

*National Institute for
Mental Health in England*



Recovery and Change – Mental Health into the mainstream

Annual Report and Strategic Plan 2003/04 – 2005/06



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Reflecting improvements in mental health

Recovery and Change – Mental Health into the mainstream aims to outline NIMHE's progress and account for our activities during the last 12 months.

But more importantly, we hope it will publicly recognise what people working in and using mental health services are achieving. Real progress is happening now and is having a tangible impact on the quality of local services. Our first positive practice awards also recognise and reward the outstanding commitment of people to improving mental health in this country.

This has been a significant year for NIMHE, to establish our organisation – all eight development centres, nine national programmes and research network – to recruit the 100 plus people who now work with us, and to begin supporting local communities to implement positive change.

As a result of a new financial framework in place across health and social care, we have the basis to agree strategic priorities across our organisation for the next three years: system transformation, workforce development and changes in practice. This is not to say that our activity won't adapt and change during this time, but it does mean we are able to plan forward with some certainty.

We hope very much that your experience of our organisation will be positive and enabling. NIMHE is not a command and control organisation. We describe ourselves as devolved and united, with the majority of our business being delivered through eight development centres and the hubs of our research network. We are also a matrix organisation, with NIMHE's development centres working locally, connecting up with nationally agreed programmes to support consistent changes in practice, economies of scale and shared learning.

Within this context, NIMHE will keep a clear focus on service development and implementing the NHS Plan. We will stand firm on our commitment to improve the experience and outcomes of people from black and minority ethnic communities and of women who use mental health services.

However, we will also continue to develop to meet the broad remit of our organisation – in prison mental health care and learning disability and mental health, for example – as well as developing a focus on pipeline projects and stimulating innovation, such as in recovery oriented practice. A key contribution we believe we can make is to put in place new ways for people to share their know-how and experiences – through networks and groups as well as online.

NIMHE is an organisation built on partnerships. We will continue to develop links with the rest of the Modernisation Agency and Department of Health. Productive working relations with bodies like the new Commission for Health Audit and Inspection (CHAI), Commission for Social Care Inspection (CSCI), National Institute for Clinical Excellence (NICE), professional and independent agencies will also influence how mental health develops and is mainstreamed throughout health and social care.

Although we may see early signs of progress, we are realists. The acid test of our progress is what service users and their families say and feel, the experiences they have of the support and space we can give. In this endeavour, NIMHE's expert by experience group will be prominent in assisting our thinking, prioritisation and performance management.

Over the next three years we want to become a dependable, resourceful, useful organisation. Let us know how we can help you. Contact your local NIMHE. We look forward to working with you.

With best wishes

Antony Sheehan
Chief Executive, NIMHE
and Group Head of Mental Health
Department of Health

Louis Appleby
National Director of Mental Health
Department of Health



NIMHE, an organisation in development

Our mission

“We aim to improve the quality of life for people of all ages who experience mental distress. Working beyond the NHS, we help all those involved in mental health to implement change, providing a gateway to learning and development, offering new opportunities to share experiences and one place to find information. Through NIMHE’s development centres and programmes of work, we will support staff to put policy into practice and offer help to resolve local challenges in developing mental health.

To achieve these aims, service users, families and communities will be at the heart of all our work. We will embrace diversity, champion achievements, help to break down bureaucracy and promote flexible ways of working. NIMHE is forging new partnerships at a national and international level. We will take a lead in connecting mental health research, development, delivery, monitoring and review.”

Devolved and united

To achieve this mission, we now have in place:

- Eight development centres, the ‘engine room’ of NIMHE and mental health change agents for the Modernisation Agency, they provide the main point of contact with NIMHE for people who provide and use mental health services, and local communities.
- The University of Manchester and Institute of Psychiatry as the managing partnership for the mental health research network, a standing programme of NIMHE to establish and maintain the infrastructure to support high quality mental health and social care research studies.
- A wide range of other work programmes, addressing such issues as improving access and choice, acute inpatient care, primary care, suicide prevention, equalities and the mental health workforce.
- A national experts by experience group, providing a focus for service users and carers to engage and influence within NIMHE.
- Fellowships, both national and regional, providing opportunities for people to contribute to our work from a wide range of backgrounds, while maintaining involvement with their own field of expertise and experience.
- A positive practice group which has made its first awards and a connected project on service development champions.

We have established ourselves as a federal organisation, devolved and united. Each of our development centres is governed via local stakeholder arrangements and we approach our work with sensitivity to local communities’ needs and expectations. We are governed by a Council, which draws representation from all parts of NIMHE, and has overall responsibility for NIMHE’s strategy and policy. ‘We hope this provides us with the founding blocks on which everyone can have a real and influential voice within NIMHE.’

NIMHE’s central team, a group of peripatetic staff with a small base in Leeds, provides support across our organisation covering:

- Knowledge development and communications.
- Cross cutting liaison and whole systems service redesign and development.
- Corporate business and performance management.

Developing capacity in people in mental health

NIMHE’s first year has seen recruitment of a very wide range of new colleagues across our organisation. We’ve done this in a variety of ways. In addition to conventional full-time appointments, opportunities have been created for fellowships, secondments, part-time and short term project work. Many posts have been created as partnerships with others. These have all been designed to enable people to remain involved with another organisation, or field of activity, whilst bringing time, skills and experience to the work of NIMHE.

We have been greatly heartened by the range, number and calibre of people coming forward to work with us. We are confident that we have access to the skills and experience necessary to help us meet our goals.

NIMHE will grow substantially over the next two to three years. We are very conscious both of the need to attract able people to help with our work, and of our responsibility to ‘recycle’ their skills back into services. We will therefore place particular emphasis on associate, part-time and fellowship arrangements, which enable people to contribute to NIMHE whilst retaining service responsibilities. In the future we also intend to investigate and promote the creation of ‘fast-stream’ approaches for potential service leaders. We also commit to delivering our goal of becoming a diverse organisation.

National context and policy

NIMHE's first year of operation has been against a background of significant changes in both the organisation and the delivery of services.

Within the NHS, "Shifting the Balance of Power" has taken full effect, with Strategic Health Authorities taking up their functions as the local headquarters of the NHS, and Primary Care Trusts taking responsibility for commissioning of local mental health services. The systems of audit and inspection across both health and social care have been reformed, with the creation of the Commissions for Healthcare Audit and Inspection (CHAI), and for Social Care Inspection (CSCI).

All local agencies have continued work to implement key policy commitments, as set out in the NHS Plan, and the various national service frameworks. There has been significant new investment, with more to come. Further work has been undertaken nationally to set out advice and guidance on important areas of practice, such as services for women, and for people from black and minority ethnic communities.

Mental health service providers and users have also contributed to a vigorous and continuing debate about reform of mental health legislation. NIMHE will need to be ready to support services to think through and to implement a new legal framework for care as and when approved by Parliament.

There has been an increasing emphasis on co-ordinating delivery of programmes across Government and NIMHE has a key role in the delivery plan for mental health. This process links NIMHE with colleagues working in mental health across and beyond the Department of Health, and is ensuring that attention is focussed on key commitments and targets.

All of these issues have had implications for NIMHE's programmes of work, and for the way in which they are delivered. Both central and development centre teams have been building relationships with colleagues in new roles and new organisations. Programme activity has spanned support for improvements in existing services, the introduction and integration of new service models and cross-cutting work.

Working beyond the NHS

NIMHE is part of the NHS Modernisation Agency. However, the task of improving mental health and mental health services is one that stretches far beyond the NHS. If we are to be successful in achieving our objectives it is vital that we engage organisations, agencies and individuals that have an interest in mental health from all parts of the community.

It is of paramount importance that we involve service users and carers in our work. It is also important that we involve not just NHS organisations but Local Authorities, the criminal justice system, the voluntary sector, academic institutions and the independent sector. We will also promote and facilitate cross-government work to ensure consideration of the health implications of other aspects of government policy, and to support real changes on the ground. There is no better example than our work with the SOCIAL Exclusion Unit.

NIMHE will continue its efforts to open itself up to the views and ideas of all those with an interest in, and a contribution to make to, mental health. We will continue to strive to be an open organisation, to make accountability to the people we serve meaningful and authentic.

Reaching out internationally

During the past 12 months, we have put in place strong links further afield. As well as keeping in touch with other parts of the UK, NIMHE is part of a tripartite International Institute for Mental Health Leadership (IIMHL) with the United States and New Zealand, beginning with an exchange connecting chief executives in all three countries.

Reaching out internationally will not only help us learn how services are being reformed across the globe, but will also enable us to share how we are all trying to effect a real paradigm shift to mainstream mental health, revolutionise people's experience and implement a recovery oriented culture.

Inside outside

Working directly with communities, we will create a dialogue and action to help effect real change. Our goal is to transform people's experiences of mental health services, to empower communities to de-stigmatise and support the mainstreaming of mental health in our society.



One year on – reporting back

In our first year, NIMHE began work programmes, which responded to priorities highlighted during our consultation and shared with others in the Modernisation Agency and beyond. They have covered access, booking and choice, acute in patient care, community teams, primary care, a research network (standing programme), substance misuse, suicide prevention, equalities, intelligence in progress and workforce.

Our programmes have aimed to:

- Create an infrastructure for sustainable change and development support.
- Deliver early action and impact.
- Be both proactive and responsive.
- Support teams, services and communities.
- Share across the country and support liaison across organisations.
- Have a balance of 'bread and butter' and innovative, forward looking activity.
- Be well co-ordinated to help promote consistency in improvement, shared learning, achieve economies of scale and reduce duplication.

NIMHE's positive practice group exists to support the work of all programmes and centres, to help share what works and celebrate positive change. Our first positive awards were presented in June 2003.

The section highlights developments during 2002/03, reflecting the contribution of people involved in developing mental health locally and throughout different parts of NIMHE.

For more information and to keep in touch with the progress of NIMHE's work including publications and news mentioned in this section, go to www.nimhe.org.uk

Research Network

The mental health research network is NIMHE's only standing programme. In the last year, the Institute of Psychiatry and University of Manchester were chosen as the network's managing partnership, with responsibility to maintain the infrastructure of research hubs.

In its first phase, five hubs will be part of the network. They are The North West, London, The Heart of England, Cambridgeshire and Norfolk, and a West Hub (covering part of the South West of England).

Example: Substance misuse programme

Drug Action Team Cheshire

The local community in Chester, made up of service users, commissioners and service providers have been one of the first project teams taking part in the substance misuse programme.

During process mapping, they identified the following bottlenecks in their local services:

- Poor public information for service users to know where to go for help.
- Long waits for first assessments.
- 70% DNA rate for some appointments.
- Little follow-up when service users didn't attend their appointment.

Following this, service users involved in the development and distribution of public information on where to get help. This has seen an increase in self-referrals reducing the wait they otherwise would have had if they had gone to GPs. In addition, the team introduced a partial booking system for first assessment appointments, to reduce both the DNA rate and waiting time for service users. To date, waiting times for first assessment appointments have been reduced from 13 weeks to 11 days.

"Being on the programme has given us the tools to focus on the service users' journey, ...it has helped up to look at the whole system and not just access and is improving the quality of our service." Clinical Services Manager, Chester Community drug and alcohol team.

"I've never been asked to comment in this way before, on what it's like for me", service user.

"I've been living somewhere else and have been waiting for 18 months to see someone, so I've decided to move to Chester," service user.

You can find out more local delivery stories using smart search on www.nimhe.org.uk

Example: Access, booking and choice programme

Berkshire Healthcare NHS Trust and Royal Borough of Windsor & Maidenhead Unitary Authority

Process mapping carried out by Windsor, Ascot & Maidenhead Community Mental Health Team (CMHT) highlighted that improvements should focus on:

- Receipt of referrals (batching).
- The duty system.
- Assessment appointments (a bottleneck).
- Clarifying the roles, functions and access criteria for the core CMHT, link workers, primary care liaison, assertive outreach and crisis services.

Within six months, the team has made the following improvements:

- 80% referrals are actioned within 24 hours of receipt and then allocated to the appropriate part of the CMHT.
- Batching of referrals is significantly reduced.
- For 80% of referrals, an assessment appointment is available within 10 days of receipt of referral.
- There is significant reduction in waiting times for assessment by the core CMHT.
- There is greater equity in access for service users who live in different parts of the locality.
- First appointments are offered using a method preferred by the majority of service users.
- Team members report:
 - They are more confident to make initial decisions about referrals (using a decision-tree) without discussion with the full team at weekly meetings.
 - There is greater clarity about the duty system and improved staff satisfaction with the role.
 - There is more time available in the weekly clinical meeting to discuss the outcome of assessments and clinical matters.

'If we can provide what I think is a pretty good service out of such a muddle, then think what an excellent service it will be with a little bit of redesign' CMHT member.

Improving Access to the Adult Community Mental Health Team

A Service User Perspective :

'The project has been of benefit to all stakeholders involved, but particularly for people who use the service. We have found that the waiting time to get into the service has shortened. It is now quicker and easier to receive a phone call from the CMHT, especially for people coming into contact with the service for the first time.

Through our involvement in the project, we have agreed that service users will lead the development of an information leaflet. We now feel that we are really able to shape what happens in our local services.'

By Derek Barratt, interpreted by Bridget Fairburn (Local Authority lead on the project).

You can find out more local delivery stories using smart search on www.nimhe.org.uk

Access, booking and choice (ABC)

Joint initiative with the Booking Programme in the Modernisation Agency.

140 project teams (84% of Mental Health Trusts) have participated in the first phase of the ABC programme from across the country.

All NIMHE development centres are now skilled in process redesign tools and techniques.

The second phase of ABC will continue supporting the 140 teams already taking part in the programme and begin working with new teams.

Redesigning Mental Health – Access and Choice Service Improvement Guide, to summarise progress to date, has been published in June 2003.

Acute inpatient care

Over half of all adult acute wards in England now have a Trust Forum and lead consultant psychiatrist in place. Acute inpatient care targets have been incorporated into National Service Framework monitoring and service mapping.

A themed review of inpatient services has been completed and published. Sainsbury Centre for Mental Health has been commissioned to undertake a benchmarking exercise of staffing levels in adult acute wards.

Practical guidelines on therapeutic working in acute wards are in development, led by Stephen Pereira, consultant psychiatrist at North East London Mental Health NHS Trust and honorary fellow of NIMHE.

Commissioned by NIMHE Mentality have drafted 'Not all in the mind', a physical health needs resource for publication in 2003.



Community teams

Supporting assertive outreach, early intervention, crisis resolution and CMHT development..

In addition to work led by NIMHE's development centres, The Sainsbury Centre for Mental Health National Training programme focusing on assertive outreach and crisis resolution has four work streams:

- Team leaders.
- Psychiatrist programme.
- Regionally based training for whole team development.
- 'Train the trainer' programme to help develop capacity locally and regionally.

Equalities

Embracing mental health promotion, social inclusion and emerging work on black and minority ethnic mental health and women's mental health.

NIMHE has worked jointly with communications and public health in the Department of Health on the 'mind out' mental health promotion campaign. Joint plans for future sustained programmes of work are being developed using development centres and building further national collaboration.

NIMHE has worked in partnership with the Social Exclusion Unit to support their work in mental health, and pilots to improve access together with development sessions on social inclusion have been provided to a number of development centres.

The first phase of an action research and support programme for young people was completed in Liverpool.

Our special thanks to people for their unstinting commitment to complete *Inside Outside*, a publication setting out the reform of mental health care for people from black and minority ethnic communities. Strong links with other initiatives, such as the *Circles of Fear* project will be made to continue making progress.

Implementation programmes on BME and women are in development. We plan to appoint across NIMHE to help stimulate action in these important areas. This will include a project on domestic violence and abuse.

Primary care

Joint NIMHE/Natpact programme, led by NIMHE West Midlands and London Development Centres.

An ambitious programme of work has been widely consulted on and finalised, covering staff development, commissioning and developing effective partnerships, developing a primary care user perspective, integrated care and services, and R&D.

A Primary Care Programme Board has been established, which is being chaired by Prof. Andre Tylee.

A CD-Rom to raise awareness about mental health has been circulated to 40,000 people.

Trailblazers, a well established leadership and change methodology, is already being delivered through some of NIMHE's development centres.

'We will continue to develop productive links with other national initiatives, such as the programme to support GPs with a special interest (such as mental health).

Substance misuse

A joint programme with the National Treatment Agency.

The Opening Doors Programme began in October 2002 and has delivered improvements in priority areas of booking and choice, equalities, service user experience and waiting times.

Thirty teams have taken part in the first wave of the programme, implementing improvements such as assessment procedures which reduce duplication, slicker referral and discharge protocols, better quality information for service users and carers, more flexible opening hours and more user friendly shared care with GPs (see page six).

Suicide prevention

To support the implementation of the National Suicide Prevention Strategy published in September 2002.

Following the strategy's launch during the year, we have focused on a few early deliverables to support implementation:

- Developing a toolkit to support standard seven of the National Service Framework (the prevention of suicides).
- Planning a new pilot aimed at reaching young men at risk of suicide.
- Initial work to develop a support pack for people in contact with bereaved families.
- Continued work, as part of the 'mind out' mental health promotion work, to promote responsible reporting of suicide in the media.

Intelligence in progress

To bring together performance management data into a meaningful picture of progress happening at a local level.

Pennine NHS Trust has been identified as the programme lead to develop and implement this programme, working closely with local services, NIMHE's development centres, organisations involved in dataset development and the new Commission for Health Audit and Inspection.

They begin their work formally this financial year (2003/04).

This programme will build on the excellent platform created by LITs in performance management.

We are working with CHI and CSBI to develop effective performance measures nationally.

Workforce

An implementation focused programme working with the Changing Workforce Programme in the Modernisation Agency, human resources in the Department of Health, Workforce Development Confederations, the NHS University and the Sainsbury Centre for Mental Health.

The workforce programme is developing its work and support under core priorities including:

- Strategic planning and workforce development.
- Developing effective communications and knowledge management.
- Supporting new roles into practice.
- Recruitment and retention.

The Department of Health has commissioned training programmes on primary care and graduate workers.

National occupational standards for mental health have been developed during 2002/03 and published in June 2003.

Working with the Royal College of Psychiatrists and the commitment of all professional organisations we are addressing issues of professional boundaries.

In the future, work programmes will continue to develop within the context of NIMHE's three strategic priorities, driven by development centres, supported by national programme leads and in partnership with other organisations.

NB: For details on resources spent in our organisation, please go to page 18.

Guidance launched

By the mental health group at the Department of Health.

National Suicide Prevention Strategy for England.

Personality Disorder Guidance:
No Longer A Diagnosis of Exclusion.

Inside Outside (to reform mental health care for people from black and minority ethnic communities).

Guidance on primary care and graduate workers, and on employment.

On women's mental health, a strategy for consultation was launched and the final strategy will be published in 2003.

Consultation has been completed on **Sign of The Times**, a strategy to improve services for deaf people with mental health needs with the final version planned later in 2003.

Other resources produced

Cases for Change, a set of booklets setting out the evidence and rationale for mental health reform in this country.

Inspirations, a calendar celebrating recovery using the photographs and words of people using services, was published in January 2003.

A CD Rom on **primary care and mental health**, circulated to over 40,000 people, was launched via a live web cast facilitated by GBTV.

The latest service improvement guide to improve access and choice, **Redesigning Mental Health**, has been published.

NIMHE co-ordinates **Mental Health Times**, a magazine to update on national mental health developments and share people's work in local services.

All publications are available on www.nimhe.org.uk and in hard copy by emailing ask@nimhe.org.uk

On www.nimhe.org.uk

The web site is developing as a portal for people who use services to share their views and ideas on improving mental health.

A complete archive of policy and frameworks is also on the site, including evidence and information relating to mental health for people of all ages, local government and law.

As well as keeping in touch with all national programmes, you can visit all of the development centres' sites through www.nimhe.org.uk to find out with what's happening in your local patch. This includes exciting online developments such as NIMHE North West's knowledge bulletin, which will be used to help share collaborative online information sharing across the country.

As well as a national and international search function, a database called **smart search** has been introduced to share local delivery stories and update you on projects happening throughout NIMHE.

Networks and groups

We have established a range of networks and meetings internally to help us work as one organisation while being devolved to respond to local communities' needs.

Very promising relations are developing through the telephone helpline partnership being led by the East Midlands Development Centre. Guidelines on helplines for commissioners have been produced.

A social perspective network provides important links across health and social care. The National Mental Health taskforce will continue to advise NIMHE, including being the key advisory group for the SEU project.

Our future strategy on communications and knowledge development will bring together a modular, systematic approach to connect online learning with wide ranging and productive networks for people to come together (see page 11 for more information).



Key priorities for 2003 and beyond

With our finances in place for the next three years, we have agreed three strategic priorities across our organisation: system transformation, workforce development and changing practice. As a matrix organisation, we will develop our activities in development centres and through our national programmes within the context of priorities. Effective programme management will be implemented at a sensible level of detail with the goal of maximising our performance and delivery

System transformation - to ensure that the overall system of mental health care enables the provision of efficient and effective care and treatment

It is very clear that to create the mental health service that will meet the needs of our people in the years to come we need to engage in wide scale transformation of the system that plans and delivers treatment and care. This is a theme that runs through Government policy, both for the NHS and for other public services. It is not sufficient just to do more of the same. We need to create a national mental health service that is truly built around the needs of the individual people who actually use the services. Contributing to system transformation at the levels of policy, planning and delivery of service will be a key priority for NIMHE. In doing so we will concentrate on seven key areas:

Key activities include

- Supporting the implementation of the new service models set out in National Service Frameworks, such as crisis resolution and early intervention.
- Developing models for commissioning and providing mental health services within primary care, and supporting their implementation.
- Supporting implementation of new mental health legislation, as and when approved by Parliament.

Working directly with communities to transform how and what mental health support is possible, substantially with a programme to recruit community development workers for minority ethnic people.

- Establishing effective mechanisms for capturing and sharing widely knowledge and information about mental health and mental health services.
- Establishing a significant programme of research, with substantial support from the mental health research network.
- Develop and implement outcomes measures which embrace morbidity, mortality, quality of life and user experiences.
- Supporting reform of mental health care in prisons.

- Mainstreaming mental health, ensuring the provision of mental health care is fully integrated with other programmes and services, by promoting:
 - Recognition of mental health and of mental health services within generic structures and activities across both health and social care.
 - Local work to include mental health in strategies for neighbourhood renewal.

Workforce development - to ensure that there are sufficient staff, with the right skills, experience and leadership to provide the services needed

As with other aspects of health and social care, mental health services need to attract more people from a diversity of backgrounds to increase our capacity to deliver the NHS Plan and National Service Frameworks. We need not only to improve the working lives of those already working in mental health services (to help retain their skills and talents) but also to attract more people to come and work in mental health. Mental health services are people intensive. Recruiting and retaining enough skilled and well trained staff presents an enormous challenge. Delivering system reform and practice change requires skilled and effective leadership. We will therefore ensure that our efforts are firmly focussed on this vital priority.

Key activities include

- Developing shared capabilities, which include cultural, gender and other competencies.
- Developing and supporting initiatives for new ways of working, across the roles of both professional and professionally unaffiliated staff. In doing this, we will work alongside colleagues from the Modernisation Agency's changing workforce programme.
- Working alongside workforce development confederations to ensure both pre- and post-registration training meets the needs of the new patterns of services.
- Facilitation of training and development opportunities to promote effective leadership within mental health care. This will require us to nurture those who already have the requisite skills and qualities, and to develop those skills in others. Working with colleagues in the Modernisation Agency's Leadership Centre we will support the development of a new leadership for mental health services both nationally and internationally.

Changing practice - to ensure people have rapid access to the best possible care

The work on system reform will help to provide the framework for effective care and fundamentally different ways of supporting people. The work on workforce will help to provide the staff and skills required. The necessary third element is work designed directly to change and improve the individual experience of service users and their families.

Key activities include

- Improving access and choice across the whole range of mental health services, including substance misuse services and pathways into care for women and people from minority ethnic communities.
- Continuing to support improvements in the organisation and delivery of acute in patient care.
- Promoting approaches to treatment and care which are known to reduce the risk of suicide.
- Working with NICE and SCIE to ensure guidelines are disseminated and supported in implementation.
- Developing effective approaches and capacity in mental health promotion and public mental health.
- Promoting engagement with groups, communities and individuals who are disadvantaged within current services, and changing services to meet their needs.
- Helping services to promote the social inclusion and citizenships of people with mental health problems, with a particular emphasis on supporting access to education, employment and meaningful occupation.

Across all of this work, NIMHE will seek to take an increasingly inclusive approach to its work, providing programmes which are of relevance to all age ranges, and a full range of types of mental health need.

The next section gives more detail of activities planned under these headings in our development centres across the country.

Communications and knowledge development

NIMHE seeks to be an open, learning organisation. Our main aims in communications and knowledge development are to:

- Continue to be led by the views of people who use or work in services and family members or friends of service users.
- Enable effective internal communications, across and within all parts of our organisation.
- Support our organisational development, the delivery of NIMHE's strategic priorities and individual work programmes from a local to a national level.
- Provide a portal for us all to share knowledge through an on- and offline knowledge community.
- Help create a shared agenda for change in mental health and a commitment from partners to work together to improve mental health.

Early priorities have already been identified in our work on knowledge development which include:

- Infrastructure developments (developing the smart search database, an online contacts database and collaborative information sharing).
- Content development (covering areas such as black and minority ethnic mental health, workforce and public mental health).

We have defined our knowledge community as an interactive, dynamic infrastructure, which enables people to share their know-how, experiences, performance data, scientific information, policies, news, stories and contacts within a collaborative environment (community), where you can find and interact with other people concerned with mental health. NIMHE's knowledge community will aim to be online, (web-based) and offline (groups and networks).

We plan to publish a comprehensive communications and knowledge development strategy during autumn 2003. It will outline a phased approach to implement the knowledge community over time. The strategy will also cover other fundamental communications activities in:

- Identity and organisational development and internal communications.
- Publications and events.
- Media relations.



Development centre priorities

NIMHE development centres support nationally agreed priorities as well as focusing on particular development needs of their own localities.

North East, Yorkshire and Humberside Priorities 2003/04

Supporting our strategic priorities, our goal of diversity and the regional role out of NIMHE national work programmes, the process of consultation on the content of the Mental Health Development Programme for 2003 for the North East, Yorkshire and Humber Development Centre area has identified the following as priority areas:

- Primary Care.
- Partnerships.
- Leaderships/Staff Development within Primary Care.
- Primary Care Graduate Workers.
- Chronic Disease Management.
- Local Implementation Team Development.
- Service Models and Redesign.
- Prison Mental Health Care.
- Service User/Carer Involvement Development.
- Leadership Development and Workforce.
- Mental Health Commissioning.
- Sharing positive practice.
- Voluntary sector development.

The Development Programme contains details of how each of these areas, together with the NIMHE work programmes will be taken forward within the Development Centre area. Copies of the full programme are available from Lizzie Allen on lizzie.allen@doh.gsi.gov.uk

North West Development Centre Priorities 2003/04

Dean Repper was appointed as Director early this year, and our first priority has been the establishment of a team and infrastructure to support our development agenda. From June 2003, a full team of programme co-ordinators, development workers and resources staff will be in place. We have set out our strategic direction and are now working on key development deliverables, which will gather momentum from September 2003. The Development Centre's key programme areas will be:

- Service delivery and integration.
 - Taking into account systems reform, partnerships and collaboration.
- Workforce development.
- Positive practice.
 - Taking account of changing practice, clinical governance and social interventions.
- Leadership.
- Equalities including black and minority ethnic mental health and women.
- Primary care.
- Child and adolescent mental health.
- Older people.
- Knowledge management.

All these programmes compliment one or more of NIMHE's three key priorities of system transformation, changing practice and workforce.



East Midlands Development Centre

Priorities 2003/04

The East Midlands Development Centre's full work programme will support NIMHE's Strategic Plan key priorities and diversity. Local priorities for early action by the East Midlands Development Centre will focus on:

Voluntary Partnerships

- East Midlands is taking a lead nationally on developing partnerships with the voluntary sector. Currently two major initiatives are underway:
 - The establishment of the Mental Health Helplines Partnership which nationally includes 60 providers of specialist mental health helplines and had delivered the first national quality standard for mental health helplines in the country.
 - National project between NIMHE and the mental health provider forum – a group of CEO's from major voluntary sector organisations, to review and map components of clinical governance delivery between NHS providers and voluntary sector.

Acute Inpatient Care

- Development of an East Midlands Home Treatment / Crisis Resolution and Acute In-Patient Services Network. The group will generate local action to promote and sustain service collaboration across health and social care, to support the development of a whole systems approach to recovery and service re-design. Regional Conference to be held on October 7th to promote positive practice and provide local support.

User Involvement

- Service user co-ordinator appointed to develop the network of organisations across the East Midlands (TRUST–Trent Region User Support Team). The co-ordinator will continue to promote a number of initiatives locally designed to promote good practice and interest both regionally and nationally.
- Two year programme of service user training to provide both basic and project management skills which increase confidence to attend meetings within the RDC and local services.
- TRUST to continue to stimulate interest in local communities on user-led evaluation of services, research and staff training.

NIMHE West Midlands

Priorities 2003/04

NIMHE West Midlands has developed its work programme for 2003/04 to reflect both national and local priorities. For each programme area key actions and expected outcomes have been identified.

In terms of NIMHE's Strategic Plan key priorities include:

System Transformation

- Promoting a whole system approach of mental health care in all our programmes, across all age groups and to embrace diversity. With an emphasis on integrating services to improve interfaces and reduce the barriers at all levels (i.e. primary care/secondary care, community teams/inpatients, CAMHS/Adult Services/Older Adult Services).

Workforce Development

- Establishing a Joint Initiative for Mental Health with the 3 Workforce Development Confederations and the Postgraduate Deanery to raise the profile of mental health workforce issues and to identify innovative solutions to recruitment and retention in all programme areas.

Changing Practice

- Working with key stakeholder organisations, users and carers to develop mental health knowledge and skills in NIMHE's priority areas and to introduce the concepts and tools of service redesign in order to produce mental health services in which we would have confidence being used by our families, our friends and ourselves.



NIMHE Eastern

NIMHE Eastern has developed a Work Programme 2003/04:

- The Work Programme includes a focus on delivering work around the eight national NIMHE priority areas. Other specific areas of work include prison health, social care, mental health promotion and service improvement. Also planned is a major focus around ethnicity and mental health.
- Specific projects around CAMHS, and mental health services for older people and those with learning disabilities have also been identified.
- A Director of Training, Education & Development will take forward the role of NIMHE Eastern in relation to workforce development. NIMHE Eastern is also co-located with the regional base for the NHS University.
- A regional Experts by Experience group will bring together service user and carer input from across the region.
- An information resource service includes a regional newsletter EastForward (with a regular circulation of around 5,000 readers), a website and an active enquiries service.
- An active Regional Mental Health Research Network has been established and published a regional directory of mental health research in universities, trusts and non-statutory sector organisations in the region.
- Work in partnership with Essex County Council and the Institute of Psychiatry will explore the use of direct payments in the care of people with mental health problems.
- The Whole Life Programme led by NIMHE Eastern is supporting work in a number of development sites across Eastern region and the South West of England. The project aims to demonstrate that meeting the full spectrum of service users needs, including employment and social integration, will lead to improved outcomes and enable service users to lead full and meaningful lives.

NIMHE Eastern has recruited more than 15 regional mental health development fellows who will lead aspects of the work programme in combination with their roles in front-line services across the region.

London Development Centre for Mental Health

Priorities 2003/04

The London Development Centre launched its full work programme on 28 November 2002. The programme is complemented by an "Early Actions" document which sets out five things that the London Development Centre has committed to deliver in its first year.

The Development Centre's key priority for 2003/04 will be to focus on the delivery of those early actions as follows.

- Working with the West Midlands Development Centre to lead the implementation of NIMHE's primary care programme.
- Working with London's local implementation teams to support them in their local work.
- Providing a series of service improvement workshops for mental health teams to help promote positive improvement in practice.
- Supporting the implementation of multi-agency protocols to improve joint working between the NHS, social services and the criminal justice system.
- Providing a programme with the NHS Leadership Centre to improve teamwork effectiveness and leadership in mental health services.

All these priorities compliment one or more of NIMHE's three key priorities for of system transformation, changing practice and workforce.

South East Development Centre Priorities 2003/04

The South East Development Centre works in partnership with and accounts to the mental health communities of the south east. Priorities for 2003/04 have been agreed:

- Social inclusion and mental health promotion: this will include a major programme of work to increase the number of people with mental health problems who gain employment, support to build the capacity of the user, carer and voluntary sector movements and work to implement the National Suicide Prevention Strategy in partnership with colleagues in public health.
- Improving the effectiveness of primary mental health care.
- Working with local mental health communities to support transformation of the whole system of mental health care, including the integration of assertive outreach, crisis resolution and home treatment and early intervention teams with other services.
- Ensuring that acute in-patient, secure and prison mental health services are effective by enabling collaboration across the south east.
- Working in partnership with Workforce Development Confederations and education bodies to make sure that the capacity and capability of the workforce is increased.
- A programme of work on Team Leadership and Change Management.
- Individual and organisational development for mental health commissioning.

Mental Health South West Development Centre

Priorities 2003/04

Acute in patient care

1. Developing local capacity by supporting South West Forum and Strategic Health Authority forums.
2. Disseminating good practice.

Community teams

- Early Intervention and Home Treatment
 - Assertive Outreach
 - Crisis Resolution and Home Treatment
1. With Local Implementation Teams and mental health and social care providers across the voluntary and statutory sector, supporting the development of infrastructures and services.
 2. Developing local capacity by supporting South West networks.
 3. Developing local capacity through delivery of local leadership programmes.
 4. Disseminating good practice.

Primary care

- Graduate Primary Care Mental Health Workers
1. With Primary Care Trusts, Local Implementation Teams, Workforce Development Confederations and education providers, supporting the establishment of new roles and the development of education and training programmes to meet local needs.
 - Primary Care Mental Health Services
 2. With Primary Care Trusts, Local Implementation Teams, mental health providers, Workforce Development Confederations and education providers, supporting the review and development of primary care mental health systems and services, and the development of education and training programmes to meet local needs.



Substance misuse

- Access, Booking and Choice
1. With the National Treatment Agency, supporting local programmes to achieve Access, Booking and Choice targets.
- Dual Diagnosis
2. With the National Treatment Agency, to establish a project plan to enhance local capacity for the improvement of dual diagnosis services.
 3. With Local Implementation Teams, Drug Action Teams, and service providers to support local programmes to implement dual diagnosis guidance.
 4. To disseminate good practice within and across health and social care communities.

Suicide prevention

- Deliberate self harm
1. With Strategic Health Authority networks and Local Implementation Teams, and utilising findings from the LIP4 themed reviews, to support the development or improvement of deliberate self harm policies in health and social care communities.
- Mental Health in Prisons
2. To develop links between prison mental health networks and social care and health promotion networks in order to enhance communications and promote through-care arrangements.
- Suicide Prevention Strategy
3. With the Government Office South West, and in consultation with the national programme lead and stakeholders, to develop an implementation plan, utilising networks and collaborative approaches where appropriate.
- Health Promotion
4. To support and develop opportunities to influence responsible press and media reporting of suicides.

Equalities

- Women's Mental Health
 - Black and minority ethnic mental health
1. With Strategic Health Authority networks, to support the local implementation of these strategies (2003).
 2. With the London Development Centre and the Department of Health, to develop a self assessment tool to inform service planning and governance for providers and Local Implementation Teams.
 3. With training and education providers and Workforce Development Confederations, to review programme content and commissioning.
 4. To disseminate good practice within and across health and social care communities.

Intelligence in progress

1. With the South West Mental Health Communications Reference Group, to develop and implement a Communications Strategy aligned to the NIMHE Communications Strategy. This will include shared databases.
2. With local networks, the Libraries Service, and service users and carers, to develop and utilise appropriate media for the dissemination of mental health information. This will include a website, regular bulletins, and newsletters.
3. With NIMHE North West, to develop and implement a South West Knowledge Management Strategy which will deliver web-based information, publications, literature searches and reviews which are both responsive and accessible.

Workforce

1. With local Workforce Development Confederations, LITs, and local mental health and social care communities, to ensure that,
 - The tasks of workforce planning, and training and education for mental health services are understood and resourced.
 - Capacity for workforce planning is enhanced and sustained at provider level.
 - Health and social care communities are informed about new and changing roles in mental health, and that this informs service development and planning.
 - Training and education plans reflect Local Delivery Plans, Local Strategic Service Plans, and learning needs across the sectors.
 - Local training and education programmes are mapped against The Capable Practitioner framework, and against National Occupational Standards, and available as a web-based resource.
 - The Capable Practitioner Framework, National Occupational Standards, and local learning needs inform the commissioning of education and training.
 - Information about workforce developments is timely and effective in its dissemination.
 - Good practice is disseminated.



Monitoring and review

Just as for services themselves, it is essential for NIMHE to monitor, understand and act upon the impact of our work.

We need to do this for three main reasons:

- By understanding the effectiveness of our programmes, we can share and spread good practice in service development.
- By understanding the resources required for our programmes, we can share and spread efficient practice, and demonstrate value for money.
- By communicating with our many stakeholders about these issues, we can act on our commitment to work in an open and transparent way.

Our approach to monitoring and review has three elements:

How well are we achieving our objectives?

For each of NIMHE's programmes, we are setting clear objectives, in terms of: the purpose of the programme, its intended impact, the range of organisations it is intended to reach, and the resources committed. This information will be monitored, with the results made publicly available. This will improve our understanding of effective and efficient approaches to service development in mental health.

What is the reach, spread and range of activity?

Each of our programmes, and each of our development centres, will also be routinely monitoring who is involved in each aspect of our work, and in which activities. This will enable us to know whether we are working with the full range of organisations and stakeholders, and to address any gaps which may emerge.

How well do we respond to stakeholders?

We will also be commissioning independent external evaluation of our work. This will include structured opportunities for our stakeholders to comment on both our current and our future work programmes, and will be an important element in ensuring that NIMHE is responding to the needs of people who provide and who use mental health services.

Our future reports will incorporate summary reports of the results of these approaches to monitoring and review.

NIMHE cannot achieve its objectives alone. Our goal of system transformation will require the active participation of the whole mental health community: commissioners and providers; researchers and developers; professionals and managers; people who make use of mental health services and their families and friends. In particular, NIMHE's expert by experience group will provide important advice and feedback on our performance and development. We look forward to working with you.



NIMHE finances 2002/03

In its first year NIMHE spent approximately £8.5 million. Approximately 50% of the NIMHE budget was allocated directly to development centres. A further 25% has been used to fund programmes including the Mental Health Research Network. The remainder has funded the central team and other projects.

A breakdown is given in the table below. For 2003/04, a similar pattern of allocations of the NIMHE core budget has been made.

From 2004/05, we are planning for significant growth, as initiatives mentioned elsewhere in this plan are started. This will result in a major increase in the proportion of our resources managed through our development centres (see below for an overview of allocations across development centres, programmes and the central team).

Core NIMHE

Development centres	4,182,500
Central team staffing and running costs	787,242
NIMHE start up and transitional costs	380,847
Communications and knowledge development (work programmes and corporate communications)	522,021
Sub total core NIMHE	5,872,610

Work programmes

Access, booking and choice	108,046
Acute in patient care	213,154
Beacons (final allocation)	30,000
Community teams and other service development	100,000
Equalities (suicide prevention, mental health promotion and social inclusion)	411,351
Intelligence in progress and dataset development	336,059
Mental health research network	363,000
Primary care	200,000
Substance misuse	116,835
Workforce	133,000
Sub total programmes	2,011,445

Other projects

NHS Direct	400,000
Legislation projects	279,653
Sub total other projects	679,653

Grand Total **8,563,353**

Notes

The work programmes cost summarises resources spent on the programme areas across development centres. It does not indicate the resources each development centre spent from its own allocation on the work programme area.

The majority of this overview includes core NIMHE funding only. It does not include partnership funding from other parts of the Modernisation Agency, Department of Health or other partner organisations. Our partnership programmes are:

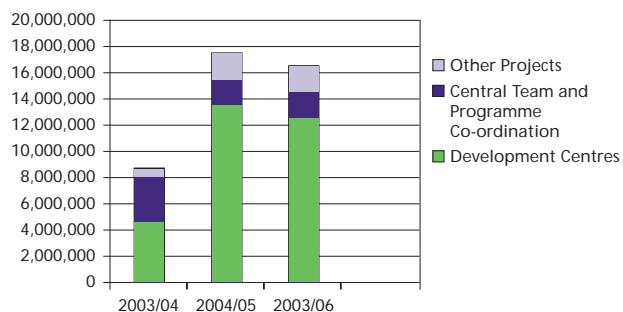
- Access, booking and choice programme (with the Booking Programme in the Modernisation Agency).
- Equalities (with public health for the 'mind out' mental health promotion campaign and communications for the CALM project).
- Substance misuse programme (with the National Treatment Agency).
- Workforce programme (with the changing workforce programme in the Modernisation Agency and human resources in the Department of Health).

The community teams and other service development resource does not include assertive outreach, crisis resolution and leadership training programmes commissioned by the mental health group in the Department of Health during 2001/02, which have been continued to be delivered by the Sainsbury Centre for Mental Health.

The primary care programme includes joint funding with Natpact in the Modernisation Agency.

Projected Allocations within NIMHE

2003/04 - 2005/06





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NIMHE is part of the Modernisation Agency at the Department of Health