Paper 2:
Intersectoral working promoting mental health in the UK

MH4U supporting activities

1.1.5 Advise MoH and Center of MH on best practices in MH in the scope of current healthcare transformation process (such as developing minimum data set for MH, revising payment mechanisms for MH services and introducing e-health for mental health providers).

1.1.5.2: Advise and provide international expertise on financing mechanisms for MH services and on the MH services which will be included in basic guaranteed package (regarding both MH services provision and pharmaceuticals)

Specifically, Implemental to provide:

- An overview of the characteristics of a well structured system for the financing of mental health services, based on international examples.
- An overview of the process the NHS should undertake when developing the basic package of mental health services.
- An overview of the key documents to be developed when developing the financing mechanisms.

1. Policy context

In the 1990's two key government white papers ('The new NHS' and 'Modernising Social Services') set out a range of measures to drive up quality and reduce unacceptable variations. 'A First Class Service'[1] explained how NHS standards would be set by the National Institute for Clinical Excellence (NICE) and National Service Frameworks. They referred to clinical governance mechanisms, professional self-regulation and lifelong learning. Monitoring would be by Commission for Health Improvement, the new National Performance Assessment Framework, and the National Survey of Patients.

Similarly, 'A New Approach to Social Services Performance' described a Performance Assessment Framework for social services, outlining plans to strengthen assessment by the Department of Health and detailed proposals for national performance indicators for social services. One of the first two National Service Frameworks covered mental health for working age adults.

The **'National Service Framework for Mental Health: Modern Standards & Service Models' (1999)**[2] was developed with the advice of an External Reference Group, chaired by Professor Graham Thornicroft from the Institute of Psychiatry, King's College London. The External Reference Group brought

together health and social care professionals, service users and carers, health and social service managers, partner agencies, and other advocates. A full range of views were sought by the External Reference Group, which was assisted by the Department of Health. The Group distilled existing research and knowledge, and considered a number of cross cutting issues, such as race and gender.

The External Reference Group developed ten guiding values and principles to help shape decisions on service delivery. People with mental health problems can expect that services will:

- involve service users and their carers in planning and delivery of care
- deliver high quality treatment and care which is known to be effective and acceptable
- be well suited to those who use them and non-discriminatory
- be accessible so that help can be obtained when and where it is needed
- promote their safety and that of their carers, staff and the wider public
- offer choices which promote independence
- be well co-ordinated between all staff and agencies
- deliver continuity of care for as long as this is needed
- empower and support their staff
- be properly accountable to the public, service users and carers.

In 2001 the **National Institute for Mental Health in England (NIMHE)** was established under the leadership of Professor Louis Appleby to "coordinate research, disseminate information, facilitate training and develop services". NIMHE aimed to improve the quality of life for people of all ages who experience mental distress. Working beyond the NHS, to help all those involved in mental health to implement positive change, providing a gateway to learning and development, offering new opportunities to share experiences and one place to find information. NIMHE supported staff to put policy into practice and to resolve local challenges in developing mental health through local development centres and national programmes of work.

In 2009 NIMHE was disbanded and a new body, the **National Mental Health Development Unit** (NMHDU) was launched but was also disbanded in March 2011. The NMHDU was funded by the Department of Health and the National Health Service and aimed to work in partnership with the NHS's Strategic Health Authorities (regionally based) and all stakeholders. The Unit had several specific programmes of activity, including to support the Improving Access to Psychological Therapies (IAPT) scheme. The Unit also supported the government's strategy for mental health, New Horizons, which was published in December 2009 following the end of the National Service Framework plans.

New Horizons (2009) was the UK government's ten-year strategy for mental health in England and was intended to be a comprehensive programme of action

for improving the mental well-being of the population and the services that care for people with poor mental health by 2020. In particular, New Horizons, along with other documents published simultaneously, was claimed to bring a new focus on employment issues. The strategy also aimed to tackle depression in people of all ages; to reduce suicides; to improve outreach to help excluded groups access support; and to tackle the stigma around mental illness.

The **Mental Health Strategy for England (2011**) was published under the 2010 to 2015 Conservative and Liberal Democrat coalition government. It set out how the government, working with all sectors of the community and taking a life course approach, would improve the mental health and wellbeing of the population and keep people well by providing high-quality services that are equally accessible to all.

Formed in March 2015, the independent **Mental Health Taskforce**[3] brought together health and care leaders, people who use services and experts in the field to create a **Five Year Forward View for Mental Health**[4] for the NHS in England. This national strategy, which covers care and support for all ages, was published in February 2016 and signified the first time there had been a strategic approach to improving mental health outcomes across the health and care system, in partnership with the health arm's length bodies. In July 2016, NHS England published an Implementation Plan to set out the actions required to deliver the Five Year Forward View for Mental Health[5]. The Implementation Plan brings together all the health delivery partners to ensure there is cross-system working to meet the recommendations made by the Taskforce.

The taskforce was chaired by Paul Farmer, Chief Executive of Mind, and the vice chair was Jacqui Dyer who is an expert-by-experience and a carer. It included members from the partner arm's length bodies who hold critical responsibilities related to the planning and delivery of care, as well as representatives from the voluntary sector and professional bodies. Members of the taskforce were responsible for making sure that there was cross-system commitment and alignment when developing actions within the national strategy and that continued partnership, working effectively and meaningfully, enables the strategy to be delivered. Paul Farmer and other taskforce members continue to be involved in the oversight of the delivery of the taskforce recommendations through an independent advisory and oversight group.

The strategy was the product of wide-ranging engagement with people with personal experience of mental health issues, families, carers and professionals as well as the review of clinical and economic evidence. Over 20,000 people gave their views to the taskforce and the findings from that engagement work were included in a report published in September 2015. Improvements in access to high quality services, choice of interventions, integrated physical and mental health care, prevention initiatives, funding and challenging stigma were people's top priorities as to how the system needs to change by 2020. This feedback directly shaped the Five Year Forward View for Mental Health**.**

The Five Year Forward View set out the current state of mental health service provision in England and made recommendations in all service areas. NHS England accepted all the recommendations in the report for which it held responsibility and it was agreed with the Government that to support this transformation, mental health services would benefit from additional investment of £1bn per year by 2020/21. The published **Implementation Plan** detailed how NHS England would deliver the recommendations made by the Taskforce working with its partner arms-length bodies. The Plan presents the timeframes and funding for delivery of the programmes of work which will transform mental health services. It shows how the delivery partners will work together at national and local level, and how they will be held to account for meeting the timeframes and for using the funding in the most effective way.

During 2015/16, work began to lay the foundations for better, more responsive and accessible mental health services. These have included new access and waiting times for psychological therapies and early intervention in psychosis which came into force from April 2016 with eating disorder services for young people following in 2017.

Immediate priorities for service redesign were:

- to increase access to specialist perinatal care
- to reduce the number of out of area placements for children, young people and adults through the provision of more care closer to and at home
- to increase access to crisis care liaison services in emergency departments and inpatient wards
- suicide prevention.

NHS England established strong governance structures to oversee the work and to hold the health and care system to account for improving mental health services. The Mental Health and Dementia Programme Board is chaired by Claire Murdoch, National Implementation Director for Mental Health, and includes director-level representatives from the primary care, specialised commissioning, finance and clinical teams within NHS England. Delivery partners across the system are also represented including Public Health England, Health Education England, the Care Quality Commission, NHS Improvement, the Department of Health and NHS Digital.

The Board's role is to drive forward the improvements needed in mental health services and to ensure there is system-wide leadership and an integrated approach to all aspects of health and care. The **Mental Health and Dementia Programme Board** reports into the NHS England Executive Group. The work of the Board is underpinned by the **Mental Health Five Year Forward View Advisory and Oversight Group**: a panel of independent experts external to NHS England which is chaired by Paul Farmer, Chief Executive of Mind and the chair of the Mental Health Taskforce. Current members include representatives

from national stakeholder organisations, mental health professional bodies, providers, commissioners and users of mental health services.

2. Inter-sectoral collaboration and community development approaches

A common thread running through all the policy documents is the need to work across the many organisational boundaries to develop integrated plans. This extends from working across government departments to engaging local people at community level.

In 2003, the Kings Fund and NIMHE published '**Community Renewal and Mental Health STRENGTHENING THE LINKS'**[6]. They noted that policy-makers and people 'at the sharp end' do not always look at issues in the same way. Therefore, when concerns about the mental well-being of local communities do emerge across Government departments, and across a wide range of different organisations, agencies and people at local level, there is real potential for constructive action. There is increased recognition that the social as well as physical costs of mental illness are huge for individuals, families and whole communities; and there is growing awareness that there is nothing inevitable about this situation, it can be tackled and changed.

Steps can be taken to both reduce the incidence of mental health problems within communities and make a positive contribution to the community's overall sense of itself as a place to live. For example, initiatives to tackle bullying in schools or to reduce fear of crime. Practical action on a variety of fronts can also enable those with severe mental health problems to live lives as rewarding as those of other citizens, playing a full part in their community.

Disadvantaged areas often contain high numbers of people with mental health problems. Complex cause-and-effect relationships underlie this situation. What is clear, however, is that the funds that renewal, regeneration and economic development programmes bring to areas of this kind need to contribute to the development of communities that are healthy, secure and confident. This can only happen if the flow of funds is allied with knowledge of mental health issues and in-depth understanding of local communities. In practice, this means developing imaginative, flexible and effective local partnership working. This is no small challenge. People and agencies who know relatively little of each other's worlds need to learn about different perspectives and find innovative ways of using that learning to achieve goals of common purpose, such as making real inroads into health inequalities.

Two research findings underpin the need to make real progress in incorporating mental health issues into mainstream planning for social and economic development. First, evidence is clear that the success of regeneration and renewal initiatives depends on the active engagement and involvement of local

people. Second, people living in disadvantaged areas care about mental health issues and welcome the opportunity to work with others to address problems.

This report maps some of the key elements of the different systems and funding streams involved, and highlights potential opportunities for creative joint working in the future. The voices of citizens are heard throughout the publication, asking questions, telling stories, and offering advice and encouragement. It was designed to be a tool to be used by people in the mental health and regeneration fields, and by representatives of communities.

3. Co-ordinating implementation of mental health policy at national and regional level

From 2001 to 2009 National Institute for Mental Health in England (NIMHE) was responsible for supporting the implementation of positive change in mental health and mental health services. NIMHE was part of the **Care Services Improvement Partnership**[7] (CSIP) and was sponsored by the Department of Health (DH). There were **eight Regional Development Centres** (RDCs), through which the majority of work was delivered. In 2008 the Care Services Improvement Partnership become a partnership of four core national improvement programmes, delivered regionally through the eight Regional Development Centres.

Overall, the role of the RDCs was to support the delivery of DH policy priorities at a national, regional and local level to bring about improvements in health and well-being. They worked in partnership with DH, the NHS, Government Offices and local government to promote and support the improvement and innovation of local services through: developing the capacity and capability to achieve improvements in delivery; supporting policy implementation; and supporting the development of policy. A **national support office** enabled the Strategic Health Authorities (SHA) and DH to work together on common priorities for supporting delivery.

The RDCs activity focused on the four core CSIP programmes: social care, NIMHE (mental health), children and young people, and health and social care criminal justice. Social care programmes included work on older people and learning disabilities.

The RDCs modelled and promoted an integrated way of working across health, social care and the wider public sector; an approach that focused on, and was responsive to, the practical and organisational challenges of **driving whole system change**.

The NIMHE supported improvements in mental health and mental health services. This included following priorities for nationally co-ordinated action for example: supporting effective commissioning and system reform; improving access to psychological therapies; delivering race and gender equalities;

promoting mental well-being and social inclusion; redesigning specialist mental health services and implementing mental health legislation.

The functions of the small national CSIP support office included: acting as the interface between RDCs, regional Strategic Health Authorities and the Department of Health to negotiate agreements (for example, where a national approach is required; facilitating the collective working of RDCs to maximise effective integration of regional activity and resource; achieving consistent delivery for nationally initiated programmes where a common approach across SHAs is beneficial (e.g. mental health legislation); ensuring shared learning and support in order to achieve added value and avoid "reinventing the wheel"; commissioning nationally at the request of RDCs where single national procurement is appropriate; and avoiding isolation of staff working in complex, high profile delivery areas.

4. Implementing the National Service Framework through Local Implementation teams (LITs)

Local Implementation Team (LIT) *– a broad group of stakeholders in mental health in the UK, including health professionals, carers, and service users who meet to plan how to best provide mental health services in their area.*

Introduction
In order to implement the National Service Framework for Mental Health in the UK, the government required that each area should set up a Local Implementation Team (LIT) to bring together key stakeholders, and to develop Local Implementation Plans to support the delivery of the mental health policy and targets. The LITs were supported by their regional Strategic Health Authority (SHA) and their Regional Development Centre. For example, in London there were five SHAs and the London Development Centre for Mental Health supporting 32 LITs.

During the implementation period for the NSF (since it was launched in 1999), an **annual assessment of mental health services** was carried out by the LITs with support from SHAs and the RDCs. It comprised four main strands: i) Finance mapping (an audit of the funding allocation to mental health services); ii) A self assessment process (an audit of progress made against the NSF targets) carried out by LITs and reviewed by SHA leads, iii) A themed review on a key topic and iv) Mapping of all adult mental health services (an audit of services available against standard service specifications).

Inevitably the arrangements worked better in some areas than in others and drawing upon the experience of their strengths and weaknesses across the country, NIMHE identified characteristics of "The Capable LIT".

Characteristics of the Capable LIT (2003)

Role : The Capable LIT is seen by local stakeholders as the primary vehicle for delivery of the NSF.

- It is not merely a consultative forum
- It is not just a pressure group lobbying for mental health

Population Coverage: The Capable LIT is configured in a way which best matches local organisational circumstances

- Its configuration facilitates joint planning and joint commissioning
- Coterminosity with a Primary Care Trust (commissioning body) or a group of PCTs in which one leads on mental health is usually advantageous
- Many areas have found that a LIT catchment population of 250,000 to 500,000 works well

Leadership: The Capable LIT is usually chaired by a senior manager of a statutory agency.

- This might be, for example, a PCT Chief Executive or Director of Social Services.
- He/she will usually be a member of the Local Strategic Partnership Board where one exists
- The LIT lead officer is of senior status, with specific time allocated for this role

Membership: members of the Capable LIT include powerful players from all key local stakeholder groups.

- Senior managers from statutory agencies who have authority to commit their agency to a course of action and to commit resources within agreed allocations
- Senior representatives of local voluntary sector organisations
- Representatives from community groups, in particular those from black and minority ethnic groups: these are represented through faith and religious groups, community leaders and special interest groups such as asylum seekers and refugees
- Senior clinicians, including both mental health specialists and GPs
- Representatives of user and carer organisations, who are provided by the statutory sector with whatever training or support may be necessary to enable their full and meaningful participation, payment of expenses, and other remuneration as agreed locally to reflect their time and expertise
- The overall membership of the LIT reflects the diversity of the population served, and additional members are included as necessary to ensure that women and minority communities, in particular black and minority people, are equitably represented.

Accountability and Links: The Capable LIT is clear about its accountability.

- There is clarity about governance arrangements and the limits to the LIT's authority, with Terms of Reference signed off by the Chief Executive Officer/Directors of participating agencies
- There are clear links between the work of the LIT and the process underpinning the Local Delivery Plan
- There are clear links with those responsible for commissioning specialised mental health services
- Clear "rules of engagement" are agreed with the non-statutory sector
- There are good links with the local NIMHE Development Centre, whereby the LIT benefits from the support available and shares its own strengths and positive practice for the benefit of others

Processes: The Capable LIT has robust processes in place, which are understood by all LIT members and other mental health stakeholders.

- There are clear and focused planning arrangements which take account of the local contribution expected of the statutory agencies towards meeting national targets relating to mental health
- There are clear arrangements for consultation
- Joint commissioning (health and social care) is in place
- There are clear arrangements for monitoring progress with implementation

Collaboration with other LITs: The Capable LIT collaborates with other LITs in its area, where this can benefit service users.

- Opportunities are sought to work jointly with neighbouring localities where this can help to avoid duplication and/or create leadership across a larger patch
- Joint approaches are adopted to manage the mental health economy during service change and re-engineering

The Capable LIT has **shared values and a shared vision**. Its members trust and respect one another. It can demonstrate steady progress towards delivering its contribution towards national targets and making NSF standards a reality- as assessed by users of mental health services and carers.

5. Local Implementation teams (LITs) after the NSF

Restructuring within the NHS, changes in local authorities relating to social care and emergent policy and guidance supporting commissioning and the health and wellbeing agenda presented an opportunity to articulate the role and function of LITs in the light of revised structures, commissioning and performance management arrangements.

The associated *Standards* did not prescribe or advise the configuration of a LIT or the population size (geographical area) it should cover. It recognised that health and local authority boundaries would inform the 'footprint' of a LIT, but also recognised that local solutions needed to be agreed, locally.

The *Standards* highlighted the need to have explicit links with the boards (senior accountable officers for health and social care) having responsibility for strategic planning in order to inform strategic health needs assessment, and strategic planning.

The *Standards* are not exhaustive, they were intended to be used as guidance, and for benchmarking by local LITs and their partners.

Standards for an effective Local Implementation Team (LIT)
Standards for an effective LIT were set out to reflect the role of the LIT, and its functions which are summarised below.

- The LIT has a clear operating framework, underpinned by Terms of Reference which have been agreed with key agencies.

- The LIT contributes to the development, implementation and monitoring of,

    - a commissioning strategy for mental health and wellbeing services for adults;

- a local mental health and wellbeing delivery plan for adults;

- The LIT ensures that the commissioning strategy and mental health and wellbeing local delivery plan reflect and address the needs and priorities of the health and social care community.

- The LIT operates to Terms of Reference which have been agreed with key agencies.

- The LIT involves people who use services, and people who support them at every stage in the planning, implementation, monitoring and improvement of mental health and social care services.

- The LIT draws on current and emerging policy, legislation, evidence, guidance, and positive practice to inform the commissioning strategy and local delivery plan.

- The LIT maintains an overview of the delivery of services in order to assure quality and to inform the continuous improvement of services.

- The LIT contributes to the development of service improvement plans, monitoring delivery of improvement plans in order to inform the year-on-year commissioning strategy and delivery plan.

- The LIT accounts for its activity and performance.

- LIT represents the range of stakeholders and the diversity of the population in the local health and social care community.

The tables in Appendix 1 sets out the Standards with associated indicators. This framework may be used by LITs and their partners to consider and assess how well the LIT is delivering its role and functions. Such an assessment may inform the continued development of the LIT, in order to continue to develop and improve local commissioning and service improvement mechanisms for adult mental health and wellbeing services.

6. Reflecting on experience of practice in other countries

It is very common that countries undertaking large development programmes for mental health identify a group of colleagues within the ministry of health who take responsibility for implementation of the plans. However, these ‘teams’ or ‘centres’ are rarely effective unless they have the relevant resources and expertise made available to them. Also, that the lines of accountability and authority for decision-making are clear. Planning structures need to consider how different ‘arms’ of government will be engaged and how departments will be held to account for delivering collective action plans. Further, successful implementation of strategic plans is dependent on there being appropriate planning and support at regional/sectoral level and on decision-making powers being appropriately devolved to regions/sectors.

Appendix 1: STANDARDS FOR AN EFFECTIVE LIT

Standard	Positive Practice
The LIT has a clear operating framework, underpinned by Terms of Reference which have been agreed with key agencies.	The senior accountable officers for health and social care ensure that the operating framework is fit for purpose: - there are effective and well governed arrangements in place for joint commissioning; - partnership goals are set, and partners engaged in the delivery of the mental health and social care strategy - there is evidence of improved outcomes; The Terms of Reference have been approved and signed off by key agencies, including senior accountable officers for: - health and social care - provider agencies - NGO and community sector groups - service user/carer forums The Terms of Reference cover: - level of authority of the LIT - mechanisms for informing commissioning priorities - membership - nomination of officers - period of service - role and responsibilities - accountability - governance, including arrangements for chairing and administration of LIT - support and development opportunities - fees and expenses - administrative support - review date of Terms of Reference The Terms of Reference are reviewed at agreed intervals.

Standards	Positive Practice
Membership of the LIT is representative of the range of stakeholders and the diversity of the population in the local health and social care community.	• The LIT draws on its population profile in order to inform membership which is drawn from: - people who use services, and people who support them, including minority groups; - NGO and community sector - service providers - commissioners - public health - social care - employment - housing - faith groups - criminal justice agencies - addictions services - further education providers
The LIT contributes to the development, implementation and monitoring of a local mental health and well-being commissioning strategy for adults and a local delivery plan for mental health and social care services for adults.	• The LIT Terms of Reference specify this role. • LIT membership includes health and social care (local authority) mental health commissioning leads. • The mental health and well-being commissioning strategy is developed by and with lead commissioner(s) for mental health and social care services for adults. • Mechanisms are in place to ensure that commissioning priorities identified by the LIT inform local commissioning strategies. • The commissioning priorities identified by the LIT both reflect and are linked to the local strategic health and social care plans.
The LIT ensures that the commissioning strategy and mental health and wellbeing LDP reflect and address needs and priorities of the health and social care community.	• The commissioning strategy and mental health and well-being local delivery plan reflects population need. • The needs and interests of minority groups are addressed through the strategy and local delivery plan. This may include the needs and interests of Internally Displaced Persons, black and minority ethnic groups, travellers, homeless people, lesbian, gay, bisexual and transgender people, prisoners, people who are unemployed, people with disabilities; transitional groups (e.g. 16-18 years). - The LIT informs the work of other departments e.g. intellectual disabilities, drug and alcohol dependency, transitional planning for children and adolescents

Standards	Positive Practice
Functions: **The LIT ensures that people who use services, and people who support them are involved at every stage in the planning, implementation, monitoring and improvement of mental health and well-being services.**	• People who use services and people who support them are represented on the LIT. • Mechanisms are in place for payment of expenses of LIT members; fees for members who are not in full-time employment; costs associated with caring responsibilities; and costs of the support of personal assistants. • Robust consultation mechanisms are in place in order to secure the perspectives of local health and social care communities. • The LIT engages with and actively promotes partnership working across agencies and sectors.
The LIT ensures that emerging policy, legislation, evidence, guidance, and positive practice inform the commissioning strategy and local delivery plan.	• The commissioning priorities and mental health and wellbeing local delivery plan reflect: - priorities based on population need - policy imperatives and targets - national guidelines - positive practice - new ways of providing services; new staff roles - promotion of health, wellbeing and social inclusion • LIT members receive regular policy updates and briefings. • Individual LIT members are offered training, and support where required to prepare for and contribute to LIT business. • A development programme is in place for the LIT. • A budget for LIT development is identified and utilised.

Standards	Positive Practice
The LIT maintains and overview of the delivery of services in order to assure quality and to inform the continuous improvement of services.	• The LIT has an overview of performance data that highlight progress and any issues requiring additional local scrutiny. This may include monitoring undertaken by service user and carer groups, complaints and compliments. • The year-on-year mental health and well-being commissioning strategy and local delivery plan reflect and address improvement priorities.
The LIT contributes to the development of service improvement plans, monitoring delivery of improvement plans in order to inform the year-on-year commissioning priorities and mental health and well-being local delivery plan.	• Service providers consult with and involve the LIT in the development of improvement plans, and their implementation.
The LIT is accountable for its activity and performance.	• The LIT engages in the annual mental health performance assessment. • The LIT develops and implements an action plan to reflect needs and priorities emerging from the assessment process. • The LIT reports on its activity and performance to local health and social care communities, and requests feedback. A range of mechanisms are employed including stakeholder meetings; publications; mailings; use of the local press, use of local health and social care bulletins; presentations to key groups. • Reports are made available in the languages and formats which enable access by local populations and stakeholders. • Open meetings are held regularly to promote engagement with local health and social care communities. • Key documents, including LIT meeting minutes are accessible upon request, and via the web.

In summary: The LIT contributes to planning, implementation, monitoring and improvement of mental health and social care services which address the needs and priorities of their diverse community. Members draws on current and emerging policy, legislation, evidence, guidance, and positive practice. The LIT involves people who use services, and people who support them at every stage to assure quality and to inform the continuous improvement of services. This includes the development, delivery and monitoring of improvement plans. The LIT has a clear operating framework for its activity and performance which is underpinned by Terms of Reference that have been agreed with key agencies.

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