated approach across Ni Executive improving mental health and reforming mental health and learning disability services in line with Bamford.	Ongoing	Better joining up of services across agencies	**GREEN**
M78	DHSSPS	Introduce new mental capacity and mental health legislation	Commence new mental capacity and mental health legislation	Post 2011, exact timing depending on legislative programme Initial objective is to have Ministerial and Executive clearance to policy proposals by Spring 2010.	A consistent approach, with appropriate safeguards, to decisions - about care, treatment, property or assets – which have to be made for those unable to make decisions for themselves, whether because of mental disorder or for other reason	**GREEN**
M79	DHSSPS	Introduce a small amendment to the Mental Health (NI) Order to enable patients to apply to the court to replace their nearest relative.	An amendment to the 1986 Order enabling patients to apply to court to replace their nearest relative	By March 2011	Patients will be able to challenge the appointment of a nearest relative. This will be important in situations where the relationship with the nearest relative has broken down or where there is a history of abuse by the nearest relative	**RED** **Instructions completed and amendments drafted, awaiting clearance to proceed.**

M80	DHSSPS	Issue guidelines to health trusts advising of a European Court of Human Rights judgement requiring safeguards for those deprived of their liberty for their protection	Guidelines issues to health trusts.	By December 2009	Those deprived of their liberty for their protection in nursing homes and hospitals and their relatives and carers will be consulted on the nature and extent of the deprivation	**GREEN**

ANNEX C

Glossary of abbreviations

ASD	Autism Spectrum Disorder
BTB	Beating the Blues
CAMHS	Child and Adolescent Mental Health Services
CAN	Comprehensive Needs Assessment
CRHT	Crisis Response Home Treatment
CSIG	Carers' Strategy Implementation Group
CSR	Comprehensive Spending Review
CYPSP	Children and Young People's Strategic Partnership
DCAL	Department of Culture, Arts and Leisure
DE	Department of Education
DEL	Department of Employment and Learning
DES	Directed Enhanced Service
DETI	Department of Enterprise, Trade and Investment
DFP	Department of Finance and Personnel
DHSSP	Department of Health and Social Services and Public Safety
DOJ	Department of Justice
DOLS	Deprivation of Liberty Safeguards
DRD	Department of Regional Development
DSD	Department of Social Development
ECrHR	European Court of Human Rights
ESF	European Social Fund
ETI	Education and Training Inspectorate
FE	Further Education
GP	General Practitioner
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSENI	Health and Safety Executive Northern Ireland
IDG	Inter-Departmental Group
IMTAC	Inclusive Mobility Transport Advisory Committee
LD	Learning Disability
MH	Mental Health
NEET	Not in Education, Employment or Training
NICS	Northern Ireland Civil Service
NICVA	Northern Ireland Council for Voluntary Action
NIHE	Northern Ireland Housing Executive
OFMDFM	Office of the First Minister and Deputy First Minister
PCC	Patient and Client Council
PEHAW	Pupils Emotion Health and Well-being
PHA	Public Health Agency

PSI	Promoting Social Inclusion
RQIA	Regulatory Quality Improvement Authority
SCIE	Social Care Institute for Excellence
SOU	Special Olympics Ulster
TfS	Training For Success
UNOCINI	Understanding The Needs of Children in Northern Ireland
WTE	Whole Time Equivalents