

Second annual report

NATIONAL SOCIAL INCLUSION PROGRAMME

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IN MEMORY OF John Howat; sadly missed as a colleague and friend of NSIP; steadfast supporter of inclusion in mental health, in principle and in a lifetime of professional practice.



Social exclusion remains a significant problem for people with mental health problems and continues to be an important issue. The National Social Inclusion Programme (NSIP) is a three year programme coordinating the cross-government implementation of the action points set out in the report of the Social Exclusion Unit (SEU), *Mental Health and Social Exclusion*, launched in June 2004. This report represented a landmark for mental health policy and practice in the UK. It provided, for the first time, a clear plan for action to reduce and remove the barriers to employment, mainstream services, and community participation for those with mental health problems.

The National Social Inclusion Programme has continued to work to ensure that implementation in the many areas is properly 'joined-up' across sectors and organisations, driving concerted action at national, regional and local levels. This is important to creating and sustaining the progress that we all want to see during the months and years ahead. It also ensures that the experience and opportunities for people with mental health problems improves and that good practice is shared and implemented.

The importance of this work has been further confirmed through the Prime Minister's Strategy Unit publication *Reaching Out: An Action Plan on Social Exclusion*, which requires NSIP centrally, working with the Care Services Improvement Partnership (CSIP) Regional Development Centres, to ensure delivery of good practice in employment, implementing guidance on commissioning and working with *Shift* to engage employers in reducing the stigma and discrimination faced by people with mental health problems.

In the last year, the programme has made considerable progress through three core publications – on vocational services, day service modernisation and Direct Payments. These represent a key source for shaping and supporting the commissioning of services, so that they are designed to prevent people that have experienced mental health problems from being excluded from participation in society. This has meant some significant changes in the way that services are offered and how organisations are run. This can be difficult, but this report evidences some excellent local practice and the impact of changes for service users. The continued work of the National Social Inclusion Programme is central to improving the lives and opportunities for people with mental health problems.

LOUIS APPLEBY

National Director for Mental Health

EXECUTIVE SUMMARY

Executive summary

The National Social Inclusion Programme (NSIP), which is part of the Care Services Improvement Partnership (CSIP) has been coordinating the delivery of the Social Exclusion Unit's (SEU) report, *Mental Health and Social Exclusion* (www.communities.gov.uk) and its 27 action points through a cross-government national team with far-reaching national and regional partnerships to support its work. Building on a robust infrastructure, the second year of the Programme has implemented and influenced change and progress at a national and regional level.

Local delivery work has focused on priority areas – employment, education, volunteering, day service modernisation, housing and Direct Payments – with underpinning evidence both through sharing good practice and through developing effective monitoring tools to ensure that real change is happening.

The continued importance of tackling social exclusion for the most disadvantaged people is evident through the commitment of the Prime Minister's Strategy Unit in *Reaching Out: An Action Plan on Social Exclusion* (www.cabinet-office.gov.uk). This focuses on adults who are the most socially excluded and identifies action to build and deliver evidence-based models that will improve employment and education opportunities while supporting anti-stigma employer-based programmes such as *Shift*.

In its second year, some of the programme's key national outcomes and successes are set out below (details available at www.socialinclusion.org.uk):

KEY PROGRESS POINTS – NATIONAL

- Publication of *Vocational services for people with severe mental health problems: Commissioning guidance*, which provides a framework to commission **evidence-based vocational services** and the tools to monitor the effectiveness of such services.
- Publication of *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems* designed to assist commissioners in refocusing day services into community resources that promote social inclusion. A **National Steering Group** has been established to lead the implementation.
- Publication, dissemination and ongoing implementation of *Direct payments for people with mental health problems: A guide to action*, which sets out good practice and guidance on increasing access to Direct Payments for people with mental health problems. The take up of **Direct Payments** for people with mental health problems nationally has **increased by 78%** from March 2005 (Commission for Social Care Inspection, CSCI).

- Development of **service user and carer-focused guidance** on Direct Payments, which promotes the availability of Direct Payments within adult mental health services, and is a companion to the *Direct payments for people with mental health problems: A guide to action*.
- National Social Inclusion Programme central team with expertise in supported employment and young people and families have worked with the **Prime Minister's Strategy Unit** on *Reaching Out: An Action Plan on Social Exclusion*, in respect of these key areas.
- NSIP central team has presented at over **200 national, regional and local conferences and forums** in the past year and has established over **20 national networks** to drive the delivery of the programme and the implementation of socially inclusive practice.
- **Vocational and social advice in Primary Care:** As part of the Pathways to Work initiative, highly skilled, experienced employment advisors and condition management practitioners based in GP surgeries will offer advice about finding work, returning to work and job retention. Six pilots commenced in April 2006 and will be independently assessed (www.dwp.gov.uk/mediacentre).
- Publication and dissemination of **mental health specific guidance** drawing on key messages from the Department for Communities and Local Government **Rent Arrears Management and Choice Based Lettings guidance**, which aims to prevent evictions and improve opportunities to achieve independent living for people with mental health problems.
- The Learning and Skills Council published their strategy *Improving Services for People with Mental Health Difficulties* (www.lsc.gov.uk) and included it in their overall strategy *Learning for Living and Work: Improving Education and Training Opportunities for People with Learning Difficulties and/or Disabilities*.
- Through partnership working with Derbyshire Patients Council and Mind, NSIP worked to ensure the **abolition of hospital down rating** from April 2006, which has significantly improved the quality of life in long-term hospital care and the opportunity for recovery and independence.
- NSIP has worked to identify robust indicators to monitor national progress, support the development of **social inclusion research tools** and disseminate evidence and emerging research findings.

- Partnership with the **Royal Mail** (the largest employer after the NHS) to promote the employment opportunities of people with mental health problems; supporting health-promoting initiatives within the workplace and challenging discrimination.
- **Action 16 Group**, leading the **family, children and carers** work, has contributed to the development of cross-cutting guidance for health and social care adult and children's services; the production of Social Care Institute for Excellence (SCIE)/ National Institute for Clinical Excellence (NICE) guidance on promoting mental health and social inclusion for parents with mental health difficulties and their children and has completed a National Review of hospital contact and support arrangements.
- Anglia Ruskin University and the University of Central Lancashire have led a study of **mental health, social inclusion and the arts** and have surveyed projects nationally to map the range of activity and to look at how projects evaluate their work in order to develop useful outcome measures.
- **Shift** (www.shift.org.uk) is a communications driven programme that continues to use a variety of evidence-based methods to achieve objectives such as working with the media to reduce stigmatising/discriminatory coverage of mental health and working with employers to reduce discrimination in staff recruitment and retention.
- NSIP has established an **Independent Advisory Group** to offer critical advice to the programme.
- Development of the Social Inclusion website (www.socialinclusion.org.uk) and the launch of an interactive database of projects that have enabled people with mental health problems to link with their local communities.
- **Social Inclusion Capabilities** (using the framework of the *Ten Essential Shared Capabilities and New Ways of Working*) have been commissioned and delivered, to be published in Spring 2007. These are being further developed and disseminated through consultation with networks identified by working with professional colleges, who are aiming to improve socially inclusive practice at both pre-registration and service delivery level.

58% of the action points from the *Mental Health and Social Exclusion* report are completed with 38% underway (Appendix 3) but with recent policy developments and initiatives, NSIP's work and remit has broadened. Evidencing the progress and the real and sustained impact at a local level is vital if change is to improve the lives and opportunities for people with mental health problems. Key outcomes and successes at a local level are set out on the following page.

KEY PROGRESS POINTS – LOCAL

- The **Individual Placement and Support** approach is being implemented in areas such as Essex, Hampshire, London and Nottingham.
- An **Anticipatory Quality Framework** – a checklist for providers for learners with mental health problems has been developed in the North West and is being disseminated nationally.
- The London Development Centre has jointly hosted with Department of Health, Department for Communities and Local Government and NSIP a one day national seminar on sharing good practice within **homelessness** mental health services.
- A **benchmarking tool for day services** has been developed in the North West and disseminated nationally.
- RDCs have developed plans for implementing the *Direct payments for people with mental health problems: A guide to action* and local and regional training and development initiatives have been led through the **Direct Payments** lead in the Eastern region. Across the South West region Direct Payment guides have been developed in several different languages, in particular for new minority groups.
- The first phase of the Liverpool **Parental Mental Health and Young Carers** Practice Survey Project has been operationalised. It aims to develop a shared understanding of care pathways across children's and adult services for parents with mental health problems and their children.

The success of NSIP's work is due to the collaborative nature of the programme; to a planning, development and delivery approach in which regional and national responsibilities are shared and agreed for maximum effectiveness. In the year ahead, NSIP will continue to develop work to increase the use of Direct Payments; work with Trusts in supporting leadership, disseminating Social Inclusion Capabilities and changing service delivery at a local level. It will lead the implementation of the commissioning guidance on employment, and ensure that employers within and beyond mental health services are engaged within the work.

The Social Exclusion Unit published its report *Mental Health and Social Exclusion* and subsequent *Action on Mental Health* factsheets in June 2004 and substantial energy and effort has been put into developing the National Social Inclusion Programme (NSIP) and making it successful.

NSIP, with expertise in supported employment and young people and families, has worked with the Prime Ministers Strategy Unit (PMSU) to shape its publication *Reaching Out: An Action Plan on Social Exclusion*, in respect of employment, young people and families and is a significant policy driver for NSIP's continued work. The structure and governance of NSIP is detailed in Appendix 1 and key team members in Appendix 2.

A key aspect to its progress has been the development of a robust infrastructure and an emphasis on real and authentic alliances and partnership working to promote outcomes that will change the opportunities and choices for people with mental health problems in a way that is meaningful and lasting. NSIP's Affiliates Network, with over 50 organisations, continues to be a central resource and base of expertise.

This report outlines the progress that NSIP has made over the last year nationally and regionally. While changes at a national level are vital, the benefits must be experienced at a regional and essentially at a local level. Throughout there are examples of good practice and how services/organisations have modernised and user's experience and opportunities are improving.

I USED TO COME TO CLASSES BECAUSE MY THERAPIST TOLD ME TO. NOW I COME BECAUSE MY CLASSMATES WOULD MISS ME IF I DIDN'T.

NSIP established the following priorities for its second year:

- 1 Supporting local delivery.
- 2 Increasing employment opportunity.
- 3 User/carer involvement.
- 4 Developing effective monitoring systems.
- 5 Developing effective local leadership for social inclusion.
- 6 Developing an effective workforce.

One of the main underpinning areas of work has been led through the Action 16 Group (so-named from the SEU action point) and their family, children and carers work. The group has broad cross-government and cross-sectoral membership and aims to improve understanding and capacity within adult mental health services to support parents and their children, manage risk, reduce the negative impact of poor links between adult and children's services and to improve these links. Some areas of work have included:

- Contributions to the development of cross-cutting guidance for health and social care adult and children's services.
- Contribution to the impending Children's Centre guidance including a chapter on promoting mental health and social inclusion for parents with mental health difficulties and their children. When published will be available on www.dfes.gov.uk.
- Completion of a National Review of hospital contact and support arrangements in partnership with Barnardos and the Mental Health Act Commission.

The Action 16 message for workers in mental health services is: 'THINK FAMILY'.

1 SUPPORTING LOCAL DELIVERY

In reflecting national agendas and the regional implementation of the guidance documents based on housing, Direct Payments, employment, education and day services. The NSIP central cross-government team has worked closely with the Regional Development Centres (RDCs) of the Care Services Improvement Partnership (CSIP) to develop regional social inclusion action plans and the local delivery of national project plans.

Delivery has focused on the following domains:

- Employment and vocational opportunities, including education and volunteering.
- Housing.
- Day service modernisation.
- Direct Payments as a key method of supporting access.

NOW I HAVE A NEW JOB AND I'M LOOKING FORWARD TO THE FUTURE INSTEAD OF AT THE PAST. I'VE GOT A NEW CHALLENGE. I'M LOVING IT AND, JUST AS IMPORTANT, I HAVE MY SELF RESPECT BACK.

EMPLOYMENT

Following the publication of the PMSU report the key areas, associated with employment, contained in this plan are:

- A refocusing of *Shift* the anti-stigma and discrimination programme to work with employers.
- Further support for the implementation of the commissioning guidance.
- The development of dedicated regional teams to provide further support for the implementation of good practice in employment such as Individual Placement and Support.

The 'Individual Placement and Support' (IPS) approach involves assessing vocational skills and preferences relatively quickly and then attempting to place people in employment settings, which are consistent with their abilities and interests, where they can develop their skills in the work environment while being provided with ongoing support. Support is also provided to the employer and direct to the workplace if necessary in order to ensure maintenance of the placement.

IMPLEMENTING THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL

EXAMPLE 1

Hampshire Partnership Trust in partnership with Hampshire County Council and Southampton City Council launched a mental health and employment strategy advocating a 'vocational advice model'. Vocational advisors would work 'as part of a mental health team, providing vocational advice and support (including job retention) to care coordinators, clients and where appropriate employers'. Implementing the model was achieved by 'reconfiguring' the existing employment services. This has resulted in the vocational advisors being employed by the voluntary sector. There are currently 15 vocational advisors and six vocational support workers employed by three voluntary sector organisations working across 16 mental health teams.

EXAMPLE 2

South Essex Partnership NHS Foundation Trust is using the Individual Placement and Support approach with four Community Mental Health Teams (CMHTs) and the Forensic Services Community Team. An Employment Specialist is based within the clinical team and co-works with Community Psychiatric Nurses (CPNs) and Social Workers (SWs) to achieve the aims of the individual's care plan in relation to social inclusion through paid employment, vocational education and voluntary work. Any service user of the CMHT who expresses the desire to return to work is offered the support of the Employment

Specialist. This support takes the form of initial discussion about work history, employment goals, skills and training, negative experiences at work to be avoided, whether job retention is required, and how many hours of work are desired. As soon as clear actions are identified, the job search begins – this is usually within a month of the first meeting.

EXAMPLE 3

Within Nottinghamshire Healthcare NHS Trust the Employment Connections Team currently employs four Employment Bridgebuilders who work with service users referred from the CMHTs and support them writing application forms and CVs, and help them with interview skills. They also liaise with employers and outside agencies such as Jobcentre Plus (JCP), and try to help people to understand the stigma they might encounter in the workplace if they were to disclose the fact that they have had a mental health difficulty. The Trust has developed plans to expand this team in line with the *Vocational services for people with severe mental health problems: Commissioning guidance* to ensure that every CMHT will have a designated Employment Specialist.

NSIP has developed a web-based resource (www.socialinclusion.org.uk) that will showcase innovation and enable stakeholders to learn from each other. The other aspect of this work will be a policy map that will highlight key government messages. NSIP continues to support regional Social Inclusion Leads in development of regional strategies for the health and work agenda.

WELFARE BENEFITS

NSIP recognises the importance of welfare benefits as a fundamental aspect of social inclusion and the direct links to employment. NSIP has continued to make progress in the following key areas:

- NSIP worked to secure, with Derbyshire Patients' Council and Mind, the abolition of hospital downrating. From April 2006, the majority of people who have been in full time NHS funded care for more than 52 weeks will have their DWP benefit restored to the full rate from their first day of entitlement, on or after 10 April 2006.
- Working with the National Institute for Adult Continuing Education (NIACE), NSIP has developed *The Really Useful Book of Learning and Earning* (www.niace.org.uk) that contains relevant information on the help available to enable people to meet their vocational aspirations. This has been well received and 28,000 copies have been distributed to service users and those supporting them.
- NSIP has distributed guidance on benefit and employment rules on social inclusion activity to Regional Development Centre Social Inclusion Leads.

“
IT'S GREAT HAVING MY OWN MONEY COMING IN - EARNING, YOU KNOW, EARNING THE MONEY THAT I'M LIVING ON RATHER THAN GETTING IT FROM THE STATE.”

I GET THE CHANCE TO GET OUT MORE AND I TAKE THE BABY OUT MORE. I'M MIXING WITH ALL KINDS OF PEOPLE. THE BENEFITS ARE FOR EVERYTHING – FOR MY KIDS, FOR A JOB. I DON'T WANT TO BE A BURDEN ON ANYONE.

NORTH EAST LONDON MENTAL HEALTH TRUST AND JOBCENTRE PLUS
A joint training and support programme was designed and delivered to Specialist Incapacity Benefit Personal Advisors (SIBPAs) by an Occupational Therapist from the Trust and a work psychologist from the North East London District JCP. Joint surgeries for service users wanting to access advice and guidance around jobs and benefits have also been established. Users of the service valued the joint delivery and staff in both services found a better understanding of each other's specialist skills and knowledge and established that they were working towards shared goals.

EDUCATION

The national office of the Learning and Skills Council (LSC) published their proposals to improve services to people with mental health problems in August 2006 (www.lsc.gov.uk). These proposals represent a significant step forward in the LSC's commitment to this group of learners. The proposals will also become an integral part of the LSC's consideration of its planning and funding for learners with learning difficulties and/or disabilities across the Further Education (FE) system, as outlined in the recent report *Through Inclusion to Excellence*.

The next step will be to implement the proposals in a national action plan. Each region will also have an action plan requiring them to implement some of the recommendations and regions will also lead on specific areas of work.

Nationally, the work of the partnership project between NIACE and CSIP has been disseminated via the annual conference on adult learning and mental health, other events, training sessions and publications and resources such as *One in Four, It's Not Just About Flower Arranging* and *The Really Useful Book of Learning and Earning*, a quarterly newsletter and webpage (www.niace.org.uk).

Regionally, the networks of mental health and adult learning providers, voluntary sector providers, learners and service users continue to grow under the stewardship of the newly appointed Regional Project Officers. All regional networks meet at least four times per year. The membership database now has over 1000 members, all of whom receive a member's pack and regular updates and opportunities to share good practice.

The NIACE/CSIP/LSC Partnership project in the East Midlands has started the Care Programme Approach (CPA) research project. This will involve CPA managers in each locality in the East Midlands undertaking a qualifications audit of people on enhanced CPA. Staff involved in carrying out CPA are provided with training in understanding adult education and in supporting people to access learning and skills. Service users will be involved in recording their experiences in returning to learning. Evidence gathered will aim to improve the support people on CPA receive to participate in learning. The aim of the project is to increase the number of people on CPA accessing mainstream learning opportunities and achieving qualifications.

“WHEN I FIRST STARTED THE MUSIC PROJECT I WAS VERY NERVOUS AND ANXIOUS, BECAUSE OF MY ILLNESS. I HAD LOST MY CONFIDENCE AND MY ABILITY TO DO EVEN THINGS I REALLY ENJOYED. THE MUSIC PROJECT GAVE ME CONFIDENCE AND A POSITIVE VIEW OF MY SELF AND MY MUSICAL ABILITIES. IT HAS GIVEN ME THE CHANCE TO DEVELOP MY SKILLS IN A PLACE WHERE THERE IS HELP, SUPPORT AND ENCOURAGEMENT ON TAP WHEN I NEED IT.”

VOLUNTEERING

A key action point in the SEU report related to promoting volunteering and access to arts opportunities. Capital Volunteering (CV) is a pan London programme, which aims to tackle issues of mental health and social inclusion through volunteering and is aimed at people who are on enhanced CPA. The lead partners are Community Service Volunteers (CSV), the London Development Centre (LDC) and H.M. Treasury, which, through its Invest to Save Budget, funds the programme. The Institute of Psychiatry is evaluating the programme to assess the effects that participating in volunteering is having on the quality of service user lives.

CV projects are located across London and cover a wide range of interest and activities. These include:

- Supported volunteering.
- Befriending, mentoring and advocacy.
- Arts, music, dance, photography, film, environment, sport and exercise.
- Self-help groups, peer support and social clubs.
- Black Minority Ethnic (BME), refugees and asylum seeker projects.

One challenge for volunteers has been the recent change to the rules of claiming lunch allowances. NSIP has worked with the voluntary sector and has played a central role in the review of the DWP guidance on volunteering to clarify these rules.

NSIP is working closely with CV to look at ways of disseminating the learning from the London projects to other regions. Through developing partnerships with national non-mental health voluntary sector organisations that recruit large numbers of volunteers, such as the British Red Cross, NSIP will work to support these organisations to increase the number of people with mental health problems who are volunteers.

SWINDON OCCUPATIONAL PARTNERSHIP

Swindon Local Implementation Team has commissioned a programme to develop Swindon Occupational Partnership, which is made up of several voluntary sector organisations. As well as routes to voluntary work, employment, education and training, they provide real alternatives to day care services, meaningful occupational activities and increase participation activities within the local community including social enterprise work.

HOUSING

Housing and social services authorities should liaise with each other and both should play an active role in helping the most vulnerable people to exercise their choice of suitable housing with appropriate support services.

DEPARTMENT FOR COMMUNITIES AND LOCAL GOVERNMENT (FORMERLY ODPM) (2005)

The Housing/Homelessness Action Points from the SEU report focus on publishing and disseminating good practice guidance and research for housing workers, health professionals and service users and carers as well as training for housing workers. The work aims to improve the support for people to avoid rent arrears, access choice-based lettings and improve the opportunities for independent accommodation.

Following the publication of the Department for Communities and Local Government (DCLG) guidance on Rent Arrears Management and Choice-Based Lettings (www.communities.gov.uk), NSIP produced mental health specific briefings (www.socialinclusion.org.uk) based on both of the DCLG full guidance. These were disseminated widely to include Local Authority Housing Directors, voluntary sector networks, health and social care staff, day services conferences and the NSIP Affiliates Network:

I. BRIEFING PAPER ON IMPROVING THE EFFECTIVENESS OF RENT ARREARS MANAGEMENT FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

NSIP published and disseminated *Improving the Effectiveness of Rent Arrears Management for People with Mental Health Problems*. This draws on the key messages from the DCLG guidance on *Improving the Effectiveness of Rent Arrears Management* published in June 2005. The briefing document outlines why it is important for housing staff to support people with their mental health problems; the need for mental health staff to support people with their housing situation as well as the key points from the DCLG guidance and it includes several case studies.

II. BRIEFING PAPER ON CHOICE-BASED LETTINGS FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

NSIP has also developed a briefing document on Choice Based Lettings (CBL) for people with mental health problems aimed at health and social care staff that may be supporting them. Many people may have difficulty accessing the local CBL scheme because they are unaware that the scheme is in operation, find the system difficult to navigate and may require additional advice and support to exercise choice and adopt a realistic home hunting strategy.

The briefing includes the key points from the original DCLG guidance and sets out the background and basics of CBL to enable health and social care staff to support people with mental health problems to access and navigate local systems and exercise choice in finding a home.

WORKING IN PARTNERSHIP

NSIP is working with the Chartered Institute for Housing on improved mental health awareness training for housing professionals within their current review process. The CSIP wide housing group brings together the CSIP housing leads, including DH. The group ensures consistency across the areas whilst developing joint work and has included regional Supporting People consultation events for service users and carers coordinated by NSIP.

HOMELESSNESS

The Code of Guidance for Local Authorities has been published by DCLG and this can be found on their website at www.communities.gov.uk. The Code provides statutory guidance on local authority housing and social services statutory functions in respect of people who are homeless or at risk of homelessness. This updated guidance now includes people with dual diagnosis and personality disorder, and suggests that Housing Authority assessments should be carried out jointly with Social Services/ Mental Health agencies or have a Mental Health practitioner on the assessment team.

A Good Practice Guide is being developed from the jointly funded DH/DCLG research into access for mental health services for people who are homeless or in temporary accommodation and this will be published at www.socialinclusion.org.uk.

Through a joint event with the LDC, DCLG and DH, NSIP has coordinated the sharing of good practice across Statutory Mental Health and Homelessness Teams.

JOINT COMMISSIONING MANAGER FOR MENTAL HEALTH AND ACCOMMODATION IN WESTMINSTER

The joint commissioning manager for mental health and accommodation post is jointly funded by the housing department of the City Council and Westminster PCT. The role encompasses the commissioning of mental health housing related support services and the positive interaction (policies, procedures and practice) between the mental health professionals, housing department and housing related support providers.

Information sharing protocols between CMHTs and housing providers have been developed to ensure consistency and identification of the most appropriate accommodation. This also ensures that basic information as to who is involved in the re-housing of the service user into general needs accommodation is given. A dedicated post means that an overview of the whole system is possible and where no information is available, systems are adapted or put in place.

BEING PART OF THE ARTS PROJECT MAKES ME FEEL LIKE I DO HAVE SOMETHING TO OFFER POTENTIAL FRIENDS RATHER THAN JUST BEING A PERSON WHO EXPERIENCES MENTAL HEALTH PROBLEMS AND LIVES OFF THE STATE.

DAY SERVICE MODERNISATION

An additional guidance document, *Supporting Women into the Mainstream: Commissioning Women Only Community Day Services* was published in March 2006. Modernised day services provide an individualised and flexible service promoting and facilitating social inclusion by supporting people with mental health problems to access and use mainstream community services.

A number of initiatives based on the commissioning guidance for inclusive day service redesign have been brought together over the past year through a comprehensive day service modernisation programme led from the CSIP North West RDC. The work has included providing consultation and service improvement resource to a number of organisations, for example, the development of an 18 month pilot to implement a bridge builder service for a pan-disability client group in Halton Borough Council, Cheshire.

The **Day Services National Network** aims to engage and support commissioners, develop key indicators and measurable outcomes and support the regional implementation of the day service guidance. Work has focused on:

- Person-centered planning.
- Community mapping.
- Benchmarking to identify areas for service development.

Resources and tools for commissioners, providers and service users include:

- *Redesigning Mental Health Day Services* (www.londondevelopmentcentre.org), a toolkit for London.

- *The Social Inclusion Planner* (www.ndt.org), a software package for developing socially inclusive workplans.
- *The WEB* (www.ndt.org), a visual tool used to facilitate one-to-one discussions across life domains.
- *Inclusion Traffic Lights* (www.ndt.org), a system for classifying and expressing the inclusiveness of day services.
- Benchmarking tool and modernisation checklists (www.socialinclusion.org.uk).

RE-DESIGNING DAY SERVICES – TRAFFORD WWW.BLUESCI.ORG.UK

The blueSCI Broome House service was launched in January 2006 and is commissioned and funded through Trafford Metropolitan Borough Council and Social Services. It is a not-for-profit organisation based at Broome House, Trafford, which promotes wellbeing through social engagement and creative opportunities. blueSCI works with individuals to achieve their goals and aspirations, promoting recovery, self-management and social inclusion in partnership with other agencies and mainstream organisations. blueSCI also encourages GP referral through online social prescribing.

blueSCI works in partnership with a wide range of mainstream partners many of whom ‘hot desk’ at Broome House (e.g. Jobcentre Plus, housing, and the African and Caribbean Mental Health Team), linking in-house activities into opportunities and mainstream support in the wider community. North Trafford College provides taster sessions and careers guidance for those considering enrolling for college. Broome House operates an open door policy, encouraging all members of the local community to access facilities such as the Internet café, restaurant, the allotment and the dance, music and art studios. Support Time and Recovery workers are a key component of the workforce at Broome House, ensuring mental health service users are involved in all aspects of service design and delivery.

Outcomes measured are categorised as 1) Primary outcomes: Accessing mainstream services e.g. employment, education, volunteering, arts and culture, sport and exercise, neighbourhood and faith communities; 2) Intermediate Outcomes: Associated with increased confidence and 3) Associated Outcomes: Health improvements.

DIRECT PAYMENTS

The Direct Payments programme promotes greater uptake of Direct Payments in mental health services as a means of facilitating increased social participation. A guide to action was produced as required by the SEU report.

At 31 March 2006, the numbers of people receiving Direct Payments in lieu of mental health services had increased by 78% from 31 March 2005 (Commission for Social Care Inspection, CSCI).

The focus of the work has been:

Production and dissemination of guidance and information (www.dh.gov.uk and www.socialinclusion.org.uk):

- *Direct payments for people with mental health problems: A guide to action.*
- *An introduction to direct payments in mental health services: Information for people eligible to use mental health services and carers.*

These formal publications have been supplemented by (www.socialinclusion.org.uk):

- *Direct Payments: Analysis of 31 March 2005 CSCI Figures for Direct Payments Use in Lieu of Adult Mental Health Services.*
- *Direct Payments in Mental Health: What Are They Being Used For?* A growing collection of examples of Direct Payments use in handout format.
- The pages on Direct Payments on the NSIP website and the CSIP Eastern website (www.eastern.csip.org.uk).

Contributing to and supporting local and regional training and development

initiatives: Training and development activity has been undertaken in 37 training events/workshops with mental health service users and carers, mental health workers (including voluntary sector staff), Direct Payments support staff, commissioners and managers.

Supporting RDCs to develop their own plans for implementing the guide to action in their regions:

The Direct Payments programme supports regional implementation by a variety of means, negotiated with each RDC. These include the provision of expert advice, regional analysis, promotional and presentation materials, literature, information and examples, presentations and training workshops, access to Direct Payments 'experts by experience' and problem solving with local services.

Providing a national contact point for enquiries about Direct Payments in mental health:

Enquiries are received from local authorities and support services from every region in the country, as well as from some mental health workers, advocates, and people interested in using Direct Payments. Advice and information is provided directly. Increasingly, additional training or developmental support is being provided as a result of such enquiries.

Contribution to other work on Direct Payments, including:

- To the planning for implementation of the actions arising from the White Paper, *Our Health, Our Care, Our Say* (www.dh.gov.uk).

- To the Choice Team analysis of the 2005 Local Implementation Team Themed Review Autumn Assessment returns with regard to Direct Payments, the Direct Payments examples in *Ten High Impact Changes for Mental Health Services* (www.dh.gov.uk), and to the ongoing development of the 'Choice' programme in mental health.
- Presentation to the Scottish Executive and contribution to their forthcoming Direct Payments guidance.

The following targets have been set for the year ahead:

- Direct Payments to be a standard option for people using mental health services in every English local authority area: Integration of Direct Payments into CPA in all Mental Health Trusts.
- Every RDC to have contributed to measurable improvements in Local Authority, Mental Health Trust and VCS organisations support for people using Direct Payments: Lowest five performing Local Authorities in each region; all Mental Health Trusts; five local VCS organisations.
- Continued analysis and dissemination of CSCI monitoring figures: Maintaining the rate of increase between Sept 2004 and March 2005 at March 2007.
- To collaborate in work on Direct Payments across CSIP: Direct Payments work to become a component of the CSIP Individual Budgets programme.

TAKING PART IN THE COMMUNITY – DIRECT PAYMENTS

A group of five people use Direct Payments collectively to attend a creative arts group. The group employs two trained artists who work with a local mental health arts based charitable organisation. The artists work alongside the individuals providing ideas and motivating them to explore their own creativity, and helping them turn ideas into reality. All group members live in a rural area, which is quite isolated and not well served by services or local transport. The group formed in a local community centre and prior to Direct Payments, they had to constantly fundraise just to keep it going.

Each client gets an individual payment, which they then pay to the creative response artists. It would have been impossible for each individual to get the input of trained artists alone. In getting Direct Payments, not only has each individual been able to access support with their creative art, but also the payments have facilitated the development of an environment where clients can benefit as a group from each other.

This example is from *Direct Payments in Mental Health: What Are They Being Used For?* which can be found on the Eastern CSIP website.

“
I'M NOT AS SHY AS I USED TO BE. I AM MORE OUTGOING. I CAN TALK TO PEOPLE, WHEREAS BEFORE I JUST USED TO SHY AWAY AND JUST SIT IN THE HOUSE NEARLY ALL THE TIME. I MIGHT NOT HAVE BEEN HERE IF I HADN'T GOT A JOB.
”

2 INCREASING EMPLOYMENT OPPORTUNITY

People with severe mental health problems can and do want to work but over half who are in contact with mental health services do not receive any help to find work though they would like to receive it. Central to this year's work has been a concentration on working toward better employment opportunities for people with mental health problems, through an increased focus on better engagement with employers.

In February 2006, NSIP published, through the Department of Health (DH) and Department for Work and Pensions (DWP), commissioning guidance on vocational services for people with severe mental health problems. This guidance provided commissioners of mental health services with a framework to commission evidence-based vocational services for people with severe mental health problems and the tools to monitor the effectiveness of such services. Much work has been undertaken to disseminate and support the implementation of this guidance with commissioners and service providers in the statutory, voluntary and community sector. See page 10 for further information.

NATIONAL TRAINING FOR PUBLIC SECTOR EMPLOYERS

The South West Regional Development Centre has worked with the Disability Rights Commission and Sainsbury Centre for Mental Health to deliver national training for public sector employers on the Disability Equality Duty in relation to mental health. They have produced a resource list on employment and developed guidance for trade union representatives.

The **Employer Engagement Network** has grown significantly and NSIP has increased its commitment to work with key stakeholders including Sainsbury Centre, Disability Rights Commission and Employers Forum on Disability. Strong partnerships have also been developed with employers including Royal Mail and UNUM Provident and the development of a training package will enable Trade Union representatives to be better advocates in the workplace, by promoting job retention and as mental health champions to promote positive messages on mental health in the workplace. Through its work with Health and Safety Executive (HSE), NSIP has worked to promote and ensure appropriate resources and support for HSE's initiative aimed at employers and employees, 'Workplace Health Connect.'

NSIP has established a joint programme of work with the Employers Forum on Disability, which is directed at the strategic engagement of employers necessary to enabling more people with mental health problems to access work. A range of tools is needed to enable job brokering and intermediaries to increase their confidence in order to better meet the needs of employers. NSIP is developing this package of support with stakeholders and the outcome will be increased capacity in the system and thereby better employment outcomes for people with mental health problems.

NORTH ESSEX MENTAL HEALTH PARTNERSHIP TRUST: PUBLIC SERVICES AS AN EXEMPLAR EMPLOYER

The vocational services manager has concentrated on exemplar employer development. As part of this they are developing an innovative 'Buddy Scheme' with the objective that people who work for the Trust and who have or have had mental health problems themselves offer support to colleagues who need some peer support. Although in its infancy, the scheme has received very positive feedback within the Eastern Employment Network.

As part of the government's proposals for welfare reform, DWP reviewed the **Personal Capability Assessment (PCA)** with the aim of transforming it from a tool for determining entitlement to Incapacity Benefit to a more inclusive assessment of capability and of health-related interventions. This would contribute to overcoming health-related barriers preventing disabled people, including people with mental health problems from engaging in work. NSIP was represented on the Mental Health Technical Working Group for this work.

The current system is based on assessing inability to work and weighted on physical impairments rather than mental health problems. The new PCA will include an assessment looking at what an individual can do and what interventions would help to break down the barriers that prevent them from working. It will expand and give equal weighting to the mental health assessment and will consider an individual's ability over a period of time rather than as a 'snapshot'. It will also include the possible effect of conditions that fluctuate over time and the process for gathering evidence for this assessment will be improved.

NSIP has played a significant role in policy development, ensuring that employment for people with mental health problems is a key aspect of government policy. The Prime Minister's Strategy Unit in *Reaching Out: An Action Plan on Social Exclusion* reiterated the importance of employment as a key factor in bringing socially excluded people into the mainstream. NSIP is also a member of the reference group for H.M. Treasury cross-cutting review of employment programmes for people with mental health problems.

3 SERVICE USER/CARER INVOLVEMENT

Service user and carer involvement is central to NSIP's work and it has worked closely with **Shift Programme Board of Experts** (14 Experts Advisors with direct experience of mental health problems) to ensure collaborative and consistent working as well as continuing to consult and liaise through various NSIP forums.

Central work has included:

- Four Expert Advisors working centrally as part of NSIP to provide support to and critical appraisal of the programme and its deliverables as well as providing one of the foundations for cross-programme collaboration.
- Each Expert Advisor links with a CSIP Regional Development Centre, the Service User Lead and Social Inclusion Lead to further develop the national-regional partnership from a service user and carer perspective.
- Work from a service user perspective has contributed to and built upon the national database of socially inclusive good practice and information (www.socialinclusion.org.uk).
- As well as sitting on the NSIP Board, Experts have used their networks and experience in writing articles, ensuring a comprehensive involvement of carer and user groups on the Affiliates Network and contributing to the key project areas.
- The **Employment and Benefits Service User Reference Group** has continued to offer a forum to identify practical solutions to ensuring that the benefits system is enabling rather than disabling and is flexible and responsive to individuals who are trying to move back into employment. It continues to be successful in engaging with government policy makers – including successful discussions with DWP on Disability Living Allowance and Communications. The group has also had several discussions with H.M. Treasury to inform the Review of Employment Programmes for people with mental health problems.

STORIES PROJECT

Eastern Region recently launched their 'Stories Project' inviting people to share their experiences and to help challenge the myths and stigma surrounding many health and social care issues. People submit stories in writing, on tape or on video, as a poem, motto or as artwork. The stories support the ongoing work in the Eastern Regional Development Centre and have been integral in developing a logo 'My Life' with publicity materials used in campaigns and at events that support the ongoing collection of people's own stories and aims to raise awareness within the wider community.

Key service user consultation events have included:

- NSIP coordinated a series of service user and carer specific consultation events for the Supporting People Strategy Development (www.spkweb.org.uk). The events were held regionally for all CSIP client groups and enabled more 300 people to feed their views into the national consultation.
- In April this year DWP issued a consultation paper *A New Deal for Welfare: Empowering People to Work* (www.dwp.gov.uk/welfarereform). NSIP, working alongside RDC Social Inclusion Leads and DWP colleagues, held a series of events throughout the regions to ensure that service users were enabled to feed into the consultation. Over 500 people attended the events, ensuring that NSIP was mandated to send a considered and robust response to DWP.

4 DEVELOPING EFFECTIVE MONITORING SYSTEMS

One of the priorities in the last year has been to develop effective monitoring systems to assess progress in realising the programme’s objectives and to share emerging evidence through developing a robust information base. Within the research and evidence workstream, indicators have been identified and agreed for each priority domain (see Supporting Local Delivery section on page 7) that can be used to evaluate progress over time with additional work commissioned to identify gaps in national data collection and alternative indicators that reflect the work of the programme more accurately.

Joint working has been established with the Healthcare Commission and the Commission for Social Care Inspection to ensure incorporation of social inclusion monitoring into the national and regional activity of these agencies.

Through coordination of the **Research and Evidence Coalition**, NSIP has supported work to develop and validate social inclusion research instruments that can be used in the field to assess impact and outcomes for people who use mental health services. The coalition has a diverse membership of researchers (including service user researchers) and service providers, uniquely brought together by a shared interest in strengthening the mental health and social inclusion research and evidence base.

NSIP was represented on the commissioning panel that awarded the first stage of the contract from the National Coordinating Centre for Research Methodology to develop a comprehensive social inclusion index. This research aims to establish consensus about what constitutes social inclusion and, in the longer term, to develop a research tool that can be used to measure social inclusion.

“
IT’S MORE THE
FACT THAT I’M
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TO CHANGE MY
SITUATION RATHER
THAN THE ACTUAL
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MAKES ME FEEL
BETTER. BEING
ACTIVE, MAKING
DECISIONS, RATHER
THAN BEING PASSIVE.”

This year, on the social inclusion website (www.socialinclusion.org.uk), NSIP has:

- Launched an interactive database with the National Development Team (NDT) of bridge building projects that enable people with mental health problems to engage with their communities. It provides a multi-layered search tool across regions, life domains, towns and projects and contains information about existing projects throughout the country, providing valuable information both regionally and nationally.
- Disseminated information on research commissioned by the programme and on current social inclusion research activity.
- Collated a report from a workshop held with commissioners that explored what could be realistically expected from projects or services and how they could demonstrate social inclusion outcomes.

In the coming year, the research and evidence workstream will focus on generating regional data to inform the implementation of inclusion policy in the regions, developing a 'handy guide' to research instruments that can measure social inclusion outcomes and promoting the use of validated tools in the field.

5 DEVELOPING EFFECTIVE LOCAL LEADERSHIP FOR SOCIAL INCLUSION

One of NSIP's key priorities for 2006/7 has been to direct and support the development of Mental Health Trusts' capacity to deliver inclusion through whole systems approaches. The aim of this project is to help trusts to develop the leadership and management skills necessary to sustain and further develop socially inclusive practice and community engagement.

The project benefits from a national collaboration between the National Mental Health Partnership (NMHP), Mental Health Trust's Chief Executives group and NSIP, which has led to four trusts being identified to begin this work. There was a strong response to the invitation to participate and Leeds, West London, Bedford and Luton and Kent have been selected in the first wave. These sites represent a wide geographical spread and are at varying stages of implementation on to social inclusion and community engagement.

The project will develop bespoke interventions that bring together leadership development and service improvement at a local level, recognising also the team-based nature of work in health and social care. These interventions will incorporate the most valuable features of recognised teamwork and leadership programmes into a resource for local whole systems development aimed at senior leaders and managers working as a team.

The key outcome is increased and coordinated provider capacity for sustaining practical delivery of the national policy agenda on social inclusion. It aims to celebrate and disseminate the learning from participating sites (which will include the identified Trusts and their collaborating organisations) across Trusts in the NMHP group and more widely.

It is hoped that the learning gained from attempting such ambitious whole systems interventions at a local level will increase the capacity and confidence to deliver high quality interventions to a wider range of sites at a later stage.

6 DEVELOPING AN EFFECTIVE WORKFORCE

The SEU report identified that one of the major barriers to inclusion for service users within frontline services is the low expectations of staff. In order to challenge staff and improve the experience of service users, NSIP commissioned the identification of socially inclusive ways of working, using the framework of the *Ten Essential Shared Capabilities* (ESCs) (www.dh.gov.uk/PublicationsAndStatistics) to enable staff to reflect their practice.

Initially the focus has been on five professional staff groups; Psychiatrists, Occupational Therapists, Mental Health Nurses, Clinical Psychologists and Social Workers, working with the national bodies representing these groups, and with the CSIP Workforce Implementation Team (WIT). Capabilities have been used to promote discussion and debate about how each professional group addresses the inclusion agenda, both individually and as a multidisciplinary workforce.

PROFESSIONAL BODIES AND SOCIAL INCLUSION

The Chief Nursing Officers Review of Mental Health Nursing (www.dh.gov.uk/publicationsandstatistics) has a central theme of social inclusion and recovery as has the College of Occupational Therapists *Mental Health Strategy*. The British Psychological Society is in the process of developing Best Practice Guidelines around social inclusion for all psychologists, and a cross-faculty scoping group is underway within the Royal College of Psychiatrists. The Social Care Institute for Excellence is currently working with NSIP to highlight the socially inclusive practice of social care staff.

Capabilities for inclusive practice by practitioners have been developed. These are mapped against the Knowledge and Skills Framework (KSF) published by the DH and provide information for individual practitioners to identify how working for inclusive outcomes helps them to meet the requirements of their role. The *Capabilities for Socially Inclusive Practice* will be published in early 2007 and will be available at www.socialinclusion.org.uk.

Socially inclusive practitioners can only be effective within services or organisations that also promote inclusive working, so the capabilities of inclusive organisations have also been identified. These are currently being mapped against the Health Care Commission Standards for Better Practice, in order to promote understanding of how the social inclusion agenda can contribute to the meeting of core and developmental standards within organisations.

Following the consultation with the professional bodies, several organisations have now initiated more detailed work to develop good practice guidance on working inclusively for their practitioners. The non-professional workforce also aims to develop and use the capabilities to inform their practice and development. Engagement of Primary Care is underway to support the key position and role that general practice has always taken in keeping service users engaged and active in their communities.

NSIP, in partnership with the Mental Health Foundation and Mental Health Matters, is developing a project on voluntary sector staff skills, giving the opportunity to test out the socially inclusive capabilities within non-statutory services.

SHIFT PROGRAMME

Shift programme: anti-stigma and discrimination

Shift is a five year programme to reduce stigma and discrimination on mental health grounds. It is a communications driven programme using a variety of evidence-based methods to achieve a range of objectives. Much of its work was platformed at an International Conference in March 2006, which was attended by 300 people, with 30 countries represented. A website supported the event and the speeches and papers can be accessed via www.shift.org.uk. Internationally, *Shift* has supported INDIGO, the international study into stigma/discrimination and schizophrenia. The research brings together the Institute of Psychiatry, The Service User Research Unit and the World Psychiatric Association and involves over 25 countries.

Shift's key achievements include:

MEDIA

- Commissioned Sainsbury Centre, Mentality, Rethink and Mental Health Media to undertake research looking at the coverage of mental health in the media. Rosie Winterton, Minister for Health Services and Jon Snow (Channel Four) launched the findings and report, *Mind Over Matter: Improving Media Reporting of Mental Health*, in January 2006. This collection and analysis of media cutting in relation to the portrayal of people with mental health problems will be ongoing.
- Commissioned Mental Health Media, Rethink and Mind to develop a **Speakers Bureau** of people with mental health problems who are trained and supported to talk publicly about discrimination – this was launched in October 2006.

EMPLOYMENT

- Produced *Action on Stigma*, (www.shift.org.uk) a guidance and consultation document for employers launched by the Minister for Health Services, Rosie Winterton on World Mental Health Day 2006.

YOUNG PEOPLE

- Commissioned the Samaritans to develop materials for schools. A set of DVDs with accompanying materials are being delivered to every secondary school in England.
- Supported HELP, an action research project working with 26 schools in Liverpool. The project has targeted 12 to 15 years olds and works directly with pupils, staff and parents using the creative arts to encourage discussion, insight and problem solving with participants. The final report of the three year project will be launched in the Autumn.

PHYSICAL HEALTH

- Supporting eight regional initiatives looking at best practice in the delivery of physical health services for people with mental health problems. *Shift* is also developing an online database of good practice physical health projects across England.

THE YEAR AHEAD

The year ahead

This report sets out the progress that NSIP has made on its objectives in the past year. It bears repeating that the success of its work is due entirely to the **collaborative approach** of the programme; to a planning, development and delivery model in which regional and national responsibilities are shared and to an approach in which people from a wide range of sectors are actively engaged. This approach will be sustained and further developed in the year ahead.

While continuing to drive forward action on the SEU report, the programme has as described, worked to support the development of **new policy on inclusion and mental health**; having direct input into *Reaching Out: An Action Plan on Social Exclusion*. This plan confirms the priority of inclusion policy and the need within it for continuing practical action on the exclusion of people with mental health problems, not least from the workplace. The action plan requires NSIP to lead the establishment of **employment action teams** in each region. Therefore, this will be a key priority in the year ahead.

The work plan for the forthcoming year sets out how NSIP's work will be prioritised. There will continue to be action on the **Direct Payments** aspect of personalised budgets as a key method of reducing barriers to mainstream participation in community – whether in leisure, arts, education or employment. NSIP will work to ensure that **employers** are engaged as partners in developing opportunity, and our work with the Employers Forum on Disability and a growing number of major mainstream employers will be taken forward as a means of achieving this goal. Equally, there needs to be a drive for change within health and social care systems, supporting Trusts in adopting the **evidence – based approaches** to employment set out in the action plan. This links to the ways in which leadership and the professional skills base in mental health services can promote inclusion outcomes. NSIP will develop, through the National Mental Health Partnership, work with a number of Trusts to **support leadership**, and to publish and disseminate (early in 2007) the **capabilities for socially inclusive practice**, developed in conjunction with the major Professional Colleges.

The plans for the year ahead are clear but they will also need to be responsive to the huge changes in which **health and social care services** are involved. As part of CSIP's Wellbeing and Inclusion work stream, NSIP will contribute collaboratively to the broader agenda on well being; reflecting the implementation goals of both health and local government white papers drawing on the networks and coalitions that are all important to influencing outcomes across the work of CSIP.

NSIP will continue to maintain its focus on action to challenge the injustice of exclusion, responding to the expectations of service users; justifying the engagement of the many stakeholders whose help, support and participation have been and continue to be at the heart of the National Social Inclusion Programme.

STRUCTURE

The National Social Inclusion Programme, (part of the Care Services Improvement Partnership www.csip.org), transformed the report's 27 point action plan into a programme requiring delivery. It is organised into 8 themes, one of which (with 4 action points) pertains specifically to challenging stigma and discrimination. These are being addressed by the *Shift* programme, a sustained programme of work within CSIP to challenge the stigma and discrimination faced by people with mental health problems. The other action points have been grouped into seven areas of project work, each of which is being led by a CSIP regional development centre – or in the case of employment by three centres in collaboration – through the RDC Social Inclusion Lead in conjunction with the national team:

Employment	South West/South East/London
Housing	North East, Yorkshire and Humber
Income and Benefits	London
Education	East Midlands
Social Networks	West Midlands
Community Participation	North West
Direct Payments	Eastern

In addition, there are a number of cross-cutting work themes whose work will impact on several, or in some cases, *all* projects. These cross-cutting themes are:

Research and evidence

Workforce development

Community engagement

Criminal justice

Tackling inequalities

At the heart of this programme is the focus on impact and gain through collaborative networking. The central programme team is diverse in its membership and includes cross-government representation, secondees from health and social care and expert advisers who represent user and carer perspectives and views, as well as *partnerships with key organisations* such as The Royal College of Psychiatrists and The Council of the College of Occupational Therapists (COT).

The **Affiliate's Network** (see Appendix 4) is comprised of over 50 organisations with an interest in the programme and who have committed additional skilled resource from a range of interests and perspectives. The members are drawn from voluntary and community sector groups, professional bodies, health and social care and mainstream agencies.

GOVERNANCE

The 7 projects within the programme are being managed by the regional Social Inclusion Leads within arrangements that have been specified as part of each project's plan. Leads are functionally accountable to the NSIP Board for delivering the project for which they have a national responsibility. As the group responsible for programme delivery, the NSIP Board is responsible for ensuring the effectiveness of these arrangements and ensuring that they are providing the most effective means of delivering change in these functional areas across and between regions.

Corporately, the programme's governance requires accountability to:

- Ministers, through the Cross-Government (officials) Network as well as progress updates directly to the Department of Health (DH), the Prime Ministers Strategy Unit (PMSU) and the Department of Work and Pensions (DWP) Ministers.
- The CSIP Executive, which in turn reports to The Mental Health Delivery Board of DH.
- Independent Advisory Group established from a number of affiliated agencies based on the specific role and interests of these organisations. It provides a measure of independent advice and additional expertise to the programme, supporting its effective direction.

APPENDIX 2

Appendix 2

NATIONAL SOCIAL INCLUSION PROGRAMME TEAM

The Central Team is a cross-government team with many of its members working on a part time basis or secondment basis. They are:

David Morris	Programme Director
Paddy Cooney	CSIP Executive Lead
Miles Rinaldi	Head of Delivery
Zoe Robinson	Delivery Manager
Sarah Hill	Business and Communications Manager
Christa Drennan	Project Manager
Rebecca Mitchell	Programme Coordinator
Simon Francis	Seconded from Department for Work and Pensions
Kathryn James	National Institute for Adult Continuing Education
Nicola Vick	Senior Researcher, Healthcare Commission
Naomi Hankinson	Workforce Development Lead, Seconded from COT
Stephany Carolan	Project Manager for Developing Effective Local Leadership for Social Inclusion, South East RDC
Steve Onyett	Lead for Developing Effective Local Leadership for Social Inclusion
Sona Peskin	Expert Advisor
Diane Hackney	Expert Advisor
Fran Singer	Expert Advisor
Rosemary Wilson	Expert Advisor

Each of the Regional Development Centres has a Social Inclusion Lead who not only leads on one of the national project areas but coordinates their local social inclusion delivery. They are:

South West	Trish Stokoe
South East	Malcolm Barrett/Stephany Carolan
London	Brendan McLoughlin/Louise Howell
East Midlands	David Gardner
North West	Clare Mahoney/Julie Cullen
Eastern	Robin Murray-Neill/Chris Rowland/Jennette Fields
West Midlands	Barbara Crosland/Mary Dunleavy/Mike Murkin
North East, Yorkshire and Humber	Lynne Hall

DH

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
1 (Through Shift)	Sustained programme to tackle stigma and discrimination.	Programme has been established with Programme Lead and two supporting roles and board of Expert Advisors. Activity is detailed below.
2 (Through Shift)	Resources for Schools.	Mentality were funded in 2005 to produce information sheets for parents of young children. HELP and the Samaritans were funded to produce materials for secondary schools.
3a (Through Shift and DRC)	CSIP/DRC to raise awareness among employers and individuals of the rights of people with MH problems under the DDA.	Launched <i>Action on Stigma</i> (www.shift.org.uk) with Rosie Winterton and via national news coverage on World Mental Health Day 2006. Disseminating copies of report to relevant employer audiences and organising 4 regional listening events. Shift continues to support the Mental Health Media (MHM) awards and INDIGO (International research project looking at the discrimination experience of people with a diagnosis of schizophrenia). The Shift Speakers Bureau launched and 3 speakers participated in the coverage on World Mental Health Day. Shift commissioned tracker survey of people's experience of discrimination and will commission an attitude survey. Media cuttings research continues and will produce report in 2007. Continuing work by Disability Rights Commission (DRC), including guidance for trade unions and good practice material. DRC (www.drc-gb.org) produced a short film, <i>The Appointment</i> , featuring character with bi-polar disorder shown in cinemas and 45,000 DVDs distributed for training purposes and press advertising on issue of disclosure as part of the DRC's 'Are We Taking the Dis?' campaign. Promotion of the findings of a webpoll on small employer attitudes to mental health, in the context of reforms to incapacity benefit.
4b (Through Shift)	Central government to review employment practice.	Shift are meeting with government departments to understand recruitment and HR processes and to advise on how to improve these.
4c	DH to review international evidence on pre-employment health assessments to devise model for NHS.	NHS Plus in conjunction with the NHS Scottish Executive (joint funding) have commissioned a team from the Pre-employment Subgroup of the Peer Review Audit and Benchmarking Subgroup (PABS) to undertake review of the literature and will assess the results from a pre-employment questionnaire at present being piloted.
5a (Through NSIP)	Vocational rehabilitation for people with severe MH problems commissioning guidance.	Published February 2006 (www.dh.gov.uk) and disseminated through NSIP national events and RDCs.
6 (Through NSIP)	Day services for people with MH problems commissioning guidance.	Published February 2006 (www.dh.gov.uk) and disseminated through NSIP national events and RDCs.
8a	New mental health workforce trained in vocational and social issues.	The allocation of financial support for the education and training of Support Time and Recovery (STR) workers now devolved to those who employ the first 1000 workers. Training is based on a recovery model and includes employment and social inclusion issues. The CSIP Mental Health National Workforce Implementation Team in collaboration with Centre for Clinical and Academic Workforce

DH		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
8a (continued)		<p>Innovation (CCAWI) has produced the 10 ESC 'Recovery' CD ROM learning materials. This 2 day training package targets STR and other workers in developing recovery-orientated approaches to include activities to promote social inclusion. The production of this CD ROM and website (www.lincoln.ac.uk/ccawi/) at CCAWI will increase access to recovery and social inclusion activities to many more practitioners across mental health and other services.</p> <p>Education and training guidance for the Community Development Workers (CDWs) was published early in 2006 (www.dh.gov.uk/PublicationsAndStatistics).</p> <p>The Graduate Workers role and associated training is to work in Primary Care with people with mild to moderate psychological problems (e.g. anxiety and depression). Their work often focuses on helping people to maintain their social networks and retain their employment. NSIP is also working with national workforce development agencies and professional networks.</p>
8b (Through NSIP)	Develop training for other H&S staff.	NSIP contributes via the CSIP MH Workforce Implementation Team, which includes New Ways of Working. NSIP has developed links into professional networks and CSIP RDCs provide training to staff at a local level.
8c	Shared Capabilities Framework.	<p>The implementation of the Ten Essential Shared Capabilities (ESC) (www.dh.gov.uk/PublicationsAndStatistics) is currently underway. The national pilot programme included practitioners of all disciplines along with undergraduate and post graduate healthcare students. The ESC are being integrated into the training offered within five medical schools as a pilot and forms the basis of the redeveloped CPD framework for the Royal College of Psychiatrists. Similarly, work with a number of schools of nursing is underway to integrate them into mental health nurse training. A number of universities have already begun this process. Education programmes for new workers already take account of the ESC. There is agreement from all the professional bodies to incorporate the ESC into their values and visions statements. The Royal College of Psychiatrists and the British Psychological Society have made significant contributions, with ESC discussed in <i>From Values to Action: The Chief Nursing Officer's Review of Mental Health Nursing</i> (www.dh.gov.uk/PublicationsAndStatistics). The General Social Care Council has used the ESC in developing the Consolidation programme for the revised Post Qualifying Framework in Social Work education and training.</p> <p>The CSIP MH National Workforce Implementation Team with the BME Board have developed and are testing ESC based Race Equality and Cultural Capability (RECC) learning resources. This programme is run in conjunction with the BME Programme. The ESC RECC programme is being tested over four sites in England with a roll-out to all CSIP</p>

DH

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
8c (continued)		<p>regions in spring 2007. This programme aims to support practitioners and other members of the mental health workforce review attitudes, knowledge and skills in promoting race equality (including social inclusive practice).</p> <p>NSIP have used the ESC framework to develop capabilities for socially inclusive practice in conjunction with the professional bodies and this will be published in early 2007 at www.socialinclusion.org.uk.</p>
8d (Through NSIP)	CSIP Primary Care Core Skills Programme for GP's.	<p>Completed.</p> <p><i>Key Skills</i> (www.csip.org.uk) document launched in Oct 2006 with a key note presentation by the Chair of the Royal College of GPs. Core skills in Primary Care is being taken forward in a variety of ways, including New Ways of Working in the Primary Care group.</p> <p>A significant programme of activity is underway on the identification of key therapeutic skills in the 'Increasing Access to Psychological Therapies' demonstration sites. Additionally CCAWI have been hosting an annual national Primary Care Mental Health Worker conference for the past 3 years. The conference will be widened to attract all practitioners in mental health primary care and a focus of the 2007 conference is the practice of social inclusion in the primary care workforce.</p>
9b	Waiting times indicator for psychological therapies.	Improved Access to Psychological Therapies Programme launched by Health Secretary. The Programme is running in CSIP RDC's with 2 Pilot sites operating in Doncaster and Newham.
9d	Homelessness Research.	Due to be published 2006. Will be available on www.socialinclusion.org.uk .
10a	Direct payments for people with mental health problems: A guide to action.	Published February 2006 (www.dh.gov.uk) and disseminated through NSIP national events, RDCs, local networks and events.
11a	CSIP/HO BME pathways model.	<p>The Health and Social Care In Criminal Justice (HSSCJ) agenda is a CSIP workstream, separate from the CSIP Mental Health Programme. HSSCJ will be taking forward this work. BME Strategy for Prison Health has been agreed through the DH DRE Programme and is focused on integrating prisons into the mainstream work of the DRE agenda. For 2006/7 it has been agreed that Prison Health Services will be included in the BME census for 2007, and if possible, the community based services for offenders will also be included under the community services part of the census. Discussions have been underway with the Mental Health Act Commission and the Prison Race Equality Lead to ensure that the census questions are adapted for prison specific use. This will form a baseline of information similar to that produced annually for other mental health services. The characteristics for DRE have been 'translated' for the prison services to allow ways of understanding how these relate to that environment and how to evidence implementation and change.</p>

DH		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
11a (continued)		Cultural Competency Training will be available for criminal justice services to use when the pilots are evaluated and amendments made. Two Community Engagement Projects are being sought across the country as pilots specific to prisons within Focused Implementation Sites. The BME Strategy will build upon this approach for 2007/2008.
11b	HO/CSIP pathways approach – early access.	Offender Care Pathways published January 2005 (http://www.dh.gov.uk/assetRoot/04/10/22/32/04102232.pdf). The Development Programme for Extending Offender Health Support is a national department led programme sponsored by Health and Offender Partnerships – a partnership directorate of the Home Office (NOMS) and the Department of Health (Care Services Directorate). From 2007 work of the Development Programme will be progressively merged with activity within the Prison Health Programme to create an integrated policy programme to address the health needs of offenders, both in prison and within the community.
15a (Through Shift)	Develop employment support – access to resources and support.	<p>Launched <i>Action on Stigma</i> with Rosie Winterton and through national news coverage on World Mental Health Day, 2006. Copies were disseminated to employers and four regional listening events were organised as part of the ‘listening’ process.</p> <p>NSIP established an employer engagement group.</p> <p>Phoenix Fund self-employment pilots completed (CSIP and DTI have set up network).</p> <p>CSIP and DWP currently considering options for further promotion on enterprise and self-employment. Working with Sainsbury Centre for Mental Health and other colleagues to progress recommendations from the British Occupational Research Foundation. Work is ongoing with DH Public Health on Healthy Workplace agenda.</p> <p>Exploring partnerships with Employers Forum on Disability and other stakeholders to develop employer facing tools to enable better recruitment and retention for people with mental health problems.</p>
10c	DP Exclusion criteria review.	Following the publication of the Health and Social Care White paper (2006) work is currently underway to extend the availability of DP’s to those groups excluded under current legislation (www.dh.gov.uk/policyandguidance).
DWP		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
3b	Government to monitor impact of DDA.	<p>Work continues to monitor the impact of the DDA on those with duties under the Act. Research is currently underway and will report by the end of the 2007.</p> <p>DWP are currently designing a research project into the experiences and expectations of disabled people of the DDA, that will soon go out to tender, to report 2008.</p>

DWP		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
7	Vocational and Social Advice in Primary Care.	Six Advisers in GPs' surgeries pilots commenced between January and June 2006 in five Pathways areas (Highlands, Islands, Clyde Coast and Grampian, Gateshead and South Tyneside, Bridgend, Rhondda, Cynon, Taf, East Lancs and Somerset). The pilots are testing a Gateway model signposting patients to Pathways or other appropriate provision and the pilots will run for approximately 2 years, to finish March 2008 (www.dwp.gov.uk/mediacentre).
12a	Pathways to Work rollout.	By October 2006 the Jobcentre Plus model had been expanded to a third of the country, and they will deliver Pathways in 40% of the country by December 2006. Private Voluntary Sector providers are being invited to manage Pathways in the remaining 60% of the country and the whole of Great Britain will be covered by 2008. Provider-led Pathways will be introduced in two phases; October 2007 and April 2008 with tenders for the first tranche of 15 districts issued October 2006.
12b	Condition Management Programmes.	The delivery of Condition Management Programmes remains an important part of the Pathways to Work approach. It continues to be rolled out as part of the Jobcentre Plus model and the delivery of a CMP service will be a requirement of Provider led Pathways contracts. Evaluation of the service has been commissioned by both DWP and NHS.
12c	JCP Training.	Online information packages have been developed for JCP staff.
12d	Access to Work guidance.	People with mental health problems have been included within Jobcentre Plus Access to Work guidance (www.jobcentreplus.gov.uk).
12e	DWP to consider access to employment programmes.	DWP are finalising a comprehensive review of their employment services for disabled people and will be consulting on the proposals emerging from this review later this year. The review looked at how to build on the strengths of existing services, such as WORKSTEP, NDDP and Work Preparation to make them more responsive to the needs of individual disabled users, employers and providers. The review looked at how to improve outcomes for those furthest from the labour market, including those with mental health conditions. HMT announced a review of mental health and employment programmes. This review will be published in advance of Spending Review 2007.
13a	Improving awareness of DLA.	DLA information and guidance amended. Guidance issued to staff. Position being monitored continuously to identify any further requirements. NSIP met with DLA policy to secure ongoing liaison.
13b	Linking rules flexibility.	Changes have been completed and communicated with the new rules taking force in October 2006 (www.dwp.gov.uk/publications). These include automatic protection, rather than having to apply to be covered by the rules, and increasing the period covered by the rules to 104 weeks for all claimants. A customer who moves back onto Incapacity Benefit from work or training will immediately re-qualify for

DWP		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
13b (continued)		the linking rules if they successfully return to work or training, removing the need to spend six months on benefit to re-qualify.
13d	Evaluation of Permitted Work Rules.	Evaluation completed in December 2005 and recommendations came into force from April 2006. This included the introduction of a new Personal Capability Assessment Exempt category of people who are able to work up to 16 hours and earn up to £86 a week (from 1/10/06), for as long as they remain PCA exempt, without it affecting their entitlement to benefit.
13e	Publicity materials.	Ongoing work and further information is distributed as necessary.
15a	Develop employment support – employer engagement strategy.	Strategic action plan is being delivered, developed in consultation with employers and employer organisations already committed to increasing job opportunities for disabled people. Key elements of the action plan are: employer-led activity to better engage employers to recruit and retain disabled people, addressing issues at corporate, expert advisor and local levels; continued work to increase awareness of the Disability Discrimination Act; a campaign to address and challenge negative employer attitudes; encouraging employers to better support the Government's Welfare Reform agenda, through playing a more active role in attracting disabled people to work for them, and better enabling intermediary providers to equip disabled people to compete successfully for their jobs.
15d	DWP Framework for Vocational Rehabilitation.	Completed Autumn 2004 (www.dwp.gov.uk/publications). DWP, DH and HSE strategy <i>Health, Work and Well-being; Caring for Our Future</i> launched in Oct 05 set out how the Government is working in new ways to rehabilitate people back to employment. Dame Carol Black has been appointed as National Director for Health and Work, with specific responsibility for vocational rehabilitation. DWP is working with DCA and stakeholders to identify ways to provide earlier and better rehabilitation as part of its wider programme of work on tackling perceptions of a compensation culture and improving the system for valid claims.
15e	DWP Employer Strategy.	Key stakeholders engaged and developing strategy. DWP TRIPOD study completed. Now within Action Point 15a.
13c	To monitor the impact of Housing Benefit (HB)/Council Tax Benefit (CTB) Rapid Reclaim form and continue to review.	DWP undertook a mini survey in March of around 30 Local Authorities to determine how many days it took to process Rapid Reclaim cases and what problems (if any) were occurring within the process. They also gathered quantitative Rapid Reclaim information from the Local authority Omnibus survey (wave 13). The results were collated and an information bulletin to refresh knowledge of Rapid Reclaim and identify Best Practice (www.dwp.gov.uk/housingbenefit) was issued in November 2006. DWP continues to monitor the impact of the HB/CTB Rapid Reclaim form and to review the process through qualitative data to be gathered in April 2007 through the 100% data scan.

DWP

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
20c	Service User Payment – CSIP more consistent practice DWP raise awareness.	The Reward and Recognition report gives best practice guidance (www.dh.gov.uk/PublicationsAndStatistics) and the NSIP employment and benefits work stream has disseminated advice and guidance re. payments for contributions and benefits).

DCLG

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
9d	Homelessness Research.	Due to be published 2006 on www.socialinclusion.org.uk .
21a	Rent Arrears Guidance.	Published June 2005. http://www.communities.gov.uk .
21b	Choice Based Lettings Guidance.	Published January 2005 http://www.communities.gov.uk .
21c	Code of Guidance – Homelessness.	Published July 2006 http://www.communities.gov.uk .
21d	Training Housing Professionals.	NSIP progressing action.

DfES

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
16b	Common Core Training.	April 2005 DfES Every Child Matters (www.dfes.gov.uk/childrenandfamilies) reflecting people with MH issues. NSIP Social Networks Project exploring opportunities for influencing workforce and training reference CAMHS and AMHS (via national leads) and ongoing promotion of training resources and toolkits.
16c	With DH emerging local structures.	Activity ongoing. New structures more ready to take on board social inclusion. NSIP raising awareness with ongoing joint work with CSIP/DH programmes, external agencies and organisations. Development of safeguarding children network for named professionals in mental health trusts to link with regional safeguarding developments.
16d (Through NSIP)	Improved family and parenting support.	Work is being led by Social Network project (supported by DfES) within NSIP to influence the development and implementation of policy and practice in the early years, in particular to build capacity in children's centres and related developments to better meet the needs of parents with mental health problems and their children. Writing workshop held with expert group: chapter on supporting parents with mental health problems written for inclusion in children's centre guidance.
16e (Through NSIP)	Family Visiting Facilities.	Work being led by Social Network project within NSIP (supported by DfES) on Family Visiting Facilities. Resources secured, partnership established with Mental Health Act Commission and Barnardos. The project being delivered to time and within resources, including dissemination plan.
17a	LSC grant letter.	Complete.

DfES		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
17b	LSC Equality and Diversity Strategy.	Complete. LSC decided that the Annual Statement of Priorities 2005–6 was more appropriate and likely to have more impact and published <i>Proposals to Improve the Services to Learners with Mental Health Difficulties</i> (www.lsc.gov.uk) in May 2006. Action Plan to take forward the proposals was published for consultation in June 2006. Nine regional project officers have been appointed to develop and take forward regional action plans from August 2006 – March 2007.
17c	05/06 Learner Support Funding Guidance.	<i>Improving Services for People with Mental Health Difficulties</i> published August 2006. Includes an action to maximise various funding streams, including LSC funds (http://readingroom.lsc.gov.uk).
17d	DfES to support University UK/SCOP.	During 2005–6 the Committee worked on <i>Guidelines for Mental Health Promotion in Higher Education</i> , due for circulation to all HE institutions shortly. A successful national conference in 2005 on the links between NHS and HE support for students with mental health problems will be followed by a conference in 2007 addressing the links between learning and teaching and the mental wellbeing of students and staff, run jointly with the Higher Education Academy. The Committee has contributed to a series of guidance papers prepared by Young Minds on aspects of student mental health (including international students and personality disorder). The Committee has maintained close links with the research project 'Research and Prevention in Student Suicide' and will assist with dissemination of its findings. Work is in hand for a web-site to showcase the resources made available on this issue through the committee's work.
17e	Disabled Students Allowance.	NSIP liaising with DfES to identify evidence.
17f	FE and HE review of systems and raise awareness.	The LSC national office have published their proposals to <i>Improve Services for People with Mental Health Difficulties</i> and have developed national and regional action plans to implement the proposals (www.lsc.gov.uk). Briefing sheet published: <i>Access to Learning and Skills for Adults Experiencing Mental Health Difficulties</i> . National Conference held in November 2005 and June 2006. The LSC work in partnership with NIACE and CSIP – nine regional project offices have been appointed to develop and take forward regional action plans.
19a	Connexions Guidance.	Work is planned for production of resources for Connexions partnerships. Links made between Connexions in the regions and RDC CAMHS leads.
19b	Children's NSF.	Complete.
20a	School Governors.	The School Governance (Constitution)(England) Regulations 2003 were amended from 1 April 2004 to revise and clarify the governor disqualification criteria relating to mental health. The disqualification now reads that a person is disqualified from holding or continuing to

DfES

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
20a (continued)		hold office as a governor at any time when s/he is detained under the Mental Health Act 1983. Details of the changes were published on GovernorNet (www.governornet.co.uk), the dedicated DfES website for school governors. DfES officials met with the regional groups of LEA coordinators of governor services at their termly meetings during the summer term of 2004 to explain the change. The LEA coordinators then publicised details of the change in their briefing packs and papers for governing body meetings.

HO

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
11a	CSIP/HO BME pathways model.	For detail see DH Action Point section.
11b	HO/CSIP pathways approach – early access.	For detail see DH Action Point section.
11c	Probation training.	The needs of the probation service differ from those of the prison service and it has been decided that prison staff require a specific training/guidance package to complement that already provided in some areas and to Trainee Probation Officers during their 2 year DipPS course. The National Probation Directorate will commission and oversee the implementation of specific training for probation staff in working with mentally disordered offenders in the next 2/3 years.
11d + e	Police MH Awareness Training.	A meeting with Centrex has taken place with an undertaking to scope existing provision to progress action points.
20b	Jury Service Eligibility.	The subject matter of this consultation has proved to be highly complex. However, considerable progress has now been made in the preparation of the relevant public consultation document and it is hoped to publish it and initiate the consultation period in early 2007.

DCMS

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
18b	Arts Research.	The Anglia Ruskin/UCLAN research team will provide a final report in February 2007. An overview report will be delivered by the end of 2006, drawing together the findings from the initial survey, retrospective analysis and the outcomes study in line with the deadline set in the SEU report.

DEFRA

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
9e	Rural Stress Action Plan.	Funding contractually committed until 2008. Review in progress on continuation of the Action Plan after this date.

DfT		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
22a	Local Transport Plans.	<i>The Guidance on Accessibility Planning in Local Transport Plans</i> was published in December 2004. This includes several references to those with Mental Health problems – Chapters 1, para 4; 6 para 14 and 26. Local Transport Authorities (LTAs) have included accessibility strategies within their Local Transport Plans, which were submitted at the end of March 2006 (www.dft.gov.uk).
22b	Revise Concessionary Travel.	This work has been delayed because of pressures over implementing free concessionary fares in April 2006. DfT will work up proposals for a national scheme including probable primary legislation. DfT will be consulting with disability groups on the best framework for implementing the national scheme and the Concessionary Bus Travel Bill was announced in the Queen's speech November 2006.
DTI		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
14	SBS pilots promoting self employment and enterprise.	Complete. CSIP and DTI set up a network to share best practice. A report <i>Investing in Success</i> drawing on learning from pilots has been completed and is available from Small Business Service http://www.sbs.gov.uk . A series of national and regional events looking at lessons learned across a range of projects, including those targeting people with mental health problems, is currently being set up.
DCA		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
23	LSC/DCA Pilot delivery of new contracting arrangements for advice services.	Evaluation published <i>Innovation in the Community Legal Services</i> (www.legalservices.gov.uk).
AGENCIES OTHER THAN GOVERNMENT DEPARTMENTS		
ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
4a (DRC)	DRC Code of practice.	The DRC new Code of Practice, launched in Dec 2005 providing for a years run in to implementation.
9a (DRC)	DRC physical health review.	The DRC's formal investigation into physical health inequalities experienced by people with mental health problems and/or learning disabilities was launched in September 2006, with research evidence, DVD, targeted briefings for primary care providers, commissioners and service users. This is available at www.drc-gb.org/health . A joint DRC/NSIP Group has now been established. Shift are also collaborating with DRC to follow-up this work.

AGENCIES OTHER THAN GOVERNMENT DEPARTMENTS

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
9c (NTA)	Review of access to/effectiveness of treatment.	The effectiveness of psychological therapies on drug misusing clients (Wanigaratne et al) was published June 2005 (www.nta.nhs.uk/publications).
10b (Through SCIE)	DP FAQ guide.	FAQ published on SCIE website Oct 05 (www.scie.org.uk).
15b (Through HSE)	HSE expand pilots to SME's/work related stress.	'Workplace Health Connect' is a free and impartial service offering workers and people with severe and moderate mental health problems offering advice on occupational health, safety and sickness absence management. This includes an advice line for all of England and Wales and regional Pathfinders in the North East, North West, West Midlands, London and South Wales. The service has been operating for 8 months and is successfully meeting its targets related to delivering workplace-focused support to employers. The Welfare Reform Green Paper indicated that the service may be expanded to cover 66% of England and Wales. The current service is being funded by HSE as a deliberate strategy to experiment with new ideas for delivering our business. HSE is continuing to set aside funds so that we can prepare for national roll out, if successful in securing further funds.
15c (Through HSE)	Job Retention.	Complete. Guidance for employers and managers on managing sickness absence and return to work (HSG249) published October 2004 (www.hse.gov.uk). This is supported by practical advice for employees who want to return to work. Guidance for Trade Union representatives on working with employers to prevent sickness absence leading to job loss and tailored information for small businesses.
16a (Through SCIE)	SCIE review existing practice.	The completion date for the review has been put back and should be completed in early 2008.
18 (Through CSV)	Capital Volunteering.	Currently being implemented. Initial independent evaluation findings prove very positive, with 85% of service users experiencing improvements in the social inclusion aspects of their lives. NSIP supporting the dissemination of programme learning, and application of the approach outside of London.
24a	Cross-Government Implementation team.	Complete.
24b	Ministers (MH, Disabled People, Social Exclusion).	Overseen by MS(HS).
24c	Cross-Government Network.	Has overseen progress.
24d	Formal links with Shift, DH BME.	All necessary links established within Inclusion and Wellbeing workstream and NSIP representation at board level on BME and other programmes.
25a	Set up IAG.	Complete.
25b	IAG report.	NSIP Annual report published Nov 2005 and December 2006.

AGENCIES OTHER THAN GOVERNMENT DEPARTMENTS

ACTION POINT	SUMMARY ACTION POINT TEXT	ASSESSMENT OF DELIVERY STATUS
26a	PCT/LA lead implementation.	It has not been possible consistently to achieve this point although there is evidence of some local progress. Joint work with LA and SCIE is in process to enhance social care and LA engagement. Inclusion capabilities for primary care are being developed linked to the Primary Care Trailblazer Programme.
26b	Support to RDC's.	Support with local process and outcome activity is ongoing, increasingly linked to regionalisation agenda.
26c	SEU/CSIP factsheets.	Complete (www.socialinclusion.org.uk).
27	Monitor progress.	Ongoing and developing. The Research and Evidence Coalition is working to ensure development of SI measures for monitoring local progress.

AFFILIATED ORGANISATIONS

Advance Housing and Support Ltd	National Housing Federation
Alzheimer's Society	National Mental Health Partnership
Association of Directors of Social Services (ADSS)	New Economics Foundation
Barnados	NIACE
BME MH Network	Nottinghamshire Healthcare NHS Trust
British Psychological Society	Penumbra
CAST	Primhe
Chartered Institute of Housing	Prison Reform Trust
Citizens Advice Bureau	Relate
College of Occupational Therapists	Rethink
Commission for Public and Patient Involvement in Health	Revolving Doors
Crisis	Richmond Fellowship
Family Welfare Association	Royal College of GPs
First Step Trust	Royal College of Nursing
Guidance Council	Royal College of Psychiatrists – Rehab Faculty
HACT	Royal College of Psychiatrists – Community
Help The Aged	Royal College of Psychiatrists – Research Unit
HomelessLink	Sainsbury Centre for Mental Health
Housing Corporation	Samaritans
IDeA	SANE
Institute of Psychiatry	Scottish Association for Mental Health
Learning and Skills Development Agency	Scottish Development Centre for Mental Health
Local Government Association	Shelter
Mainstream/Imagine	SITRA
Mental Health Foundation	Skill (National Bureau for Students with Disabilities)
Mental Health Nurses Association	Social Perspectives Network
Mind	Timebanks UK
Motivational Systems	Tulip
NACRO	Turning Point
National Clubhouse Association	Ultras
National Development Team	Volunteering England
National Federation of Arms-Length Management Organisations (ALMOs)	

APPENDIX 5

Appendix 5

GLOSSARY OF ABBREVIATIONS

ACPO	Association of Chief Police Officers
ADSS	Association of Directors of Social Services
BME	Black and minority ethnic
COT	College of Occupational Therapy
CPA	Care Programme Approach
CSCI	Commission for Social Care Inspection
CSIP	Care Services Improvement Partnership
DCLG	Department of Communities and Local Government
DCMS	Department of Culture, Media and Sport
DDA	Disability Discrimination Act
DfES	Department for Education and Skills
DfT	Department for Transport
DH	Department of Health
DLA	Disability Living Allowance
DRC	Disability Rights Commission
DRE	Delivering Race Equality
DTI	Department of Trade and Industry
DWP	Department of Work and Pensions
ESC	Essential Shared Capabilities
FIS	Focused Implementation Site
HMT	Her Majesty's Treasury
HO	Home Office
HSE	Health and Safety Executive
JCP	Jobcentre Plus
KSF	Knowledge Skills Framework
LA	Local Authority
LGA	Local Government Association
LSC	Learning Skills Council
MHT	Mental Health Trust
NIACE	National Institute for Adult Continuing Education
NIMHE	National Institute for Mental Health in England (now integrated into CSIP)
NSIP	National Social Inclusion Programme
ODPM	Office of the Deputy Prime Minister (now Department for Communities and Local Government)
PCA	Personal Capability Assessment
PCT	Primary Care Trust
RDC	Regional Development Centre
SBS	Small Business Services
SCIE	Social Care Institute for Excellence
SCOP	Standing Conference of Principles (Higher Education)
SEU	Social Exclusion Unit
Shift	Anti-Stigma and Discrimination Programme (CSIP)
UUK	Universities United Kingdom



We help to improve services and achieve better outcomes for children and families, adults and older people including those with mental health problems, physical or learning disabilities or people in the criminal justice system. We work with and are funded by

