Department of
Health, Social Services and Public Safety

An Roinn
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

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DELIVERING THE BAMFORD VISION

THE RESPONSE OF NORTHERN IRELAND EXECUTIVE TO THE BAMFORD REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY

ACTION PLAN 2009-2011

October 2009

Ministerial Foreword

I am pleased to publish this Action Plan in support of the Executive's response to the Bamford Review Recommendations. This Bamford Action Plan (2009-2011) will drive change over the coming years. This change will however only be fully realised through the commitment not just of health and social care staff, education professionals and an inter-governmental and agency approach, but also through the drive of service users, carers and the voluntary sector. In fact the issues addressed in this document are the business of local communities and the entire population of Northern Ireland. This is because improving population mental health and wellbeing, and promoting social inclusion and removing stigma is everyone's business.

One in six of our population has a mental health need at any one time, and there are an estimated 27,000 people with a learning disability. In addition, there are many others who have or will develop dementia in the future. Therefore, over the coming years, the contents of this Action Plan are likely to touch the lives of all in our society.

The promotion of dignity, social inclusion and assurance of human rights for those with a mental health need or a learning disability requires a culture shift in our thinking, which will be aided by a new legislative framework encompassing mental capacity and mental health legislation, and a continued emphasis on public service improvement.

We can be proud of what we have already achieved in service improvements, but more needs to be done. Actions speak louder than words – that is why this document sets out a range of key actions with associated timeframes for delivery. All Government Departments have endorsed these actions which are to be delivered by end 2011. Thereafter, there will be a review of progress and further action plans endorsed by the Executive.

The overall vision for mental health and wellbeing, and for learning disability, will take 10-15 years to achieve. I want to reiterate the commitment of my Department and the Executive to the promotion of population mental wellbeing and emotional resilience, and to the further development of public services for those who need them.

The implementation of this Action Plan will be monitored through an Interdepartmental Group on Mental Health and Learning Disability. New arrangements will also be put in place, through the Patient and Client Council, to ensure that the voice of those with a mental health need or a learning disability is heard and to ensure that we can learn from those who are experts by experience.

MICHAEL McGIMPSEY, MLA

Minister for Health, Social Services and Public Safety

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SECTION 2 – MENTAL HEALTH ACTION PLAN 48

How to read this Action Plan

Setting the context – mental health services

Mental Health Action Plan

- Promoting positive health, wellbeing and early intervention
- Supporting people to lead independent lives
- Supporting Carers and families (to include information and advice, respite)
- Providing better services to meet people's needs
- Providing structures and legislative base to deliver the Bamford Vision

SECTION 3 – LEARNING DISABILITY ACTION PLAN 88

How to read this Action Plan

Setting the context – learning disability services

Learning Disability Action Plan

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

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Executive Summary

This Action Plan (2009-2011) sets out the Government's commitment to improving mental health and wellbeing of the population of Northern Ireland and to driving service improvement for those with a mental health need or a learning disability.

The document emphasises the requirement for integrated working, not just across Government departments, but also with families and communities and with the statutory, voluntary and private sectors.

Many factors adversely impact on the mental health of the population; for example, unemployment, social deprivation, low self esteem and educational attainment, poor physical health and environment, alcohol and drug misuse, and domestic and sexual violence. As a society, working together, we can improve outcomes for communities and for individuals. Population approaches to health and wellbeing are important, but so too are specific interventions which identify early and support individuals and vulnerable groups who are at risk. The new Public Health Agency will have a key role in promoting health and wellbeing and in reducing health inequalities. The Agency will promote cross-sectoral working and will be one of the HSC organisations pivotal to the success of this Action Plan.

Individuals with a learning disability, their families and carers are included in this focus on health and social wellbeing. For change to happen, a societal commitment to culture change is required that promotes social inclusion and recognises the specific needs of certain groups, their families and carers.

Linked to this, is the need for a continued emphasis on modernisation and reform of services and of development of a new legislative framework for mental capacity and mental health. At the heart of this framework will be the assumption that individuals have a right to make their own decisions about their treatment, care, welfare and assets. Where decision making is impaired, then additional powers and protections need to be put in place.

Regardless of the underlying condition, future services for mental health and learning disability need to support people to live as full a life as is possible through:

- early intervention and support;
- integrated care planning with the involvement of individuals, their families and carers;
- the promotion of independence, personal fulfilment and, where possible, recovery;
- effective interagency working and partnership with community, voluntary and private sectors, appropriate to the needs of individuals;
- the recognition of the needs of families and carers throughout the lifecycle of the individual and the importance of effective transition and succession planning, information and advice;
- development of services, including specialist services, which will be underpinned by standards outlined in mental health and learning disability service frameworks; and
- a focus on performance improvement to ensure that the patient/client experience and the quality of care delivered to individuals, families and carers is of the highest possible standard.

It is recognised that some of the issues in the Action Plan also impact on people with autism, people with acquired brain injury and people with physical and sensory disabilities.

The detailed Action Plan is divided into three sections.

Section 1 - sets out a summary of the Bamford recommendations, the Executive's vision for the future, the challenges ahead, resources, and the integrated "Bamford" structures needed to drive change. This section also includes a chapter on the importance of positive mental health, emotional resilience and suicide prevention. Legislative reform is also a key element of change; therefore, there is a separate chapter on this topic. Cross departmental working is fundamental to success of the action plan, but it is also recognised that health and social care services play a pivotal part in delivering services to meet individual need. Therefore, there are summary chapters on delivery of change within health and social care settings and how Bamford recommendations have been integrated into current DHSSPS policy and HSC commissioning and delivery.

Section 2 - This section starts by outlining how the detailed Actions should be read. The Action Plan is divided into two main sections- one for mental health and the other for learning disability. All actions are grouped under five themes. These are

Promoting positive health, wellbeing and early intervention;
Supporting people to lead independent lives;
Supporting carers and families;
Providing better services to meet the needs of individuals;
Developing structures and a legislative framework.

The mental health (and learning disability) sections of the action plan can be read as stand- alone documents. All actions are grouped under the above themes, and specify the ownership of the action, the outcome required, timetable for completion and benefits to people. Of necessity, some actions are repeated in both sections of the action plan. This is because the action will impact on many people in society, not just those who have a mental health need or a learning disability.

Section 3 - This section contains actions which relate to leaning disability. As with mental health, the actions are grouped under the five themes identified above. The focus within this section is an emphasis on an integrated, lifelong approach which recognises that a learning disability is a lifelong condition for the individual, their family and carers. In such circumstances people require more sustained support, and not just individual episodes of care, treatment and support. The goal is to help individuals with a learning disability to use their individual strengths to reach their full potential. In doing so, provision of services for people extend far beyond traditional health and social care services and require cross departmental and interagency action. Action contained in the plan outline outcomes, benefits, timetable for delivery and who is responsible for the action.

Infrastructure to deliver

The specific actions committed to, either by individual Departments or jointly in this Action Plan, will be monitored through the inter-Departmental Groups. The HSC Mental Health and Learning Disability Task Force will be responsible to DHSSPS for delivery of those actions attributed to the health and social care sector. With leadership from the Patient and Client Council, there will be a new Bamford Monitoring Group which will

harness the views of service users, carers and relevant organisations to ensure that change is happening in front line services, recognising the contribution of all Departments.

Progress on this Action Plan (2009-11) will be reviewed by the Ministerial Group during 2011 and an updated rolling Action Plan will be published, subject to endorsement of the Executive.

SECTION 1

Setting the scene

The Vision for the Future

The Challenges Ahead

The Need for leadership and Integrated working

Mental Health Promotion and Suicide Prevention

Legislative Reform

Delivering the Vision in Health and Social Care sectors

Interconnected conditions

Progress to date on health and social care improvement

CHAPTER 1 – SETTING THE SCENE

1.1 Introduction

This cross-departmental Action Plan sets out the key actions that will be taken forward over the period 2009-2011 in response to the Bamford Review recommendations. It takes into account the responses received from the consultation during 2008 on *Delivering the Bamford Vision*, the Executive's response to the Bamford Review. The Action Plan re-affirms the Executive's commitment to protect and preserve the mental health of the population as a whole, where possible to promote better mental health for everyone and to improve the lives of those with a learning disability or a mental health need. The Action Plan includes actions with target dates for completion; these will be reviewed and rolled forward in 2011 in the light of progress, emerging issues and funding available.

1.2 Background

In 2002 DHSSPS initiated an independent review of mental health and learning disability law, policy and service provision, now referred to as the Bamford Review. The review produced a series of 10 reports between June 2005 and August 2007, which together represent a far-reaching vision for radical reform and modernisation of mental health and learning disability law, policy and services and an opportunity to deliver truly world class mental health and learning disability services. The scope of the review was such that everyone in Northern Ireland is affected to some extent by the recommendations made.

The NI Executive accepted the thrust of the recommendations made by the Review and set out its proposals for taking forward its response to the Bamford review in *Delivering the Bamford Vision*, a consultation document issued in June 2008.

1.3 Summary of responses

A summary of responses to the consultation is available on the DHSSPS website. Key messages from the consultation were:

- the NI Executive is perceived as not moving fast enough on implementing Bamford recommendations;
- the document did not contain enough hard targets;
- there was not sufficient evidence of joined-up working across Departments;
- learning disability was thought not to be adequately addressed in the document;
- concerns that the resettlement programme for people in long stay learning disability hospitals would adversely affect a significant number of people who had been in hospital for so long that betterment would be unlikely to be achieved through a placement in the community; and
- dissatisfaction with the proposals for the sequential development of new legislation.

The consultation however elicited support for much of the general direction of service reform and the actions proposed.

This Action Plan has been drawn up in the light of the responses to the consultation. It sets out specific commitments made by Departments and their agencies, mainly for the next two years, after which the Plan will be reviewed and rolled forward.

CHAPTER 2 – THE VISION FOR THE FUTURE

2.1 The Bamford Review Recommendations

The Bamford review called for:

- the mental health of the whole community to be promoted and protected through preventative action;
- people with a mental health need or a learning disability to be valued and given rights to full citizenship, equality of opportunity and self-determination; and
- reform and modernisation of services that will make a real and meaningful difference to the lives of people with a mental health need or a learning disability, to their carers and families.

The review envisaged a 10-15 year timescale for reforming and modernising services in line with its recommendations, the timescale being dependent to a large extent on the availability of additional resources, particularly within the HSC. To support its recommendations, the Bamford review called for a doubling of health and social care (HSC) resources currently dedicated to mental health and learning disability services.

2.2 The Executive's Response – the vision for the future

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.

This is the vision for the future which will drive change over the next 10-15 years. It will be supported by all Government Departments and re-emphasised in future policies and strategies.

CHAPTER 3 – THE CHALLENGES AHEAD

3.1 Introduction

There are a number of challenges for the future which have a major influence on implementation of this action plan and future plans. These include a continued focus on population mental health and wellbeing, tackling the determinants of ill health including social deprivation and social exclusion. A focus on early intervention is essential as is the need to integrate treatment, care and support to meet the needs of individuals regardless of age or geographical location. As recommended by Bamford, investment in mental health and learning disability needs to continue for the next 10-15 years.

3.2 Population estimates

Protecting and improving mental wellbeing is relevant to each of us. In addition, it is estimated that in Northern Ireland:

- 250,000 adults and 45,000 children and young people have a mental health need at any one time;
- 26,500 people have a learning disability, of whom about half are aged 0-10; and
- 16,000 people have dementia.

Most families in Northern Ireland are therefore likely to be touched at some stage by issues covered by the Bamford Review.

3.3 Demographic change

Demographic changes, particularly our longer lifespans, and the increasing complexity of needs are likely to bring additional demand for services over coming years, in particular for a range of treatments to deal with depression and other common mental health needs, to support people with dementia and their carers and to support people in the community who have a learning disability. This will increase the need for effective collaboration between Departments and

their agencies. It must also be recognised that people with a mental health need or a learning disability often have other health problems, which require treatment and care. There is, therefore, a need for joined-up working with other parts of the health and social care sector beyond mental health and learning disability services. This care, delivered by other parts of the health and social care community, must take account of the particular vulnerabilities of some of these people.

3.4 Investment in services

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

Within DHSSPS's area of responsibility just over £200m was spent in 2007/08 on mental health services and just under £200m on learning disability services. It is estimated that around £200m was spent on services for older people with dementia – together accounting for approximately £600m, almost one quarter of Health and Social Care Trusts' expenditure. However too high a proportion of mental health and learning disability funding is spent on hospital services; the aim is to provide more care in community settings.

As a result of the 2008-2011 Comprehensive Spending Review, in which the Executive agreed the allocations to Departments for 2008 to 2011, DHSSPS allocated from within its resources an additional £44m to be allocated to mental health and learning disability services (£27m for mental health services and £17m for learning disability services) and an additional £3m for mental health promotion over the three years.

In addition to the revenue budget described above, the Department's capital programme includes provision for mental health and learning disability facilities. The planned capital budget over the years 2009-10 to 2010-11 is some £476m of which it is planned that £48m will be spent on facilities for those with mental

health needs or learning disabilities. When completed, these projects will represent an investment of £78m.

The Department of Education also provides significant funding in support of all children with special educational needs including those with a learning disability or other mental health needs. In order to address continuing increased needs, in addition to existing funding baselines, £82m has been provided from 1996 to date for the implementation of the Code of Practice on the Identification and Assessment of SEN. A further £53m was made available over the 2005/06 to 2007/08 period, through Spending Review 2004 and Budget and Priorities 2006-2008, to support children with special educational needs. This increased funding has resulted in approximately £185m being expended in 2007/08 for provision for children with special educational needs. This includes £100m for special schools and £55m to meet the additional costs of statemented pupils in mainstream schools and units. Also included is some £23m under the Targeting Social Need factor of the Local Management in Schools Formulae, which inter-alia, assesses the likely proportion of pupils who require additional support for learning.

DE has also allocated a further £2m in 2008/09 to sustain the Independent counselling support service for pupils in post primary schools and a regional anti-bullying helpline operated by Childline.

DSD also makes a substantial contribution, both in terms of capital funding for buildings and associated revenue, through the supported housing programme, but it is not possible to specify the amounts relevant to mental health and learning disability alone.

CHAPTER 4 – THE NEED FOR LEADERSHIP AND INTEGRATED WORKING

4.1 Introduction

Bringing about the strategic changes envisaged by the Bamford Review requires leadership and action across Departments, their organisations and agencies. Much of the action to deliver the Bamford vision is the responsibility of DHSSPS and its health and social care agencies, but many other Departments and their agencies, either individually or jointly, make significant contributions in areas such as education, training, employment, housing, transport and leisure. There are already good examples of strong cross-sectoral working to promote positive mental wellbeing and to identify and address the needs of individuals with disabilities and to support their families and carers; but more needs to be done.

4.2 The contribution of Government Departments

Table 1 outlines the broad contribution that other Government Departments plan.

TABLE 1 - KEY ISSUES AFFECTING PEOPLE WITH A MENTAL HEALTH NEED OR A LEARNING DISABILITY

Issue	Lead Department	Cross-Departmental involvement
Promoting human rights, equality of opportunity and social inclusion	All have responsibility (lead OFMDFM)	All Departments
Promoting positive mental health	All have responsibility (lead DHSSPS)	All Departments
Infant and early years health and wellbeing, supporting parents	DHSSPS and DE (early years services)	OFMDFM has lead responsibility on children and young people's strategy
Education Teacher training	DE	DHSSPS responsible for provision of some therapeutic services in schools
Further and Higher education, training and employment	DEL	DEL, DHSSPS and DE on transitions from school to training and employment DEL and DHSSPS on Pathways to Work and Condition Management

Housing	DSD	DHSSPS involved through Supporting People
Personal finance including benefits	DSD	DSD and DHSSPS on improving access to Psychological therapies as part of Welfare to Work programme
Health and social care	DHSSPS	
Transport	DRD	
Leisure, sport	DCAL	
Law and Order	NIO NI Courts Service	NIO and DHSSPS on healthcare in prisons

4.3 Structures to support integrated working and leadership

The table above illustrates the need for a strong co-ordination and leadership role to ensure that Departments and their agencies are working together in the best interests of the people who need public services. The breadth of the Bamford agenda requires an integrated approach to drive forward:

a) *mental health promotion and suicide prevention* - through promoting positive mental health and improving mental resilience

b) *legislative reform* - recognising that, where possible, people have the right to make decisions about their own treatment, care, welfare and finances

c) *modernisation of public services* - to respond effectively to the needs of individuals and families

b) *partnership working* - between Departments and between their local agencies, local government and the voluntary and community sectors.

Leadership must begin within the NI Executive, but reform must extend to local level within and between public sector agencies, local government and the voluntary and community sectors.

An inter-Departmental Ministerial Group on Mental Health and Learning Disability will oversee and drive forward changes across Departments and their agencies in a co-ordinated way. An inter-Departmental Implementation Group of senior officials will support the Ministerial Group. The Ministerial Group will be kept informed on issues relating to mental health promotion and suicide prevention through two other Ministerial groups which oversee these aspects. Issues relating to children and young people with a mental health need or a learning disability will also be considered by the Ministerial Sub-Committee on Children and Young People.

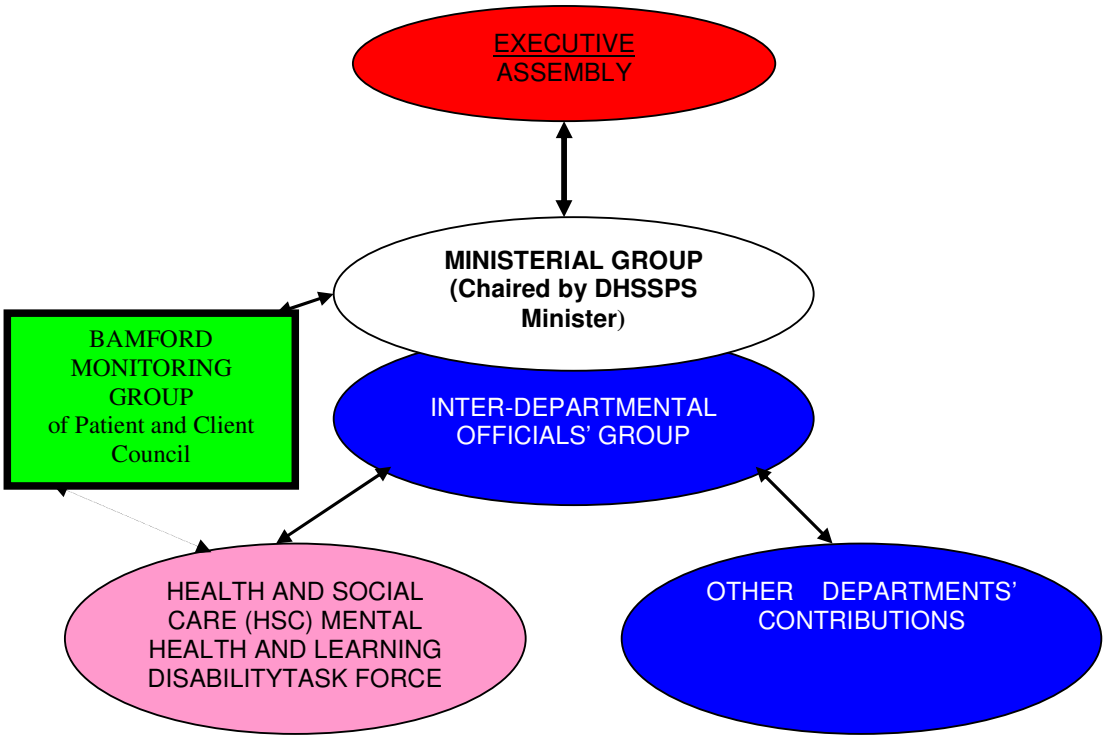
To operationalise the Bamford Action Plan in the context of implementing HSC actions, including those which require local cross-sectoral working, a Health and Social Care (HSC) Mental Health and Learning Disability Task Force will be established. The Task Force will drive forward action within the HSC and promote collaboration with other sectors across the while agenda, from promoting good health and wellbeing and early intervention through to high quality responsive services. This will be jointly led by the Health and Social Care Board and the Public Health Agency, with representation from other stakeholders, including the voluntary and community sector and service users and carers, and will report to the Minister for Health, Social Services and Public Safety on progress. Within the remit set by this Action Plan, the Public Health Agency and Health and Social Care Board will develop the detail of how they intend to ensure that appropriate actions are identified and implemented, progress is monitored and assurance provided along the reporting lines outlined above.

The Task Force structure and its reporting arrangements are designed to give a particular focus on mental health and learning disability issues and are complementary to the wider roles and responsibilities of the HSC Board and the Public Health Agency and their lines of reporting and accountability to DHSSPS.

Other Departments will put in place suitable arrangements to address issues relevant to them.

Service users and carers will be the ultimate judges of whether real change is happening. A Bamford Monitoring Group, with substantial representation from service users and their carers, will be established and supported by the Patient and Client Council to provide an independent challenge function on the extent to which the changes being put in place align with the Bamford vision. This group will report at least annually to the Minister for Health, Social Services and Public Safety.

Fig 1. BAMFORD MANAGEMENT STRUCTURES



4.4 Review in 2011

Progress on this Action Plan will be reviewed in full by the inter-Departmental Ministerial Group on Mental Health and Learning Disability during 2011 and an updated Action Plan will be published, taking account of progress to date and resource availability.

CHAPTER 5 – PROMOTING MENTAL HEALTH AND WELLBEING AND SUICIDE PREVENTION

5.1 Introduction

The need to promote and protect the mental wellbeing of the whole community through preventative action was a fundamental element underpinning all of the work of the Bamford Review. The burden of disease attributable to mental ill-health and the economic cost to our society are significant. Positive mental health and wellbeing is fundamental to a healthy society and a key requisite for a competitive and productive society.

5.2 Promoting mental health

Many factors affect mental and emotional health and these can be addressed at a number of levels, from individual action to population-wide initiatives. Work to promote mental health is not just a matter for health and social care services; it is cross-sectoral and multi-agency and there must be co-ordination of activities across sectors to maximise effectiveness. Lead responsibility for the work on mental health promotion will remain within the health and social care sector, as it is inextricably linked with other health improvement and health inequalities strategies and programmes. The Public Health Agency will play a lead role in taking forward the mental health promotion agenda, not just in terms of health and social care actions but also through its role in facilitating better cross-sectoral working to tackle health inequalities.

To ensure early intervention, work with children and young people must be a priority, with the health visiting service, parental support services and schools as key contributors. The mental health needs of other population groups, including older people, people from ethnic minority communities, people who are hearing impaired, or with other communication difficulties, prisoners, and people with a learning disability, also need particular attention.

In people of working age, mental health problems are an important cause of absence from work and of worklessness due to ill health. Evidence also suggests that they are one of the main causes of lower productivity due to the impact of illness on work. The stigma and discrimination attaching to mental ill health contribute to under-recognition and to delayed interventions.

The *Promoting Mental Health Strategy and Action Plan* (2003) set out a cross-sectoral agenda aimed at improving mental health and wellbeing. This was followed by more detailed work on suicide prevention. *Protect Life – A Shared Vision* was published in 2006 to address the rising trend in suicide. It includes a set of actions both at population level and targeted at people and communities most at risk. In 2008 the Health, Social Services and Public Safety Assembly Committee issued its Report on the Inquiry into the Prevention of Suicide and Self Harm, making a series of recommendations for further action. A cross-departmental response to the Committee's report and a timeframe for implementation were endorsed by the Executive in March 2009.

The *Promoting Mental Health Strategy and Action Plan* (2003) is currently being reviewed and a new Promoting Mental Health and Wellbeing Strategy will be published in autumn 2009. Work to inform the development of the new strategy, led by the Northern Ireland Association for Mental Health, was submitted to DHSSPS in July 2009. The Association has gathered evidence locally and considered international evidence on the most effective interventions for promoting mental health and wellbeing. The review is assessing implementation of the actions in the 2003 strategy including the various awareness raising campaigns, partnership working with the Department of Education, and development of training such as Mental Health First Aid.

The development of the new *Promoting Mental Health and Wellbeing Strategy* is also taking account of progress on *Protect Life* and the recommendations of the Bamford review. Under *Protect Life* a number of initiatives have been developed including "Lifeline" the regional 24/7 crisis response telephone line and support services, community-led prevention services, deliberate self harm pilot projects, guidelines for media reporting and research projects.

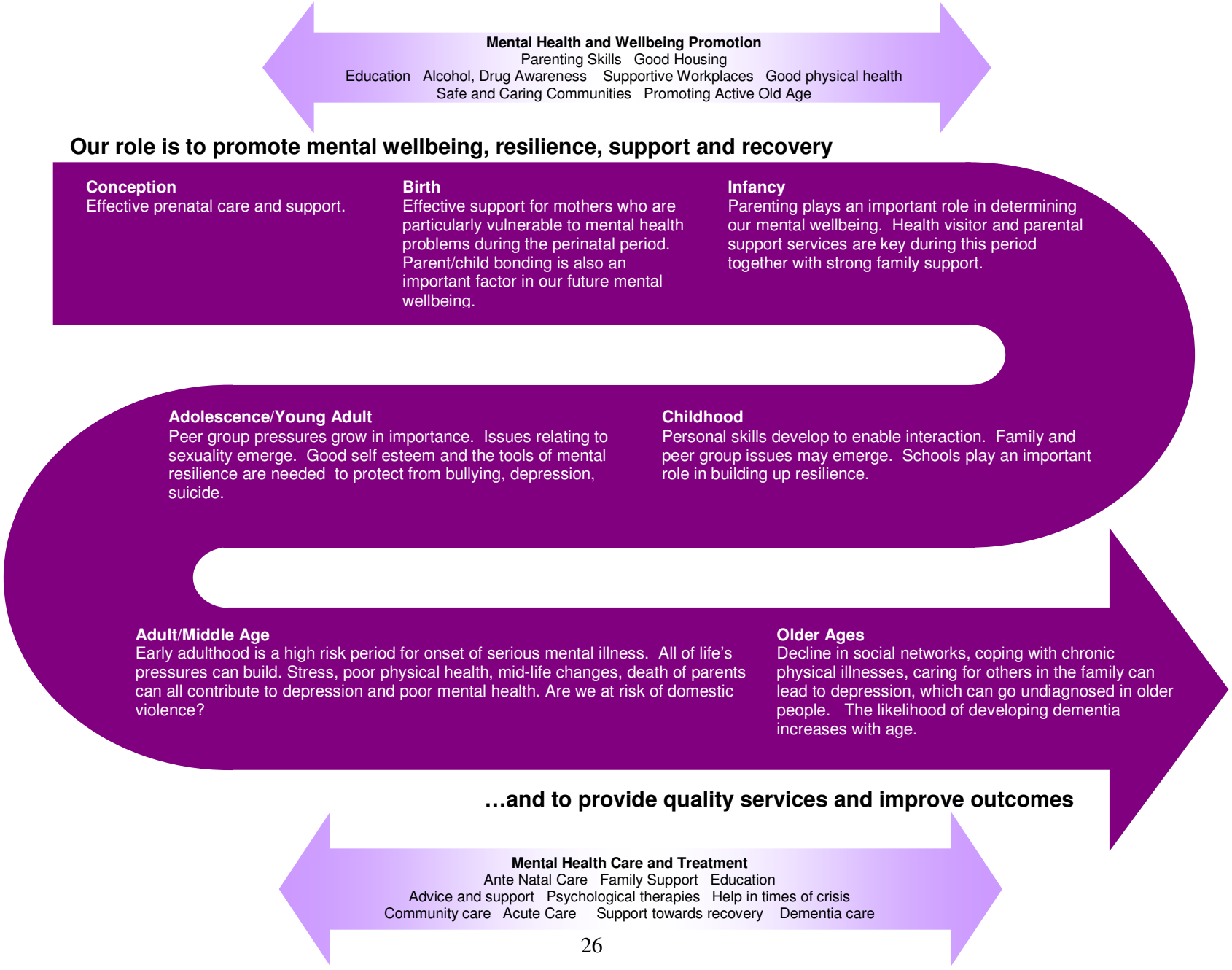
The new strategy will include a population based approach and targeted approaches to key groups such as children, and families facing difficulties. It will also identify key settings for the promotion of mental health and wellbeing such as pre-school groups, schools, workplaces and community settings.

Alcohol and drug misuse and domestic and sexual violence as contributors to mental ill-health, are also being addressed through cross-Departmental strategies and associated action plans.

Through the New Strategic Direction for Alcohol and Drugs (NSD) action is being taken forward to prevent and reduce the harm related to substance misuse in Northern Ireland. Within the NSD there is a specific focus on young people's drinking, binge and problem drinking, and the misuse of legal and illegal drugs, including the issue of harm reduction in injecting drug misuse. In this context, the recently developed Hidden Harm Action Plan should play a crucial role as parental problem substance use can have a significant impact on the mental and emotional well being of children and young people.

Figure 2 – *A Journey Through a Lifetime* – highlights the importance of mental health, social wellbeing, resilience and support throughout life. This begins before the birth of the baby with effective prenatal support and is continued throughout childhood and into adolescence and adulthood. Creating the environment which supports positive mental health and wellbeing is important throughout the life of the individual. Mental health treatment and care services extend beyond traditional HSC boundaries and such services can play a major role in promoting the recovery of an individual who has a mental health need. The overall aim is to facilitate the individual to become a fully integrated member of society, living with or without a mental health condition.

Fig 2. A Journey Through a Lifetime



CHAPTER 6 – LEGISLATIVE REFORM

6.1 Introduction

The need to update the current mental health legislation was a primary driver for establishing the Bamford review. The review's recommendations for changes to mental health legislation and for the introduction of new mental capacity legislation based on a common set of principles have been accepted by the NI Executive. The aim is to promote the dignity and human rights of those who lack capacity to make decisions for themselves, and to ensure that the law is fit for purpose so that people with a mental health need receive effective assessment, treatment and care in accordance with modern clinical and social care practice.

6.2 Principles based legislation for mental capacity and mental health

A major element of reform is to build on the Bamford recommendations and to embed a common set of principles in the face of the legislation. The main principle is autonomy - that is the assumption of capacity - respecting a person's right to decide and act on his or her decisions regarding treatment, care, welfare, finances and/or assets. Where decision making is impaired, the legislation will provide for substitute decision making and for additional powers and protections to be put in place which will act in the best interest of the individual.

6.3 Consultation on the Legislative Framework for mental capacity and mental health

The consultation document *Delivering the Bamford Vision* and the Department's subsequent consultation on its legislative proposals, proposed the parallel enactment of separate mental capacity and mental health legislation with a common set of principles. However arising from the later consultation there was a strong body of opinion, voiced by professional, carer and service user organisations, that there should a single Act encompassing mental capacity and mental health. These responses contended that a single Act was the best way of reducing the stigmatisation of those with mental disorder and improving protection of their human rights. After further consideration and consultation with Executive Ministers, the DHSSPS will lead on the preparation of a single Act.

This will be a very large and complex piece of legislation which has not been attempted in any other jurisdiction. It will be the largest ever Bill to be brought before the NI Assembly. Given the innovative approach of the single Bill approach, it will require detailed consideration; hence it will be the next Assembly (beyond 2011) before it can be enacted.

6.4 Interim Arrangements

In two areas the Department plans however to put in place interim arrangements to guard against challenge under the European Convention on Human Rights (ECHR).

(a) Nearest Relative Provisions in the Mental Health (NI) Order 1986

Currently under the 1986 Order patients do not have the right to apply to court to have their nearest relative replaced. Cases brought by patients at the European Court have established that this contravenes Articles 5 and 8 of the ECHR and this has been rectified in other UK legislation. The Department has decided this issue is sufficiently important that it cannot await the enactment of a new single Bill. Consequently the Department proposes to take forward within this Assembly a small amendment to the 1986 Order.

(b) Safeguards in respect of those Deprived of their Liberty for their Protection

Case law at the ECHR has again highlighted that those deprived of their liberty under the common law doctrine of Necessity for their care and protection contravenes Article 5 of the Convention in that they have no recourse to challenge the deprivation of liberty in a court. Statutory safeguards will be included in the proposed single Bill and in the interim the Department will provide guidelines for HSC Trusts on the need for managers of care homes and hospitals to be aware of the judgement and to comply with it within current practice.

6.5 Advocacy

People with a mental health need or a learning disability may require support in making their own wishes heard and advocacy services can help. Advocacy services in mental health and learning disability services have been developed

locally using a variety of models, including peer advocacy, and these are being supported and enhanced with additional funding. The issue of a statutory right to advocacy for mental health and learning disability service users will be considered as part of the mental health and mental capacity legislative changes being proposed.

6.6 Wider Legislative Protections

Wider legislation and policies to protect people's human rights, promote equality of opportunity and promote social inclusion will also be used to support people with a mental health need or a learning disability in living as full a life as possible. A strategy to promote the social inclusion of people with a disability is being developed by the Office of the First and Deputy First Minister. The needs of people with a mental health problem or a learning disability will be included in this strategy. Should the need for further work emerge on mental health and learning disability, during the course of development of this strategy, due consideration will be given by the inter-Departmental Ministerial Group on Mental Health and Learning Disability on how this should be taken forward.

CHAPTER 7 – DELIVERING THE VISION IN THE HEALTH AND SOCIAL CARE SECTOR

7.1 Delivering HSC services to support people to live full lives

Cross-Departmental action is essential to the success of the Bamford Vision, but statutory, community and voluntary sector providers across primary, community and secondary health and social care services have a pivotal role in delivering services to meet individual needs. Within the health and social care sector, service provision to support people in living a full life in the community requires:

- integrated care planning with the involvement of individuals, their families and carers;
- early intervention and support;
- effective interagency working and partnership with community, voluntary and private sectors, appropriate to the needs of individuals;
- integration of people with a mental health need or a learning disability and their families into the community;
- the promotion of healthy lifestyle choices and effective chronic disease management;
- the recognition of the needs of families and carers throughout the lifecycle of the individual and the importance of effective transition and succession planning, information and advice;
- the promotion of independence, personal fulfilment and, where possible, recovery;
- development of services, including specialist services, which will be underpinned by standards outlined in mental health and learning disability service frameworks; and
- a focus on performance improvement, not just in waiting times and hospital discharge targets, but also to ensure that the patient/client experience and the quality of care delivered to individuals, families and carers is of the highest possible standard.

7.2 Partnership with Users and Carers in Planning and Delivering Care

Each person with a mental health need or a learning disability is different and has needs which are unique to that person and which will change over time. Services must be designed and delivered in a flexible way to allow people who need them to make informed choices about the care and support they wish to receive. There must be a partnership approach, where people with a mental health need or a learning disability are not passive recipients of services but active participants, along with their family and carers. A "whole life" approach must be part of the care planning process, where individuals, carers and families are actively involved in the development and proactive review of such plans.

In planning at a population level, the Health and Social Care Board and its Local Commissioning Groups should ensure that service users and their families and carers are involved in a meaningful way in decisions about the mental health and learning disability services to be commissioned and in their subsequent monitoring and evaluation. This is in line with guidance on strengthening personal and public involvement (PPI) in all health and social care services.

7.3 Self-directed support

There are other ways of helping service users and carers to design the services that they want for themselves. Self-directed support is about personalisation, choice and control and reflects how the system for providing social care for adults is being transformed. It should become part of the mainstream of social care delivery, empowering people to maximise independent living and to be active citizens in their communities.

Self-directed support builds on the platform provided by Direct Payments legislation and can be used instead of, or in addition to, services that are provided through the statutory sector. A person can buy self-directed support from a service provider, or by employing their own personal assistance. This support may be in the person's home, or to provide support to take part in a range of activities beyond the home setting, for instance attending college or enjoying leisure pursuits, or to facilitate a short break. Self-directed support is an

opportunity to meet the assessed needs of the whole person in a creative and flexible way.

7.4 The valuable contribution of carers

The valuable contribution of informal carers requires recognition and support. Caring is often rewarding but can also be very demanding, and carers have their own needs, including mental health needs. Carers are entitled to have their own needs assessed, to have access to information, advice, training and emotional & practical support. This support is underpinned by the *Caring for Carers Strategy* (DHSSPS 2006).

In May 2008, Michael McGimpsey, Minister for Health Social Services and Public Safety and Margaret Ritchie, Minister for Social Development announced a joint review of Support Services for Carers. The purpose of the review is to examine the support for carers in a holistic way following on from the Review of the National Carers' Strategy. The Review is due to be completed in 2009.

7.5 New Health and Social Care Structures – a real opportunity for change

The health and social care sector is a complex structure and has recently undergone considerable re-organisation as a result of the Review of Public Administration. The Health and Social Care Reform Act established a number of new health and social care organisations including the Health and Social Care (HSC) Board, the Public Health Agency (PHA) and the Patient and Client Council. The Act also introduced a requirement on the HSC Board and PHA to develop a joint commissioning plan describing how the allocated health and social care budget would be invested to meet Ministerial priorities and improve health and social wellbeing and outcomes. The new structures therefore provide an opportunity to integrate fully, the twin aims of promoting mental wellbeing and ensuring high quality responsive services.

The HSC Mental Health and Learning Disability Taskforce mentioned in Chapter 4 will be jointly led by the PHA and HSC Board and will be supported by staff at local and regional level in the PHA, HSC Board and partner organisations.

Details of the working arrangements and programme structure will be developed by the Taskforce and will integrate the functions of each organisation – health and social wellbeing improvement, commissioning, performance, finance, safety and quality, patient and client experience, research and evaluation, and advice from health and social care professionals.

Recommendations agreed by the PHA and HSCB for reform and development of mental health and learning disability services will be reflected in the plans of Local Commissioning Groups and in the overall joint commissioning plan.

There will be nominated leads at senior level for mental health and learning disability for both adults and children in DHSSPS, the PHA, the HSC Board, and each Health and Social Care Trust.

7.6 Expanding the skilled workforce

A skilled and adequate workforce is essential to delivery of a modern and responsive mental health and learning disability service. The scale of service developments envisaged by the Bamford review will require increases in staffing numbers, particularly to develop more specialist services, along with a move of some existing hospital-based staff to community-based services.

There are current workforce shortages in mental health and learning disability services, traditionally seen as challenging work areas, which must be addressed. Many experienced staff are now approaching retirement age and for a variety of reasons, there has not been an adequate supply of new staff with the right skills for the future. New opportunities are afforded by new service models and increased emphasis on multi-disciplinary team working and in involving service users themselves in providing support for other service users. DHSSPS has commissioned a workforce planning study to support implementation of the Bamford Review recommendations, due to complete shortly. This will inform wider action to address workforce issues to complement reform and modernisation of the services.

7.7 The importance of linkage to the Independent Sector

The voluntary, community and private sectors make a valuable contribution to the range of mental health and learning disability services provided and some specialist mental health and learning disability services are also purchased from the private sector. The Health and Social Care Board will ensure that health and social care is commissioned from providers who can offer both quality and value for money, irrespective of sector.

7.8 Improving Quality of Services

New Service Frameworks for mental health and learning disability are currently being prepared as part of the development of a wider programme of Service Frameworks. These aim to set specific standards of care and improve health and social care outcomes through effective commissioning and delivery of care. These standards will underpin service delivery and will represent the quality benchmark that will be used to inspect services into the future. In doing so, this should lead to more uniform, regionally agreed models of care. The focus of these service frameworks is to promote health and wellbeing and drive performance improvement. The Mental Health Service Framework will be consulted upon shortly with the Learning Disability Framework following later.

Increased service user and carer involvement in design, delivery and monitoring of services will also help to drive up quality and ensure that they are responsive to people's needs. It is also planned that by April 2010 there will be a lead officer in each Trust with responsibility for service improvement in mental health and learning disability.

7.9 Physical Infrastructure – capital investment

The shifts envisaged in service provision, from hospital to the community, will have major implications for the current stock of buildings used to deliver services, many of which are in poor physical condition and are not designed for a modern service. Upgrading of facilities is being taken forward as part of the ongoing

programme of capital improvement and modernisation for the health and social care infrastructure across Northern Ireland.

In the next 2 years (up to 2011) there will be investment in Muckamore Abbey Hospital, the Regional Adolescent and Family Unit at Forster Green Hospital, Iveagh and Lisburn Assessment and Resource Centre. Over the following 7 years of the current Investment Strategy for Northern Ireland (up to 2018), there are plans for investment of £96m in facilities such as new mental health inpatient units in Belfast and Omagh and Oakridge SEC.

7.10 Information and Monitoring

DHSSPS, working closely with the Board and Trusts, will continue to examine how existing information systems need to be enhanced or replaced to support planning and monitoring. Work is in hand with the Board's Performance Management and Service Improvement Directorate to improve access to anonymised information about those using inpatient facilities to support planning and monitoring functions. Further work will be carried out in 2009/10 to improve information regarding those using community services and also about the range of mental health services available across NI. An exercise is also underway to improve the information available at regional level on respite care, again to support planning and better targeting of these services.

7.11 Performance Improvement

The Health and Social Care Board will have a key responsibility for performance management for mental health and learning disability services, as for all health and social care services. DHSSPS in collaboration with the Task Force will set performance indicators and targets which will be used to monitor the performance of the HSC to identify areas where services need to improve and to support the implementation of necessary changes. For mental health and learning disability services, there are a number of current priorities; improving access to services by reducing waiting times, ensuring timely discharge from hospital for those who have needed an admission for assessment or treatment, resettling people from hospital to the community with the necessary shift in

resources to enable them recover as much of their lives as possible, supporting services that use evidence based and modern approaches to delivering care and ensuring that the full capacity of our services is used to maximum effect. It is recognised that as implementation of the Action Plan progresses, performance targets will change and will need to take account of the Task Force's implementation plan and any new evidence base.

People who use the services and their families and carers will provide another important dimension to the drive to improve services, through the Bamford Monitoring Group, described in Chapter 4.

7.12 Regulation, inspection and review of services

Monitoring, inspecting and encouraging improvements in the availability and quality of health and social care services in Northern Ireland are the responsibility of the Regulation and Quality Improvement Authority (RQIA). As part of the changes arising from the Review of Public Administration, the functions of the Mental Health Commission as prescribed in the *Mental Health (Northern Ireland) Order 1986* transferred to RQIA with effect from 1 April 2009.

RQIA has worked in partnership with the Mental Health Commission to ensure a seamless transition. RQIA has established a dedicated team responsible for inspecting and reviewing mental health and learning disability services across Northern Ireland.

RQIA will also work in partnership with Criminal Justice Inspectorate Northern Ireland and Her Majesty's Inspectorate of Prisons to monitor health and social care services for people detained in prison.

7.13 The importance of research and development

The Bamford review highlighted the need for research relating to some specific aspects of mental health and learning disability services. A prioritised plan for health and social care research relating to mental health and learning disability

will be drawn up and taken forward within the overall programme of HSC research.

7.14 Conclusion

This chapter highlighted the importance of delivering the Bamford Vision in health and social care services. It summarised what needs to happen to facilitate people to lead fuller lives. In addition to mental health and learning disability services and infrastructure, there are a number of interconnected conditions which have the potential to impact on mental health and on learning disability; some of these are highlighted in the next chapter.

CHAPTER 8 – INTER CONNECTED ISSUES

8.1 Introduction

There are a number of interconnected issues which have the potential to impact on mental health or a learning disability. In such circumstances it is recognised that co-morbidities can often occur. Of particular note are:

- Autism Spectrum Disorder (ASD);
- Acquired brain injury;
- Physical and Sensory Disabilities; and
- Domestic or sexual violence.

These issues require significant cross-sectoral working, not just within the HSC but across education, housing, employment, transport and criminal justice.

8.2 Autism Spectrum Disorder (ASD)

It has been estimated that over 16,000 people in Northern Ireland are affected by autism. Approximately 200 people are diagnosed with autism each year and the number diagnosed is increasing. The Bamford review recognised that the needs of children and adults with Autism Spectrum Disorder (ASD) and their carers were wide ranging and complex.

In response to the emerging ideas from the Bamford Review and in acknowledgement of the increase in the numbers of young people in schools affected by Autism, the Department of Education supported the education and library boards to establish an Inter-board ASD group in 2003 to provide a support programme to children on the autistic spectrum within each education and library board (ELB) area.

The Minister for Health, Social Services and Public Safety convened an Independent Review Group in September 2007 to identify the gaps in current service provision to children and adults and to make recommendations on how to address these. The Terms of Reference for the Independent Review of Autism

Services in Northern Ireland included consideration of the needs of adults, and those making the transition from child to adult services.

Following on from this, the Autism Spectrum Disorder Strategic Action Plan was published in August 2008 for public consultation, and concluded on 12 December 2008. There was overwhelming support for the themes within the plan in the responses received and the final *ASD Strategic Action Plan 2008/09 - 2010/11* was subsequently published on the Departmental Website together with a summary of responses. A key focus within the plan is on improving access to diagnostic, treatment and care services for children, adolescents and adults so that they and their families receive support as quickly as possible and that, when a diagnosis can be made, person-centred care plans are developed and implemented as quickly as possible. In addition the ASD Action Plan recognises the importance of transitional support and improvements in adult ASD services.

Within the education service, the Inter-board ASD group has developed an ELB strategic action plan which is taken forward through ASD advisory teams established within each Board. The Education and Training Inspectorate (ETI) has recently evaluated the work of the 'Inter-Board Autistic Spectrum Disorder Advisory Service' and found evidence of some excellent work.

To progress the Bamford Vision further, the Department of Education proposes to develop a strategic policy for the education service. This would present an opportunity to draw attention to the many examples of good, innovative practice, particularly in relation to multi-disciplinary working, that have been developed in recent years. The ETI evaluation identified some evidence of useful collaborative action between health and education that needs to be directed at a strategic level. An autism policy would give strategic direction to the replication of local good practice on a regional basis, leading to more efficient utilisation of resources and more seamless and effective provision for families and children with ASD. The development of a strategic policy for education at this time would present an opportunity for plans across the education and health sectors to dovetail. A DE-hosted ASD conference is planned for November 2009, which is likely to have a practical focus, showcasing good practice in providing support to parents and professionals in the field of communication.

In 2007 a company was established, with funding from the Department of Education (DE) and the Department of Education and Science (DES) to oversee development of the Middletown Centre for Autism. The four key services to be provided by the centre are a learning support service, an educational assessment service, a training and advisory service, and an autism research and information service. The centre is to be multi-disciplinary in nature and will operate in support of local services, but will not offer a primary referral service. It will be dedicated to improving and enriching the educational opportunities of all children and young people with autism.

The services proposed for the Centre are being phased in order to coincide with the completion of the building refurbishment programme. The Centre has begun by offering the training and advisory service and the autism research and information service in the first instance whilst the delivery of the educational assessment service will be modelled during 2009. The learning support service will be the fourth service to be offered, as it requires completion of the new building. This is expected to be in late 2010.

The Bamford Action Plan must be considered together with the DHSSPS ASD Strategic Action Plan and the Department of Education's Strategic Policy, as service improvements and developments detailed in this Plan will also apply to individuals with ASD where their needs require it.

8.3 Acquired Brain Injury

There is growing recognition of the mental health needs of adults with neurological conditions, including acquired brain injury. Such conditions can lead to a range of impairments in physical and cognitive functioning, which in turn can result in reduced independence. People with acquired brain injury are at greater risk of mental ill-health, and this can often go undiagnosed, impacting negatively on morbidity and mortality.

Close collaborative working between mental health and physical disability services is essential in ensuring those affected by this condition have the services they require.

8.4 Physical and Sensory Disabilities

Disabled people encounter the same range of mental health needs as the general population, but coping with a disability – including discomfort or pain, the likelihood of increased social isolation, particularly whether there are communication difficulties through deafness, for example - can pose additional threats to emotional wellbeing.

It has become apparent that while Physical and Sensory Disability encompasses a wide and diverse range of disabilities, a general but over-arching strategy is required to cover all areas. For this reason, the Minister for Health Social Services and Public Safety has committed to producing a Physical and Sensory Disability Strategy, which will be issued for public consultation in early 2010.

In recognition that the expediency with which learning materials can be accessed by children and young people with a visual impairment is an area where further enhancements to service delivery could be made, the ELB Regional Strategy Group for Special Educational Needs (RSG) established a working group which is dedicated to the specialist area of visual impairment. The aim of the group is to promote a consistent approach across the five ELBs in relation to service delivery. The working group has consulted with the voluntary sector, statutory sector, parents and children.

The Group has recently reported its findings to RSG and the key recommendation of the report was that the consultation process produced a consensus view that, in the context of an overall strategy of achieving full educational inclusion and of improving levels of educational attainment amongst children and young people with a visual impairment, a resource base for the north of Ireland should be established. Under the direction of the RSG the Working Group is currently considering the strategic proposals and options.

8.5 Domestic and Sexual Violence

Research has shown that those people (mostly women) who suffer from domestic violence and abuse are more likely to suffer from depression, misuse alcohol and suffer from conditions related to post-traumatic stress, such as anxiety disorders and sleeping disorders.

Mental health impacts of sexual violence can include symptoms of post-traumatic stress disorder (PSTD), depression, anxiety and panic attacks, social phobia, alcohol and drug misuse, eating disorders and suicidal tendencies. Adult survivors of childhood sexual abuse may suffer the same impairments to their lives, with research indicating that 50% of female psychiatric inpatients in Northern Ireland report a history of childhood sexual abuse.

DHSSPS, in partnership with a range of other Departments, agencies and the community and voluntary sectors, is implementing the *Tackling Domestic Violence at Home* strategy through a series of annual action plans. A Government-wide strategy on Tackling Sexual Violence and Abuse is also being taken forward through annual action plans.

The Department of Education recognises that domestic violence is one of the key stressors on children and a barrier to achieving their educational outcomes. The Department is currently exploring a number of options for the Women's Aid Foundation to raise awareness within the education sector of the issues of domestic and sexual violence.

8.6 Conclusion

The importance of an integrated and multi-agency approach to treatment, care and support across a range of conditions has been highlighted in this chapter. The next chapter (chapter 9) illustrates the policy progress that has been made to date to implement the Bamford Vision.

CHAPTER 9 – PROGRESS TO DATE ON SERVICE IMPROVEMENT

9.1 Introduction

Over the course of the Bamford review, Government Departments have been aware of emerging themes around person-centred services and improved collaborative working and have already been working to address some of these issues. While much still remains to be done, government departments and agencies have been successful in taking forward a number of the recommendations contained in the Bamford Review, and are making continued progress on others, as was reflected in *Delivering the Bamford Vision*. Work has continued to progress since the publication of that document in 2008 and includes improvements in both mental health and learning disability services.

9.2 Mental Health Service Improvement

The following is a summary of a specific service improvement in mental health. In addition, other service improvement areas impact on both mental health and learning disability services. These include, for example, developments in children's services, nursing care particularly for those with complex needs, early intervention through changes outlined in the Review of Health Visiting and School Nursing, and additional services to support individuals and families who suffer from domestic or sexual violence.

Changes which have a direct impact on services for those with a mental health need include:

- A Directed Enhanced Service (DES) introduced in 2008/09 to encourage the provision within primary care of non-drug therapies in the treatment of mild to moderate depression, in line with NICE guidelines.
- Community mental health services have undergone a process of reorganisation across Northern Ireland.
- Access to services is improving rapidly through these new organisational arrangements and through better performance management arrangements.

- Home treatment as an alternative to in-patient treatment will soon be available in every part of Northern Ireland.
- A regional bed management protocol agreed across all Trusts to ensure that acute psychiatric beds are available for those who needed them.
- Arrangements have been put in place to ensure Computerised Cognitive Behavioural Therapy is available to all GP practices from April 2009.
- Work is well advanced to develop the service framework, which will support mental health service improvement.
- A review of priorities for capital developments was completed in September 2008.
- Over 80 long stay patients have been discharged from mental health hospitals since April 2008.
- A strategy to improve access to psychological therapies was issued for consultation in December 2008 and service improvement work is now under way.
- A strategy for personality disorder services was issued for consultation in December 2008.
- Guidance on the choice of the Selective Serotonin Re-uptake Inhibitors (SSRIs) antidepressants for the management of depression and anxiety in adults in both primary and secondary care settings was issued in October 2008.
- A multi-agency training needs analysis for practitioners and other relevant staff working in forensic services has been completed in 2008.
- Responsibility for healthcare in prisons, where there is a high prevalence of mental health needs, has transferred to the health and social care sector.
- DE, the SEELB and the Education and Training Inspectorate has produced a flexible educational model, to replace the provision in the former Lindsay School, for CAMHS patients with significant medical, social, emotional and behavioural needs. This model, which commenced in the 2007/08 school year, will be easily transferred to the new purpose built Regional Child and Adolescent Psychiatric Centre, which will include a Learning Resource Centre, when it opens in 2010. The aim is to ensure that the children and young people under the care of Child and

Adolescent Mental Health Service (CAMHS) receive the most appropriate support from both health and education services.

9.3 Learning Disability Service Improvement

A number of specific service improvements have taken place. These include:

- The learning disability resettlement target of 40 long-stay patients to be resettled by March 2008 was successfully achieved and the 08/09 target has also been achieved.
- The target to resettle all children has been achieved.
- 150 purposeful placements for young people on transition from special schools into the community have been created and funding is in place to maintain these placements.
- DHSSPS is working with the Equality Commission Northern Ireland to ensure all those with a learning disability have equal access to services and the appropriate information.
- Direct Payments have been promoted and developed, and use is increasing.
- Work is currently underway to improve services for people with Autistic Spectrum Disorder, including the establishment of a Regional ASD Network, through the development of terms of reference and appointment of relevant staff.
- A review of priorities for capital developments was completed in September 2008
- Work is well advanced to develop the service framework, which will support learning disability service improvement.
- There is an embryonic community forensic service in two of the Health and Social Services Board areas, however these community services need further strengthening. A learning disability forensic service also needs to be developed to cover all Health and Social Service Board areas. The Regional Group on Forensic Mental Health is currently assessing these needs and will recommend improvements to the new Health and Social Care Board.
- Education transition co-ordinators have been appointed to strengthen the transition planning of pupils from school to post school placements.

- Following the implementation of SENDO, the ELBs have established a Dispute Avoidance and Resolution Service and an Advice and information Service.

9.4 Other related service improvements

- A DHSSPS Autism Spectrum Disorder Action Plan (2008/9 – 2010/11) was published in June 2009.
- An Acquired Brain Injury Services Action Plan was issued for consultation in March 2009.
- A Physical & Sensory Disability Strategy will be issued for consultation in early 2010.
- A Speech and Language Therapy Action Plan is in development and will be published shortly.
- A cross Governmental Strategy of Sexual Violence and Abuse was published in June 2008. Annual Action Plans to implement the Strategy are being put in place.
- A cross Departmental Domestic Violence Strategy was published in 2005. Annual Action Plans are being put in place to implement change.
- The damaging consequences of underachievement for the child, their family, their community and for society as a whole are well documented. In these challenging economic times, raising educational standards and eliminating underachievement is now more important than ever. Through a number of reforms and programmes the Department of Education (DE) has prioritised tackling underachievement and inequality and promotes the raising of standards in all schools. DE wants to ensure that every child can succeed regardless of background, gender, sexual orientation, religion, race, whether or not they have a disability, come from the Travelling Community, or are newcomer pupils and will provide support for those who need it.
- The DE Review of SEN and Inclusion has highlighted the vital importance of an effective working partnership with the health sector. To this end, DE is working closely with health colleagues to strengthen

and develop links, from a strategic level through to delivery, to gain a shared commitment and ensure that planning, assessment and delivery of special education provision, interventions and therapies are timely and realistic. Due to the cross cutting nature of the draft policy proposals, the SEN and Inclusion Review's Policy Proposals are to be considered by the Executive, seeking agreement to issue for public consultation. It is hoped that this will happen before the end of the current academic year (2009/10).

9.5 Conclusion

Whilst much progress has been made over the last few years to enhance Health and Social Care services, more work still needs to be done. The following action plan sets out actions which need to be completed by respective Departments and organisations within the 2009-11 timeframe. Chapter 10 outlines how delivery, monitoring and review of the Action Plan will be achieved.

SECTION 2

THE MENTAL HEALTH ACTION PLAN (2009-11)

HOW TO READ THE ACTION PLAN

Four broad work areas emerged from the Bamford review:

- promoting and preserving mental wellbeing and building emotional resilience within the population as a whole;
- having legislation which promotes self-determination but supports those unable to make decisions for themselves;
- improving services for people of all ages with a learning disability and their families and ensuring better joining-up across agencies; and
- improving services for people of all ages with mental health needs and their families and ensuring better joining-up across agencies.

In this section of the Action Plan there is an introductory section on mental health services. This is to set the scene for the detailed Action Plan on mental health.

Because public service resources are agreed for three-year time cycles, this Action Plan concentrates on actions which can be achieved within the resources available up to March 2011, but also signals actions which will in the longer term contribute to the Bamford vision. It is anticipated that further additional resources will be needed in future spending cycles and the Action Plan will be reviewed in 2011 to reflect progress and the funding position. All actions are grouped under five themes:

Promoting positive health, wellbeing and early intervention;
Supporting people to lead independent lives;
Supporting carers and families;
Providing better services to meet the needs of individuals;
Developing structures and a legislative framework.

Each action has a timetable for completion, who is responsible for it, the outcome required and the benefits for individuals and for society.

MENTAL HEALTH SERVICES

Introduction

The focus of mental health services in the future will be on the provision of a comprehensive range of safe and effective services that support people with a mental health need to achieve and maintain their maximum level of functioning. This will be achieved through a focus on the recovery model, by providing an early and appropriate service response, as far as possible within the primary and community care sector.

People's mental health needs may change with age. There are separate mental health services for children and young people up to their 18th birthday and some services for older people with mental health needs or dementia are provided alongside other services for older people rather than with mental health services for adults.

The following sections provide some background to mental health service development including:

- adult mental health services;
- children and young people's mental health services;
- services for older people with mental health needs and dementia; and
- forensic mental health services.

In addition, this section recognises that other conditions and circumstances impact on mental health, including alcohol and substance misuse.

The Recovery Model

A central thrust of the Bamford Review was the promotion of a system of care based on the recovery model, particularly for those people with more complex needs. The recovery model is an approach to mental ill-health or substance dependence that emphasises and supports each individual's potential for recovery. Recovery is seen as a personal journey, that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning (often gained through occupation or employment). The use of the concept in mental health emerged as deinstitutionalization resulted in more individuals living in the

community. It has gained impetus due to a perceived failure by services or wider society to adequately support social inclusion, and by studies demonstrating that more people can recover than had previously been thought possible. Recovery-based services will support people with a mental health need to plan and build a satisfying life, engaging in work or other meaningful activities and contributing to and participating in society. Partnership between the service user and those providing services is fundamental to a recovery-based approach. Tools such as the Scottish Recovery Indicator have been developed to support use of the recovery model.

Involving Service Users

Involving those who have been mental health services users as "experts by experience" in providing support and advice to other service users gives strong backing to the recovery model and will be encouraged and supported. The contribution that can be made by former service users and their training needs will be taken into account as new mental health service models are developed.

Stepped Care

The Stepped Care model of service provision will provide the framework for future commissioning and delivery of mental health service provision in Northern Ireland. The Stepped Care model is advocated by NICE for common mental health conditions, with the number and precise nature of steps varying to address particular needs. As a general rule, however, the steps progress from awareness, recognition and assessment/ diagnosis, provided within primary care, at Step 1 through to the highest steps of inpatient or intensive treatment programmes, depending on level of need. By way of illustration, the stepped care model for depression, as advocated by NICE, is shown at Figure 3. This however is based solely on a healthcare model and does not take account of Northern Ireland's integrated health and social care service.

The aim of the Stepped Care model is to provide services which are more timely and responsive and less stigmatising and enable a greater proportion of care to be delivered at an early stage within the usual primary care setting. The model aims to provide a graduated range of care options, including self help and the provision of support and treatment within the primary care setting (or non statutory / voluntary sector) before a referral to more specialist services would be considered.

Fig 3. STEPPED CARE MODEL FOR DEPRESSION (NICE)

		Who is responsible for care?	What is the focus?	What do they do?
Step 5	Inpatient treatment for depression	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4	Treatment of depression by mental health specialists	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3	Treatment of moderate to severe depression in primary care	Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2	Treatment of mild depression in primary care	Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1	Recognition in primary care and general hospital settings	GP, practice nurse	Recognition	Assessment

Source: From NICE guidance on depression

Innovating for Excellence

Ten High Impact Changes shown to make a difference to mental health services are:

- providing home based care and support as the norm for the delivery of mental health services;
- improving access to screening and assessment;
- managing variation in service user discharge processes;
- managing variation in access to all mental health services;
- avoiding unnecessary contact and provide necessary contact in the right care setting
- increasing the reliability of interventions by designing care based on what is known to work and that service users inform and influence
- applying a systematic approach to enable the recovery of people with long term conditions
- improving service user flow by removing queues
- optimising service users and carers flow through the service using an integrated care pathway approach
- redesigning and extending roles in line with efficient service user and carer pathways to attract and retain a effective workforce.

These will be progressed within mental health services in Northern Ireland through an Innovating for Excellence programme, led by the Health and Social Care Board working with the Trusts. The Service Improvement lead to be appointed in each Trust will play a key role in this work.

Primary Care Services

The vast majority of people with mental health needs are cared for entirely within the primary care setting. DHSSPS will seek to enhance such provision, as primary care services are universal, accessible and less stigmatizing. Because of their generalist nature, both mental and physical health needs can be dealt with as part of a holistic approach; many people presenting to primary care with physical health problems have a mental health component to their problem and people with mental health needs may also require support in maintaining their physical health.

Primary care professionals must have available to them a range of options for dealing with the mental health needs of people presenting to them, in line with the stepped care model outlined earlier. These options would include self-help,

signposting to relevant groups and organisations which can provide support, medication and/or psychological therapies or, where necessary, referral to mental health services.

The voluntary and community sector has an important role in support of primary care services; many such organisations are run by or have input from people who have been mental health services users themselves and can therefore provide informed and sensitive support and advice. This partnership with statutory services requires both sectors to work together in a more concerted way.

Primary care staff will be supported to promote better recognition of mental health needs and ensure clear working arrangements to provide access to specialist mental health advice where necessary through the stepped care model.

The Quality and Outcomes Framework (QOF), part of the UK-wide General Medical Services contract with GPs, provides financial incentives to GP practices which maintain registers of their patients with some specific mental health conditions, review these patients at regular intervals and provide ongoing management of their care. The mental health conditions covered within QOF are depression, dementia and schizophrenia, bipolar affective disorder and other psychoses. Although QOF is voluntary, the majority of practices are achieving the required targets.

The prevalence of depression in those presenting to primary care services and the increasing numbers of people, particularly young men, at serious risk of suicide have been driving factors in the recent programme to raise awareness of depression among primary care staff. A Directed Enhanced Service (DES) has also been introduced in 2008/09 to encourage the provision within primary care of non-drug therapies in the treatment of mild to moderate depression, in line with NICE guidelines.

Beating the Blues is a self help computer based CBT programme, approved by NICE for use in the treatment of mild depression. Work is well advanced to roll a CCBT programme out to all GP practices in NI, with the aim to have regional access to the programme by March 2010.

Psychological Therapies

The evidence base for use of psychological therapies has strengthened in recent years. DHSSPS is developing a strategy for improving access to psychological therapies, which should be finalised during 2009 and will help to determine priorities for the use of additional resources secured for the period 2008/09 to 2010/11 to improve access to psychological therapies.

Mental Health Teams in the Community

Multi-disciplinary Mental Health Teams in the community are key in supporting service users and families in community settings. There has been a process of ongoing development of Community Mental Health teams for some years, including the reorganisation of teams, the development of Crisis Response, Home Treatment and Assertive Outreach Services and the development of specialist services for those with specific needs, such as eating disorders. The consistency and responsiveness of the variety of service models in place will need to be reviewed so that everyone in Northern Ireland can expect common standards of care no matter where they live. At the same time, service improvement efforts will focus attention on maximising the impact of investments to date and ensuring that future investment is targeted on those services that demonstrate effectiveness.

Other Community Mental Health Services

A range of services will be provided to complement the work of the community mental health teams, including day services, vocational training, respite and other support services for carers, supported accommodation and psychological therapies. Day support and vocational services need to become more recovery focused and integrated with the local communities that they serve. Respite care will need further development so that carers are supported in their roles. A range of supported living services are already in place but more will need to be done, particularly with regard the development of so-called 'floating support schemes'. Much of this can and should be provided by the voluntary and community sector.

In-patient Facilities

There will still be a need for some people to be admitted to hospital for assessment and treatment. The continued development of community mental health services, however,

should result in a 10% reduction in admissions to mental health hospitals by 2011. Over time there will be a shift from large psychiatric institutions to smaller psychiatric units and a network of step-up and step-down facilities closer to the community, with a smaller number of beds overall.

There will be a growing focus on the quality of care that is provided within hospitals so that it modernises and improves at the same pace as other services. Inpatient services must be of a high quality, with all the necessary resources and therapeutic interventions required to ensure swift access to treatment and care and timely discharge to the least restrictive setting.

Resettlement from long-stay psychiatric hospital inpatient units will continue to be a priority. It was estimated that additional funding secured for the period 2008/09 to 2010/11 for resettlement would result in 90 long stay patients being discharged over the 3 year period. That target has been virtually achieved within the first year alone, and resettlement from long stay mental health hospitals will continue to achieve the overall target of no person remaining unnecessarily in hospital by 2013. Partnership working with the independent sector and with other public agencies is vital in providing the support required to achieve this.

People with Special Mental Health Needs

The Bamford review identified a number of groups of people with particular needs for specialist mental health services. Actions relating to improving services for people with eating disorders, people with personality disorder and women with perinatal mental health needs are included in the later section of this Action Plan. In addition work relating to people with autism and with acquired brain injury is referred to later in this document. Other specialist needs will be addressed as resources permit.

Children and Young People's Mental Health

The Bamford Review highlighted the need for joint working between health and social care, education and youth justice sectors. The Ministerial Sub-Committee on Children and Young People will bring an increased focus at Departmental level on issues relating to children and young people with a mental health need.

Support for Parents

The NI Executive will continue to promote a range of strategies and programmes aimed at supporting parents in raising their children, as far as possible in partnership with the voluntary and community sectors. The mental health needs of looked after children, for whom DHSSPS has lead policy responsibility, will also be taken into account.

Schools

Work is being done in schools through the curriculum; Personal Development and Mutual Understanding at primary level and Learning for Life and Work at post-primary level provides opportunities to promote positive mental and emotional wellbeing among young people. A Pupils' Emotional Health and Wellbeing Programme is being developed initially for the post-primary sector, addressing how a pupil's emotional health and wellbeing is promoted by the school, what support systems are available to a pupil under stress and what support is available to a school in event of a crisis. An independent counselling service has been available to post-primary pupils since September 2007. Work is underway to determine the support that should be made available to primary and special schools. DE funds a regional anti-bullying helpline operated by Childline and is working with the local Anti-bullying Forum to promote good practice in tackling bullying in schools, including guidance on cyber bullying and a website providing advice and information. A DE/ DHSSPS group at senior level will continue to work on issues of mutual interest, including the emotional wellbeing of children and young people.

Special Education

The purpose of special educational provision is to remove or diminish the barriers to achievement, which children and young people with special educational needs may face. These may include the classroom approach to learning or the physical nature of the learning environment. The Department of Education and the Education and Library Board Regional Strategy Group for Special Educational Needs continue to be proactive in moving forward with a wide range of service improvements within the existing SEN framework.

Health and Social Care Services

Child and Adolescent Mental Health Services are provided for children and young people up to their 18th birthday and are being developed in line with the 4-Tier model

advocated in the Bamford Review. The Performance Management and Service Improvement Directorate, as part of the new Health and Social Care Board, is leading a process of reform and modernisation aimed at ensuring that CAMH services respond in a more accessible way and maximise the significant investment that has occurred and is planned in coming years.

A comprehensive pattern of child and adolescent mental health services requires the development of primary care services and the build up of community mental health services in parallel with enhanced specialist services, including inpatient care. By 2010, 33 mental health inpatient beds will be provided for children and young people up to the age of 18 in Northern Ireland.

Older People's Mental Health and Dementia

Dementia is a major health concern for older people in society, but older people may also have a range of other mental health needs. Detection of mental health needs in older people tends to be poorer than for the rest of the population. The demographic changes anticipated in Northern Ireland could see the number of dementia sufferers rise by 30% by 2017 and are also likely to result in an increase in the number of older people with functional mental illness

Mental Health Promotion and Early Detection

The mental health needs of older people will be taken into account in the development of the proposed updated *Promoting Mental Health* strategy and action plan. Work to improve recognition of mental health needs by primary care staff will benefit older people as well as the rest of the population. Staff providing the wide range of health and social care available for older people need to be aware of and alert to dementia and mental health issues.

Assessment

Work has been completed to develop a Northern Ireland Single Assessment Tool (NISAT), which aims to capture a complete picture of the older person and his/her care needs, and will trigger more specialist assessment, including mental health assessment, where appropriate. An implementation plan is in place to roll out use of the tool by June 2010.

Mental Health and Dementia Services in the Community

Work to enhance mental health teams in the community and to agree common care pathways will include consideration of the needs of older people with mental health needs. The strategy for improving access to psychological therapies will include provision for older people, and DHSSPS, with service commissioners and providers, will examine ways to improve older people's access to other therapies which are proven to be beneficial.

Commissioners of services will take into account the needs of older people with dementia or mental health needs for the full range of community based services. The development of intermediate care and new approaches to delivering in-patient assessment functions will help to deliver the Bamford vision for older people with mental health needs or dementia. DHSSPS and health and social care bodies will work with DSD and housing bodies to encourage the development of a range of models which will meet the needs of older people with dementia or mental health needs and their families and carers and will exploit as fully as possible the benefits of assistive technology.

Decisions on the need for care home provision will be on the basis of an individual, multi-disciplinary, assessment of need, covering the physical, mental and social functioning of the person, taking account of the needs of their family and any other carers and, as far as possible, will be carried out in the person's own home environment.

Hospital Care

The requirement for inpatient provision for older people with mental health needs or dementia has been taken into account in the review of mental health inpatient provision. It is likely that further changes will occur as Trusts develop more modern approaches to in-patient care based on commissioner assessments of need and develop services specifically tailored to the needs of older people.

Dementia Services

DHSSPS has commenced work to develop a strategy for dementia services, covering all aspects from assessment and diagnosis through to highly specialised forms of care. This will be taken forward in partnership with all relevant agencies and interest groups.

Alcohol and Substance Misuse

The relationship between alcohol and drug misuse and mental health is complex, and can be problematic, particularly co-morbidity, or dual diagnosis – the occurrence of substance misuse with mental health needs – which is a major challenge facing mental health services. Through the New Strategic Direction for Alcohol and Drugs (NSD) action is being taken forward to prevent and reduce the harm related to substance misuse in Northern Ireland. Within the NSD there is a specific focus on young people's drinking, binge and problem drinking, and the misuse of legal and illegal drugs, including the issue of harm reduction in injecting drug misuse. There is also a specific acknowledgement of the impact that parental problem substance use can have on the mental and emotional well being of children and young people. This is being taken forward through the Hidden Harm Action Plan which encourages communication and cooperation between adult addiction services and children services.

Through the NSD, the DHSSPS will continue promote a unified approach across Northern Ireland on assessments and outcome measures. The 4-Tier model of service delivery described in the National Treatment Agency for Substance Misuse *Model of Care* document will be adopted and will incorporate rehabilitation services. There will also be a renewed focus on developing a regional commissioning framework for addiction services across Northern Ireland. Joint working between addiction services and mental health services will be supported.

Forensic Mental Health Services

The NI Executive is committed to improving safe, secure and supportive service provision for people who have a mental disorder and come into contact with the Criminal Justice System (CJS).

A Northern Ireland Forensic Network involving users of services and carers and the relevant agencies at senior level will be established to support development of forensic services in a strategic and co-ordinated manner.

To assist collaborative working and facilitate meaningful communication, a training needs analysis has been completed on a multi-agency basis for practitioners and other relevant staff working in forensic services and collaborative training initiated.

New purpose-built, in-patient facilities have been provided for people with a mental illness and for people with learning disability and community forensic teams have been established. By March 2010 a plan will be developed to review current provision of low secure and community forensic placements and assess the need for further investment.

People with a personality disorder are significantly over-represented in the CJS. In December 2008 a strategy for services for people with a personality disorder was issued for stakeholder consultation. Investment in this area has already been identified in each of the next two years,

Work will be undertaken to agree appropriate standards and protocols for dealing with people detained in police stations. The involvement of the Health and Social Care Trusts in leading prison healthcare should ensure the development of the service in keeping with that in the community and facilitate seamless transfer of care across the interface between prison and the community.

The following section of the Mental Health Action Plan outlines specific actions under 5 themes:

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

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Publish a revised cross-sectoral Promoting Mental Health and Wellbeing Strategy	All Departments, led by DHSSPS Investing for Health Group	A renewed emphasis on building the emotional resilience of our population and on mental health and wellbeing promotion across all sectors, taking account of lessons learned from previous work	By December 2009	Better mental wellbeing in the population
Implementation of the Protect Life action plan	Relevant Departments, led by DHSSPS Investing for Health Group Public Health Agency (PHA/Board to lead on HSC actions	Reduce overall suicide rate by 15% by 2011 (baseline: 2004-06)	Ongoing	Decrease risk of people taking their own lives
Implementation of Health Committee recommendations on the prevention of suicide and self harm	DHSSPS Investing for Health Group, DE, DCAL Public Health Agency (PHA/Board to lead on HSC actions	Reduce overall suicide rate by 15% by 2011 (baseline: 2004-06) Reduce levels of deliberate self harming	May 2009 to March 2010	Decrease risk of people taking their own lives
Develop, consult and implement a 10 year Early Years Strategy	DE led Ministerial sub-committee for Early Years.	Consultation on Strategy Implementation Plan	Autumn 2009 Spring 2010	Prevention and lessening of emotional and behavioural problems in young children by ensuring access to - physical nurturing - nourishing food - exercise and play (particularly outdoor play - adequate sleep - emotional and social support

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Introduce a revised curriculum which provides opportunities through Personal Development and other areas for young people to develop the skills they need to cope with challenging personal situations such as violence against women and children; self-harm etc.	DE – Curriculum & Assessment Team	All schools to have implemented the revised curriculum	By September 2009	Pupils benefit from the opportunity to develop the skills they need to cope with a range of challenging personal situations; teachers receive guidance and support, including training, to implement the revised curriculum.
Produce guidance and support material for post primary schools on proactively promoting positive emotional health and well being among staff and pupils Produce guidance for schools on the management of critical incidents and ensure consistent support to schools across all board areas	DE – Pupil Support Unit	All schools understand their role in promoting positive outcomes for pupils There is consistent minimum provision across all post primary schools within the curriculum and pastoral care supports	Commencing Autumn 2009 Ongoing	All pupils and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Sustain the Independent counselling support service for pupils in post primary schools	DE – Pupil Support Unit	Continued access for all schools that wish it to a minimum of half day counselling support per week	Ongoing	Support, independent of the school, accessible for pupils experiencing stress
Develop proposals for developing resilience among primary aged pupils and those in special schools for consultation; to implement agreed new services	DE – Pupil Support Unit	Age and ability specific programmes which promote positive outcomes operating in primary and special schools	Commencing Autumn 2009.	All primary age pupils, those in special schools and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies
Support schools in their work to create an anti-bullying culture with guidance and materials which tackle all forms of bullying, including homophobic bullying, are up to date and reflect the dynamic nature of the problem	DE – Pupil Support Unit	All schools have in place an effective approach to tackling all forms of bullying	Ongoing	Pupils are confident that their concerns about bullying will be dealt with in an appropriate and timely manner
Progress ongoing work of the DE Safeguarding Co-ordination Group	DE- led by Supporting and Safeguarding Children Division	The DE Safeguarding Coordination Group will raise awareness of the range of safeguarding issues, including domestic violence, across DE business areas	Ongoing	Vulnerable children will be supported and signposted to appropriate interventions

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Promote Teacher Health and Wellbeing through: • Revision of *Promoting a Dignified Workplace* (a policy statement and code of practice on measures to combat bullying and harassment of teaching staff in school)	Teacher Negotiating Committee (TNC) (an amalgam of the Department of Education, employing authorities and teachers' unions responsible for negotiating all aspects of teachers' pay and conditions of service) Employing authorities	Reduction in incidence of bullying and harassment	Draft presented to employing authorities in December 2008. Once approved will go forward to the teachers' unions for comment and possible negotiation prior to ratification by TNC	Potential benefits to all teachers
• Centralisation of counselling services for teachers	TNC	Improved level of support available to teachers	Ongoing from 1 April 2009	Benefits to teachers who have been bullied or have other mental health issues
• Revision of guidance on violence and other abuse of teachers by pupils or third parties		Greater clarity for schools in dealing with and preventing this problem	A workshop to consider revised guidance was held in November 2008 and feedback is currently being collated. Guidance document will issue to schools in Autumn 2009	Will benefit schools whose staff have been abused

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Commission a scoping study of Pastoral Care arrangements in FE	DEL	To ensure that the FE sector is fully aware of and responsive to the needs of its students including having in place comprehensive pastoral care arrangements across all campuses to identify and address any problems experienced by students	Scoping study commissioned by Public Procurement commenced July 2009 Findings of scoping study by December 2009 Implementation plan for any identified actions by March 2010	More effective, comprehensive and consistent pastoral care services for students across all 6 regional colleges
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	From September 2009	Improved opportunities for people to gain the mental well being benefits of participation in sport and physical recreation
Publish guidance for employers in general on "Creating a working environment that encourages Mental Wellbeing"	HSENI	All employers will be better equipped to address workplace mental wellbeing issues.	December 2009	Fewer employees will suffer from work related stress. More working environments will encourage mental well being. More employers will feel confident about employing someone who has mental health needs

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Set up a Stress and Mental Wellbeing Unit comprising health and safety inspectors and business advisors to focus on high stress risk work sectors	HSENI	The Unit will through the provision of advice and where necessary enforcement ensure that organisations in sectors, in which employees are at a high risk of suffering from stress related ill health caused by or made worse by their work, have adopted systems to manage such a risk	December 2009	In high stress risk work sectors see, as a result of reduced stress related ill health and associated absenteeism, increased productivity
Ongoing implementation and development of the New Strategic Direction for Alcohol and Drugs, and its underpinning Hidden Harm and Young People's Drinking Action Plan	DHSSPS (with other relevant Departments) PHA to lead on HSC actions	5% reduction in the proportion of adults who binge drink (baseline 2005) 10% reduction in the proportion of young people who report getting drunk (baseline 2003) 5% reduction in the proportion of young adults taking illegal drugs (baseline 2002/3) 10% reduction in the number of children at risk from parental alcohol and/or drug dependency (baseline under development)	By 2011	Reduce levels of harm related to alcohol and drug misuse
Progress the Tackling Sexual Violence and Abuse Strategy 2008-2013	DHSSPS/ NIO as joint leads with other relevant Departments and agencies	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of sexual violence and abuse
Implement the domestic violence strategy *Tackling Violence at Home*	DHSSPS/ NIO as joint leads with other relevant Departments and agencies	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of domestic violence and abuse

MENTAL HEALTH ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Implement the recommendations and associated actions arising from the Review of School Nursing and Health Visiting, once agreed post-consultation	**HSC**	Service delivery will be targeted on parenting support and mental health early interventions	As set in the Action Plan from the Review of School Nursing and Health Visiting	Children and young people's emotional health is promoted, all children are supported to lead happy healthy lives and problems are prevented from escalating to more serious mental health needs

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Publish a report on the 'Promoting Social Inclusion' work	OFMDFM, Equality / Rights & Social Need Division with input from Departments and the sector as appropriate	The work of the PSI Group for people with disabilities covers a range of topics and cuts across Departmental boundaries – The report will provide a composite set of recommendations for Executive consideration which will improve the quality of life for people with disabilities.	Autumn 2009	Improved social inclusion of people with disabilities across a wide range of areas and activities examined by the PSI Group including: • Access to Employment; • Children, Young People and their Families; • Housing, Transport, Information and Access; • Legislation, Citizenship, Language and Attitudes, and • Lifelong Learning, Arts, Sports and Culture
Publish an action plan for the implementation of recommendations arising from the PSI report (above)	OFMDFM Equality / Rights & Social Need Division (with input & agreement from other Departments as necessary)	As above. The action plan for this PSI work will be taken forward in the context of the wider 'anti-poverty and social inclusion' strategy - Lifetime Opportunities	Agreed action plan by March 2010	As above
Establish an initial assessment of the mental health needs of victims and survivors through a Comprehensive Needs Assessment	OFMDFM, Commission for Victims and Survivors	Better information on the extent of the impact of the Troubles on the mental health needs of victims and survivors	September 2009	Better planning of services for victims and survivors

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Bring forward primary legislation to establish the Office of Commissioner for Older People	OFMDFM Equality, Rights and Social Need Division with input and agreement from other Departments as necessary	Legislation to establish a Commissioner for Older People, with a range of functions, powers and duties	Introduce legislation in May 2010	Will provide a strong independent voice for older people, including those experiencing mental ill health
"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 people affected by mental ill health, their families and carers have availed of enhanced opportunities for social interaction through reading and learning activities enabling them to play a fuller role in community life and to access further training or employment if they so wish; and 15,000 people in the wider community have enhanced levels of understanding of mental ill health and awareness of positive mental health, thus promoting tolerance and inclusion and enabling them to take action to prevent mental ill health	5 years from October 2009	People affected by mental ill health and their families have improved access to information and support

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Complete an analysis of DEL provision across the further education and training sector for those with a disability, including those with special educational needs or with mental health needs. This work to build on detailed reviews of Students with Learning Difficulties and/or Disabilities provision in FE, barriers to Training for Success and also recent inspection reports of provision	DEL Education and Training Inspectorate	Identification of areas for future DEL action where appropriate; also, an indication as to whether individuals have access to the services they require consistently across further education and training	Report finalised by June 2009	More effective services for individuals accessing DEL programmes and services
Consider the findings of the overarching review (above) and any strategic implications for DEL and develop an action plan	DEL	Strategic action plan to address cross-departmental issues identified that impact on individuals with mental ill health and /or learning disability	Action plan in place for 2010/11 Key milestones - consider resource implications, both staff and financial - identify delivery mechanisms - seek approvals to proceed	More effective services for individuals accessing DEL programmes and services

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Undertake scoping study of provision for those not in education, training or employment (NEET), including those with mental ill-health or learning disability	DEL in liaison with other organisations, including PHA	Determination of available provision	Scoping study completed by Autumn 2009	Improved information to enable consideration of need for cross-Departmental strategic approach/ further actions
Continue to deliver DEL provision to address the employment needs of Incapacity Benefit and Employment and Support Allowance (ESA) recipients including those with mental ill-health	DEL	Individuals with mental ill health issues are assisted via DEL programmes , including the Condition Management Programme offered in conjunction with DHSSPS to re-enter the labour market	Ongoing	Individuals with mental ill health issues can access the necessary training and support to enable them to re-enter the labour market
DEL to consider, following recommendations from the Disability Liaison Group, improved information and communications about provision, including the possibility of an “easy to read” directory of DEL provision aimed at individuals with mental ill health and/or learning disability and their families	DEL (in conjunction with the sector)	A range of clear and accessible information resources	Summer 2010	Better informed decision making in terms of future education, employment and training options available

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Examine the benefits for NI of adopting similar partnership arrangements to those put in place by the Scottish Executive that detail the roles and responsibilities of agencies involved in meeting the educational, health and social needs of people with additional needs accessing DEL provision	DEL jointly with DHSSPS/ HSC and other relevant Departments	Clear understanding of the respective roles and responsibilities including information sharing between DHSSPS and its agencies, DEL and its delivery partners and other agencies in addressing the needs of these learners (in particular assistance with assessment, personal care, transport etc), and that the findings are disseminated locally to DEL delivery partners and HSC	Stage 1: Scope benefits by end 2009 -Identify resource to undertake project - establish steering group for the project Stage 2 : Bring forward proposals to develop partnership working guidance in 2010. Report progress to Inter – Ministerial Group	Better awareness of the challenges of delivering provision to learners with profound and complex needs and clear signposting for individuals, families and providers Better informed healthcare and other professionals in relation to the education and training programmes and services relevant to and accessible by adults with mental ill health and/or learning disability
Carry out a policy evaluation of the Supporting People programme	DSD	Examination of the governance arrangements, commissioning process and funding arrangements, to ensure compliance with the policy intention that Supporting People is to fund advice and guidance for relevant individuals/organisations	March 2010	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Collaborative work between DSD, NIHE, DHSSPS and HSC	Supporting People Commissioning Body, chaired by the Northern Ireland Housing Executive	Ensure that the accommodation needs of vulnerable adults are included in the delivery of the Social Housing Development Programme in as far as resources are available at that time.	Ongoing	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it
Publish action plan of how NICS will promote diversity	CHR to lead with all other NICS departments	Equal opportunities monitoring of the NICS workforce. Review the 2008 – 2011 NICS Employment, Equality and Diversity Plan.	December 2009	A working environment where everyone has a right to equality of opportunity and individual differences are valued and respected The NICS workforce will be more representative of the community by attracting a more diverse applicant pool for advertised posts including applications from those with a disability
Develop mandatory equal opportunities and diversity awareness training to all staff at all levels within the NICS	CHR to lead with all other NICS departments	Ensure that all employees are aware of their duties and responsibilities to ensure equality in the workplace and to fully include employees with disabilities, including mental conditions in the working environment.	Mandatory Training to commence in October 2009. To be complete by June 2010	To raise awareness of issues facing staff and customers with disabilities including those with a mental condition by ensuring all NICS employees are trained in equal opportunities and diversity awareness
Additional information and advice services for mental health service users and their carers	HSC	Improved information and advice services, at least some of which delivered by voluntary sector.	Ongoing	Better support for service users and carers in understanding the services available and in making their views heard

MENTAL HEALTH ACTION PLAN

THEME: Supporting people to lead independent lives

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Increase uptake of Direct Payments	HSC	Double the number of recipients of Direct Payments in mental health programme of care (baseline June 2007)	By March 2011	Give service users and their carers greater choice in the support they receive
Resettlement of long stay patients from mental health hospitals	HSC in collaboration with voluntary and community sector	10% reduction in the number of long-stay patients in mental health hospitals care (baseline 2007/08) No-one will remain unnecessarily in a mental health hospital	By 2011 By 2013 (Programme for Government target)	More people with a mental health need able to live in community settings with appropriate support.
Implementation of harm reduction strategies, including needle and syringe exchange and substitute prescribing	DHSSPS (with other relevant departments) PHA to lead on HSC action	Delivery of key harm reduction projects	Ongoing	Support for drug users to live less chaotic lives, and to reduce the harm they face in relation to their drug misuse

MENTAL HEALTH ACTION PLAN

THEME: Supporting carers and families

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Complete a joint Review of Support Provision for Carers	DHSSPS/DSD	Improved support services for carers who look after people of all ages who have a learning disability or mental health issues	Autumn 2009	People with a learning disability or mental health issues are supported to live independent lives in their own home for as long as possible and carers are supported in their caring role so that they can continue to care for as long as they wish and are able to do so
Improve regional information on provision of respite care	DHSSPS/ HSC	Pilot data collection and refine as necessary Monitor respite care provision in NI on a quarterly basis	By December 2009 Ongoing	Respite provision can be better planned and monitored
Improve respite care for people with dementia	HSC in collaboration with voluntary and community sector	Additional 2000 places per year (baseline 2007/08)	By March 2011	Improve access to respite care
Additional information and advice services for mental health service users and their carers	HSC Trusts, HSC Board, PHA in collaboration with voluntary and community sector	Improved information and advice services, at least some of which delivered by voluntary sector	Ongoing	Better support for service users and carers in understanding the services available and in making their views heard
Increase uptake of Direct Payments	HSC	Double the number of recipients of Direct Payments in mental health programme of care (baseline June 2007)	By March 2011	Give service users and their carers greater choice in the support they receive

MENTAL HEALTH ACTION PLAN

THEME: Supporting carers and families

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Implementation of Hidden Harm Action Plan – supporting the needs of children and young people born to or living with substance misusing parents or carers	DHSSPS (with other relevant departments) PHA to lead on HSC action	10% reduction in the number of children at risk from parental alcohol and/or drug dependency (baseline under development)	By 2011	Increased support (at local and regional level) for children and young people with substance misusing parents or carers

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Provide a service wide, supportive, quality driven environment to promote Personal and Public Involvement, (PPI), in planning, commissioning, delivery and evaluation of services	DHSSPS, HSC in collaboration with voluntary and community sector and the Patient and Client Council	Submit consultation schemes under section 19 of the Health and Social Care (Reform) Act (Northern Ireland) All organisations to embed PPI consistently as part of organisational activity. Establish leadership and accountability arrangements for PPI. Monitor and Evaluate progress; agree priorities and targets for subsequent year; report annually	Jan 2010 Apr 2010 Apr 2010 From Apr 2010	• Improvements in service design. • Improvements in user and carer experience of services. • Promotion of social inclusion • Improved safety and quality of treatment. • Reduction in complaints • Improved management of demand • Understanding of how and when care goes wrong • Reduction of risk

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Re-direction of 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.	By 2011/12	Greater access to community mental health services and fewer people need to be admitted to hospital
Develop a Service Framework for mental health services and commence implementation	DHSSPS/ HSC	Strengthen the integration of health and social care, enhance health and wellbeing, promote evidence – informed practice, focus on safe and effective care and enhance multidisciplinary and inter-sectoral working	By January 2010	Set out the standards of care that people who use services, their family and carers can expect to receive
Review range of facilities used to provide both inpatient and community based mental health and learning disability services and agree future pattern of provision	DHSSPS/HSC	An agreed plan for facilities required to deliver mental health and learning disability services	The Capital Priorities Review was completed in September 2008. A Policy Infrastructure Forum has been established to address new requirements and ongoing prioritisation.	Services will be delivered in appropriate, accessible, fit for purpose buildings
Complete a workforce planning study for mental health and learning disability health and social care services	DHSSPS (HR Directorate) in collaboration with HSC	Agree a prioritised action plan to take forward recommendations from the commissioned workforce study	December 2009	Adequate numbers of appropriately trained staff to deliver services needed
Develop and take forward a prioritised plan for research on mental health and learning disability issues	DHSSPS/ PHA/ R&D Office/ HSC	Plan agreed with a timetable	June 2010	Service provision informed by local research on needs and on evidence of what works

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Improve information systems on provision and use of mental health and learning disability services	HSC Board in collaboration with HSC	Anonymised database on inpatients in mental health facilities available at regional level for use by DHSSPS and HSC bodies Extend the database to include users of community based services	October 2009 April 2011	Services can be better planned to meet needs and monitored to ensure service improvement, based on up to date local information.
Complete and maintain a map of mental health services across Northern Ireland	PHA/ HSC Board in collaboration with HSC and voluntary and community sector	Compile mapping information on all mental health services provided	Mapping to be completed by March 2011 and maintained on ongoing basis	New services can be better targeted and gaps in existing services can be filled
Develop a stepped care model for mental health services	HSC Board/ PHA in collaboration with HSC and voluntary and community sector	A regionally agreed model across all HSC services	By March 2010	People should be able to access mental health services appropriate to their needs
Increase levels of community mental health services	HSC Board in collaboration with PHA and HSC Trusts	240 additional staff in community mental health services (baseline 2007/08) 10% reduction in admissions to mental health hospitals (baseline 2007/08)	March 2011 March 2011	Greater access to community mental health services and fewer people need to be admitted to hospital
Develop a strategy for improving access to psychological therapies	DHSSPS	Strategy to be agreed	By October 2009	Improved access to psychological therapies

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Introduce a computerised Cognitive Behavioural Therapy programme	HSC Board in collaboration with HSC	Introduce programme and monitor uptake and patient outcomes	Ongoing	Improved support for those with mild to moderate depression
Develop regional guidance on assessment and management of risk in mental health and learning disability services	DHSSPS and HSC HSC	Agreed guidance to cover full range of mental health and learning disability services with regionally agreed tools to support guidance. Implement guidance and supporting tools	By September 2009 From September 2009	People who may pose a risk to themselves or to other people or who may be at risk from other people will have such risks assessed and managed in an appropriate way as part of their treatment and care plan.
Develop regional prescribing guidance on anti-psychotic medicines for primary and secondary care sectors	DHSSPS, HSC Board, PHA and primary care leads	Provide regional guidance to those prescribing anti-psychotic medicines	March 2010	Ensure that anti-psychotic medicines are prescribed and managed appropriately
Develop pilot of community pharmacy medicines management initiative for people with mental health needs	DHSSPS, HSC Board, PHA, in partnership with HSC Trusts and primary care leads	Commence pilot and put in place evaluation	From September 2009	Provide better and more accessible advice and support to people with mental health needs who are taking medication

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Establish specialist medicines management clinics for people who have been prescribed benzodiazepines	DHSSPS/ HSC	Complete an initial assessment of effectiveness of such clinics Undertake formal evaluation of clinics	March 2011 During 2011/12	Provide better advice and support to people who have been prescribed benzodiazepines and, where appropriate, support reduction in use
Develop a strategy for services for people with a personality disorder	DHSSPS	Agreed strategy with implementation plan to provide a range of services to address the varying needs of people with personality disorders	By October 2009	Better access to services for people with a personality disorder and support for their carers
Establish procedures to ensure people leaving hospital who need continuing mental health care receive it	DHSSPS/ HSC	From April 2009, all mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within 7 days of discharge	Ongoing	Better community support for those discharged from hospital
Establish procedures to ensure people presenting at A&E departments who need continuing mental health care receive it	DHSSPS/ HSC	From April 2009, all mental health patients seen at A&E departments and assessed as requiring further mental health care should have an appointment made with mental health services before they leave the A&E department	Ongoing	Better follow up and support for those in need of mental health services
Improve and harmonise model for crisis intervention services	DHSSPS/ HSC	DHSSPS to issue regional principles for provision of crisis mental health services Trusts to ensure regional principles are complied with and that services are harmonised across Northern Ireland	October 2009 Action Plan drawn up by December 2009 and action taken to agree timescales thereafter	People in crisis will be able to receive appropriate care and support to a consistent standard

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Appoint a Service Improvement lead for mental health and learning disability in each HSC Trust	HSC Trusts in collaboration with HSC Board	Ensure that service improvement in mental health and learning disability services is given sufficient focus	April 2010	People using mental health and learning disability services have access to high quality, efficient and effective care and treatment
Introduce inpatient services for eating disorders	HSC Board and PHA in collaboration with HSC Trusts	Develop regional approach to inpatient services with appropriate in-reach	By March 2011	Continuity of care from community services for those who need to be admitted to hospital. Less people will require admission to a facility outside Northern Ireland
Improve perinatal mental health services	DHSSPS in collaboration with HSC	Take forward action plan to implement relevant NICE guidance across all Trusts and primary care	Consult on proposed action plan by October 2009 Agree action plan and timescales for implementation by January 2010	Better detection and treatment of mental illness during pregnancy and the post natal period
Improve interface between adult mental health services and child care services.	HSC	To explore and agree how best to ensure appropriate liaison between adult mental health services and child care services. Develop guidance for staff working across these services	Ongoing	Better service for all family where the parent has a mental health problem.

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Provide a mental health information resource for young people and their families	PHA to lead with HSC Board	Web-based resource including directory of mental health services for young people	By April 2010	Young people encouraged to look after their mental wellbeing and provided with information on sources of support
New facilities with 33 mental health inpatient beds provided for children and young people up to the age of 18	HSC Trusts in collaboration with HSC Board with DE/ ELB input on education provision	New linked units for children and young people who require inpatient mental health treatment	By 2010	Increased inpatient provision in new purpose-built facilities
Develop a strategy for dementia services, including the needs of younger adults.	DHSSPS with HSC and relevant agencies	Agree draft strategy and associated action plan and issue for consultation	By December 2009	Improved services for people with dementia and their families and carers
Support the Northern Ireland Dementia Services Development Centre	DHSSPS and HSC	Centre to deliver a range of training, educational, consultative and research services to HSC and to service users and carers	Ongoing to March 2012	Improved services for people with dementia and their families and carers
Establish a Northern Ireland Forensic Mental Health and Learning Disability Steering Group involving users of services and carers and the relevant agencies at senior level.	HSC with other relevant agencies	A co-ordinated approach across HSC and criminal justice agencies to improve forensic services	September 2009	Better joined up services for people who need forensic services

MENTAL HEALTH ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Conduct a review and produce a strategy to increase the provision of low secure and community forensic placements	HSC Board in collaboration with the Northern Ireland Forensic Mental Health and Learning Disability Steering Group	Current inpatient provision quantified and need for low secure and community forensic placements determined. A strategy developed for future provision based on assessed need.	March 2010 March 2011	Appropriate levels of support provided in the least restrictive conditions for those who need forensic services

MENTAL HEALTH ACTION PLAN

THEME: Providing structures and legislative base to deliver the Bamford Vision

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Establish Health and Social Care Mental Health and Learning Disability Task Force	HSC Board and PHA to lead	A co-ordinated approach across HSC to improving mental health and reforming mental health and learning disability services in line with Bamford.	By October 2009	Mental health and learning disability services will be reformed and modernised in line with Bamford vision
Establish Bamford Monitoring Group	Patient Client Council	Provide a challenge function on the extent to which the reform of services is working.	By October 2009	Service users and carers will have an opportunity to feed back their views to Minister on how services are meeting their needs
Inter-Departmental Ministerial and Implementation groups to continue	DHSSPS (with other Departments)	A co-ordinated approach across Ni Executive improving mental health and reforming mental health and learning disability services in line with Bamford.	Ongoing	Better joining up of services across agencies
Introduce new mental capacity and mental health legislation	DHSSPS (with other Departments)	Commence new mental capacity and mental health legislation	Post 2011, exact timing depending on legislative programme	A consistent approach, with appropriate safeguards, to decisions - about care, treatment, property or assets – which have to be made for those unable to make decisions for themselves, whether because of mental disorder or for other reason
Introduce a small amendment to the Mental Health (NI) Order to enable patients to apply to the court to replace their nearest relative.	DHSSPS	An amendment to the 1986 Order enabling patients to apply to court to replace their nearest relative	By March 2011	Patients will be able to challenge the appointment of a nearest relative. This will be important in situations where the relationship with the nearest relative has broken down or where there is a history of abuse by the nearest relative

MENTAL HEALTH ACTION PLAN

THEME: Providing structures and legislative base to deliver the Bamford Vision

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS
Issue guidelines to health trusts advising of a European Court of Human Rights judgement requiring safeguards for those deprived of their liberty for their protection	DHSSPS	Guidelines issues to health trusts.	By December 2009	Those deprived of their liberty for their protection in nursing homes and hospitals and their relatives and carers will be consulted on the nature and extent of the deprivation

SECTION 3

THE LEARNING DISABILITY ACTION PLAN (2009-11)

HOW TO READ THE ACTION PLAN

Four broad work areas emerged from the Bamford review:

- promoting and preserving mental wellbeing and building emotional resilience within the population as a whole;
- having legislation which promotes self-determination but supports those unable to make decisions for themselves;
- improving services for people of all ages with a learning disability and their families and ensuring better joining-up across agencies;
- improving services for people of all ages with mental health needs and their families and ensuring better joining-up across agencies.

In this section of the Action Plan there is an introductory section on learning disability services. This is to set the scene for the detailed Action Plan.

Because public service resources are agreed for three-year time cycles, this Action Plan concentrates on actions which can be achieved within the resources available up to March 2011, but also signals actions which will in the longer term contribute to the Bamford vision. It is anticipated that further additional resources will be needed in future spending cycles and the Action Plan will be reviewed in 2011 to reflect progress and the funding position. All actions are grouped under five themes:

Promoting positive health, wellbeing and early intervention;
Supporting people to lead independent lives;
Supporting carers and families;
Providing better services to meet the needs of individuals; and
Developing structures and a legislative framework.

Each action has a timetable for completion, who is responsible for it, the outcome required and the benefits for individuals and for society. In addition, the learning disability action plan has been informed by the values contained in the Bamford Equal Lives Report.

Equal Lives Values

1	Citizenship	People with a learning disability are individuals first and foremost and each has a right to be treated as an equal citizen.
2	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.
3	Empowerment	People with a learning disability must be enabled to actively participate in decisions affecting their lives.
4	Working Together	Conditions must be created where people with a learning disability, families and organisations work together in order to meet the needs and aspirations of people with a learning disability.
5	Individual Support	People with a learning disability will be supported in ways that take account of their individual needs and help them to be as independent as possible.

All actions detailed in the following Learning Disability Action Plan will state which of the values they comply with, numbered 1 to 5.

The following text provides a summary of service development within learning disability services. This is designed to inform the reader and to set the context for the actions contained in the learning disability action plan.

LEARNING DISABILITY SERVICES – AN INTEGRATED LIFELONG APPROACH

Introduction

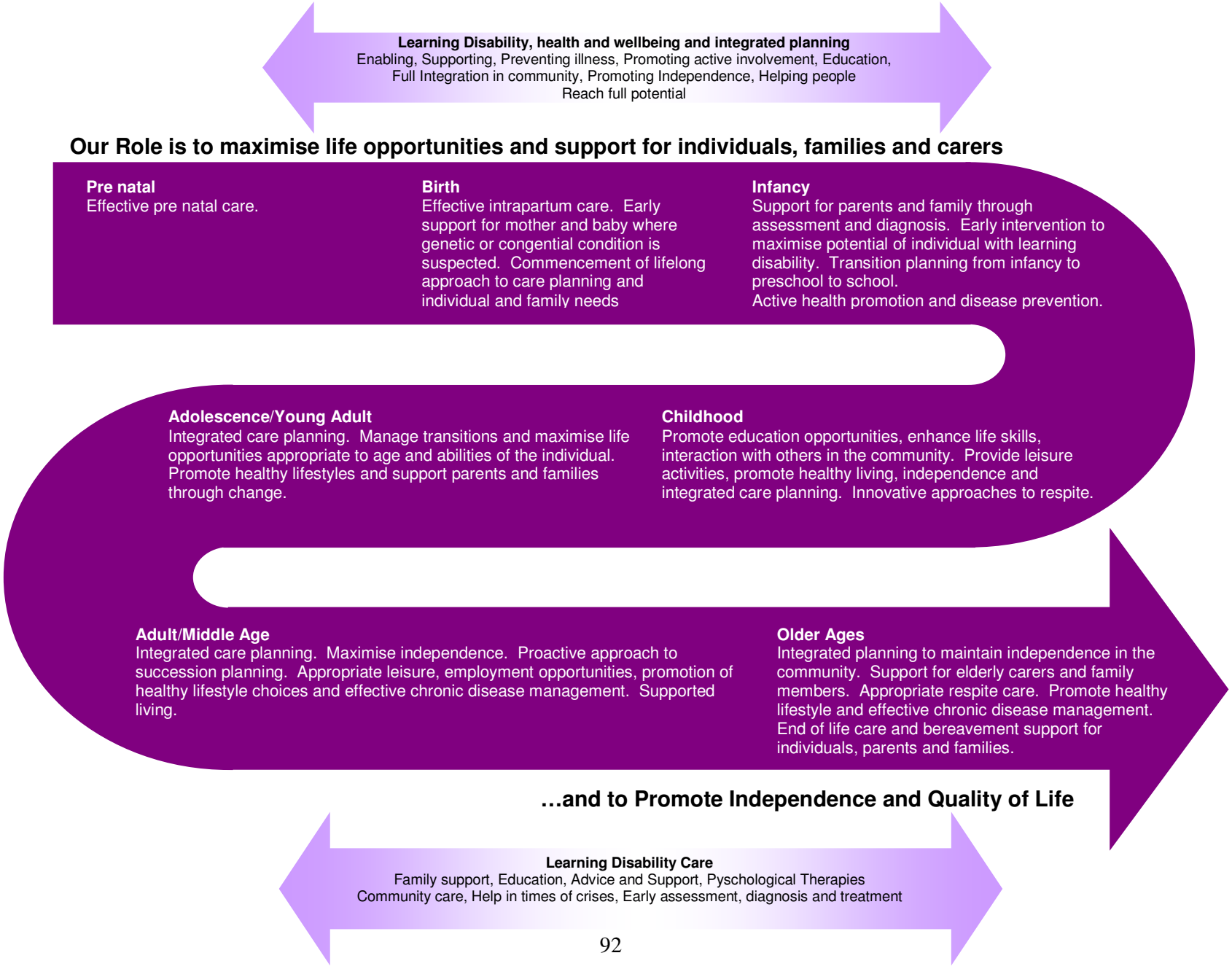
People with a learning disability must be treated as equal citizens, fully included in mainstream services and in the life of the community, empowered to participate actively in decisions affecting their lives, enabled to work together with their families and representatives and helped to use their individual strengths to reach their full potential. When developing services for people with a learning disability, we must not forget that a learning disability is a lifelong condition; as such, clients require more sustained services, not just individual episodes of care and treatment. It is also important to acknowledge that the provision of services for people with a learning disability is not solely a Health issue; it requires a multi-agency and integrated approach.

This life long approach encompasses:

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

Figure 4 represents a life cycle approach to promoting health, wellbeing and independence for individuals with a learning disability, and support for family and carers.

Figure 4. A Journey Through a Lifetime



Support for Families of Children with a Learning Disability

Children and young people grow and develop best in their natural families. Sometimes stress and/or financial issues can lead to families feeling under pressure or unable to cope, and requiring support and assistance from Health and Social Care services. The Equal Lives Review recommended that family support be remodelled to be more family directed and suited to the families' needs and wishes. To this end, respite services will be developed by moving away from inflexible residential provision towards a range of short break services, including home based support, community based activity, family placements and residential options.

Children with a Learning Disability

Enabling children with a learning disability to participate as fully as possible in education is a key element in maximising their potential in later life. The statutory responsibility for securing special education provision for pupils with special education needs (SEN) rests with the Education and Library Boards. There are approximately 13,271 (DE Census 2008) children with SEN statements, with increases in recent years both in the number of SEN children and in the complexity of their needs. Special education provision is matched to the individual needs of the child and can be delivered in a range of settings. The Department of Education provides a range of guidance material to schools, ELBs and relevant voluntary sector organisations to support their work in providing services to SEN pupils.

The Special Education Needs and Disability (NI) Order 2005 (SENDO) strengthened the rights of SEN children to be educated in mainstream schools. A Dispute Avoidance and Resolution Service (DARS) and an Advice and Information Service were introduced in 2005 to improve support for SEN children and their parents in dealing with schools and ELBs.

The Review of Special Educational Needs and Inclusion, due to be published in 2009, is expected to result in recommendations for improved interdisciplinary working between education and health professionals. A review of speech and language therapy provision has been undertaken and the recommendations will be considered jointly between DHSSPS and the Department of Education in relation to the way forward for speech and language therapy provision. An action plan is currently being developed, which will see

a focus on pre-school interventions, and speech and language services for those children who attend mainstream schooling.

We want to see an emphasis given to adequate service provision as early as possible, or "right from the start" whereby health, social, developmental and education needs are identified and a coordinated plan of action put in place to address these needs. The joint DE/ DHSSPS group on issues of mutual interest will work to strengthen and develop links to ensure that planning, assessment and delivery of services is co-ordinated to meet children's needs.

Much of the work through schools to maintain and improve the mental wellbeing of children and young people, which is outlined in the Mental Health section of this Action Plan, also impacts on children with a learning disability.

Transition to Adulthood

A DE/ DEL/ DHSSPS inter-Departmental group to consider the transition arrangements to adult life for young people with SEN reported in early 2006 and recent monitoring indicates that all but one of the actions have been met in full. DE made available funding of over £2.4m from 2005/06 to 2009/10 to meet the DE-related recommendations, to strengthen the transition planning process in schools, by appointing 10 Education Transition Co-ordinators. Further funding, from the Children and Young People's Funding Package, of £200k over the period 2006/07 - 2007/08 was used to enhance life skills training and improve self-help and independent living for over 370 pupils in special schools through a range of school-based programmes.

A recent ETI survey, published in February 2009, has found that " the transition arrangements and provision for school leavers in almost all the school are of good and sometimes excellent standard. The work of the Transitions Co-ordinators, though at an early stage of development, is progressing well, a positive work ethic and approach is evident and good links have been established with the key stakeholders." As a result of this positive evaluation DE will mainstream the funding of the 5 Education and Library Board Transition Service.

DHSSPS also secured from the Children and Young People's Funding Package an additional £0.9m recurrent, for the improvement of day care for young people when they

become 18 and are moving from children's services into adult services. 150 purposeful placements for young people on transition from special schools into the community have since been created. Funding has now been mainstreamed in order to maintain these placements.

DE, DEL and DHSSPS continue to work closely in developing joined-up services for children and young people with a learning disability, and especially for those young learning disabled people who are making the transition into adulthood. A sub-group of The Ministerial Sub Committee on Children and Young People is currently developing an Action Plan which is focussing on transition of young people from school to adulthood. The plan will contain actions to further strengthen policy delivery and post school provision. The timescales for the delivery of a range of actions are being considered at present.

Day Opportunities

A cultural shift away from a reliance on day centres will be encouraged, towards alternative options, including further education and supported employment, where appropriate. This will enable individuals with a learning disability to participate in society through education, and work based activities that will improve their skills and allow them the opportunity to integrate with others.

Succession Planning

Demographic changes mean that individuals with a learning disability are living longer, often being cared for by elderly parents and relatives. This can increase the burden on services for such individuals and their carers. Services need to be developed in line with these changes to the learning disability population, to ensure that all clients have access to the services they need.

Each individual should have an appropriate care plan to ensure they have access to all the services required to accommodate their needs and the needs of their carer/s. HSC Trusts must work together with the community and voluntary sector to achieve this.

Advocacy

The Equal Lives Review concluded that a new service model needed to be developed, drawing a line under the notion that people with a learning disability should be grouped

together and segregated from services enjoyed by the rest of the population. This new model must be based on social integration and encourage people with a learning disability to fully participate in community life. This includes ensuring that people have greater choice and more control over their own lives. To do this, we must develop person-centred approaches in all services and ensure all users have access to Advocacy and Direct Payments, where appropriate to their need.
Many people with a learning disability find it hard to make their voices heard. Advocacy gives people the opportunity to get involved in decisions about their own care plan, and make their opinions heard.

Access to Health Care

An increasing number of people with a learning disability are living longer and healthier lives. Greater numbers of children with complex health needs and multiple disabilities are surviving into adulthood. People with a learning disability will be living in local communities rather than having their homes in specialist hospitals.

In order to ensure that people with a learning disability enjoy the benefits of such changing circumstances, commissioners and service providers will need to actively ensure that there is equity of access to the full range of healthcare provision enjoyed by the general population. This includes for example, improved and supported access to primary care services (GP, dentistry, optometry and the full range of health screening), secondary care services (particularly in-patient acute services), mental health services, sexual health services, and end of life services, if necessary.

Good health however begins with emphasis being given to promoting good physical and mental health, and ensuring that people with a learning disability, throughout their lives are involved in strategies and schemes to build resilience, and prevent the onset of ill health.

A Directed Enhanced Services for adults with a severe learning disability has been introduced. It is designed to improve primary healthcare through the introduction of annual health checks, and could enable the introduction of health facilitators and / or other options to liaise with individuals and their families and other relevant agencies to ensure healthcare needs are met.

Individual health actions plans will also be developed on a person-centred basis, and will involve people with a learning disability and their carers in effective multi-agency and multi-disciplinary care planning, prepared with and for the individual concerned and will identify the responsible professional or agency for addressing the health needs identified.

Optometry

There are already some examples of good practice in relation to people with learning disabilities accessing mainstream services. An example is vision screening for people with learning disabilities in the Belfast Trust. Staff from the low vision clinic in the Royal Hospital, supported by community learning disability nurses and sensory support workers have addressed a number of the barriers that prevent people from accessing opticians in their local community. People are provided with information before the assessment and prepared for the equipment and tests that will take place. The service is provided in a location that is familiar to the individual. An evaluation has demonstrated that this has been effective in identifying a number of people with vision difficulties who otherwise might not have been spotted.

Dental Services

The findings from a review of the literature related to the oral health of people with disability, confirm that people with a learning disability have similar oral diseases but poorer oral health and poorer health outcomes from care than the general population (Fiske et al 1999; BDA, 2003).

The care of patients with moderate to severe learning disabilities falls to the Community Dental Service (CDS), which is a small specialist Trust based service. While significant improvements have been made over the last number of years to dental services for people with a learning disability, more needs to be done. The Review of the Community Dental Service (2003) recommended that patients with special needs should be the focus for clinical activity for the CDS. For this shift in focus to be successful, there is a pressing need for training, both in terms of continuing professional development and in recognised training pathways, to provide specialist clinicians.

The DHSSPS undertook a Survey of Dental Services to People with Learning Disabilities in Northern Ireland in December 2005. While progress has been made on many fronts in relation to the recommendations contained in the survey, lack of

resources and the absence of key staff has prevented others being taken forward. We must endeavour to ensure that these recommendations are implemented, so that individuals with a learning disability have the same level of access to community dental services, and can enjoy the same standards of oral health as the rest of the community.

Access to Health Information

The Equality Commission has produced a report on the ease of access to health information for people with a learning disability. The Department is working together with the Equality Commission to ensure that all those who have a learning disability have access to the health information they need in an appropriate format that best suits their needs.

Respite

Respite care is an important component of the wide range of health and social care services provided in response to assessed care needs. Funding has been secured in the Comprehensive Spending Review 2008 -2011 to invest in additional respite packages for people with a Learning Disability. This funding will be used to provide an additional 200 new or enhanced Learning Disability respite packages over the CSR period to benefit at least 800 people by 2011. This includes children, young people and adults.

The Department of Health, Social Services and Public Safety is piloting a new statistical data collection during the first quarter of 2009 to begin the process of monitoring respite care. This will inform the next Comprehensive Spending Review period.

Re-settlement in the Community

The resettlement of patients from Learning Disability hospitals has been a Departmental policy for many years, but the Bamford Review brought it to the fore as one of its key recommendations. An Action Plan was announced in January 2007 to ensure that by March 2009 no child would be permanently resident in a learning disability hospital. The plan also provides for an increase in the number of patients resettled each year. The Programme for Government (January 2008) set a goal to ensure that, by 2013, anyone with a mental health need or a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital.

The resettlement programme must be supported by improved community care services. The process of resettling patients is a complex one, involving both community and hospital multi-disciplinary teams along with the patient and family and DSD and the NI Housing Executive, as lead Department and lead provider of the Supporting People programme for supported living.

A patient is identified for resettlement only when it is clinically appropriate and it is clear that the patient's needs can be met and quality of life can be improved by the placement – the concept of "betterment". The Executive appreciates that there is apprehension among families of some people who have been in hospital for considerable periods of time and accepts that there will be particular challenges in ensuring betterment for some of these people.

The Executive remains committed to the goal of having no-one unnecessarily remaining in hospital. A target has been set for a reduction in long-stay inpatients by 2011, in line with resource availability up to 2010/11, and good progress is already being made to achieve this target. It is acknowledged that additional resources will be required in the following two years to achieve the overall 2013 goal.

Capital Planning

The principle of "betterment" must apply to individuals, who are part of the resettlement process. Targets set for the resettlement of patients from learning disability hospitals will present considerable challenges, and discussions are ongoing between the HSC, the DHSSPS and the DSD on the associated planning, financial and operational issues. For example, the HSC and the NI Housing Executive will need to agree proposals for the future development of new residential schemes to facilitate the resettlement of people into the community.

The relocation of children's services from Muckamore Abbey Hospital will also require additional residential schemes to be developed, which will offer long-term, shared care and respite provision for children. Further proposals for respite services must also be agreed to ensure the target of 200 extra packages will be available by March 2011.

Community Services and Support

The Resettlement programme goes hand in hand with investing in community infrastructure and appropriate support mechanisms. Multi-disciplinary Learning Disability teams provide a key service by supporting service users, their carers and families within the community, and will continue to do so as progress is made towards resettling all clients from learning disability hospitals into the community. However, with the shift towards community based service provision, reduction in utilisation of hospital based care, and the subsequent management of those with complex needs, there needs to be a clear understanding of what is required within community based services to address demographic change and new patterns of care delivery.

Voluntary and community groups also have an important role to play by providing various services to complement the work of the Learning Disability teams, such as day services, vocational training, supported employment and housing, respite, etcetera.

Complexity of Needs

There remains the potential for a new long stay population within learning disability hospitals to develop, especially those people who are experiencing frequent admissions and are involved in "revolving door" experiences. Many of these people present with very complex needs, associated with very challenging behaviours. It is essential, therefore, that community services are developed to meet such needs, and in particular the skills mix of community learning disability teams. Only when these challenging behaviours are addressed within the full range of community settings, will there be a reduction in potential new long stay population of our hospitals.

Assistive Technology for people with a Learning Disability

When considering the needs of people with more profound and multiple disabilities the potential for technological advancements to maximise opportunities for independence needs to be more fully considered. The Bamford Review recommended that housing planners and service providers should accumulate and disseminate detailed knowledge on the range of assistive technology that is available to enrich the capacity of people with a learning disability to lead more independent lives in the community. A consultation exercise is due to be taken forward shortly by the European Centre for Connected Health.

Forensic Issues

The Bamford Review recognised that individuals with a learning disability can be particularly vulnerable when in contact with the criminal justice system. This can occur in police stations, when attending court, in prison and young offenders' centres and on probation.

The Review recommended a full range of inpatient care, including high, medium and low security services. In addition, there is a need for Community Forensic Services to support the full range of people with a learning disability in the community, including those who have been discharged from hospital or released from prison.

In order to start developing these services, the HSC will be asked to produce a plan for the future implementation of forensic services. A new PfA target will be set for 2010/11 to achieve this.

A Service Framework for Learning Disability – Promoting Quality and Performance Improvement.

The Learning Disability Service Framework being developed will identify a range of service standards to ensure that people with a learning disability and their families are clear about the support they can expect from these services. While the basic premise of the Learning Disability Service Framework is that people with a learning disability should access the same HSC services as other people, there are occasions when special expertise or support is required. As services become more inclusive, the volume and range of separate services will decrease as learning disability expertise is developed within mainstream HSC services.

DELIVERING THE BAMFORD VISION – LEARNING DISABILITY ACTION PLAN

Equal Lives Values

1	Citizenship	People with a learning disability are individuals first and foremost and each has a right to be treated as an equal citizen.
2	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.
3	Empowerment	People with a learning disability must be enabled to actively participate in decisions affecting their lives.
4	Working Together	Conditions must be created where people with a learning disability, families and organisations work together in order to meet the needs and aspirations of people with a learning disability.
5	Individual Support	People with a learning disability will be supported in ways that take account of their individual needs and help them to be as independent as possible.

These five values that underpinned the service development recommendations in the Equal Lives Review have been carefully considered during the drafting of this Action Plan. All actions detailed in the following **Learning Disability Action Plan** will state which of the values they comply with, numbered 1 to 5.

Themes:

1. Promoting positive health, well-being and early intervention
2. Supporting children, adults and older people to be independent and reach their full potential
3. Supporting carers & families (to include information and advice, respite)
4. Providing better services to meet people's needs
5. Providing structures and legislative base to deliver the Bamford Vision

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Ensure that persons with a learning disability have equal access to the full range of primary health care services to improve the physical and mental health inequalities experienced by them A directed enhanced service (DES) to work in partnership with multi-disciplinary learning disability team and primary care staff will be developed across the region Develop individual health actions plans on a person centred basis involving people with a learning disability and their carers	HSC Primary Care, Acute Hospitals, Multi-Disciplinary Learning Disability Teams, Other Providers	A directed enhanced service (DES) will be rolled out regionally for adults with learning disabilities and will be provided in 90% of GP practices which will: • Develop and maintain a register of clients with a learning disability • Develop individual health action plans for children and adults with a learning disability. • Provide a recall system • Provide annual health checks integrated into the personal health record • Involve carers and support workers • Provide a review mechanism to include outcomes and actions from assessments	2011	• Better health promotion and interventions that focus on improving the health status of people with a learning disability in key areas such as nutrition, obesity, exercise and dental health • Health problems detected and treated earlier to minimise risk to the person's health and well-being • Enhanced usage of generic health services • Promote a team based approach to care with improved liaison with carers, health and social care professionals • Seamless care provided • Provide accessible health & social care information to people with a learning disability and their carers	1, 2, 3,4 and 5

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
		• Develop specific health facilitation posts where appropriate • Allow full access to the full range of health screening services that are available to the general population • Develop screening and early identification mechanisms regarding mental health			
Publish a revised cross-sectoral Promoting Mental Health Strategy	All Departments, led by DHSSPS Investing for Health Group	A renewed emphasis on mental health promotion across all sectors, taking account of lessons learned from previous work	By December 2009	Better mental wellbeing in the population	5

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Increase oral health promotion programmes aimed at clients with a Learning Disability and their families	HSC Board in collaboration with wider HSC	Development of regional and local programmes that will empower LD clients, their carers and families to improve oral health	Ongoing	Increased awareness of oral health as a personal priority for people with a Learning Disability Increased knowledge of personal measures that can be taken to improve or maintain oral health Improved attendance at primary Dental Care services Reduced referrals to Specialist/Secondary Care	3, 4, 5
Develop, consult and implement a 10 year Early Years Strategy.	DE led Ministerial sub-committee for Early Years.	Consultation on Strategy Implementation Plan	Autumn 2009 Spring 2010	Prevention and lessening of emotional and behavioural problems in young children by ensuring access to - physical nurturing - nourishing food - exercise and play (particularly outdoor play) - adequate sleep - emotional and social support	5

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Introduce a revised curriculum which provides opportunities through Personal Development and other areas for young people to develop the skills they need to cope with challenging personal situations such as violence against women and children; self-harm etc.	DE – Curriculum & Assessment Team	All schools to have implemented the revised curriculum	By September 2009	Pupils benefit from the opportunity to develop the skills they need to cope with a range of challenging personal situations; teachers receive guidance and support, including training, to implement the revised curriculum	1, 2, 4, 5
Produce guidance and support material for post primary schools on proactively promoting positive emotional health and well being among staff and pupils Produce guidance for schools on the management of critical incidents and ensure consistent support to schools across all board areas	DE – Pupil Support Unit	All schools understand their role in promoting positive outcomes for pupils There is consistent minimum provision across all post primary schools within the curriculum and pastoral care supports	Commencing Autumn 2009 Ongoing	All pupils and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies	2, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Develop proposals for developing resilience among primary aged pupils and those in special schools for consultation; to implement agreed new services	DE – Pupil Support Unit		Commencing Autumn 2009.	All primary age pupils, those in special schools and all staff should benefit from the overall programme. Vulnerable pupils will benefit from the improved pastoral care within the school and the effective links with external support agencies	1, 2, 4, 5
Support schools in their work to create an anti-bullying culture with guidance and materials which tackle all forms of bullying, including homophobic bullying, are up to date and reflect the dynamic nature of the problem	DE – Pupil Support Unit	All schools have in place an effective approach to tackling all forms of bullying	Ongoing	Pupils are confident that their concerns about bullying will be dealt with in an appropriate and timely manner	1, 2, 4
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	From September 2009	Improved opportunities for people to gain the mental well being benefits of participation in sport and physical recreation	1, 2, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Progress the Tackling Sexual Violence and Abuse Strategy 2008-2013	DHSSPS/ NIO as joint leads with other relevant Departments and agencies	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of sexual violence and abuse	2, 3, 5
Implement the domestic violence strategy *Tackling Violence at Home*	DHSSPS/ NIO as joint leads with other relevant Departments and agencies	Annual action plans implemented to achieve strategic objectives	Ongoing	Reduce levels of mental trauma as result of domestic violence and abuse through funding a range of support/education programmes.	2, 3, 5
Commission a scoping study of Pastoral Care arrangements in FE	DEL	To ensure that the FE sector is fully aware of and responsive to the needs of its students including having in place comprehensive pastoral care arrangements across all campuses to identify and address any problems experienced by students.	Scoping study commissioned by Public Procurement. Commenced July 2009 Findings of scoping study by December 2009 Implementation plan for any identified actions by March 2010	More effective, comprehensive and consistent pastoral care services for students across all 6 regional colleges	1, 2, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Promoting positive health, well-being and early intervention

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Review of the NI Child Health Promotion Programme (Health for all Children -Hall 4) to ensure early identification and intervention from the ante-natal period through pre-school and school age years	DHSSPS; PHA; Regional Health for All Children Group; and HSC Trusts	Redesign of Child Health Promotion Programme to ensure best practice is being delivered	Implementation from 1 January 2010	Early identification of disability to secure early intervention and support	1, 2, 5
Increase access to dental hygienists for education and regular appointments	School of Hygiene HSC	To train increased numbers of Hygienists Develop Oral Hygiene Services Utilise skill mix in workforce to deliver increased oral hygiene programmes to the Learning Disability population	To progress by 2011 and review progress against longer term targets.	Improved oral hygiene for people with a Learning Disability Reduce levels of dental decay Reduced usage of dental general anaesthetic & intravenous services	2, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Publish a report on the 'Promoting Social Inclusion' work led by OFMDFM with input from Departments and the sector as appropriate	OFMDFM, Equality / Rights & Social Need Division	The work of the PSI Group for people with disabilities covers a range of topics and cuts across Departmental boundaries – the report will provide a composite set of recommendations for Executive consideration which will improve the quality of life for people with disabilities.	Autumn 2009	Improved social inclusion of people with disabilities across a wide range of areas and activities examined by the PSI Group including: • Access to Employment; • Children, Young People and their Families; • Housing, Transport, Information and Access; • Legislation, Citizenship, Language and Attitudes, and • Lifelong Learning, Arts, Sports and Culture	1, 2, 3, 4, 5
Publish an action plan for the implementation of recommendations arising from the PSI report (above)	OFMDFM Equality / Rights & Social Need Division (with input & agreement from other Departments as necessary)	As above. The action plan for this PSI work will be taken forward in the context of the wider 'anti-poverty and social inclusion' strategy - Lifetime Opportunities	Agreed action plan by March 2010	As above	1, 2, 3. 4, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

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Mainstream the funding of 5 Education and Library Board Transition Service Pilot Project, subject to positive outcome of ETI Inspection Report	DE - Special Education Branch	To strengthen the transition planning process in school and provide a co-ordinated approach to transition planning with other statutory agencies and advice givers	Consider and evaluate outcomes of ETI Inspection Report which has been published in February 2009 and, if positive, mainstream funding from 2009/10 financial year	This action will benefit all pupils with a statement of special educational needs (including those pupils with a mental health problem or a learning disability) by ensuring that Education and Library Boards/the Education Skills Authority provide a cohesive approach to transition planning and that pupils are supported and informed about post school options and placements	2,3,5
Consider and develop, under the auspices of the Transitions Sub-Group of the Ministerial Sub Committee on Children and Young People, an Inter-departmental Action Plan to further strengthen policy delivery and the provision for young people with special educational needs as they make the transition from school to adulthood	DE – Special Education Branch, as Chair and Secretary to the Sub-group. Action Plan to be implemented by all participating Departments, i.e.; DE, DEL, DHSSPS, DSD, NIO, JJS, OFMDFM	To implement, through inter-departmental working and collaboration, an action plan to consider and remove barriers to the successful transition of young people with special educational needs from school to adulthood and the provision of continuing education, work opportunities and appropriate health and social care interventions	May 2009	Benefits young people with special educational needs (including those pupils with a mental health need or a learning disability) as they make the transition from school to adulthood	2, 3, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Issue Review of SEN and Inclusion Policy Proposals for public consultation. Develop agreed guidance and quality indicators which will cover issues such as:- - early identification and intervention; - the effectiveness of strategies and services employed; the effectiveness of funding and delivery of resources	DE Review of SEN and Inclusion team	A shared commitment between DE and DHSSPS to the planning and timely provision of locally commissioned services which are child centred, easily accessible, effectively and consistently delivered to those children and young people who need them	During 2009 (subject to agreement of Executive to move to consultation phase).	Every child and young person, facing barriers to learning and social inclusion (in particular, those with disability or health needs and social and emotional factors) is given a fair and equal chance and provided with the necessary support as early as possible to help them achieve their potential	1, 2, 5
Commission research to ascertain the impact on people with learning difficulties of the policies and actions contained in the Accessible Transport Strategy	DRD	The research would provide an assessment of how accessible services supported by DRD are to people with a learning disability. It would also consider areas such as the provision of travel information, training provision and personal safety and confidence issues	Report commissioned April 2009 Date for delivery of draft report by end of October 2009	Address a wide range of the barriers that impede the use of the transport system by people with a learning disability	1, 2, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Complete an analysis of DEL provision across the further education and training sector for those with a disability, including those with special educational needs or with mental ill health. This work to build on detailed reviews of Students with Learning Difficulties and/or Disabilities provision in FE, barriers to Training for Success and also recent inspection reports of provision	DEL Education and Training Inspectorate	Identification of areas for future DEL action where appropriate; also, an indication as to whether individuals have access to the services they require consistently across further education and training	Report finalised by June 2009	More effective services for individuals accessing DEL programmes and services	1, 2, 4, 5
Consider the findings of the overarching review and any strategic implications for DEL and develop an action plan	DEL	Strategic action plan to address cross-departmental issues identified that impact on individuals with mental ill health and /or learning disability	Action plan in place for 2010/11 Key milestones - consider resource implications, both staff and financial - identify delivery mechanisms - seek approvals to proceed	More effective services for individuals accessing DEL programmes and services	1, 2, 4, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Undertake scoping study of provision for those not in education, training or employment (NEET), including those with mental ill-health and/or learning disability	DEL in liaison with other organisations, including PHA	Determination of available provision	Scoping study completed by Autumn 2009	Improved information to enable consideration of need for cross-Departmental strategic approach/ further actions	1, 2, 4, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Examine the benefits for NI of adopting similar partnership arrangements to those put in place by the Scottish Executive that detail the roles and responsibilities of agencies involved in meeting the educational, health and social needs of people with additional needs accessing DEL provision	DEL jointly with DHSSPS/ HSC and other relevant Departments	Clear understanding of the respective roles and responsibilities including information sharing between DHSSPS and its agencies, DEL and its delivery partners and other agencies in addressing the needs of these learners (in particular assistance with assessment, personal care, transport etc), and that the findings are disseminated locally to DEL delivery partners and HSC	Stage 1: Scope benefits by End 2009 -Identify resource to undertake project - establish steering group for the project Stage 2 : Bring forward proposals to develop partnership working guidance in 2010. Report progress to Inter – Ministerial Group	Better awareness of the challenges of delivering provision to learners with profound and complex needs and clear signposting for individuals, families and providers Better informed healthcare and other professionals in relation to the education and training programmes and services relevant to and accessible by adults with mental ill health and/or learning disability	2, 4, 5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

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Develop new exhibitions / exhibits to include provision for those with learning difficulties	W5	Include exhibits/Exhibitions with sensory experiences, graphics and limited text to be inclusive to those with learning difficulties.	Ongoing	Inclusion and enjoyment in exhibition	1, 2, 4, 5
Carry out a policy evaluation of the Supporting People programme	DSD	Examination of the governance arrangements, commissioning process and funding arrangements, to ensure compliance with the policy intention that Supporting People is to fund advice and guidance for relevant individuals/organisations	March 2010	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it	1, 5
Collaborative work between DSD, NIHE, DHSSPS and HSC	Supporting People Commissioning Body, chaired by the Northern Ireland Housing Executive	Ensure that the accommodation needs of vulnerable adults are included in the delivery of the Social Housing Development Programme in as far as resources are available at that time	Ongoing	Ensure that suitable, safe and supported housing is available for those with a mental health need or a learning disability who require it	2, 5

LEARNING DISABILITY ACTION PLAN

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KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Publish action plan of how NICS will promote diversity	CHR to lead with all other NICS departments	Equal opportunities monitoring of the NICS workforce. Review the 2008 – 2011 NICS Employment, Equality and Diversity Plan	December 2009	A working environment where everyone has a right to equality of opportunity and individual differences are valued and respected The NICS workforce will be more representative of the community by attracting a more diverse applicant pool for advertised posts including applications from those with a disability	1, 2, 5
To develop mandatory equal opportunities and diversity awareness training to all staff at all levels within the NICS	CHR to lead with all other NICS departments	Ensure that all employees are aware of their duties and responsibilities to ensure equality in the workplace and to fully include employees with disabilities, including learning disabilities, in the working environment	Mandatory Training to commence in October 2009. To be complete by June 2010	To raise awareness of issues facing staff and customers with disabilities including those with a learning disability by ensuring all NICS employees are trained in equal opportunities and diversity awareness	1, 2, 5

LEARNING DISABILITY ACTION PLAN

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Improve communication methods and access to information for people with a learning disability	PHA to lead in partnership with HSC Board and Trusts, working with DEL and DSD	Increase in information and advice services, at least some of which will be delivered by voluntary sector Provision of information in easily accessible formats to cater to users' needs – this will involve training for staff in contact with those with a learning disability Reasonable adjustments should be made to provide information to make services more accessible	Ongoing	Better support for service users and carers in understanding the services and making their views heard	1, 3, 4, 5
Education and Library Boards to continue to develop their information and advice service	DE	Improvement of statutory information and advice service	Ongoing	Better support and advice for parents, pupils and schools in understanding the services available	1,3,4,5

LEARNING DISABILITY ACTION PLAN

Theme: Supporting children, adults and older people to be independent and reach their full potential

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Resettlement of long stay patients from learning disability hospitals	DHSSPS HSC DSD NIHE	25% reduction in the number of long-stay patients in learning disability hospitals (baseline 2007/08) Anyone who has a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital	By 2011 By 2013 (Programme for Government Target)	More people with a learning disability able to live independent lives safely in the community	2, 4, 5
Development of a plan by Local Commissioning Groups demonstrating what advocacy services are currently in place and the vision for the future	HSC	To enable individuals and carers to actively engage in care planning and quality assurance	By March 2011	People with a learning disability and their carers will be better informed to make their own decisions and will have a greater opportunity to have their voices heard and influence their care which will improve their independence	2, 3

LEARNING DISABILITY ACTION PLAN

THEME: Supporting carers

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Complete a joint Review of Support Provision for Carers	DHSSPS/DSD	Improved support services for carers who look after people of all ages who have a learning disability or mental health issues	Autumn 2009	People with a learning disability or mental health issues are supported to live independent lives in their own home for as long as possible and carers are supported in their caring role so that they can continue to care for as long as they wish and are able to do so	2, 4, 5
Improve regional information on provision of respite care	DHSSPS/ HSC	Pilot data collection and refine as necessary Monitor respite care provision in NI on a quarterly basis	By December 2009 Ongoing	Respite provision can be better planned and monitored	1, 2, 5
Support to families with a child with a learning disability	HSC	Family Support Plans which will identify unmet need and changing needs as children grow The appointment of a key worker to support families and carers at time of diagnosis and beyond and to co-ordinate and link in with other services required	March 2011	Families will be provided **with more co-ordinated support** at an earlier stage	3, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Supporting carers

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Support for individuals with a learning disability and their carers and families by the provision of short breaks and respite opportunities	HSC in collaboration with voluntary and community sector	The provision of 200 additional respite packages benefitting 800 people (baseline 2007/08) There should be a move away from traditional respite to the delivery of a more flexible and responsive service, taking full advantage of Direct Payments, self-directed support and other innovative forms of respite	March 2011	People will be afforded more flexible respite options which will help maintain their care settings by supporting their carers.	3, 4, 5
Increase uptake of Direct Payments	HSC	Double the number of recipients of Direct Payments in learning disability programme of care (baseline June 2007)	By March 2011	Give service users and their carers greater choice in the support they receive	2, 3, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS	VALUES MET (numbered 1 to 5 – see above for definitions)
Provide a service wide, supportive, quality driven environment to promote Personal and Public Involvement, (PPI), in planning, commissioning, delivery and evaluation of services	DHSSPS, HSC in collaboration with voluntary and community sector and the Patient and Client Council	Submit consultation schemes under section 19 of the Health and Social Care (Reform) Act (Northern Ireland) All organisations to embed PPI consistently as part of organisational activity Establish leadership and accountability arrangements for PPI Monitor and Evaluate progress; agree priorities and targets for subsequent year; report annually	Jan 2010 Apr 2010 Apr 2010 From Apr 2010	• Improvements in service design. • Improvements in user and carer experience of services. • Promotion of social inclusion • Improved safety and quality of treatment • Reduction in complaints • Improved management of demand • Understanding of how and when care goes wrong • Reduction of risk	1, 2, 3, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
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	4, 5
Develop a Service Framework for learning disability services	DHSSPS	Strengthen the integration of health and social care, enhance health and wellbeing, promote evidence – informed practice, focus on safe and effective care and enhance multidisciplinary and inter-sectoral working	By December 2010	Set out the standards of care that people who use services, their family and carers can expect to receive	2, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Increase levels of community learning disability services	HSC Board in collaboration with PHA and HSC Trusts	Increase the LD community based workforce commensurate with the improvement in community infrastructure to meet the needs of the learning disabled population.	2011	Greater access to community learning disability services	2, 4, 5
Improve information systems on provision and use of mental health and learning disability services	HSC Board in collaboration with HSC	Anonymised database on inpatients in learning disability facilities available at regional level for use by DHSSPS and HSC bodies Extend the database to include users of community based services	October 2009 April 2011	Services can be better planned to meet needs and monitored to ensure service improvement, based on up to date local information	4,5
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	April 2010 and ongoing	New services can be better targeted and gaps in existing services can be filled	1,2,3,4,5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Review range of facilities used to provide both inpatient and community based mental health and learning disability services and agree future pattern of provision	DHSSPS/HSC	Plan for facilities required to deliver mental health and learning disability services	The Capital Priorities Review was completed in September 2008. A Policy Infrastructure Forum has been established to address new requirements and ongoing prioritisation	Services will be delivered in appropriate, accessible, fit for purpose buildings	4, 5
Complete a workforce planning study for mental health and learning disability health and social care services	DHSSPS (HR Directorate) in collaboration with HSC	Agree a prioritised action plan to take forward recommendations from the commissioned workforce study	December 2009	Adequate numbers of appropriately trained staff to deliver services needed	4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Improve services for people with challenging behaviours and their carers	DHSSPS DE HSC	Production of agreed regional guidelines in partnership with service providers and the voluntary sector on the management of challenging behaviours within services	March 2011	Assist carers in managing challenging behaviours e.g. by directing to appropriate "behaviour services"	4, 5
Improve collaboration between education and health sectors in meeting the educational needs of children and young people with significant challenging behaviours	DHSSPS DE	Production of agreed agreed protocols	March 2010	Smooth transition between health and education services to appropriate placements	1,2,3,4,5
Training of primary dental care professionals to improve quality of care provided to patients with a Learning Disability	Consultant in Specialist Care Dentistry (SCD) Specialist network in SCD NI Medical, Dental Training Agency (NIMDTA)	Provide training in disability awareness and communication skills Undergraduate and postgraduate training in provision of dental care to people with a Learning Disability	2011 initially and progress towards longer term target	Increased local availability of dental care to Learning Disability population Increased local levels of dental care Reduced levels of secondary referrals to SCD specialist teams Increased access to mainstream primary dental care services	2, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Establish consultants in Specialist Care Dentistry (SCD)	DHSSPS School of Dentistry HSC	Appoint consultant in SCD Fund additional SCD consultant position	March 2011	Improved quality of services for patients with severe / complex Learning Disability needs Strengthen SCD network; provide absence cover; reduce waiting lists	1,5
Establish training pathways in Specialist Care Dentistry (SCD)	DHSSPS School of Dentistry HSC	Specialist registrar positions in SCD Training for community based specialists in SCD Training for Dentists with Special Interests in SCD Training for Primary Dental Care Practitioners	2011 initially and progress towards longer term target	Increased local availability of dental care to Learning Disability population Increased local levels of dental care Reduced levels of secondary referrals to SCD specialist teams Increased access to mainstream primary dental care services	1, 2, 5
To provide assessment and treatment for children with a learning disability Provide suitable respite facilities to ensure children do not have to remain in hospital	HSC Board and PHA in collaboration with wider HSC	Provide an 8 bedded assessment and treatment unit at Iveagh Provide 8 respite places. The location / locations of these respite places have to be determined and will provide residential and respite care for children who challenge services	January 2010 In line with agreed DHSSPS Capital Priorities	To ensure those children affected are looked after in the safest, most suitable location	4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Establish a Northern Ireland Forensic Mental Health and Learning Disability Steering Group involving users of services and carers and the relevant agencies at senior level	HSC with other relevant agencies	A co-ordinated approach across HSC and criminal justice agencies to improve forensic mental health and learning disability services	September 2009	Better joined up services for people who need forensic mental health & learning disability services	4, 5
Develop a plan for a community LD Forensic Service	HSC with other relevant agencies	A plan for the future implementation of services, providing specialist low secure community accommodation and community based forensic services	By March 2011	Improved forensic learning disability services delivered by appropriately trained staff	4, 5
Inclusion of learning disability in all service frameworks.	DHSSPS	The standard and quality of care for people with a learning disability will be improved. All services should be accessible to people with a learning disability and all service frameworks should explicitly reference the needs of people with a learning disability	Ongoing	The framework will improve the health & well being of people with a learning disability through promoting social inclusion, reduce inequalities in health & wellbeing, and improve quality of care. They will be better supported to live in the community which will reduce the need for them to be cared for in learning disability hospitals.	2, 3, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Completion of a needs assessment to inform the future need for and provision of learning disability services.	DHSSPS DSD DEL HSC Board and PHA DE, who already have a statutory assessment process in place within the SEN framework	To develop a joint policy to progress inclusive and co-ordinated planning processes for services to inform comprehensive spending reviews.	2010/11	This will improve the services provided to those with a LD as services will be co-ordinated.	4, 5
Improve the experience of those with a Learning Disability accessing the HSC in all care settings	DHSSPS HSC	Training of staff to make them more aware of the needs of people with a learning disability.	Ongoing	Staff will be better equipped to recognise the needs of people with a learning disability and to deal with them appropriately with respect to their disability The experiences for people with a learning disability in all HSC settings will be improved. This will help them achieve the best outcomes from interventions and improve their health	2, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Improve the information provided to people with a learning disability to ensure appropriate health and social care is given where needed.	DHSSPS HSC	Implementation of best practice identified in the Equality Commission Report into the accessibility of health information in Northern Ireland for people with a learning disability. Passporting for both children and adults should be developed and rolled out (for example, the Sixth Sense project in SHSCT)	Ongoing	Enhanced exchange of information between individuals, their families and carers and HSC Services.	2,4,5
Develop a Regional Bed Management Protocol for those with a learning disability.	HSC Board to lead in collaboration with HSC Trusts	A bed management protocol which will cover the 5 Trusts and 3 hospitals	December 2009	Safer and more effective access to care for those with a learning disability	5
Increase the provision of person – centred day opportunities (including employment provision) for people with a learning disability that facilitate integration into the community	DHSSPS DEL (Disablement Advisory Service) DSD (benefits)	Provide better day support opportunities, including employment opportunities, recognising the impact of demographic changes	March 2011	Opportunities tailored to the needs of people with a learning disability promoting their inclusion in society	1, 2, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing better services to meet people's needs

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Improve transitions planning for all children with statements of special educational needs	DE, Education and Library Boards, DHSSPS and HSC	A shared Transitions Plan between education and health and social care sectors. Multi agency planning to facilitate improved planning and delivery at local level	Ongoing	Person-centred planning to meet the needs of the individual	1, 2, 3, 4, 5

LEARNING DISABILITY ACTION PLAN

THEME: Providing structures and legislative base to deliver the Bamford vision

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Establish Health and Social Care Mental Health and Learning Disability Task Force	HSC Board and PHA to lead	A co-ordinated approach across HSC to improving mental health and reforming mental health and learning disability services in line with Bamford	By October 2009	Task Force will be charged with ensuring that services are reformed and modernised in line with Bamford vision	4, 5
Establish Bamford Monitoring Group	Patient Client Council	Provide a challenge function on the extent to which the reform of services is working	By October 2009	Service users and carers will have an opportunity to feed back their views to Minister on how services are meeting their needs	1, 2, 3
Inter-Departmental Ministerial and Implementation groups to continue	DHSSPS (with other Departments)	A co-ordinated approach across NI Executive improving mental health and reforming mental health and learning disability services in line with Bamford	Ongoing	Better joining up of services across agencies	1, 2, 5
Introduce new mental capacity and mental health legislation	DHSSPS (with other Departments)	Commence new mental capacity and mental health legislation	Post 2011, exact timing depending on legislative programme	A consistent approach, with appropriate safeguards, to decisions - about care, treatment, property or assets – which have to be made for those unable to make decisions for themselves, whether because of mental disorder or for other reason	5

LEARNING DISABILITY ACTION PLAN

THEME: Providing structures and legislative base to deliver the Bamford vision

KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TIMETABLE FOR COMPLETION AND KEY MILESTONES	BENEFITS (to people with mental health need or a learning disability)	VALUES MET (numbered 1 to 5 – see above for definitions)
Introduce a small amendment to the Mental Health (NI) Order to enable patients to apply to the court to replace their nearest relative	DHSSPS	An amendment to the 1986 Order enabling patients to apply to court to replace their nearest relative	By March 2011	Patients will be able to challenge the appointment of a nearest relative. This will be important in situations where the relationship with the nearest relative has broken down or where there is a history of abuse by the nearest relative	5
Issue guidelines to health trusts advising of a European Court of Human Rights judgement requiring safeguards for those deprived of their liberty for their protection	DHSSPS	Guidelines issues to health trusts	By December 2009	Those deprived of their liberty for their protection in nursing homes and hospitals and their relatives and carers will be consulted on the nature and extent of the deprivation	5

Appendix 1

HUMAN RIGHTS AND EQUALITY IMPLICATIONS

Northern Ireland Act 1998

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

The Bamford Review

A Human Rights and Equality Sub-Group was established as part of the Bamford Review to consider the relevant legislation and other requirements particularly relating to human rights, discrimination and equality in relation to people with a mental health need and/or learning disability. The Sub-Group considered a number of situations where actual or potential human rights and/or equality issues arise for people with a mental health need and/or learning disability and made a number of recommendations that will be addressed as part of the ongoing reform of mental health and learning disability services. The Sub-Group also developed a set of overarching human rights and equality guidelines against which each of the Review's Working Committees could test their discussions and recommendations. The Sub-Group's report on Human Rights and Equality of Opportunity can be accessed at:

http://www.rmhldni.gov.uk/human_rights_and_equality_report.pdf

Background

Overall it is estimated that in Northern Ireland about 250,000 adults and 45,000 children under 18 have a mental health need. About 26,500 people have a learning disability, of whom about half are aged 0-10. About 16,000 people have dementia, the vast majority of whom are older people.

Policy Aims

The overall aims of the Bamford Review and of NI Executive policy as articulated in *Delivering the Bamford Vision* and in this Action Plan are to:

- promote mental wellbeing for the whole population;
- protect the rights of people with a mental health need or a learning disability;
- promote equality of opportunity for them; and
- improve the public services offered to them and their families and carers.

Delivering the Bamford Vision set out a broad statement of policy for services for all people with a mental health need or a learning disability. This Action Plan sets out specific action to be taken over the next two to three years. As this work is taken forward and more detailed policies and strategies are developed in response to specific elements of the Bamford vision, the equality implications of these policies and strategies will be taken into consideration. The human rights and equality implications of the proposed legislation referred to in this Action Plan will also be considered separately as the legislation is progressed.

Groups Affected by the Policy

The policy includes mental health promotion, which affects the population generally. Work is under way on revising the Government's strategy and actions in relation to promoting health, emotional wellbeing and the equality implications of this strategy will be considered as this work is progressed.

In relation to people with mental health needs or a learning disability, information from the sources listed below has been considered and will be taken into account as services are designed or re-designed.

Gender

Using a GHQ12 score of 4 or more as an indicator of possible mental health problem, the Health and Wellbeing Survey 2005/06 showed that such scores were higher for women (21%) than for men (16%).

Since women generally live longer than men, they are more likely to suffer from dementia.

DHSSPS Equality and Human Rights Literature Review *Access to Health and Social Services* (April 2005) found that men tend to be more vulnerable to mental health problems and suicide for a number of reasons including:

- many men are reluctant to talk about their problems or feelings or to admit that they may be depressed.
- the reluctance of many men to consult with their GP for mental and emotional health problems.
- unemployment and the adverse impact of the continued decline of certain industries (such as the manufacturing industry).

The Bamford Review also highlighted specific mental health service needs for some women in the perinatal period.

There is no evidence of a gender difference in relation to prevalence of learning disability.

Age

The Health and Wellbeing Survey 2005/06 found that GHQ12 scores increased with age group, from 16% for 16-24 year olds to 23% for 55-64 year olds and then decreased again to 16% for those aged 75+. There is some evidence that mental health problems such as depression are less likely to be detected and treated in older people.

Delivering the Bamford Vision and this Action Plan recognise the differing mental health needs of children and young people, adults of working age and older people and the need for good interfaces to facilitate transition between the services when people reach the upper age limits for particular services.

Dementia affects mainly older people, although some younger people can develop it.

Learning disability is a life-long condition, affecting all ages, so services for people with a learning disability have to provide a life long continuum. The need for specialist services for children and young people with a learning disability is recognised. Transition to adult life is a stressful time when decisions about further education, employment or other meaningful daytime activities are being made.

Religion

More Catholics (21%) and those of other religions (20%) had a high GHQ12 score than Protestants (17%) (Health and Wellbeing Survey 2005/06).

There are no data to suggest a difference in prevalence of learning disability.

Marital Status

Fewer currently married people had a high GHQ12 score (16%) than single people (18%) with widowed (24%), divorced (28%) and separated people (35%) having greater risk (Health and Wellbeing Survey 2005/06).

Few people with a learning disability are married.

People with Dependants

The 2001 Health and Wellbeing Survey found that people with dependent children were more likely to have experienced stress in the previous year – 16% of those with dependent children reported a great deal of stress compared with 10% of those without dependent children.

Few people with a learning disability have dependents.

People with a Disability

This policy relates to people with a disability – either a mental health need or a learning disability. There is also evidence to suggest that people with physical and sensory disabilities are more likely to have a mental health need. The 2005/06 Health and Wellbeing Survey found that those who reported their general health as not good were more likely to have high GHQ12 scores – 51% compared to 10% who reported their

health as good. The particular mental health needs of deaf people was highlighted by the Bamford review.

People with a learning disability who develop mental health needs may also require specialised services.

Ethnicity

There are well-documented cultural differences in the way psychological distress presents, is perceived and interpreted. Different cultures also develop different responses for coping with psychological stress. As a consequence, mental health interventions that emphasise individualism may not be appropriate for all cultures and belief systems.

Sexual Orientation

National Institute for Mental Health in England found that Lesbian, Gay and Bisexual people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm than heterosexual people (*Mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people – a systematic review (2008).*

Conclusion

This Action Plan covers a broad range of policy and service developments for services for people with a mental health need or a learning disability. While the overall policy aim is to improve the lives of people with mental health needs or a learning disability, some of the actions relate to groups of such people who have been identified as having particular needs for targeted services and there is the potential for some service developments to impact negatively on particular groups. The NI Executive recognises that as more detailed policies and strategies are developed in response to specific elements of the Bamford vision, the human rights and equality implications of these will be considered separately and their impact monitored as they are implemented.

Abbreviations

ASD	Autistic Spectrum Disorder
DCAL	Department of Culture, Arts and Leisure
DE	Department of Education
DEL	Department for Employment and Learning
DETI	Department of Enterprise, Trade and Investment
DHSSPS	Department of Health, Social Services and Public Safety
DRD	Department for Regional Development
DSD	Department for Social Development
ELB	Education and Library Board
FE	Further Education
HSENI	Health and Safety Executive Northern Ireland
HSC	Health and Social Care
NIO	Northern Ireland Office
OFMDFM	Office of the First Minister and deputy First Minister
PHA	Public Health Agency
PCC	Patient and Client Council
RPA	Review of Public Administration
SEN	Special Education Needs
SENDO	Special Education Needs and Disability Order