

# **DELIVERING THE BAMFORD VISION**

**The Response of the Northern Ireland Executive  
to the Bamford Review of Mental Health and  
Learning Disability**

**ACTION PLAN 2012-2015**

Integrated Projects Unit

**November 2012**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## Ministerial Foreword

The Northern Ireland Executive's response to the findings of the Bamford Review led to the publication in October 2009 of the 2009-2011 Bamford Action Plan. That plan contained agreed actions and timescales for Northern Ireland Government Departments and Health and Social Care sectors.

I am pleased to publish this follow-on 2012-2015 Action Plan that will continue to progress the enhancements to mental health and learning disability service started through the previous Plan.

The Evaluation of the 2009-2011 Action Plan, published in May 2012, establishes that over the last two years the joint working across Government Departments and the HSC sector has achieved much, and 80% of the actions have been delivered. It also highlights areas where services can still be improved and the need for more of a focus on outcomes rather than outputs.

The follow-on 2012-2015 Action Plan has been based on the lessons learnt from the 2009-2011 Evaluation, consultative workshops, new research and evidence based practice and the views of service users and their carers.

Government Departments have endorsed these actions which are to be delivered by end 2015. The Bamford Vision for these services though will only be fully realised through the commitment not just of health and social care staff, and an inter-governmental and agency approach, but also through the drive of service users, carers and the voluntary and community sectors.

The implementation of this Action Plan will continue to be monitored through the Interdepartmental Senior Officials Group on Mental Health and Learning Disability and monitoring reports will be published on a regular basis.

I believe it is important that Government and those who commission and deliver services are informed and guided by the views of those who use these services. The evaluation of this follow-on 2012-2015 Action Plan will therefore focus primarily on service user outcomes rather than outputs. An Outcome Evaluation Model for this Action Plan is being developed.

I would like to particularly thank the Bamford Monitoring Group of the Patient and Client Council for their invaluable assistance in the formulation of this Action Plan and their Outcomes Paper.

The Bamford Vision set out a 10-15 year timescale for the enhancement of mental health and wellbeing, and for learning disability services. A strong foundation has been established and a positive change is evident but we still have much to do in order to deliver that Vision.

I want to reiterate the commitment of the full Northern Ireland Executive to the ongoing development of mental health and learning disability services to meet the needs and expectations of those who use and rely on them.

**EDWIN POOTS, MLA**

Minister for Health, Social Services and Public Safety

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# SECTION A

## 1 SETTING THE SCENE

### **The Bamford Review of Mental Health and Learning Disability**

1.1 The Bamford Review of Mental Health and Learning Disability, an independent review of legislation, policy and service provision, concluded in August 2007. Broadly 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 a number of specialist services, to include 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.

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

### **Bamford Action Plan 2009-2011**

1.3 The Northern Ireland Executive accepted the broad thrust of the Review's recommendations. The 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.

1.4 The 2009-2011 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 improving services for those with a mental health need or a learning disability in line with the policy articulated in *Delivering the Bamford Vision*. The Action Plan contained agreed actions with associated timescales to be taken forward by a range of Northern Ireland Government departments and agencies, in particular the Health and Social Care sector.

1.5 An inter-Ministerial group, chaired by the Minister for Health, Social Services and Public Safety, was established to oversee the work and structures put in place to support this group. The structures put in place also provide a formal forum for the voice of service users and carers through the Bamford Monitoring Group.

1.6 Departments other than DHSSPS continue to make a substantial contribution to progressing the Bamford Vision, as evidenced by the Action Plan in Section B. The structures supporting cross-sectoral work on Delivering the Bamford Vision are shown

below.

- 1.7 This Action Plan, covering the period 2012-2015, follows on from the 2009-2011 Action Plan. Some of the actions in this Plan continue work already started during 2009-2011, while others address issues raised by the Bamford Review which were not possible to progress during the 2009-2011 Plan. The plan also includes a number of issues which were not considered by the Bamford Review but which fall under the broader vision of the Review
- 1.8 In preparing this Action Plan, those who use the services and their families and carers have had opportunity to influence the Plan through:
- two initial workshops held in September 2011 to gather views on the key areas for renewed action;
  - two workshops in March 2012 jointly hosted by the Inter-Departmental officials group and the Bamford Monitoring Group to consider how cross-sectoral working could be improved; and
  - continued close working with the Bamford Monitoring Group.

### **Transforming Your Care**

- 1.9 *Transforming Your Care, TYC*, – a review of health and social care in Northern Ireland published in December 2011 has many parallels with the Bamford Vision in respect of mental health and learning disability service provision and enhancement including;
- Early intervention and health promotion,
  - A focus shift to community care,
  - Promotion of recovery practices,
  - Personalisation of care,
  - Resettlement,
  - Service user and carer involvement,
  - Advocacy,
  - Provision of clearer information, and
  - Respite provision.
- 1.10 The Evaluation of the 2009-2011 Bamford Action Plan and the TYC Review both also acknowledge the many improvements in mental health and learning disability services over the last few years and the ongoing need to continue to drive forward more rapid progress.
- 1.11 The TYC Review reflects the Bamford Vision, with both committed to delivering the best outcomes, increasing independence, choice and service improvements for people with mental ill-health or a learning disability. This will enable accelerated service enhancement in line with the needs and expectations of service users and carers in a coordinated and consistent manner.

**MAHI - STM - 083 - 3107**  
**Bamford Implementation Structures 2012-2015**





## 2 WHERE WE ARE NOW

### The Bamford Vision

2.1 *Delivering the Bamford Vision* set out the broad direction in which mental health and learning disability priorities were to be addressed across Government and the health and social care sector in particular. The 2009-2011 Action Plan contained 80 mental health and 67 learning disability actions, with some actions common to both, to be undertaken over the period of the Plan. Many of the actions were supported by additional resources committed in the Comprehensive Spending Review for that period.

### Evaluation

2.2 Progress on the Plan has been monitored on a regular basis and a more detailed evaluation carried out during 2011. This shows that about 80% of the actions committed to in the 2009-2011 Plan have been carried out. This was achieved despite a reduction in the anticipated allocations to the health and social care sector and the wider public sector in 2010/11 due to the generally worsening financial climate. The full evaluation report can be accessed at:

<http://www.dhsspsni.gov.uk/show-publications?txtid=56444>

2.3 The evaluation report acknowledges that some actions were preparatory steps in modernising and improving services, through developing strategies and new models of service delivery, and recognises that people who use the services may not yet have seen much difference in the actual provision of services.

2.4 Significant work and investment has however gone into:

- Inter-Departmental working across education, housing, training and employment, as well as within the health and social care sector, to ensure that as far as possible, people with a learning disability or a mental health need are supported within their communities;
- developing a range of strategies and plans for future service developments;
- improving mental health and learning disability services, with an emphasis on community based early intervention and a significant investment of new funding to support this;
- detailed preparations for the drafting of the new mental capacity legislation.

### Learning

2.5 Despite this work and additional investment, there is still a long way to go in achieving the goal of improving the lives of people with a mental health need or a learning disability and their families and carers. Reports from the Bamford Monitoring Group, which was established to represent the views of these groups of

people, indicate that:

- generally, people recognise that the Bamford Vision is beginning to make a positive difference to their lives, but 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 cross-sectoral working on realising the Bamford Vision. This has the potential to be a major barrier in the delivery of essential services and cause stress to individuals, families and carers.

2.6 Much, therefore, remains to be done and there are many challenges to be faced in a difficult financial environment.

### 3 THE CHALLENGES AHEAD

#### Challenges

- 3.1 In committing to the delivery of the first stage of the Bamford reforms through the 2009-2011 Action Plan, the Executive was aware of the challenges for the future that would have a major influence on the implementation of that plan and future plans. These included demographic change, particularly our longer life-spans with increasing complexity of needs, and the levels of public sector funding that could be directed towards supporting the reform and modernisation of mental health and learning disability services, taking account of all the other pressures on public sector funding.

#### Our Ageing Population

- 3.2 These challenges remain. Numbers of older people continue to increase, and this is addressed in this Action Plan for 2012-15 mainly through two strands of work on dementia services and on the needs of people with a learning disability as they and their carers grow older.

#### Finances

- 3.3 As a result of the 2008-2011 Comprehensive Spending Review DHSSPS allocated an additional £44m to mental health and learning disability services, as outlined below, with a further £3m made available to support mental health promotion and suicide prevention over the three year period.

#### **DHSSPS proposed additional funding for mental health and learning disability 2008/09- 2010/11**

3.4

	2008/09	2009/10	2010/11	Total 3 year 2008/09 to 2010/11
	£m	£m	£m	£m
Learning Disability	7.00	2.00	8.00	17.00
Mental Health	12.75	1.85	12.40	27.00
<b>TOTAL</b>	<b>19.75</b>	<b>3.85</b>	<b>20.40</b>	<b>44.00</b>

- 3.5 The widespread constraints in public spending in 2010/11 impacted on the amounts planned for mental health and learning disability as set out in the table below. The amounts allocated were reduced from £27m to £17.1m for mental health and from £17m to £12.4m for learning disability.

**DHSSPS actual additional funding mental health and learning disability**

3.6

	2008/09	2009/10	2010/11	Total 3 year 2008/09 to 2010/11
	£m	£m	£m	£m
Learning Disability	7.00	2.00	3.40	12.40
Mental Health	12.40	1.90	2.80	17.10
<b>TOTAL</b>	<b>19.40</b>	<b>3.90</b>	<b>6.00</b>	<b>29.50</b>

3.7

While these reductions, along with the general requirement to deliver annual efficiency savings, have had some effect on the Health and Social Care sector’s ability to deliver on actions in the 2009-2011 Action Plan, the evaluation of the Action Plan shows that actual spending by the HSC Trusts on mental health and learning disability services increased between 2007/08 and 2010/11 by sums considerably more than those actually allocated as additional funding by DHSSPS.

3.8

By the end of 2010/11, expenditure on mental health services had risen by £32.31m from the baseline of £195.69m in 07/08

**Mental Health Expenditure**

3.9

	07/08	08/09	09/10	10/11
	£m	£m	£m	£m
Hospital	95.81	109.49	107.04	103.46
Community and Social Services	99.88	111.96	117.26	124.54
<b>Total actual spend</b>	<b>195.69</b>	<b>221.45</b>	<b>224.30</b>	<b>228.00</b>
<b>Increase over 2007/08 baseline</b>		<b>25.76</b>	<b>28.61</b>	<b>32.31</b>

3.10

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 £200.20m in 07/08.

**Learning Disability Expenditure**

3.11

	07/08 £m	08/09 £m	09/10 £m	10/11 £m
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

3.12

A wide range of Departments and agencies also 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.

3.13

Funding will continue to be a significant challenge in the period to 2015 and beyond. There is continuing pressure to achieve efficiencies. The only additional funding to the Health and Social Care sector earmarked for mental health and learning disability services over the budget period 2011-2015 is £9.20m - £2.80m for mental health and £6.40m for learning disability - to continue the resettlement programme. This contrasts sharply with the financial outlook at the start of the 2009-2011 Action Plan, when much more significant increases in funding were anticipated.

3.14

New actions or initiatives will require further financial analysis and their implementation will be subject to resource availability and prioritisation within the respective organisation(s). However, it is acknowledged that much can be achieved through reform, modernisation, and redesign of commissioning arrangements and service provision. In the context of health and social care services, such an approach is underpinned by *Transforming Your Care* (December 2011) and its associated consultation document *Vision to Action*<sup>1</sup>.

**New Challenges**

3.15

A further challenge relates to emerging issues. It is now 10 years since the Bamford Review started its work. Over time service provision and inter-relationships between services change and evolve and the priorities attributed to particular issues by those who use the services, their families and carers and the general public change. Issues are emerging now which were not highlighted in the Bamford review, but need to be addressed. While not strictly a response to the recommendations of Bamford Review, actions proposed on such emerging issues will be taken forward in the broader framework of reform and modernisation envisaged by Bamford and in

<sup>1</sup> *Transforming Your Care* (December 2011) and *Vision to Action* - A consultation document (October 2012 – 15 January 2013)

keeping with the Bamford ethos of support and care which is person-centred and enabling.

## 4 THE WAY FORWARD

### The Bamford Vision

- 4.1 The Executive's Vision for the Future set out in the 2009-2011 Action Plan remains valid today and will continue to guide the service improvements across Government.

#### **THE BAMFORD VISION**

*To make the Bamford vision a reality, the NI Executive will promote the mental wellbeing of the population as a whole. The Executive will also promote the health and wellbeing, and maximise the independence and full participation of people of all ages with a mental health need or a learning disability, underpinned by legislation and public services to include reform and modernisation of mental health and learning disability services.*

*People with a mental health need or a learning disability using public services should expect to:*

- be encouraged and supported to look after their own health, both mental and physical, and build up emotional resilience;*
- be supported, as far as possible, in their own homes and communities, making best use of self-directed help;*
- be supported, through effective collaboration between Government Departments and their agencies, in their life choices and in day to day activities of engaging in education, training, work and leisure;*
- be consulted on and be able to influence the provision of services to meet their needs;*
- be encouraged to access help at as early a stage as possible; and*
- be supported towards personal fulfilment and full citizenship.*

- 4.2 This is the vision for the future, supported by all Government Departments.

- 4.3 The actions in this Action Plan consist of:

- actions carried forward from the 2009-2011 Action Plan due to the work not

being completed;

- actions which are a consequence of the actions completed in the 2009-2011 Plan;
- new areas of work which had not been addressed in the previous Plan, some of which were highlighted in the 2008 consultation on the Executive's response to the Bamford review, but could not be made a priority in the 2009-2011 Plan.

4.4 As indicated earlier in Chapter 3, the actions in this Plan also take account of the financial outlook. Only actions which can be taken forward within the existing budgetary allocations are committed to in the Plan.

### **Work areas which support the Bamford Action Plan**

4.5 The 2009-2011 Action Plan reinforced the message that mental health and learning disability issues are affected by actions much wider than just the provision of services which bear those labels. It was recognised, for example, that action in relation to tackling domestic and sexual violence contributes to the emotional wellbeing of many in our community. Work on promoting Personal and Public Involvement (PPI) throughout the health and care sector will promote the inclusion of people with a learning disability or a mental health need and improve services by making them more responsive to the needs of service users. Similarly work to support families and carers and the general drive to increase uptake of Direct Payments impact on people using mental health and learning disability services in parallel with other groups of people.

4.6 While work continues in all of the areas mentioned in 4.4, this new Action Plan does not include this work as specific actions in the Tables in Section B. The tables concentrate instead on actions which are focused on mental health and learning disability issues.

4.7 In addition many of the actions from the 2009-2011 Action Plan which were completed will continue to have an effect during the lifetime of this new Action Plan. These actions however are not repeated in this new Plan. For example, findings from the workforce study carried out as part of the 2009-2011 Action Plan will be taken forward as an integral part of the work to develop mental health and learning disability services in general as well as in actions relating to specific services being addressed within this new Plan.

4.8 Work which was carried out to improve information on the use of mental health and learning disability services will help those commissioning and providing services to improve service delivery. Further work is indicated in the Action Plan however in relation to provision of information for those seeking to access services; this has been highlighted by the Bamford Monitoring Group as an area where improvement is needed.



## Criminal Justice Services

- 4.9 A High Specialist Support Services sub-group under the HSC Bamford Taskforce provides a coordinated approach across Health and Social Care and Criminal Justice Systems, CJS. The sub-group seeks to improve services provided to people with mental health and/or a learning disability who are, or have been, in recent contact with the CJS. Membership includes representatives from DOJ, DHSSPS, the HSC sector, PSNI and service users and carers.
- 4.10 The cross sectoral working ethos of the sub-group has achieved much already and continues to focus on developing care pathways, quality and outcome measures, specialist learning disability services and a regional inter-agency training approach.

## 5 THEMES

- 5.1 The 2009-2011 Plan reinforced key Bamford messages by grouping the actions under five themes:

### ***BAMFORD THEMES***

1. *Promoting positive health, wellbeing and early intervention*
2. *Supporting people to lead independent lives*
3. *Supporting carers and families*
4. *Providing better services to meet individual needs*
5. *Developing structures and a legislative framework*

- 5.2 These will continue to be the themes within which the Bamford agenda will be progressed through this 2012-2015 Action Plan.

### **Promoting positive health and wellbeing**

- 5.3 Promoting positive community and personal health and wellbeing was central to the Bamford Review's vision. DHSSPS continues to lead on the development of a new 5 year cross-sectoral Mental Health & Wellbeing Promotion Strategy to be issued for public consultation in late 2012. The new strategy for the period 2013 to 2018 will focus on building the mental and emotional resilience of the whole population and of specific "raised risk" groups. As with previous work on this issue, it will require effective collaboration across departments and sectors.
- 5.4 The new Mental Health and Wellbeing Promotion Strategy will have strong links with the Protect Life strategy on suicide prevention, which has been refreshed to run to March 2014. Action on these two strategies, with their emphasis on cross departmental/ sectoral commitment, will form a key strand of work within this Bamford Action Plan for the coming years.
- 5.5 The importance of promoting emotional wellbeing in children and young people, equipping them with coping skills and providing support where necessary, is recognised in a series of actions to be undertaken by Department of Education.
- 5.6 Helping people with a learning disability maintain their physical health is also recognised in this theme, through continued implementation of the Directed Enhanced Services and targeted action on dental services.

### **Supporting People to Lead Independent Lives**

- 5.7 Leading a fuller life through active participation in the community and being able to engage in meaningful day-time activities was a key theme within the Bamford Review

reports, particularly the Equal Lives report on people with a learning disability. The Office of the First Minister and Deputy First Minister continues to lead cross-sectoral work on promoting social inclusion for people with a disability. Work also continues on improving access to work, on training for work and on access to public transport, recognising their role in helping people be more independent.

- 5.8 The Bamford Review called for a renewed impetus to resettle into the community the substantial number of people who remained unnecessarily in long stay mental health and learning disability hospitals. The resettlement programme will continue during the period of the 2012-15 Action Plan, supported by funding earmarked for that purpose. At the same time processes will continue to ensure that patients admitted to hospital in more recent times are discharged back into the community as soon as their assessment and/ or treatment is completed.
- 5.9 Direct Payments can be used to increase choice and promote independence. They provide for a more flexible response to meeting the needs of the service user as users can opt to purchase services themselves by means of a Direct Payment from the HSC Trust in order to tailor their support package to their individual needs.
- 5.10 It is still DHSSPS policy to offer Direct Payments as an alternative to direct service provision, but a recent court judgement means that there is no legal basis to enter into a direct payment arrangement with an individual who lacks capacity. It is the Department's intention to amend existing legislation to make provision for another individual to receive Direct Payments on behalf of a person with eligible needs who lacks capacity to consent to such payments. It may, however, take some time to effect the necessary legislative change, so arrangements are being put in place to ensure that Direct Payments can continue to be offered in the interim period.
- 5.11 Direct Payments can increase choice to some extent. Many people who use mental health and learning disability services have said that they would like to be given greater freedom to arrange a package of support and care that truly suits their individual needs and their family circumstances. While there may be benefits to those who use services, there may also be drawbacks which would not make personalisation suitable for everyone. Over the life of this Action Plan, DHSSPS will undertake work to consider how best the policy of "self directed support" or "personalisation" can be progressed in Northern Ireland. This is reflected in the Action Plan in Section B.

### **Supporting Carers and Families**

- 5.12 The contribution made by many families and other informal carers in supporting people with a mental health need or a learning disability is immense. Work continues on the recommendations contained in the earlier Joint Review of Support Provision for Carers, including provision of information for carers, both in booklet form and on the NI Direct website, and promoting the use of the Carers Support and Needs Assessment component of NISAT. RQIA will commence a review of the implementation of the DHSSPS Standards for Adult Social Care Support Services for Carers across relevant HSC services in 2012, which will inform future work to support

carers. The work on personalisation referred to in paragraph 5.10 also has the potential to provide better support for families and carers.

5.13 Investment in respite services, with associated targets for increased provision in the 2009-2011 Action Plan, recognised the value of respite provision to carers and to service users. However attempts to monitor the targets highlighted difficulties with defining respite provision and with measuring consistently the extent of provision. The HSC Board has been engaged in a substantial exercise to bring fairer approaches to assessment for and provision of respite services. This work will continue during this Action Plan period and will take into account the issues raised in the recent Bamford Monitoring Group report on respite services.

5.14 Stakeholders have also highlighted that increased emphasis on managing mental health periods of crisis within the community puts an added burden on family and carers. Carers' needs have to be recognised and appropriate support and information provided as part of the further development of these services.

### **Providing Better Services**

5.15 The publication of the mental health Service Framework in 2011 and the anticipated publication of the Service Framework for learning disability will serve to improve health and social care services through setting standards. Community mental health and learning disability services will continue to be built up, so that fewer people need to be admitted to hospital. Work will continue on many of the service improvement areas started in the 2009-2011 Action Plan:

- developing early interventions, including psychological therapies;
- building up specialist services, eating disorder, perinatal mental health and forensic services;
- ensuring timely discharge from hospital after assessment and treatment.

5.16 In view of the Bamford Monitoring Group's findings in relation to service users and carers being able to access information on services, work will continue on a service mapping project for mental health services with the aim of providing information to people who wish to access the services in their area. This project will then be extended to learning disability services.

### **Research**

5.17 In 2011, 5 reviews of current research and research evidence were commissioned by HSC R&D Division in areas prioritised by key stakeholders including clinicians, commissioners, researchers and service users. The completed reviews were disseminated widely including a launch event in November 2011. Eight research questions, for which no robust evidence is yet available, led from these reviews and formed the basis of a further call for substantive research projects which closed in March 2012. Following the evaluation panel, five projects were funded. These projects, the titles of which are listed below, will run for a period of 18-36 months.

- A natural experiment investigating differences in how residential facilities support people with intellectual disabilities with challenging behaviour and/or mental health problems.
- Effective family support models during the transition of adults with intellectual disabilities (ID) into old age.
- Transitions & outcomes for care leavers with mental health and/or intellectual disabilities.
- Parental Alcohol Use and Resilience in Young People in Northern Ireland: A study of Family, Peer & School Processes, and
- Improving pathways and care for young people in NI with mental health problems in the transition from CAMHS to adult services (IMPACT).

### **Developing Structures and a Legislative Framework**

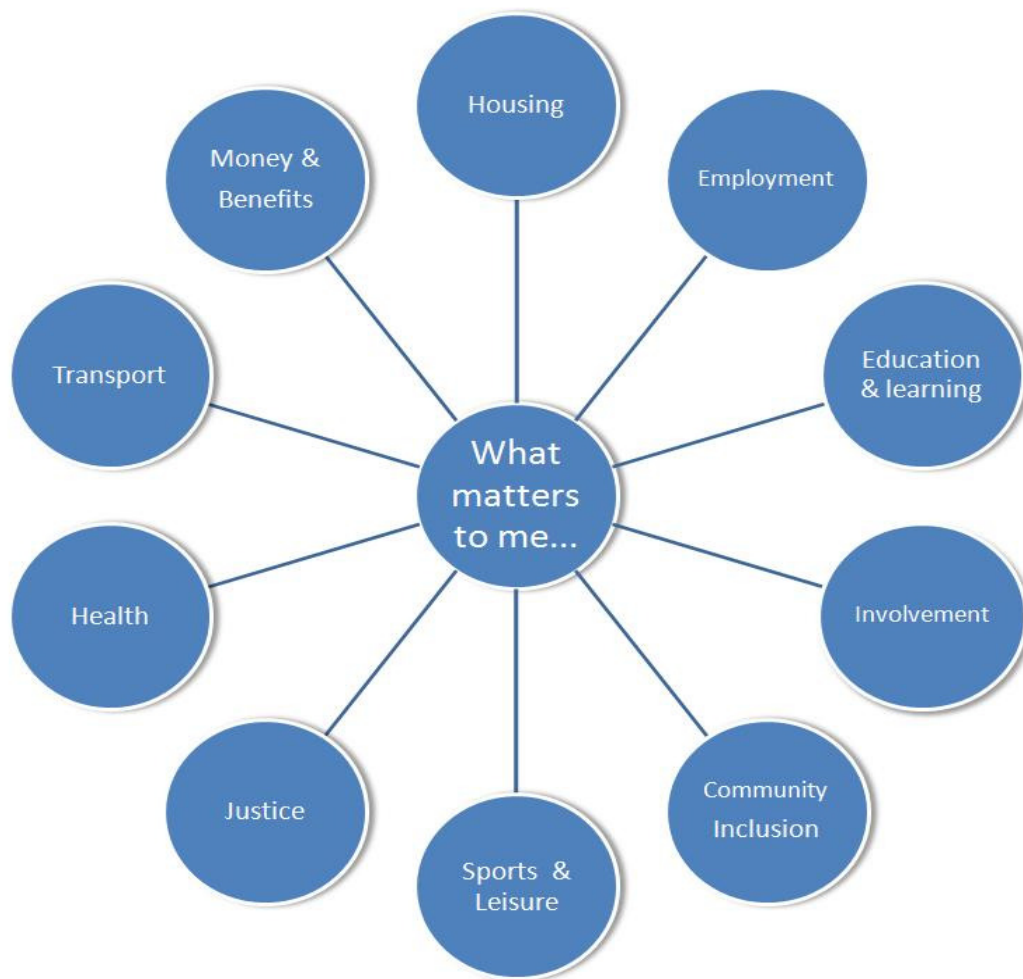
- 5.18 The structures supporting work on Delivering the Bamford Vision as set out in Chapter 1 will remain in place. There is however a need to address the concerns expressed by the Bamford Monitoring Group and by other stakeholders that cross-sectoral working is not seen at local level and that lack of joined-up working causes frustration for those who uses the services and for families and carers.

### **Workshops**

- 5.19 To inform preparation of this Action Plan, two workshops were held in March 2012 under the auspices of the Inter-Departmental Senior Officials Group, IDSOG, and the Bamford Monitoring Group, BMG, to consider how cross-sectoral working could be improved to benefit those who use mental health or learning disability services.

**Workshop themes**

5.20



5.21 In response to issues raised at these workshops the IDSOG will sponsor work on local level cross-sectoral issues, involving the relevant stakeholders along with representatives from the Bamford Monitoring Group. This is reflected in the Action Plan in Section B.

**Children and Young People's Strategic Partnership**

5.22 A new regional cross-sectoral group will also contribute to delivering the Bamford agenda for children and young people through the HSC Board. The Children and Young People's Strategic Partnership (CYPSP) was established in January 2011. The HSC Board has a statutory duty to establish and lead the CYPSP and publish a Northern Ireland Children and Young People's Plan; the first of these has been issued for consultation. The Partnership and its Plan is multi-agency and multi- sectoral. The purpose is integrated planning and commissioning to improve outcomes for our

children and young people, including those who have a disability.

5.23 Of particular relevance to the Bamford agenda will be three regional sub groups of the CYPSP:

- 1) children and young people with emotional and behavioural difficulties;
- 2) children and young people with disabilities;
- 3) transition for young disabled people from childhood to adulthood.

### **Mental Capacity Legislation**

5.24 The need for new legislation was a key recommendation arising from the Bamford Review, which called for the development of a single legislative framework for the reform of the current Mental Health (NI) Order 1986 (the 1986 Order) and the introduction of new mental capacity legislation in Northern Ireland. The 2009-2011 Action Plan included an action to take forward work on new legislation, but recognised that it would be later than 2011 before new legislation could be introduced.

5.25 Preparation of a draft Bill is under way, with a previous intention of introducing the Bill into the Assembly in 2012 and enactment in 2013. A major element of this legislative reform will be to embed a set of principles in the legislation, as recommended by the Bamford Review. The Bill will also provide for substitute decision-making on behalf of those unable to make decisions for themselves provided safeguards set out in the Bill are engaged. However a recent decision by DHSSPS and the Department of Justice to extend the scope of the Bill to those subject to the criminal justice system has meant that the Bill's introduction to the Assembly is now scheduled for December 2013 with enactment following, at the earliest, in 2015.

5.26 The draft Bill will also include a new statutory right to an independent advocate in certain circumstances. To pave the way for this new right, draft policy guidance for commissioners of advocacy services was published earlier this year; further work on the new statutory right will be taken forward during the period of this Action Plan.

## 6 LEARNING DISABILITY

### Core Values

- 6.1 The Bamford Review based its recommendations relating to people with a learning disability on 5 core values of:
- Social inclusion – people with a learning disability are valued citizens and must be enabled to use mainstream services and be fully included in the life of the community;
  - Citizenship – people with a learning disability are individuals and each has a right to be treated as an equal citizen;
  - Empowerment - people with a learning disability must be enabled to actively participate in decisions affecting their lives;
  - Working Together – conditions must be created where people with a learning disability, families and organisations work well together in order to meet the needs and aspirations of people with a learning disability;
  - Individual Support - people with a learning disability will be supported in ways that take account of their individual needs and helps them to be as independent as possible.
- 6.2 These core values will continue to influence the development of learning disability services as we move into this new Action Plan.

### Service Framework

- 6.3 A Service Framework for Learning Disability, published in September 2012, sets out clear standards of care that people can expect. This Framework aims to improve the health and wellbeing of people with a learning disability, their carers and families, by promoting social inclusion, reducing inequalities in health and social wellbeing and improving the quality of health and social care services, especially supporting those most vulnerable in our society.

### Children and Young People with a Learning Disability

- 6.4 Work will continue across the health and social care and education sectors to ensure that children with a learning disability are supported and encouraged to develop to their full potential and to participate as fully as possible in school. The Education and Library Boards have statutory responsibilities in this regard. Recognising that transition to adulthood can be a particularly daunting time for young people with a learning disability, work will continue across Departments and their agencies to support young people during this period of their lives. The transitions sub-group of the Children and Young People's Strategic Partnership will play a significant role in this work.



## Older People with a Learning Disability

- 6.5 Equal Lives, the Bamford Review report on learning disability, recognised that increasing numbers of people with a learning disability were living to old age, but that this brought added challenges. Family carers also grow older and become unable to continue with the caring role. Accommodation and day time activities may no longer be suited to the person's interests and physical abilities. Dementia can start at an earlier age than for most other people. This Action Plan includes a commitment to develop a plan to support people with a learning disability who are living with elderly carers where there is a risk of that caring arrangement breaking down.

## Resettlement

- 6.6 There are currently around 200 long-stay patients in learning disability hospitals who no longer require hospital treatment and who could be resettled into the community. As with mental health, work will continue over the period of this Action Plan to seek alternative care arrangements for as many of these people as possible with the current funding of £6.4m identified for this and to identify options to achieve the long term objective to complete the resettlement programme by 2015. The principle of betterment will continue to inform decisions.

## 7 MENTAL HEALTH

### Community focus

- 7.1 The overarching vision of the Bamford Review that people with a mental illness should be treated in the community unless there is a clear clinical reason not to do so has been widely accepted by users and carers and by those who provide services to them. However, the reform and modernisation of mental health services needs continued impetus to ensure the necessary shift in investment from hospital based services to community based services is achieved. The objective of redirecting mental health spend so that 60% of total spend goes towards community based services was not achieved during the 2009-2011 Action Plan and will continue to be an objective in this Plan.

### Supporting Recovery

- 7.2 Further development of a range of community mental health services is required to enable people to be treated close to family networks. This should be complemented by a smaller inpatient service. The full range of services needs to be firmly based in a recovery ethos, whereby people are rehabilitated to live as fulfilling and independent lives as possible, even with limitations caused by illness. Since those who use the services should determine their own recovery goals, full involvement of those who use the services and their families and carers is a key requirement to promoting a recovery ethos. Since recovery can mean many different things, some of which are not necessarily related to the complete alleviation of the symptoms of the illness, the voluntary and community sector is well placed to complement statutory health and social care sector provision in supporting people's recovery.
- 7.3 The Action Plan in Section B includes a commitment to undertake a programme of work that will facilitate an enhanced culture of recovery across all mental health services. This is likely to include, among other things, the development of training initiatives, establishing effective communication systems with service users and carers and audit and evaluation mechanisms.
- 7.4 Reflecting what recovery means to those who use mental health services will also be a major influence in the work to measure outcomes and evaluate the success of the Bamford Vision, as outlined at Chapter 8. There is a range of measures of recovery outcome. One of the rapid reviews under the research programme in the 2009-2011 Action Plan recommended a number of these for further consideration.

### Service Framework

- 7.5 Implementation of the Service Framework for Mental Health and Wellbeing, published in 2011 will be instrumental over the period of this Action Plan in improving the mental health and wellbeing of the population of Northern Ireland, reducing inequalities and improving the quality of health and social care in relation to mental

health.

- 7.6 The Service Framework sets standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation of individuals and communities who currently have or are at greater risk of developing mental illness. The standards adopt a lifespan approach that will enable each individual to be seen in their own context at their own point in life.

### **Stepped Care**

- 7.7 The stepped care model of providing the right level of services to the right people at the right time will continue to shape the development of mental health services. Early interventions in primary care will continue to be promoted, including better access to psychological therapies.

### **Resettlement**

- 7.8 There are currently around 150 long-stay patients in psychiatric hospitals who no longer require hospital treatment and who could be resettled into the community. Work will continue over the period of this Action Plan to seek alternative care arrangements for as many of these people as possible.
- 7.9 A total of £2.8m has been allocated for the current spending review period, but the total cost to complete the mental health resettlement programme is significantly greater. Work will continue on options to achieve the long term objective to complete the resettlement programme by 2015.
- 7.10 The ongoing resettlement programme has also helped to identify an emerging group of people (about 100) in mental health inpatient facilities with quite challenging behaviours who require further longer term rehabilitation before they could be considered for community placement. These patients were identified in a review by the Department in 2010 which recommended 3 twenty bedded dedicated low secure units for Northern Ireland be established to facilitate such rehabilitation. Work will now be carried out to implement a regional approach to the provision of these facilities.

### **Children and Young People**

- 7.11 In response to an RQIA review of Child and Adolescent Mental Health (CAMH) services, work is under way to develop policy guidance on a service model for these services. This policy guidance will confirm the preferred model for the organisation and delivery of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland and will also adhere to the overall strategic direction for CAMHS within the Bamford Review. A stepped model is proposed, building on the existing tiered approach, but making service delivery more user-centred. This is similar to the approach being adopted in adult mental health services. This stepped care approach will be more patient focussed and able to deliver the appropriate level of care that best meets the child or young person's assessed needs.

## Older People

- 7.12 Work will continue to improve dementia services in line with the recent strategy, with its emphasis on ensuring that people with dementia are treated with awareness and respect, especially by those providing services, and that they are supported to maintain their independence for as long as possible. Older people with functional mental illness will benefit from the improvements being made to adult mental health services.

## 8 MONITORING AND EVALUATION

### Evaluation of 2009-2011 Plan

- 8.1 The evaluation of the 2009-2011 Action Plan has shown progress, but recognises that much more needs to be done. The evaluation has also been mostly factual outputs – the actions were achieved or not achieved. It was also restricted in the extent to which it has been possible to reflect on whether those who use the services and their families and carers have seen any difference in the services delivered or in the way they are delivered to them.

### Monitoring

- 8.2 The IDSOG will continue to monitor the implementation of the actions within this Plan. The Group will now publish its monitoring reports at regular intervals throughout the life span of this Plan in order that progress can be tracked by all stakeholders.

### Outcomes over outputs

- 8.3 The qualitative/quantitative balance of the future evaluation of this Action Plan will reflect requests from those who use these services. The evaluation will therefore focus primarily on user outcomes over the more quantitative aspects of service delivery reflected in the monitoring reports.
- 8.4 The Bamford Monitoring Group under the Patient and Client Council has drafted a service user Outcomes Paper, enclosed at Annex A. This Paper is derived from the reports, feedback from conferences and workshops held by the group in the past 2 years and on the broad themes identified at the BMG/IDSOG Workshops in March 2012. The Paper proposes outcome measures for consideration within the context of the future evaluation of this Action Plan. These proposed outcome measurements should also enable the evaluation of this Plan to reflect more fully the views of those who use and rely on mental health and learning disability services.
- 8.5 This will be augmented by work being taken forward by the HSC Bamford Task Force to measure outcomes, and the development of indicators supporting Service Frameworks for both mental health and learning disability services.
- 8.6 All of this work will be underpinned by the principle that Delivering the Bamford Vision is about improving the lives of men, women and children who have a mental health need or a learning disability.

## **SECTION B**

### **2012–2015 BAMFORD ACTION PLAN**

In this Action Plan actions are shown within each of the 5 themes outlined at paragraph 5.1. Within each theme, actions which impact both mental health and learning disability services are shown first, followed by actions impacting only on learning disability and then actions which will impact only on mental health services.

**HEALTH AND WELLBEING**

Joint actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
1A	DHSSPS	Publish and Implement a revised cross-sectoral Promoting Mental Health Strategy	DHSSPS, with contributions from relevant Departments - led by DHSSPS Investing for Health Group	Publish a revised cross-sectoral Promoting Mental Health strategy, taking account of lessons learned from previous work	March 2013	Better mental wellbeing in the population
1B	DHSSPS		PHA	Implement Action Plan from Promoting Mental Health Strategy	Ongoing	
2	DE	Develop final proposals for Early Years Strategy	DE	Early Years (0-6) Strategy implemented; early years providers deliver high quality experience for every learner.	November 2012	Children receive a high quality pre-school experience that promotes their healthy development and lays the foundations for the achievement of good outcomes in the longer term.

3	DCAL	Implement a 10 year Strategy for Sport and Physical Recreation	DCAL	A greater emphasis on the mental benefits of regular participation in sport and physical recreation	Ongoing	Improved opportunities for people to gain the mental well being benefits of participation in sport and physical recreation
4	DE	Promote an anti-bullying culture within schools in partnership with the NI Anti-bullying Forum	Pupil Support Unit	All schools have in place an effective approach to tackling all forms of bullying	Ongoing	Pupils and parents are confident that their concerns about bullying will be dealt with in an appropriate and timely manner

**Learning Disability Actions**

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
5	DHSSPS	Ensure that persons with a learning disability have equal access to the full range of primary health care services	HSC Primary Care, Acute Hospitals, Multi-Disciplinary Learning Disability Teams, Other Providers	Full implementation of Learning Disability Directed Enhanced Services across region	March 2015	Improve the health status of people with a learning disability in key areas such as nutrition, obesity, exercise and mental health.



**Mental Health Actions**

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
6A	DHSSPS	Progress the next phase of the suicide prevention strategy	DHSSPS	Carry out evaluation of the effectiveness of the implementation of the "Protect Life" strategy 2006, at both a local and regional level.	December 2012	Fewer people attempt to or take their own life
6B				Publish the next phase of the suicide prevention strategy, based on the latest available evidence and findings from the evaluation.	December 2013	

7A	DHSSPS	Develop and implement New Strategic Direction on drugs and alcohol Phase 2, and Strategy Evaluation	DHSSPS	Complete actions from NSD Phase 2 Implementation	December 2015	Reduce levels of harm related to Alcohol and Drug Misuse
7B				Undertake a regional commissioning framework across all four tiers of service delivery for young people, families and adults	March 2013	Consistent approach to service design and delivery
7C				Implement commissioning framework recommendations	December 2015	Evidence based services in place to meet regional and local needs

7D				Work in partnership with the Drug and Alcohol Co-ordination Teams to ensure a co-ordinated response to address current and emerging needs	Ongoing	Improved co-ordination through partnership working at locality and regional levels
8	DHSSPS	Respond to the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness in Northern Ireland 2011	PHA	Implementation of recommendations	March 2013	Minimise occurrence of suicide and homicide by people who access mental health services in NI.

9	DETI	Specialist health and safety inspectors and business advisors to provide advice and, where necessary, enforcement in high stress risk work sectors	HSENI	Organisations in sectors, in which employees are at a high risk of suffering from workplace stress related ill health caused by or made worse by their work, provide appropriate support	Ongoing	Reduce stress-related ill-health and associated absenteeism in high stress-risk work sectors and increase productivity.
10	DE	Promote a focus on pupils' emotional health and wellbeing through a programme of awareness raising and staff capacity building for all schools	DE – Pupil Support Unit	All schools proactively promote pupils' wellbeing as part of their raising standards agenda.	Ongoing	A caring and supportive environment exists in all schools and all pupils and staff benefit from the active promotion of positive mental health.
11	DE	Maintain access to counselling support which is independent of the school for all pupils of post primary age	DE – Pupil Support Unit	Counselling support remains accessible in all secondary and special schools	Ongoing	All pupils of post primary age have access to counselling support which is independent of the school.

**SUPPORTING PEOPLE**

Joint Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
12	OFMDFM	Publish a strategy for the implementation of recommendations arising from the PSI report on Disability.	OFMDFM	Publish a strategy document based on the recommendations arising out of the PSI Report on Disability, taking into account each strategic objective in relation to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).	June 2013	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.
13	DHSSPS	Resettle long stay patients from learning disability and mental health hospitals	HSC DHSSPS DSD	Resettle all long stay patients	March 2015	More people able to live independent lives safely in the community

14	DSD	Scope existing supported housing capacity/suitability to maximise resources	NIHE	Commissioning programmes for new provision will consider examining capacity/suitability to maximise existing resources	Ongoing	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it
15	DSD DHSSPS	Ensure new build supported housing programmes are "future proofed" to ensure longevity/sustainability in terms of the tenants	HSC DSD DHSSPS NIHE	Needs assessments to take into account longevity/sustainability	Ongoing	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it
16	DEL	To support and develop the Employment Advisor Teams to deliver services to people with mental ill-health or a learning disability	DEL Disability Employment Service.	Pilot roll-out of Employment Service Pathway Teams	December 2012	To deliver a more individually tailored service to all ESA clients.

17	DEL	Maintain support arrangements and extended eligibility for participants with disabilities on the Training for Success programme.	DEL's Training Programmes Branch	Maintained access and support arrangements.	Ongoing	Support provided, as necessary, to those with disabilities to facilitate access to and participation in training.
18	DEL	Widen Participation in Higher Education Strategy	DEL's Higher Education Widening Participation Branch	NI Executive has agreed the Widening Participation Strategy. To commence action/projects in support of the WP initiatives targeted at students with disabilities.	Ongoing	Provision of targeted support at students with disabilities who are at risk of being excluded from higher education.
19	DEL	Establish and progress effective Partnership Agreements and joint working arrangements with post-primary schools, further education, training and apprenticeship providers, HSC Trusts and organisations who act as advocates for young people with a variety of barriers, including disabilities.	DEL's Careers Service	Improved to careers services leading to better outcomes for clients.	Ongoing	Improved careers decision making and increased participation in education, training and employment

20	DEL	Lead on the implementation of a cross-departmental Strategy - "Pathways to Success" - for those young people Not in Education, Employment or Training (NEET).	The NI Executive agreed a cross-Departmental Strategy. A NEET Advisory Group will be established comprising officials from the main Departments involved, representatives from the voluntary/community sector, education and health and social care sectors, local government and the business sector.	Subject to economic conditions, help to prevent young people falling into the NEET category; and help reduce the number of young people within the NEET category by, for instance, improving their opportunities to move out of poverty. . The Strategy has committed to put in place a system to scope and develop more robust measurement metrics in relation to those who are at risk of falling into or in the NEET category.	Tracking system in place by 2014.	A reduction in the number of young people most at risk of remaining outside education, employment or training (NEET); a group which will include those with mental health and learning difficulties.
21	DEL	To develop Careers Service delivery to support the above mentioned "Pathways to Success" Strategy (for NEETs).	DEL's Careers Service	Case management of 17/18 year olds	June 2013	Increased participation in education, training and employment by 16-24 age group



22	DEL DE	Continue to work in partnership with DE to increase the level of information sharing in respect of relevant pupil data being shared with DEL's Careers Service including electronic sharing of pupil data via C2K.	DEL's Careers Service in conjunction with DE.	Improved service to young people. Data Sharing Agreements in place with schools, data sharing delivered via C2K.	Ongoing	Improved information sharing should lead to more focused support for young people moving into education, training and/or employment.
23	DEL	Continue to provide specialist support, as appropriate, for young people considering participating in Training for Success (TfS).	DEL's Training Programmes Branch	Improved service to young people.	Ongoing	Ongoing provision of appropriate targeted support to enable young people with significant barriers to enter, engage and achieve the best possible outcomes.
24	DEL	Incorporate provision within the design of the new Work Connect Programme to meet the employment needs of those who are claiming Employment Support Allowance and who have mental ill-health and learning disability.	DEL's Disability Employment Service (DES)	To monitor and review the level of participation and success of the new Work Connect programme.	March 2013	Providing targeted support to enable adults with significant barriers to improve their employability and, if appropriate, enter employment.

25A	DHSSPS	To support the uptake of self-directed support and individual budgets in line with Transforming Your Care	DHSSPS	Produce a Departmental high level vision for self directed support	March 2013	People will have options to choose the most appropriate services for their needs
25B			HSC	Increase the number of people with self-directed support and individual budgets	March 2015	
26	DE	Take forward and implement Review of Special Educational Needs & Inclusion	DE	Following July 2012 agreement by the Executive of a Policy Memorandum: draft instructions for OLC for primary legislation; draft subordinate legislation for consideration by Education Committee; draft new statutory code of practice for consultation. Following commencement of new legislation, begin to implement agreed legislation and statutory code over a 5-year transitional period.	Ongoing from 2012 until legislation is commenced and transitional arrangements put in place	Pupils with special educational needs supported to achieve to their full potential through early identification of need and early intervention

27	DHSSPS	Implement "Developing Advocacy Services - A Policy Guide for Commissioners"	HSC	Implement Advocacy Services Action Plan	March 2013	Principles and standards which should lead to greater parity and consistency in the commissioning and delivery of advocacy services.
28A	DHSSPS	To support the employment of experts by experience in the commissioning and delivery of mental health and disability services.	HSC	To move to a position where service users and carers are employed in the commissioning and delivery of services	Ongoing	Services meet the needs and expectations of those who use and rely on them.
28B				To move to a position where service users and carers are involved in the process of recruitment and selection.		

Learning disability Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
29	DRD	Investigate how information provision on transportation issues can be improved for people with learning disabilities	DRD, Imtac Translink	Implement measures in the Accessible Transport Strategy (ATS) action plan 2012-2015 in relation to the provision of information for people with learning disabilities	March 2015	Address a wide range of the barriers that impede the use of the transport system by people with a learning disability

30	DRD	Examine options for improving the provision of travel training schemes	DRD	Evaluate pilot scheme in Ards & North Down area and consider regional rollout of the scheme.	March 2015	Address a wide range of the barriers that impede the use of the transport system by people with a learning disability
31	DRD	Review the training of staff to ensure that its content covers the needs of people with a learning disability.	DRD	Learning disability awareness training in place for: 1. DRD staff 2. PSV licence holders under the terms of the Certificate of Professional Competence. 3. All Translink (non-driver) staff	Ongoing	Address a wide range of the barriers that impede the use of the transport system by people with a learning disability

**Mental Health Actions**

<b>No.</b>	<b>DEPT.</b>	<b>KEY ACTIONS</b>	<b>FOR ACTION BY</b>	<b>OUTPUT REQUIRED</b>	<b>TARGET DATE</b>	<b>OUTCOMES</b>
32	DHSSPS	Promote recovery orientated practice throughout all mental health services	HSC in collaboration with voluntary and community sector	Introduce a range of actions/initiatives to facilitate an enhanced culture of recovery across all mental health services (to include the development of training initiatives, effective communication systems with service users/carers and audit/evaluation mechanisms)	March 2015	An improved and consistent understanding of recovery throughout mental health services, ensuring that a recovery based approach becomes embedded in the value base of practitioners and services and enabling service users to maximise their abilities, independence and their general health.

33	OFMDFM	Establish an initial assessment of the mental health needs of victims and survivors through a Comprehensive Needs Assessment	OFMDFM	Assessment of mental health needs for victims and survivors.	February 2013	Better planning of services for victims and survivors.
34	DEL	Continue to deliver specialist employment provision to address the employment needs of those clients who have disability related barriers to finding and sustaining work.	DEL's Employment Service, including the Disability Employment Service (DES)	Individuals with a disability, including mental ill health and learning disability are assisted via DEL programmes to enter and stay in work.	Ongoing	Increased participation on specialist programmes including Condition Management Programme, Work Connect, Workable and Access to Work, as well as local ESF Disability Employment projects.

35	DEL	Enhance and develop the services to assist clients who transfer from Incapacity Benefit to Job Seekers Allowance.	DEL's Employment Service, including the Disability Employment Service (DES)	To help ex- Incapacity Benefit clients to move towards and into employment through participating in the Condition Management Programme. To monitor and review the level of participation and success of the new Job Seekers Allowance clients .	March 2013	To assist clients with Mental Health conditions better manage these to improve their ability to participate on appropriate provision and to find and keep a job.
36	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	DCAL (Libraries NI)	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	October 2014	People affected by mental ill health and their families have improved access to information and support



**SUPPORTING CARERS**

Joint Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
37	DHSSPS	Enhance the arrangements to meet demand for respite including emergency respite and short break care	HSC	Implement recommendation of HSCB Phase II respite report. Agreed description of respite and measurement and reporting mechanisms	March 2013	Enhanced flexibility of emergency respite and short break care targeted to meet specific, individual assessed need. Better range of options for short break/respite consistently across Trusts which meets assessed needs of individuals.
38	DHSSPS	To provide support to all carers in order that they may continue in their caring role	HSC	All carers offered carers assessment.	March 2015	The needs of the person cared for and the carer are identified through a carer-centred assessment process.

Learning Disability Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
39A	DHSSPS	Carry out a scoping exercise to ascertain future caring requirements for people with a learning disability living with elderly carers where there is a risk of a breakdown in caring arrangements	HSC	Report on the future caring requirements of people with learning disabilities who have elderly carers	March 2013	Identification of future service need/provision.
39B		Develop a rolling, costed plan to support those with learning disability living with elderly carers where there is a risk of a breakdown in caring arrangements		Annual costed plan developed in each Trust.	September 2014	Arrangements in place to support and maintain existing community and family arrangements

**BETTER SERVICES**

Joint Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
40	DHSSPS	Monitor/review departmental capital budget	DHSSPS/HSC	Progress relevant business cases from Trusts to achieve future agreed pattern of provision	March 2015	People can access services in appropriate and fit for purpose buildings
41	DHSSPS	Complete research into priorities highlighted by Bamford rapid reviews	DHSSPS PHA HSC Universities	To improve services developed in priority areas	October 2015	To provide new and effective interventions relevant to Northern Ireland
42	DHSSPS	To ensure Personal and Public Involvement, (PPI), in planning, commissioning, delivery and evaluation of services in line with guidance.	DHSSPS, HSC in collaboration with voluntary and community sector and the Patient and Client Council	Evaluate and review leadership, accountability and monitoring arrangements	March 2013	Future policies and services will seek to address the needs and expectations of service users and their carers

43	DSD	To carry out a qualitative research study into our customers who have a disability to allow us to obtain an insight into the thoughts and behaviours of this specific group of customers	SSA	To gain an insight into our disabled customers in terms of the challenges they face and the impact that disability has on their lives.	Ongoing	Contribute to a greater understanding of the use and impact of disability benefits; Increase the understanding of the difference made to people's lives by receipt of disability benefits; Inform and support the development of policy and strategy relating to disabled customers.
44	DSD	To develop and implement a strategy for increasing the uptake of benefits	SSA	A benefit uptake strategy.	March 2015	To maximise the uptake of benefits by targeting those likely to be eligible for unclaimed benefit
45	DSD	To work in Partnership with organisations and government departments which are impacted by Universal Credit.	SSA	Information is shared and input sought	Ongoing	All impacted organisations attend various Universal Credit governance (e.g. Programme Board, Steering Groups, Checkpoint meetings etc). Impacted organisations are also involved in the development of customer journeys, migration planning, staff communications, etc and are embedded into the programme team working in the Design Centre.

46	DHSSPS	To improve access to advice and information on services and support available	HSC and PHA	Develop a central point of access for information	March 2015	People with mental health problems, learning disabilities and carers have access to information about services and support in their area
47	DHSSPS DE	Improve services for children with challenging behaviours and their carers	HSC Board	Implement regional guidelines on the management of challenging behaviours	March 2015	Consistent service provision across region.

**Learning Disability Actions**

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
48A	DHSSPS	Develop and implement a Service Framework for learning disability services	DHSSPS	Publish service framework.	December 2012	Improve the standards of care that people who use services, their family and carers can expect to receive against agreed performance indicators

48B	DHSSPS		HSC	Implementation of service framework	Ongoing from December 2012	
49	DHSSPS	Maintain direction of HSC funding towards community based services	HSC Board to lead in collaboration with Trusts and PHA	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
50	DHSSPS DSD	Enhance provision of person – centred day opportunities (including employment provision) for people with a learning disability that facilitate integration into the community	DHSSPS HSC DSD (benefits)	Enhanced access to a range of opportunities in education, training, employment and social activity	Ongoing	Opportunities tailored to the needs of people with a learning disability promoting their inclusion in society Regional model produce by March 2013
51	DHSSPS	Complete and maintain a map of learning disability services across Northern Ireland	PHA/ HSC Board in collaboration with HSC and voluntary and community sector	Compile mapping information on all learning disability services provided	December 2013	New services can be better targeted and gaps in existing services can be filled

52	DE	Improve transitions planning for all children with statement of special educational needs	DE, Education and Library Boards, DHSSPS and HSC, CYPSP	A Transitions plan tailored to meet the needs of the young person. Collaborative working and multi agency planning to facilitate improved planning and delivery at local level.	Ongoing	Children and young people supported in making effective transitions, making good progress and achieving to their full potential.
53	DHSSPS	Development of UK wide framework for learning disability nurses	DHSSPS and other 3 UK Government departments	Publication of action plan	March 2014	Learning disability nurses utilise and develop their specialist knowledge and skills to ensure the best possible health outcomes for people with learning disabilities
54	DHSSPS	Develop a plan for community forensic learning disability services taking account of service to be provided with available resources and which makes full use of other forensic arrangements in place	HSC	Prioritised action plan to be taken forward within available resources	February 2013	Improved community forensic service for those with learning disability.

55	DHSSPS	Community Dental Service to undertake an annual oral health assessment for each L.D. client and produce an individual oral health plan, referring as appropriate for care.	HSC	LD clients regularly examined and treatment arranged	Ongoing	Oral health issues addressed and preventive strategies employed
56	DHSSPS	Community Dental Service to provide training/ training materials for staff in day care facilities re significance of oral health issues.	HSC	Deliver training interventions and educational resources.	Ongoing	Increased awareness of significance of diet, tooth brushing and use of Fluoride toothpaste
57	DHSSPS	Improve the experience of people with LD using acute general hospitals based on the GAIN Guidelines "Caring for people with a learning disability in general hospital settings"	HSC	Implement reasonable adjustments to support the pathway through acute care. Initiate staff training and development of easy read information. Develop coordinated links between hospital and community services.	March 2015	Improved delivery of safe and effective care within general hospital settings
58	DHSSPS	Implement a regional Bed Management Protocol for those with a learning disability.	HSC Board to lead in collaboration with HSC Trusts	Regional implementation of agreed Bed Management Protocol	March 2013	Safer and more effective access to inpatient care for those with a learning disability



Mental Health Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
59	DHSSPS	Re-direct HSC funding towards community based services	HSC Board to lead in collaboration with Trusts and PHA	60% of HSC spend on mental health services should be on community services.	March 2015	Better services for those in need provided within their community
60	DHSSPS	Implement the Mental Health Service Framework across HSC:	PHA	Review HSC performance against proposed framework indicators - this should include service user/carer input in terms of both development of indicators and monitoring of actual service performance.	Ongoing	Agreed standards of care that people who use services, their family and carers can expect to receive. Develop service improvement plans where progress against performance indicators is measured
61	DHSSPS	Provide information on children's, adolescent and adult mental health services for use by the public, GPs and other clinicians.	PHA/ HSCB	Develop and publish IT based resource on all Trust websites	April 2013	Identification of all general and specific MH services available.

62	DHSSPS	Implement service model for CAMHS services	HSC	Implementation of CAMHS action plan	Ongoing	Young people are able to access consistent and appropriate services across NI
63	DHSSPS	Improve and harmonise model for crisis response and home treatment services	HSC	Implement agreed regional model for crisis response and home treatment	December 2012	People in crisis will be able to receive appropriate care and support to a consistent standard
64	DHSSPS	Enhance availability of psychological therapies	HSC	Implement enhanced services in line with published strategy and available resources.	Ongoing	Improved access to psychological therapies
65	DHSSPS	Improve access to computerised Cognitive Behavioural Therapy programmes	HSC Board in collaboration with HSC	Promote and increase uptake of CCBT programmes	Ongoing	Improved support for those with mild to moderate depression

66	DHSSPS	Introduce legislation to extend the provisions of the Mental Health (NI) Order 1986 to private hospitals	DHSSPS	Provision for private hospitals to treat detained patients	December 2012	People are able to be treated in the most appropriate facility to meet their needs
67	DHSSPS	Evaluate implementation of regional guidance on assessment and management of risk in mental health and learning disability services	DHSSPS, HSC and RQIA	RQIA to review and report on progress to implement regional guidance	December 2012	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.
68	DHSSPS	Enhance medicines management services for vulnerable patients with mental illness living in the community	DHSSPS HSC	Develop a pilot medicines management service	March 2014	Joint working across Mental Health Medicines Management and relevant healthcare providers to enhance pharmaceutical services through education, brief intervention, alert systems and compliance aids where appropriate.
69	DHSSPS	Enhance services for people with a personality disorder	HSC	Implement enhanced services in line with published strategy and available resources.	Ongoing	Better access to appropriate services for people with a personality disorder and support for their carers

70	DHSSPS	Maintain the provision of specific eating disorders in-patient service capacity within each Trust	HSC Board and PHA in collaboration with HSC Trusts	Provision of eating disorder inpatient services available within generic units with in-reach support from community eating disorder service.	Ongoing	Continuity of care from community services for those who need to be admitted to hospital. Fewer people will require admission to a facility outside Northern Ireland
71	DHSSPS	Ensure provision of appropriate low secure and community forensic services in line with 2011 Review	HSC	Develop costed action plan to be implemented as resources permit	March 2013	More appropriate levels of therapeutic support and rehabilitation provided in the least restrictive conditions for those who need forensic services.
72	DHSSPS	Take forward action plan to improve dementia services in line with NI strategy.	HSC with DHSSPS and voluntary and community sectors	Provide range of services advocated in NI Dementia Strategy and associated action plan as resources permit.	Ongoing	Improved services for people with dementia, their families and carers
73	DHSSPS	Improve Perinatal mental health services	HSC/PHA	Implementation of Perinatal Mental Health Regional Integrated Pathway and Training Strategy	March 2015	Better detection and treatment of mental illness during pregnancy and the post natal period

**BETTER STRUCTURES**

Joint Actions

No.	DEPT.	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES
74	DHSSPS	Ensure relevant Inter-Departmental and cross sectoral structures are maintained	DHSSPS (with other Departments)	A co-ordinated approach to improve services in line with Bamford Vision	Ongoing	Better joining up of services across agencies
75	DHSSPS	Sponsor work on cross-cutting issues, involving the relevant agencies at local level along with service users and their carers.	Interdepartmental Group	Establish local-level cross-sectoral working groups under the IDG.	September 2013	To improve joining up of services for people with a mental ill-health or a learning disability.

76A	DHSSPS	New mental capacity legislation	DHSSPS DoJ	Preparation and consultation of draft Bill	October 2013	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 reasons.
76B				Introduction to NI Assembly	December 2013	
76C				Enactment	March 2015	

## ANNEX A

### **Patient and Client Council/Bamford Monitoring Group Outcomes Paper**

The Bamford Monitoring Group has reviewed the reports, feedback from conferences and workshops held by the group in the past 2 years to identify the key issues and recurring themes. These are the issues that are most important to people with mental health needs, learning disabilities, parents, carers and families and must be central to the Bamford Action Plan 2012 – 2015.

The key issues / themes are outlined below linked to user / carer defined outcomes and suggested outcome measures required to evidence if the outcomes are being achieved i.e. is the action plan making a positive difference to people's lives?

The Bamford Monitoring Group strongly believes that there is a need to be clear and specific by including outcome measures for outcomes. Outcomes in the 2009 – 2011 Bamford Action Plan were described as "too woolly" and it was often unclear if they were being achieved.

The Bamford Monitoring Group would emphasise several key points regarding the Bamford Action Plan 2012 – 2015 and process of its development:

- Service users and carers must be involved in developing the Bamford Action Plan from the outset. It has been a difficult task to develop the outcomes and measures below.
- It is essential to create a robust process for service users and carers participation in development of future action plans.
- Focusing on measuring outcomes that are relevant to and valued by service users is vital. This is in keeping with a recovery orientated approach and reflects the purpose of services.
- Identifying progress in achieving the Bamford Action Plan must be monitored from an outcomes basis.

<b>Outcome</b>	<b>Theme / Key Issue</b>	<b>User / Carer defined outcomes</b>	<b>Linkage to Action Plan Actions</b>	<b>User / Carer defined outcome measures (Evidencing progress)</b>
1	<b>Joined Up Working</b>	Increase Government Department partnership working	74, 75	IDSOG to provide an annual report on specific Inter Departmental initiatives being taken forward under the Bamford review.  These should evidence genuine participation and capacity building.
2	<b>Involvement</b>	Service users and carers are involved in developing the next Bamford Action Plan.	42, 74, 75	People with mental health problems, learning disabilities and carers are involved as partners in developing the next Bamford Action Plan.
3		Service user and carer participation on all Bamford related groups	42	IDSOG to initiate audit.
4		Service users and carers are involved in the design, delivery, management, review and development of mental health and learning disability services (across all Government Departments)	27, 28, 42	Tool that evaluates involvement and participation required  Service users and carers groups / forum / networks in the development of strategy and policy  Service User and carer-led evaluation of mental health and learning disability services  Staff recruitment panels that include service users and carers. The process should be accessible for people with a learning disability.  Service users and carers input into the <u>whole process</u> of recruitment and selection e.g. job description, short listing, and interviewing,



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<b>Outcome</b>	<b>Theme / Key Issue</b>	<b>User / Carer defined outcomes</b>	<b>Linkage to Action Plan Actions</b>	<b>User / Carer defined outcome measures (Evidencing progress)</b>
<b>5</b>				<p>Service users and carers carry out training for non-service user and carer members of the interview panel.</p> <p>Service users and carers providing training for mental health and learning disability staff</p> <p>Advocates (Peer) employed in mental health and learning disability to support service users and carers.</p>
		Service users and carers are directly involved in all aspects of care.	<b>27, 32, 48, 50, 60, 67, 74</b>	<p>People with mental health problems, learning disabilities and carers report positive experience of being involved in making decisions about their care and support.</p> <p>All people with mental health problems or a learning disability all have an individual care plan, which they hold personally. This care plan is subject to regular review.</p>
<b>6</b>		All carers should be offered a carers assessment	<b>38</b>	<p>Increased number of people supported to access Carer's Assessment</p> <p>All carers offered a Carers Assessment</p> <p>Increased number of people reporting positive experience accessing Carer's Assessment</p>
<b>7</b>	<b>Information</b>	There is a central point of access for information and advice about all mental health and learning disability services and support available	<b>46, 51, 61</b>	<p>Access to information should be readily available for people with mental health problems and learning difficulties. Increase the number of people with mental health problems, learning disabilities and carers reporting positive experience accessing information about services in their area</p> <p>Increase the number of people with mental health problems and learning disabilities are involved in the development of information about services in their area</p>

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<b>Outcome</b>	<b>Theme / Key Issue</b>	<b>User / Carer defined outcomes</b>	<b>Linkage to Action Plan Actions</b>	<b>User / Carer defined outcome measures (Evidencing progress)</b>
				People with mental health problems, learning disabilities and carers report that staff are able to give appropriate information about services in their area
<b>8</b>	<b>Employment</b>	Move to a position where 'experts by experience' are directly employed in commissioning and delivery of mental health and learning disability care.	<b>12, 16, 20, 21, 22, 28, 34, 35</b>	<p>Increase the number of people with mental health problems and learning disabilities are directly employed by Government Departments and the HSC sector.</p> <p>Evidence of reasonable adjustment as required by section 75 of the Northern Ireland Order put in place to enable more people to take up employment</p> <p>Appropriate <u>support</u> must be provided to those employed as a service user / carer reps and people who are employed with mental health needs and learning disabilities.</p> <p>Increase the number of people with mental health problems and learning disabilities entering and/or retaining paid employment: Full Time (over 16 hours a week) and Part Time (under 16 hours a week)</p>
<b>9</b>	<b>Housing</b>	People with mental health problems and learning disabilities are supported to live independently. People have a choice who to live with and where, in a safe supportive community.	<b>12, 13, 14, 15</b>	<p>Increased number of people with mental health problems and learning disabilities living independently year on year.</p> <p>Increased in the amount of supported independent living accommodation available for people with mental health problems and learning difficulties</p> <p>Increased number of people with mental health problems and learning disabilities report positive experience planning and arranging independent living.</p>
<b>10</b>	<b>Benefits</b>	The new Welfare Reform system meets the needs of people with mental health problems and learning disabilities ensuring access to appropriate benefits and support	<b>35, 44, 45</b>	<p>People with mental health problems and learning disabilities receive appropriate benefits</p> <p>Increased number of people with mental health problems and learning disabilities reporting a positive experience of</p>

Outcome	Theme / Key Issue	User / Carer defined outcomes	Linkage to Action Plan Actions	User / Carer defined outcome measures (Evidencing progress)
11				accessing advice regarding their finances, benefits or debts. Increased number of people with mental health problems and learning disabilities reporting positive experience accessing benefits  All benefits staff are trained in mental health and disability awareness  Specialist staff receive dedicated specific training to provide appropriate support to people with mental ill-health or a learning disability.
		People with mental health problems and learning disabilities have support when accessing benefits	43	People with mental health problems and learning disabilities have access to advocacy service during benefits assessments/interviews.
12	<b>Education</b>	Better and more consistent planning and support is available to support young people on transition from education to adult services, including all young people with a learning disability or mental health problem – not just those with a statement of special educational needs	26, 52	Evidence that young people are involved and their views taken into account in decision-making about transition.  Evidence that parents are involved in the transitions planning process for their son / daughter.  Young people and their families receive appropriate accessible information about: <ul style="list-style-type: none"> <li>- the transitions process</li> <li>- the options and support available on leaving school</li> </ul> This allows young people and their families to make informed choices about the future.

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<b>Outcome</b>	<b>Theme / Key Issue</b>	<b>User / Carer defined outcomes</b>	<b>Linkage to Action Plan Actions</b>	<b>User / Carer defined outcome measures (Evidencing progress)</b>
<b>13</b>		People with mental health problems and learning disabilities are involved in making decisions about courses and subjects available in Further Education Colleges	<b>18, 19, 21, 22, 50, 52</b>	Evidence that there are increased numbers of courses for people with mental health problems and learning disabilities in Further Education Colleges  Evidence that people with mental health problems and learning disabilities are involved in designing courses and subjects available in FE Colleges  Evidence that people with mental health problems and learning disabilities are supported to find and participate in courses
<b>14</b>	<b>Self-directed Support</b>	People with mental health problems and learning disabilities have access to and control their own self-directed support.	<b>25</b>	Increased number of people with mental health problems and learning disabilities supported to access self-directed support.  Increased number of people with mental health problems and learning disabilities supported to become more actively involved in decision making regarding their support.  Increased number of people reporting positive experience accessing self-directed support.
<b>15</b>	<b>Transport</b>	People with mental health problems and learning disabilities are able to access transport to ensure their independence, choice and opportunity.	<b>12, 29, 30, 31</b>	Increased number of people reporting positive experience accessing transport

# ANNEX B

## Abbreviations

<b>BMG</b>	Bamford Monitoring Group
<b>CYPSP</b>	Children and Young People's Strategic Partnership
<b>DCAL</b>	Department of Culture, Arts and Leisure
<b>DE</b>	Department of Education
<b>DEL</b>	Department for Employment and Learning
<b>DETI</b>	Department of Enterprise, Trade and Investment
<b>DHSSPS</b>	Department of Health, Social Services and Public Safety
<b>DoJ</b>	Department of Justice
<b>DRD</b>	Department for Regional Development
<b>DSD</b>	Department for Social Development
<b>ELB</b>	Education and Library Board
<b>FE</b>	Further Education
<b>HSENI</b>	Health and Safety Executive Northern Ireland
<b>HSC</b>	Health and Social Care
<b>NIHE</b>	Northern Ireland Housing Executive
<b>NISAT</b>	Northern Ireland Single Assessment Tool
<b>OFMDFM</b>	Office of the First Minister and deputy First Minister
<b>PHA</b>	Public Health Agency
<b>RQIA</b>	Regulation and Quality Improvement Authority

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