



NEW HORIZONS: TOWARDS A SHARED VISION FOR MENTAL HEALTH

**A RESPONSE TO THE CONSULTATION ON BEHALF OF THE
ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES
(ADASS), THE LOCAL GOVERNMENT ASSOCIATION (LGA)
AND THE IMPROVEMENT AND DEVELOPMENT AGENCY
(IDeA)**

15 October 2009

Introduction

About us and how this response has been prepared.

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils and have leadership responsibilities to promote local access to services, to drive partnership working and to deliver better outcomes for local people.

The Local Government Association (LGA) promotes better local government. It works with and for member authorities to realise a shared vision of local government that enables local people to shape a distinctive and better future for their locality and its communities. The LGA aims to put councils at the heart of the drive to improve public services and to work with government to ensure that the policy, legislative and financial context in which they operate, supports that objective.

The Improvement and Development Agency (IDeA) supports improvement and innovation in local government, focusing on the issues that are important to councils and using tried and tested ways of working. It works with councils to develop good practice and to support partnerships. It does this through networks, online communities of practice and web resources, and through the support and challenge provided by councillor and officer peers. The IDeA also helps to develop councillors in key positions through leadership programmes. Regional Associates work closely with councils in their areas and support the regional improvement and efficiency partnerships (RIEPs).

In preparing this joint national response, ADASS and LGA have sought and brought together views from networks in local government and have supported and delivered consultation events. The IDeA has supported the consultation by running an on-line discussion at:

<http://www.communities.idea.gov.uk/c/980146/forum/thread.do?backlink=ref&id=1868713> (the content of which is available to the Department and so is not replicated here).

ADASS, LGA and IDeA welcome the New Horizons consultation and its commitment both to promoting a wider agenda of public mental health and social inclusion and, also, building on the service improvement agenda set out in the National Service Framework for Mental Health (1999).

We also welcome the Department of Health's inclusive style of engagement with all key stakeholders, including ADASS and the LGA / IDeA and the Future Vision Coalition, in shaping the consultation document.

Included below is both a general response and a number of issues that we think are of key importance to delivering the aspirations of *New Horizons*. These are:-

- Ensuring that diverse national and local programmes are joined up.
- Ensuring that the benefits of personalisation are realised for people with mental health issues.

- Ensuring that a good balance between managing risk and promoting opportunities for individuals is achieved.
- Ensuring that the aspirations of *New Horizons* are made a reality.

This is followed by a more detailed response to the specific consultation questions.

General Response

- 1) Mental health and well-being is one of the most important, yet probably most under-estimated, issues which impacts on overall health and well-being, community cohesion and the concept of a civilised, advanced society. The *New Horizons* consultation document seeks to develop a much broader set of ambitions for improving the mental health and well-being of people in England, as well as ensuring that people with significant mental distress are able to access high quality services when they need them. This emphasis on the twin themes of mental health/prevention and mental health service development is very welcome.
- 2) In our view, this approach ensures that mental health is kept on the national agenda and has the potential to extend its impact beyond “usual audiences” and interested parties. This, we believe, is particularly timely given the current economic climate and studies (for example, by the King’s Fund) which have highlighted the economic case for addressing mental health issues.
- 3) Bringing the importance of mental health and mental wellbeing out of the specific remit / responsibility of specialist mental health services is both positive and encouraging. It is clear that an inclusive approach to models around treatment of mental ill-health and the promotion of good mental health (simplistically between traditional ‘medical’ and ‘social’ models) – present the opportunities for specialist service improvement in the context of improved prevention as well as – for example through increased public awareness – challenge to stigma and discrimination.
- 4) We welcome recognition of and the need to look across all ages, and so to include early years and adolescence in developing mental well-being and the need to focus on this in schools and other services, and similarly to emphasise the need to improve mental health services for older people *in particular* around depression and dementia

Ensuring that diverse national and local programmes are properly joined up.

- 5) The emphasis on a potential range of co-ordinated approaches (which could be strengthened in the final iteration of the New Horizons programme) can further underline the need for mental health and well-being to be addressed at all levels and to demonstrate that all have an investment and a contribution to make - from the individual, community, employer, third and statutory sectors, local and national government.
- 6) This is a key message to local authorities in their core work to develop sustainable communities and vibrant local economies. In our view, and given what we know about the drivers for positive mental health, this could be given additional emphasis, for example:-
 - ensuring the provision of the means to live safe and comfortable lives such as through good quality housing and amenities
 - influencing the development of the physical environment, with plenty of green space

- promoting opportunities for greater sociability through supporting informal networks, recreation and leisure opportunities, events and the development of 'social capital' more generally.
 - encouraging and ensuring there are opportunities for exercise to suit all tastes and requirements
 - promoting both paid and unpaid productive activity such as through meaningful jobs and voluntary work.
- 7) The need to improve and develop current approaches and services to promote and support mental-wellbeing is essential and so the lack of new resources is disappointing, if understandable, in the current environment. This makes it even more important to ensure that initiatives being taken within and beyond the sector are well co-ordinated in order to ensure impact is maximised and that key aspects of *New Horizons* deliver more than aspiration. Similarly, it is essential that cross government initiatives indicated in the consultation document are realised and co-ordinated.
- 8) In this regard we would highlight the work of the Local Wellbeing Project¹, in which the IDeA are partners with the Young Foundation, the London School of Economics and the local authorities of Manchester, South Tyneside and Hertfordshire. This illustrates some of the more specific interventions which can be made to promote emotional wellbeing and resilience. The initial evaluation² of the young people's resilience strand (funded by the Department for Children, Schools and Families) shows a positive impact of the programme and this is supported by qualitative and anecdotal evidence of the wider impact of the work on those engaged with it.
- 9) The Local Wellbeing project supports the importance of preventive action, both through specific interventions such as the work with young and older people and also more generally such as through its work on neighbourhoods and the importance of sustainable environments. This indicates the importance of tackling the underlying causes of mental ill-health and lack of positive emotional health, such as deprivation, inequality and the broader culture of society.
- 10) In terms of ensuring good "fit" of national and local programmes, it will also be essential to ensure that, where these have been identified as essential ingredients of good mental health and well-being, proper emphasis is given to their importance in a final version of *New Horizons*. For example, housing and supported accommodation is identified as an important area, but this requires a higher profile in the strategy because it is so fundamental to maximizing well-being, preventing crises and supporting discharge.
- 11) There are opportunities to learn from the *Total Place* model to deploy systems and resources more effectively across the lifespan and within specific neighbourhoods and link to wider agendas around economic development, regeneration, community voice and cohesion. These could helpfully be highlighted in a final version of *New Horizons*.
- 12) Similarly there is scope for concerted multi-agency leadership to develop the *Team Around the Family* and *Think Family* approaches to help support those families most affected by poverty, relationship dysfunction and behavioural and emotional disorder to find a route out of their current circumstances
- 13) In considering the broad spectrum of work covered, it is also important to clarify

¹ See <http://www.idea.gov.uk/idk/core/page.do?pageld=8617217>

² See <http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectId=15690&type=5&resultspage=1>

the relationship between New Horizons and the Darzi work streams on Mental Health and other pathways (our expectation is that *New Horizons* is the overarching strategy and that Darzi is an important strand within it).

Ensuring that the benefits of personalisation are realised for people with mental health issues.

- 14) Addressing the challenges of personalisation and self directed support in mental health is not addressed adequately and needs to be expanded beyond personal budgets to consider innovative concepts around person-centred planning (for example, through learning from the *In Control* model). This includes the implications for social care as well as health care – and, potentially, the wider opportunities around benefits, housing and other services universal services. To support this there is also a need to further develop the importance of the availability of good information, advice and advocacy.
- 15) In order to ensure that the principles of good, personalised and self directed support are available to all – including people with significant mental health needs – there is a need to give greater consideration to workforce development. Although this applies across disciplines it will be helpful to develop the specific role of Social Workers and to ensure that this is linked to the work of the national Social Work Task Force, led by Moira Gibb.
- 16) The needs generally of black and minority communities are identified and the importance of Delivering Race Equality. However, the mental health needs of refugees and asylum seekers warrant specific attention as do more general issues around community cohesion (around ethnicity, economic and social inclusion – for example see the Institute for Community Cohesion’s work on how the NHS can contribute to this agenda)

Ensuring that a good balance between managing risk and promoting opportunities for individuals is achieved.

- 17) The balance between delivering better personalised care and management of risk could helpfully be developed further, not least to ensure that the benefits of better personalised services are available to all. In our view there is a requirement for clearer thinking around the risk continuum, in terms of protecting individuals and the public and enabling people with mental health issues to have a sense of hope and recovery
- 18) Similarly, in developing thinking around the risk continuum there is a need to respond more pro-actively to the mental health implications of Lord Laming’s report following the Baby Peter case and the need to ensure much greater prominence is given to adult and children’s safeguarding by all agencies

Ensuring that the aspirations of *New Horizons* are made a reality – the local Government Offer

- 19) It is not clear how the success of New Horizons’ implementation will be judged and how this process will sit with the various performance and improvement frameworks for public services, nor how this will be managed via the relationships between Local Authorities, SHAs and PCTs
- 20) The local government family is enthusiastic to work with Government to address

this issue and other areas indicated above. The pre-consultation model of engagement has been positive and we feel that we have been able to influence and inform the consultation document.

- 21) However, if Government is serious about achieving the ambitions set out in New Horizons, and wants to address the areas we have set out for further development, then there needs to be a new phase of the central- local government relationship to move the agenda forward.
- 22) ADASS, LGA and the IDeA are committed to working with the Government and other partners to shape a final New Horizons strategy, and take forward its implementation. In so doing, we believe that local government can and will offer more. Our role as the community leader and place-shaper, with extensive responsibilities around community voice, community cohesion, community safety, cultural and leisure services, economic development, housing and regeneration, as well as children's services and social care means that the basic infrastructure for achieving New Horizons, albeit with some additional or re-aligned investment, is in place.
- 23) We would propose several key steps to make this vision a reality:
 - As part of the production of the final New Horizons strategy, that the DH engages local government colleagues to co-produce revised chapters on cohesion and social inclusion, housing and the wider local government offer
 - That a central –local concordat is developed so that each local community (including local people, statutory and non-statutory agencies) can assure delivery of New Horizons in line with local and national priorities
 - That the New Horizons implementation process is co-chaired by the DH and a Local Authority Chief Executive, bringing together the focus on high quality specialist services and the wider opportunities to shape a mentally healthier society

Appendix

Response to Consultation questions

1. What do you think are the three most important changes for mental health and mental health care in the next 10 years? And why?

a) **Personalisation** – to be fully adopted in mental health services, with the following issues addressed:

- emphasis on people designing their own care and support plans, focus on recovery and outcomes, empowerment and independence
- funds diverted from more traditional care/treatment into self directed support, personal budgets, direct payments, with barriers removed between health and social care funding and, potentially other funding sources such as housing and benefits
- achieving a cultural shift in work styles for staff (e.g. medical model to social model, recovery etc) and investing in service user led support/self help for service users
- safeguarding embedded in service design and provision

b) Promoting **good mental health & wellbeing** – through the following community/neighbourhood support solutions:

- development of community understanding and capacity, social capital, responsibility for all public and private sector organisations in regeneration
- extending the model of Total Place
- addressing housing issues – poor supply, availability and location
- supporting people into, and remaining in, employment, support for employers

c) **Workforce issues** – the direction of travel in New Horizons will require an overhaul of the location of resources for staffing, as there will be a need to release funds from secondary care into primary care (to allow extension of IAPT), CAMHS and transition work

2. Do you support the twin themes of public mental health/prevention and mental health service development? Please explain your views, giving examples if possible.

It is crucial for these two themes to develop together – New Horizons clearly evidences links between early life, environment,

positive mental health plus emotional, physical and financial costs to individuals/society of poor coping skills and mental health problems. The main challenge is to achieve a spread of budget and resources to increase prevention and at the same time continue to provide a service to those who need it most.

3. Are the guiding values described in section 1 the right ones? Please explain your view giving examples, if possible.

Yes. Our general response sets out the rationale for this view.

4. What should the Government do to promote more personalised services for people with mental health problems and their families? It would be helpful to hear about both what works in your area, and, if appropriate, what does not and what could be done in the future.

The main areas that need to be addressed are as follows:

- The personalisation approach needs to be mainstreamed across both health and social care and potentially beyond
- We need to develop a new culture of appropriate risk taking rather than risk avoidance, which demands a significant cultural shift in the way services are assessed and delivered, with associated training and investment for staff, carers and people who use services
- We need to move from a service led approach to an outcome based recovery led approach –too much money is invested in contracted services and specific guidance would be welcomed on moving from block contracts to outcome based individually driven commissioning
- There is work to do to bring NHS (and other public sector) resources into the system – this could be aided by evidence from the personal health budget pilots

5. In your view, which are the most important areas in mental health services where value for money could be improved? And how should that be done? If possible, please indicate examples of the current costs of services and areas where the potential savings might exist.

Local authorities can play a key role in the future as joint, integrated or lead commissioners for mental health, alongside the NHS and other LSP partners:

- Use of the Total Place model to achieve more joined up services across localities, avoid duplication
- Making best use of local authority experience in commissioning for outcomes, from the voluntary sector and user and carer led organisations

- Better access to employment and housing opportunities and providers

6. Which areas can you identify where innovative technology can help people with mental health problems, and their families? It would be particularly helpful to hear about examples of what works well in your local area and what could be done in the future

Examples which have been cited by local government colleagues include:

- Ensuring a clear linkage to the over-arching approach to telecare and telehealth
- Supported on-line assessment
- Range of technology that can assist with risk at home, monitoring physical presence, and crisis alerts
- More self help programmes that can be accessed through the computer or on DVD, such as 'Beating the Blues' should be developed and made readily available as early intervention tools, and as part of IAPT
- Use of social networking sites to allow both service users and their carers to share experiential learning and to develop coping strategies
- Assistive technology for people with dementia
- Wii Fit for people who would never visit a gym
- Light boxes to help people who experience Seasonal Affective Disorder
- DLA online
- Text message reminders of appointments
- Electronic version of WRAP – development underway
- Books on prescription could become e-books

7. In your view, where are the current gaps in research evidence supporting the development of New Horizons?

Issues which have been cited by local government colleagues include:

- Different intervention impacts e.g. is support into paid work more likely to provide long term gains than standard intervention from CMHTs
- Evidence of benefit where people take control over their lives: recovery model
- National research used to show that a third of all mental health patients had learning disabilities – this is not evident in New Horizons and the national work around the Green Light MH Toolkit has not been used
- The personalisation pilot sites have provided some insight into the value of individual budgets for people with mental health issues but more research is needed in this area

- Effective interventions work with ethnic minority communities
- Treatment of personality disorders, links between childhood abuse and conduct disorders
- Treatment of people with complex needs such as those who have a personality disorder and have a substance misuse problem
- Treatment of people with medically unexplained symptoms
- Learning from Cash or Counselling model from US
- Links to wider family – impact on carers/children etc
- Potential policy fracture between PBR and personalisation needs more serious attention

8. How can we support local leadership in building mental well-being and mental health care services? Please explain your view giving examples, if possible.

Examples which have been cited by local government colleagues include:

- Ensure that the next stage of New Horizons develops the co-production model, including national co-leadership by the Department of Health and a Local Authority Chief Executive
- Requirement for Local authorities, provider trusts, and PCTs to become Mindful Employers
- A more robust Quality Outcome Framework to support GP's in providing clinical leadership and a focus on mental wellbeing - this would then be a catalyst for the positive promotion of mental health and wellbeing
- Cross-sector development programme for the leaders in mental health and other public services, enabling local managers to work together to deliver the aspirations set out in this consultation document in what are likely to be severely restricted financial circumstances
- The Local Area Agreement Framework could be used to engage the wider group of stakeholders and to provide strategic direction for the development of healthy communities and services that promote well being

9. How can we promote joint working between local authorities, the NHS and others to make New Horizons effective in your local area?

There are the more obvious issues such as joint appointments, a joint performance management reporting requirement and joint inspections by the CQC. However true partnership working needs to be underpinned by an equal power base between major partners (including people who use services and carers) and equal influence, alongside joint mandates. The barriers created by budget

demarcation and differing statutory responsibilities need to be reduced or removed. There needs to be the freedom for true joint commissioning, with all relevant agencies (including the DWP, Benefits Agency, Criminal Justice System, local authority departments) able to pool appropriate funds. There also needs to be a clarification of the relationship between the CQC, regional NHS and government functions, and their roles and responsibilities in relation to the local planning structure.

10. What do you think are the most important steps that the Government can take to reduce the inequalities that affect our mental health? And why?

- Target housing as a priority issue
- Help people back into work, make it easier to declare mental health problems, provide resources to assist employers to manage stress in the workplace, work with Job Centre Plus – health/social care advisors there or in primary care settings
- Work with primary and secondary schools and via the national curriculum to teach children resilience and to reduce stigma about mental illness
- Focus on services for parents and children who are in the most at risk groups including those who are socially excluded because of poverty
- Mental health services must work with families, not just individuals, use the Think Family approach
- Reduce hospital admissions for BME groups
- Scrutinise service provision to eradicate the ‘post code lottery’

11. How best can we improve a) the transition from child and adolescent mental health services to adult services, and b) the interface between services for younger and older adults? What works well in your local area? And what does not?

- The legal framework does not aid clarity, boundaries often feel artificial rather than needs led and were confused by the E.I.S guidelines, complex eligibility issues (for example, a supported young person may not meet FACS criteria)
- Develop person-centred planning care and support models at an early stage for children and young people in transition
- More clearly define, and broaden, the scope of CAMHS and EIS services
- Continue to develop early intervention and support for carers and around parenting issues
- Recognise that if a CAMHS input is needed then it is likely that lifelong support will be needed and that services commissioned for young people need to relate to those commissioned for adults

- See children and young people in their own context, supporting families to help them develop coping skills
- Adult Mental Health services should be more involved in working with schools and colleges
- Promoting awareness mental health issues and tackling stigma should be a key component of community cohesion action plans and inter-generational working

12. In your view, what more should the Government do to combat stigma?

- Tackle responsibility of national media for the stigma and discrimination people experience
- Work on de-stigmatising mental illness earlier in schools and in faith communities
- Take a firm position on Mindful Employers
- Expand mental health first aid e.g. for all working in public sector
- Work nationally with the commercial sector and trade unions to encourage them to help with reducing stigma
- Overcome poor practice disguised as confidentiality in mental health services - poor sharing of information with carers, and widespread professional confusion in practice around what constitutes confidentiality, data protection and/or secrecy
- Funding needs to flow down to the local organisations that work within communities to promote good mental health and well being, including service user involvement services, user-led groups to provide user-led mental health awareness training to employers, agencies, schools, colleges, departments etc
- Increase support available to ex-forces personnel for several years after discharge