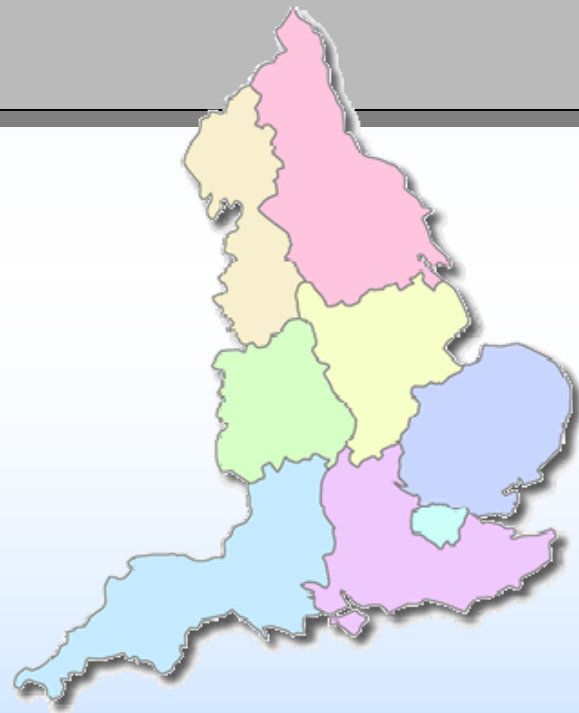


- Self Assessment Report 2007/08 -



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Introduction

This document sets out to relay progress on the implementation of the 'Mental Health National Service Framework'. This represents the eighth national annual report based upon the submitted reports for the 2007/08 Self Assessment. Along with the Combined Mapping Exercise and the Themed Review it forms part of a series of the Autumn Assessment reports.

LITs (Local Implementation Teams) across England are continue to work on the implementation of the NSF throughout their respective regions and provided the information contained within this report. Additionally, the LITs are also responsible for submission of Themed Review data, the Financial Mapping (in part), and the Combined Mapping Framework. The combined mapping framework also captures data on Older Adults services.

Please note that the following report is based upon the validated data and not that originally proposed by the LITs prior to any validation meetings. A range of alterations has been made to the number and to the content of the indicators. These alterations were determined by staff working within the Department of Health with other colleagues on the ' mapping steering group'.

A number of indicators were removed from this year's collection. Below is a list of the indicators removed:

- Graduate workers - total number in place
- Secure places/ intensive care - discrepancies in the availability of secure beds
- STAR workers - total in place
- Planning and integration of care - co-ordination between age specific services
- Choice (Introduced as a follow up from the 2004/05 Themed Review)

Other indicator changes

Last year there were 26 questions in total but some of the questions have been re-grouped..Six new indicators were added this year, to give a total of 25 indicators. The new indicators are:

- *Dual Diagnosis (Introduced as a follow up from the 2006/07 Themed Review)*
- *Mental health needs of older people (Strategy, commissioning, service delivery)*
- *Mental capacity act 2007*
- *Mental health act 2007*
- *Acute inpatient care*
- *Recovery*

1.1 Background

The NSF itself was published on the 30th September 1999 by the Department of Health and *“sets out national standards; national service models; local action and national underpinning programmes for implementation; and a series of national milestones to assure progress, with performance indicators to support effective performance management. An organisational framework for providing integrated services and for commissioning services across the spectrum is also included”*.

The document can be downloaded directly from the Department of Health site at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

On the 20th December 2004, Professor Louis Appleby, National Director for Mental Health, launched the document, *“The National Service Framework for Mental Health – Five years on”*. A comprehensive report to the Secretary of State for Health on progress on the implementation of the National Service Framework for Mental Health”.

The document can be downloaded directly from the Department of Health site at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4099120

On the 29th April 2007, Professor Louis Appleby, National Director for Mental Health, launched the document, *“Mental health ten years on: progress on mental health care reform”*.

The document can be downloaded directly from the Department of Health site at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074241

2.0 Detailed findings

N.B: The criteria relating to the classification of each indicator can be found within the appendices on pages 64 - 77.

2.1 Primary care and access

Primary care and access		RED	AMBER	GREEN
Indicator 1	Primary – Secondary care interface	3%	45%	52%

Indicator 1: Primary care and access

Primary care and access was first used as an indicator during 2004, highlighting the increasing importance of this issue. The 06/07 reports showed that 98% of LITs met at least four of the six primary/secondary interface systems. The 07/08 data shows that the figures remained on the whole unchanged with a slight rise of 1% LITs reporting red at 3%. Four of the six primary/secondary interface systems were met by a combined total of 97% opposed to the previous collection of 98%.

Indicator 1: Primary care and access – At a glance

Primary care and access	RED		AMBER		GREEN	
2005/ 06 collection	43%		49%		9%	
2006/ 07 collection	2%	↓	48%	↓	50%	↑
2007/ 08 collection	3%	↑	45%	↓	52%	↑









2.2 Key services

Key Services		RED	AMBER	GREEN
Indicator 2	Crisis resolution	0%	22%	78%
Indicator 3	Early intervention in psychosis	5%	28%	67%
Indicator 4	Assertive outreach	1%	12%	87%
Indicator 5	Acute inpatient care	1%	42%	57%

Indicator 2: Crisis resolution

This year's collection sees that no LITs have reported a red rating and that 100% of submissions now meet the definition within the Policy Implementation Guide criteria or which has been accepted through the fidelity and flexibility process. This represents a 2% increase on last year's collection. Those reporting amber indicate that they have a service in place but that there are some deficiencies in the availability of the CRHT service.







Indicator 2: Crisis resolution – At a glance

Crisis Resolution	RED	AMBER	GREEN
2005/ 06 collection	1%	29%	69%
2006/ 07 collection	2% 	28% 	70% 
2007/ 08 collection	0% 	22% 	78% 

Indicator 3: Early intervention in psychosis

LITs reporting progress on early intervention in psychosis services have again increased since 2005/06. The 2005 data confirmed that only 35% of LITs reported a green rating. For 2006/07 this percentage had reached 55% and now for 2007/08 stands at 67%. The amber rating has climbed down from 42% to 33% and now 28% this collection. Similarly LITs reported a red rating of 24% during 2005/06 which has now dropped to 5%.



Indicator 3: Early intervention in psychosis – At a glance

Early intervention in psychosis	RED	AMBER	GREEN
2005/ 06 collection	24%	42%	35%
2006/ 07 collection	12% 	33% 	55% 
2007/ 08 collection	5% 	28% 	67% 

Indicator 4: Assertive outreach

This indicator was removed from the collection during 2006/07. However we can correlate this years results with those submissions collected through 2005/06. Whilst red ratings have remained the same at 1%, amber has now dropped to 12% from 22% and green climbed from 77% to 87%.

Indicator 4: Assertive outreach – At a glance

Assertive outreach	RED	AMBER	GREEN
2005/ 06 collection	1%	22%	77%
2006/ 07 collection	Indicator removed		
2007/ 08 collection	1%	12% 	87% 

Indicator 5: Acute inpatient care

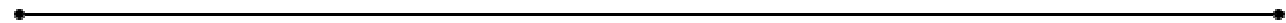
The Healthcare Commission recognises this indicator as a priority and as part of the Annual Health Check 2007, has reviewed how well trusts have responded to this changing agenda by assessing whether admissions to acute inpatient mental health services are appropriate, purposeful, therapeutic and safe. This indicator was removed from the 2006/07 collection. A correlation cannot be drawn from the 2005/06 collection as this was based upon feedback from service users.

Additional guidance supplied by the Health Care Commission read as follows:

“This year’s self assessment includes an indicator to assess whether trusts have developed a local improvement action plan, agreed between the service commissioner and the trust, which addresses the key deficits identified through the review. We advise trusts to assess themselves in relation to any action plans developed following the release of the provisional results. While there will be an embargo on the publication of trust’s scores until we publish the national report, this does not preclude trusts involving local key stakeholders, such as commissioners, in the development of their local improvement action plan”.

Indicator 5: Acute inpatient care – At a glance

Acute inpatient care	RED	AMBER	GREEN
2006/ 07 collection	Indicator removed		
2007/ 08 collection	1% ↓	42% ↑	57% ↓



2.3 Social inclusion

Social Inclusion		RED	AMBER	GREEN
Indicator 6	Mental health needs of older people – <i>New indicator</i>			
Indicator 6a	Strategy	9%	71%	20%
Indicator 6b	Commissioning	3%	54%	43%
Indicator 6c	Service delivery	0%	80%	20%
Indicator 7	Recovery	3%	77%	20%
Indicator 8	Social inclusion	1%	55%	44%
Indicator 9	Learning difficulties and mental health	2%	63%	35%
Indicator 10	Vocational support	0%	51%	49%

Indicator 6a: Mental health needs of older people (strategy)

No previous data has been collected for this indicator. 91% of LITs reported that a strategy has been agreed with key stakeholders and it is in line with 'Everybody's business', however, only 20% of the LITs have implemented the strategy in full.

Indicator 6b: Mental health needs of older people (commissioning)

No previous data has been collected for this indicator. 43% of LITs scored Green and 54% Amber. This means that most LITs have clear commissioning arrangements in place.

Indicator 6c: Mental health needs of older people (service delivery)

No previous data has been collected for this indicator. All LITs reported that 'services provided to older adults are in line with the service development guide, 'Everybody's Business''. 20% of LITs have fully developed services that meet the development guide, 'Everybody's Business''

Indicator 7: Recovery

No previous data has been collected for this indicator. However, 97% of LITs reported, "their mental health commissioning strategy for mental health services is clear about the principles of recovery and stipulates the provision of services which are recovery oriented".

Indicator 8: Social inclusion

Previous year's data is not compatible with the 2007/08 indicator.

99% of LITs reported that they have "a mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded".






Of the 99%, 44% concluded that their strategy was reflected in all the three areas below:

- Local Delivery Plan
- Local Area Agreement and that
- A social inclusion action plan is in place, and is being implemented to deliver this strategy

Indicator 9: Learning difficulties and mental health

The previous years question is not directly comparable with the 2007/08 question. In 2007/08 there were some additions on standard of care and routine assessment of people with LD and MH problems. The changes in the question did not change the results, overall LITs are moving in the right direction. 35% of LITs scored Green and 63% Amber.





Indicator 9: Learning difficulties and mental health – At a glance

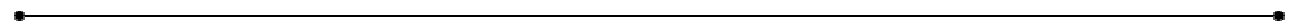
Learning difficulties and mental health	RED	AMBER	GREEN
2005/ 06 collection	4%	73%	23%
2006/ 07 collection	2% 	66% 	32% 
2007/ 08 collection	2%	63% 	35% 

Indicator 10: Vocational support

Vocational support tasked LITs to report whether services were in place to enable people with mental health problems to maintain or return to employment, education or volunteering. In the year 2006/07 there was 35% increase in Green rating, 60% compared to 25% in 2005/06. The 2007/08 question was rephrased hence the dip in the Green rating to 49% and Amber 51%, an increase of 11% over last year. It is reassuring that all LITs (100%) are working to ensure vocational support is offered to service users.

Indicator 10: Vocational support – At a glance

Vocational support	RED	AMBER	GREEN
2005/ 06 collection	4%	71%	25%
2006/ 07 collection	0%	40% 	60% 
2007/ 08 collection	0%	51% 	49% 








2.4 Delivering race equality

Delivering race equality		RED	AMBER	GREEN
Indicator 11a	Black and minority ethnic people's services	1%	54%	45%
Indicator 11b	Implementing the policy – delivering race equality in mental health care	1%	53%	46%
Indicator 11c	Community development workers (black and minority ethnic communities)	22%	4%	74%

Indicator 11a: Black and minority ethnic people's services

Question 11a asked the LIT to ascertain the levels of data collection within their areas in accordance with the guidelines contained within the amended race relation's act. Here we virtually no change from ratings collected during 2005/06 to the present collection.





Indicator 11a: Black and minority ethnic people's services – At a glance

Black and minority ethnic people's services	RED	AMBER	GREEN
2005/ 06 collection	2%	55%	43%
2006/ 07 collection	1% 	53% 	46% 
2007/ 08 collection	1%	54% 	45% 

Indicator 11b: Implementing the policy

Most notable here is the return to similar data cited during the 2005/06 collection. Whilst green rating increased in 2006/07, 2007/08 data have fallen back to 2005/06 percentage level. This was as a result of changes to the definition. It is however, reassuring that the RED rating remained at 1%

Indicator 11b: Implementing the policy – At a glance

Implementing the policy	RED	AMBER	GREEN
2005/ 06 collection	1%	55%	43%
2006/ 07 collection	1%	37% 	62% 
2007/ 08 collection	1%	53% 	46% 

Indicator 11c: Community development workers

Question 11c looked at CDW's, whether the target number of workers was in place, that their roles adhere to current policy guidance and if funding had been identified to continue the posts. This indicator has noticeably improved from last years with 74% of LITs reporting that the total CDWs target number are in place and funding had been secured for 2008/09. LITs reporting red ratings have dropped dramatically from 66% during 2005/06 to the current 22%.

Indicator 11c: Community development workers – At a glance

Implementing the policy	RED		AMBER		GREEN	
2005/ 06 collection	66%		20%		13%	
2006/ 07 collection	47%	↓	26%	↑	27%	↑
2007/ 08 collection	22%	↓	4%	↓	74%	↑



2.5 Planning and integration of care

Planning & integration of care		RED	AMBER	GREEN
Indicator 12	Governance	9%	23%	68%
Indicator 13	Service user involvement	0.5%	44%	55.5%
Indicator 14	Carer involvement	1%	53%	46%
Indicator 15	Commissioning from the third sector	26%	40%	34%
Indicator 16	Employment of service users	4%	54%	42%

Indicator 12: Governance

Question 12 on governance shows a decline in green ratings down from 80% to 68% in 2007/08 As a result both amber and red ratings from 17% and 4% in 2006/07 to the present 23% and 9% respectively.

Indicator 12: Governance – At a glance

Governance	RED	AMBER	GREEN
2005/ 06 collection	1%	21%	78%
2006/ 07 collection	4%	17%	80%
2007/ 08 collection	9%	23%	68%

Indicator 13: Service user involvement

Question 13 on service user involvement shows a steady increase during 2006/07 to 66% from 60% in 2005/06 and a drop overall in amber returns from 39% to 34%. Red remained the same at 1%. This trend had declined with a very small variation for LITs reporting red whilst amber has climbed to the present 44% and green dropped to 55.5%. This may have been the result of LITs not having systems in place to meaningfully involve service users in the planning and monitoring of services.

Indicator 13: Service user involvement – At a glance

Service user involvement	RED	AMBER	GREEN
2005/ 06 collection	1%	39%	60%
2006/ 07 collection	1%	34%	66%
2007/ 08 collection	0.5%	44%	55.5%

Indicator 14: Carer involvement

Question 14 shows a substantial decrease in green ratings as a result of the additional requirement in the indicator - LITs to rate themselves on having effective structures and systems for ensuring that wide networks of carers are involved in the planning and monitoring of services. Now standing at 46% opposed to the previous recording of 60%. Red remains unchanged at 1%, whilst amber ratings have increased from 39% to 53%.

Indicator 14: Carer involvement – At a glance

Carer involvement	RED	AMBER	GREEN
2005/ 06 collection	1%	52%	47%
2006/ 07 collection	1%	39%	60%
2007/ 08 collection	1%	53%	46%

Indicator 15: Commissioning from the third sector

Previous years question is not wholly comparable to the 2007/08 question. The old question was built on to include criterion required by the third sector to ensure client are offered choice in service provision. The green rating fell to 34% in 2007/08 from 84%, whilst red and amber have climbed from 0% to 26% and from 16% to 40% respectively.

Indicator 15: Commissioning from the third sector – At a glance

Commissioning from the third sector	RED	AMBER	GREEN
2005/ 06 collection	0%	15%	85%
2006/ 07 collection	0%	16%	84%
2007/ 08 collection	26%	40%	34%

Indicator 16: Employment of service users

Question 16 asked that LITs report on schemes available locally to enable or promote the employment of service users within mental health services. There has been a shift from Amber to Red over the last year, Amber has fallen from last year's 57% to 54% and green ratings remain the same at 42%. Red ratings have now returned to those previously submitted during 2005/06 and currently stand at 4%.

Indicator 16: Employment of service users – At a glance

Employment of service users	RED	AMBER	GREEN
2005/ 06 collection	4%	68%	28%
2006/ 07 collection	1%	57%	42%
2007/ 08 collection	4%	54%	42%



2.6 Other priorities

Other Priorities		RED	AMBER	GREEN
Indicator 17	Suicide prevention			
Indicator 17a	Primary care trusts	9%	36%	55%
Indicator 17b	Mental health providers	0%	19%	81%
Indicator 18	Advocacy	4%	42%	54%
Indicator 19	Mental health promotion: St'd 1	7%	51%	42%
Indicator 20	Personality disorder services	6%	75%	19%
Indicator 21	Mental health act 1983 – Section 135/ 136, places of safety	0.5%	33.5%	66%
Indicator 22	Mental capacity act 2007	0%	10%	90%
Indicator 23	Mental health act 2007	0.5%	40%	59.5%
Indicator 24	Improving access to psychological therapies	7%	47%	46%
Indicator 25	Dual diagnosis	17%	59%	24%

Indicator 17a/b: Suicide prevention

Direct correlation of data for suicide prevention cannot be determined as this is the first year that this indicator looked at both PCTs and Mental Health Providers separately with regard to suicide prevention policies (based on the goals of the national strategy). However, LITs data shows that 55% of PCTs met the green rating compared to 81% of mental health providers. LITs also reported that 9% of PCTs has no policy and no system in place to audit suicides, and prevent suicides.

Indicator 18: Advocacy

Advocacy shows that green rating continue to increase steadily and now stand at 54%. Red ratings have dropped from 12% to 4% and amber slightly increased from 39% to the current 42%. Indicating that slightly over half of returning organisations cite that service users' have access to independent advocacy to a level, and in ways, which are sufficient for local need.

Indicator 18: Advocacy – At a glance

Advocacy	RED		AMBER		GREEN	
2005/ 06 collection	13%		49%		39%	
2006/ 07 collection	12%	↓	39%	↓	49%	↑
2007/ 08 collection	4%	↓	42%	↑	54%	↑

Indicator 19: Mental health promotion

Question 19 looks at mental health promotion and the standard one strategy. Here we can see a small decrease on those reporting red at 7% compared to 12% in the 2006/07 collection. Green ratings remained about the same as last year, 42% in 2007/08 to 43% and amber shows a slight increase from 45% to the current 51%.

Indicator 19: Mental health promotion – At a glance

Mental health promotion	RED		AMBER		GREEN	
2005/ 06 collection	8%		53%		39%	
2006/ 07 collection	12%	↑	45%	↓	43%	↑
2007/ 08 collection	7%	↓	51%	↑	42%	↓

Indicator 20: Personality disorder services

Question 20 looked at whether or not a locally agreed strategy for the delivery of services to people with personality disorders had been largely or fully implemented. We can however compare with last years results where we saw a shift from Red to Amber.

Red ratings have fallen significantly form 26% to 6%; amber climbed from 55% to 75% and green remains unchanged at 19%. The last two years PD indicator cannot be directly correlated with the 2005/06 return (As personality disorder ran across two questions on the 2005 self assessment form).

Indicator 20: Personality disorder services – At a glance

Personality disorder services	RED	AMBER	GREEN
2005/ 06 collection	Data not available		
2006/ 07 collection	26%	55%	19%
2007/ 08 collection	6% ↓	75% ↑	19%

Indicator 21: MH Act 1983/ Places of Safety

Question 21 asked LIT's to score services against written policy being in place for Section 135/136, which complies with the needs of the MH Act code of practice and with established arrangements for regular monitoring. Red ratings remain largely unchanged whilst amber has climbed from 28% to 33.5% and green ratings have fallen from 71% to 66%.

Indicator 21: MH Act 1983/ Places of Safety – At a glance

MH Act 1983/ Places of Safety	RED	AMBER	GREEN
2005/ 06 collection	5%	23%	73%
2006/ 07 collection	1% ↓	28% ↑	71% ↓
2007/ 08 collection	0.5% ↓	33.5% ↑	66% ↓

Indicator 22: Mental capacity act 2007

Question 22 is a new indicator and as such no comparison of data can be made. In 2007/08 90% of LIT responded that MH services are actively represented on the mental Capacity Local Implementation network and nearly all staff are aware of their responsibilities in relation to the Act and complying to the Code of Practice.

Indicator 23: MH Act 2007

Question 23 represents a new indicator and as such no comparison of data can be made. In 2007/08, 59% of LITs said they have a Board lead on the implementation of the MHS 2007 and implementation plans have been agreed.

Indicator 24: Improving Access to Psychological Therapies

Improving access to psychological therapies was incorporated into the 'Personality Disorder' question for the 2005/06 returns and as such cannot be directly correlated back to previous data. Looking at last year's responses red ratings have fallen from 9% to 7%. Amber has fallen from 59% to 47% and green responses have increased from 32% to 46%.

93% LITs report that a strategy is in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems and the strategy is based on a local needs assessment. The Strategy and improvement reflects on the national policy.

Indicator 24: Improving Access to Psychological Therapies – At a glance

Improving Access to Psychological Therapies	RED	AMBER	GREEN
2005/ 06 collection	No data available		
2006/ 07 collection	9%	59%	32%
2007/ 08 collection	7% ↓	47% ↓	46% ↑

Indicator 25: Dual diagnosis

Question 25 asked whether or not there is a current, funded commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems. This is a follow up on the recommendations from the Themed Review survey in the year 2006/07. The 2005/06 question is not directly comparable.

83% LITs reported that a funded commissioning strategy was in place. Those reporting that there was no commissioning strategy was 17%.

Indicator 25: Dual diagnosis – At a glance

Dual diagnosis	RED	AMBER	GREEN
2005/ 06 collection	9%	39%	52%
2006/ 07 collection	No data available		
2007/ 08 collection	17% ↑	59% ↑	24% ↓



2.7 Summary of findings

The overall findings for 2007/08 are that for 14 out of the 25 questions a majority of LITs scored green. This compares identically to the 2006/07 collection and remains similar to the 2005/06 collection where 21 out of 42 questions scored green.

There remain 5 indicators where a quarter or less of LITs scored green. These are:

1. Indicator 6a: Older Persons Mental Health (Strategy)
2. Indicator 6c: Older Persons Mental Health (Service delivery)
3. Indicator 7: Recovery
4. Indicator 20: Personality Disorder Services and
5. Indicator 25: Dual Diagnosis

Consideration and note should be taken that 22% LITs scored RED for Indicator 11c (*CDW's*) and 26% for Indicator 15 (*Commissioning from the third sector*).

Indicator Reports

3.1: Indicator 1: Primary Secondary Care Interface

Question Details		Number of LIT's	Percentage of LIT's
RED	<p>Only three or less of the following systems are in place</p> <ul style="list-style-type: none"> • An agreed model for primary mental health care • Agreed target groups to receive primary mental health interventions • Agreed and implemented interventions and care pathways • QOF registers (SMI, Depression, Dementia) • Referral agreements (protocols) • Protocols on exchange of information • Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc) 	5	3%
AMBER	<p>Four or five of the following systems are in place</p> <ul style="list-style-type: none"> • An agreed model for primary mental health care • Agreed target groups to receive primary mental health interventions • Agreed and implemented interventions and care pathways • QOF registers (SMI, Depression, Dementia) • Referral agreements (protocols) • Protocols on exchange of information • Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc) 	67	45%
GREEN	<p>All of the following systems are in place:</p> <ul style="list-style-type: none"> • An agreed model for primary mental health care • Agreed target groups to receive primary mental health interventions • Agreed and implemented interventions and care pathways • QOF registers (SMI, Depression, Dementia) • Referral agreements (protocols) • Protocols on exchange of information • Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc) 	77	52%

SHA	Average
East of England	2.3
North West	2.6
North East	2.7
East Midlands	2.5
London	2.5
South West	2.3
South East Coast	2
South Central	2.4
West Midlands	2.4
Yorkshire and Humber	2.6

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.2: Indicator 2: Crisis Resolution

Question Details		Number of LIT's	Percentage of LIT's
RED	<p>There are significant deficiencies in the availability of the CRHT service. That is, two or more of the following criteria are not met:</p> <ul style="list-style-type: none"> • It has multi-disciplinary input • provides 24/7 access • 'gate keeps' all admissions • facilitates early discharges • meets the defined caseload target 	0	0%
AMBER	<p>There are some deficiencies in the availability of the CRHT service. That is, up to two of the following criteria are not met:</p> <ul style="list-style-type: none"> • It has multi-disciplinary input • provides 24/7 access • 'gate keeps' all admissions • facilitates early discharges • meets the defined caseload target 	33	22%
GREEN	<p>The CRHT service is fully functional. The commissioner has established that it is MHPIG compliant and adequately meets the needs of its population. That is,</p> <ul style="list-style-type: none"> • It has multi-disciplinary input • provides 24/7 access • 'gate keeps' all admissions • facilitates early discharges • meets the defined caseload target; and there is an effective care pathway that ensures admission to hospital is appropriate and that discharge from hospital is timely 	116	78%

SHA	Average
East of England	2.9
North West	2.5
North East	3
East Midlands	3
London	2.8
South West	2.6
South East Coast	2.7
South Central	3
West Midlands	2.7
Yorkshire and Humber	2.5

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.3: Indicator 3: Early Intervention in Psychosis

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no service available which meets the definition of Early Intervention in Psychosis in the Policy Implementation Guide, <ul style="list-style-type: none"> ▪ and are unable to demonstrate that the minimum criteria set out in the Service Map and LDP guidance have been provided at a level sufficient to meet at least 50% of the target for total caseload ▪ or has been accepted by performance managers through the fidelity and flexibility process 	8	5%
AMBER	There is a service available which meets the definition of Early Intervention in Psychosis in the Policy Implementation Guide, <ul style="list-style-type: none"> ▪ but can only demonstrate that the minimum criteria set out in the Service Map and LDP guidance have been provided at a level sufficient to meet between 51% and 90% of the target for total caseload ▪ or has been accepted by performance managers through the fidelity and flexibility process 	41	28%
GREEN	There is a service available which meets the definition of Early Intervention in Psychosis in the Policy Implementation Guide and can demonstrate that the minimum criteria set out in the Service Map and LDP guidance have been provided at a level sufficient to meet between 91% and 100% of the target for total caseload	100	67%

SHA	Average
East of England	2.8
North West	2.5
North East	2.7
East Midlands	3
London	1.9
South West	2.8
South East Coast	1.6
South Central	3
West Midlands	2.6
Yorkshire and Humber	2.5

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.4: Indicator 4: Assertive Outreach

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no service available which meets the definition of Assertive Outreach within the Policy Implementation Guide, or which has been accepted by performance managers using the fidelity and flexibility process.	2	1%
AMBER	There is a service available which meets the definition of Assertive Outreach in the Policy Implementation Guide, or which has been accepted by performance managers through the fidelity and flexibility process, but this service is provided at a level which does not meet the defined caseload target.	17	12%
GREEN	There is a service available which meets the definition of Assertive Outreach within the Policy Implementation Guide or which has been accepted by performance managers through the fidelity and flexibility process. This service is provided at a level which is sufficient to meet the defined caseload target.	130	87%

SHA	Average
East of England	2.8
North West	2.8
North East	3
East Midlands	3
London	2.8
South West	3
South East Coast	2.5
South Central	2.8
West Midlands	2.8
Yorkshire and Humber	2.8

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.5: Indicator 5: Acute Inpatient Care

Question Details		Number of LIT's	Percentage of LIT's
RED	The mental health provider has not developed a local action plan to address the key deficits identified in the 2006/07 Healthcare Commission's assessment of acute inpatient services.	2	1%
AMBER	The mental health provider has developed a local action plan to address the key deficits identified in the 2006/07 Healthcare Commission's assessment of acute inpatient services. This has not yet been negotiated and agreed with the commissioner, and/or approved by the provider's Board.	63	42%
GREEN	There is a locally agreed action plan in place between the commissioner and mental health provider which addresses the key deficits identified in the 2006/07 Healthcare Commission's assessment of acute inpatient services; and <ul style="list-style-type: none"> the action plan sets out lead responsibilities and a timetable including review dates; it has been negotiated and agreed with the service commissioner, and approved by the provider's Board; governance arrangements have been agreed and established to monitor progress against the improvement plan. 	84	57%

SHA	Average
East of England	2.7
North West	2.6
North East	2.5
East Midlands	2.5
London	2.3
South West	2.5
South East Coast	2.1
South Central	2.7
West Midlands	2.2
Yorkshire and Humber	2.3

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.6: Indicator 6a: Older Persons Mental Health (Strategy)

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no strategy in place in line with 'Everybody's Business'.	13	9%
AMBER	A strategy has been agreed with key stakeholders, and it is line with 'Everybody's Business'. It is partially implemented.	106	71%
GREEN	A strategy has been agreed with key stakeholders, and it is line with 'Everybody's Business'. It is fully implemented.	30	20%

SHA	Average
East of England	2.4
North West	2
North East	2.1
East Midlands	2
London	2.3
South West	2.2
South East Coast	2
South Central	2.2
West Midlands	1.9
Yorkshire and Humber	2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.7: Indicator 6b: Older Persons Mental Health (Commissioning)

Question Details		Number of LIT's	Percentage of LIT's
RED	There are no clear commissioning arrangements in place in relation to older adults who have organic and functional mental health needs. A lead commissioner has not been identified.	4	3%
AMBER	Clear commissioning arrangements are in place for older adults who have organic and functional mental health needs. A lead commissioner has been identified; but commissioning arrangements do not yet utilize the commissioning checklist contained within 'Everybody's Business'.	81	54%
GREEN	Commissioning arrangements are in place for older adults who have organic and functional mental health needs. A lead commissioner has been identified. The commissioning arrangements utilize the commissioning checklist contained within 'Everybody's Business'.	64	43%

SHA	Average
East of England	2.1
North West	2.3
North East	2.5
East Midlands	2.4
London	2.5
South West	2.5
South East Coast	2.4
South Central	2.4
West Midlands	2.3
Yorkshire and Humber	2.2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.8: Indicator 6c: Older Persons Mental Health (Service delivery)

Question Details		Number of LIT's	Percentage of LIT's
RED	Services to meet the mental health needs of older adults are not provided in line with the service development guide, 'Everybody's Business'.	0	0%
AMBER	Services to meet the mental health needs of older adults are partially provided in line with 'Everybody's Business'; there is some distance to travel until services meet guidance set out in 'Everybody's Business'.	118	80%
GREEN	Services to meet the mental health needs of older adults are provided in line with the service development guide, 'Everybody's Business'.	31	20%

SHA	Average
East of England	2.1
North West	2
North East	2
East Midlands	2.1
London	2.3
South West	2.2
South East Coast	2.2
South Central	2.2
West Midlands	2
Yorkshire and Humber	2.2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.9: Indicator 7: Recovery

Question Details		Number of LIT's	Percentage of LIT's
RED	The mental health commissioning strategy for mental health services does not stipulate the provision of services which are recovery oriented; <i>and/or</i> it is the view of people who use services and their carers that local mental health providers do not deliver services that are sufficiently recovery oriented.	4	3%
AMBER	The mental health commissioning strategy for mental health services is clear about the principles of recovery and stipulates the provision of services which are recovery oriented; <i>and</i> <ul style="list-style-type: none"> Recovery principles are embedded within provider recruitment and workforce development plans; it is the view of people who use services and their carers that local mental health providers are delivering services that are recovery oriented, although there may be some distance to travel. 	115	77%
GREEN	The mental health commissioning strategy for mental health services stipulates the provision of services which are recovery oriented; <i>and</i> <ul style="list-style-type: none"> recovery principles are embedded within service provider recruitment and workforce development plans; it is the view of people who use services and their carers that local mental health providers are delivering services that are recovery oriented; outcomes monitoring is in place which includes indicators for attainment of personal goals, choice, self directed support, and social inclusion; these outcomes are reviewed routinely within, and inform the local commissioning cycle for primary and secondary mental health services. 	30	20%

SHA	Average
East of England	2.1
North West	1.4
North East	2
East Midlands	2
London	2.3
South West	2.2
South East Coast	2.1
South Central	2.5
West Midlands	2
Yorkshire and Humber	2.1

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.10: Indicator 8: Social Inclusion

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded.	2	1%
AMBER	There is a mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded. This strategy is reflected in the, <ul style="list-style-type: none"> Local Delivery Plan Local Area Agreement 	81	55%
GREEN	There is a mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded. This strategy is reflected in the, <ul style="list-style-type: none"> Local Delivery Plan Local Area Agreement A social inclusion action plan is in place, and is being implemented to deliver this strategy 	66	44%

SHA	Average
East of England	1.9
North West	2.5
North East	2.2
East Midlands	2.2
London	2.6
South West	2.2
South East Coast	2.2
South Central	2.2
West Midlands	2.5
Yorkshire and Humber	2.5

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.11: Indicator 9: Learning Disabilities and Mental Health

Question Details		Number of LIT's	Percentage of LIT's
RED	<p>There are no joint protocols between mental health and learning disability services to support the commissioning, provision and monitoring of services for people who have learning disabilities and mental health problems. No work is in place to mainstream services for people who have learning disabilities and mental health problems. People who have learning disabilities and mental health problems have difficulty accessing specialist mental health services.</p> <ul style="list-style-type: none"> • they do not receive assessments from the specialist mental health service, routinely; • they are not included in the local Care Programme Approach policy and protocols. 	3	2%
AMBER	<p>There are some joint protocols between mental health and learning disability services. Work is in progress to mainstream services for people who have learning disabilities and mental health problems, but it is has not been established that people who have learning disabilities and mental health problems receive the standard of care set out in the NSF for Mental Health, 'Valuing People', and the local Care Programme Approach policy and protocols. People who have learning disabilities and mental health problems,</p> <ul style="list-style-type: none"> • do not receive assessments from the specialist mental health service, routinely; • the Care Programme Approach is not initiated, routinely, for people who have learning disabilities and serious mental health problems; • co-working between the local community learning disability teams and specialist mental health services is not achieved, routinely. 	94	63%
GREEN	<p>There is effective joint working between mental health and learning disability services. People who have learning disabilities and mental health problems receive the standard of care set out in the NSF for Mental Health and in 'Valuing People', and the local CPA protocol. Robust governance mechanisms are in place. Standards of care have been demonstrated by local audit and reviewed by service commissioners, and this has established that people who have learning disabilities and mental health problems routinely,</p> <ul style="list-style-type: none"> • receive assessments from the specialist mental health service; • receive treatment and care in line with local Care Programme Approach standards; • have their care co-ordinated jointly by their Care Co-ordinator in the specialist mental health service and key worker in the community learning disability team. 	52	35%

SHA	Average
East of England	2.1
North West	2.3
North East	2
East Midlands	2.2
London	2.2
South West	2.4
South East Coast	2.1
South Central	2.7
West Midlands	2.1
Yorkshire and Humber	2.6

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.12: Indicator 10: Vocational Support

Question Details		Number of LIT's	Percentage of LIT's
RED	No services are commissioned to enable people with mental health problems to maintain or return to employment, education, and volunteering.	0	0%
AMBER	A limited number of services are commissioned to enable people with mental health problems to maintain or return to employment, education and volunteering. These services do not meet local need. However there is either a commissioning plan or service redesign plan in place to extend these services to meet local need, and it is being implemented.	76	51%
GREEN	An effective and sufficient number of high quality services have been commissioned to enable people with mental health problems to maintain or return to employment, education and volunteering. It has been established that these services meet local needs; and service users have been consulted in determining this.	73	49%

SHA	Average
East of England	2.4
North West	2.4
North East	2.2
East Midlands	2.2
London	2.1
South West	2.3
South East Coast	2.4
South Central	2.7
West Midlands	2.6
Yorkshire and Humber	2.4

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.13: Indicator 11a: DRE (Black and minority ethnic peoples services)

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no evidence that collection of data in accordance with the guidelines in the amended Race Relations (Amendment) Act is being reported to the boards of local Services, and no evidence of a management response to such data. The LIT has not considered this data.	2	1%
AMBER	There is evidence that data is being collected in accordance with the guidelines in the Race Relations (Amendment) Act and that it is being used by the boards of local services to construct a baseline assessment. However, the LIT has not considered this data. The data have not informed improvement plans for the commissioning of, and/or provision of services.	81	54%
GREEN	Data is collected and reported regularly at board level across local health and social care services. A baseline assessment has been made and an improvement plans have been developed for the commissioning and provision of services. The LIT has considered this data to inform the mental health commissioning strategy and service improvement priorities.	66	45%

SHA	Average
East of England	2.5
North West	2.2
North East	2.5
East Midlands	2.4
London	2.6
South West	2.5
South East Coast	1.8
South Central	2.4
West Midlands	2.4
Yorkshire and Humber	2.2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.14: Indicator 11b: DRE (Implementing the policy)

Question Details		Number of LIT's	Percentage of LIT's
RED	Mental health service providers do not have plans in place which will deliver the requirements and principles laid out in Delivering Race Equality in Mental Health Care. No progress has been made in developing such plans.	2	1%
AMBER	Some progress has been made by mental health service providers in developing plans in response to Delivering Race Equality in Mental Health Care. Plans for implementing Delivering Race Equality in Mental Health Care are being taken forward, but the mental health commissioner, and/or LIT or other stakeholders are concerned about one or more of the following: <ul style="list-style-type: none"> the capacity and capability of leadership to progress this work within the provider organizations; effective engagement with local minority ethnic groups; the effectiveness and impact of the DRE action plan, and governance of its delivery. 	79	53%
GREEN	Plans for implementing Delivering Race Equality in Mental Health Care are being taken forward, and the mental health commissioner and/or LIT or other stakeholders have established that there is, <ul style="list-style-type: none"> the capacity and capability of leadership to progress this work within the provider organizations; and, the effective engagement with local minority ethnic groups; and, the effectiveness and impact of the DRE action plan, and governance of its delivery. 	68	46%

SHA	Average
East of England	2.8
North West	2.3
North East	2.3
East Midlands	2.5
London	2.6
South West	2.2
South East Coast	1.8
South Central	2.5
West Midlands	2.3
Yorkshire and Humber	2.4

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.15: Indicator 11c: DRE (Community development workers)

Question Details		Number of LIT's	Percentage of LIT's
RED	The target number of CDWs is not in place. Funding has not been secured to recruit to these posts and have the workers in post by 31 March 2008.	33	22%
AMBER	100% of the CDW target number has been achieved, and their roles adhere to policy guidance; <i>but</i> funding is not in place to secure the posts for 2008/09.	6	4%
GREEN	The WTE target number of Community Development Workers is in place; their roles adhere to policy guidance; <i>and</i> funding has been identified to secure the posts for 2008/09.	110	74%

SHA	Average
East of England	3
North West	2
North East	2.6
East Midlands	3
London	2.5
South West	2.9
South East Coast	1.5
South Central	2.8
West Midlands	2.6
Yorkshire and Humber	2.2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.16: Indicator 12: Governance

Question Details		Number of LIT's	Percentage of LIT's
RED	LIT members are not regularly informed by regular monitoring reports about service delivery or unmet need OR they are not regularly informed by the contents and recommendations of key external reports.	13	9%
AMBER	LIT members are regularly informed by regular monitoring reports about service delivery or unmet need AND they are regularly informed by the contents and recommendations of key external reports. However little account is taken of this information in planning and delivering services.	34	23%
GREEN	The LIT's work and planning are actively informed by regular monitoring reports about service delivery or unmet need and by the contents and recommendations of key external reports.	102	68%

SHA	Average
East of England	2.4
North West	2.7
North East	2.5
East Midlands	2
London	2.8
South West	2.5
South East Coast	2.2
South Central	2.8
West Midlands	2.4
Yorkshire and Humber	2.5

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.17: Indicator 13: Service User Involvement

Question Details		Number of LIT's	Percentage of LIT's
RED	Service users consider that they are not meaningfully involved in the planning and monitoring of services. There are no systems in place for meaningfully involving service users in the planning and monitoring of services.	1	0.5%
AMBER	Service users do not consider that they are meaningfully involved in the planning and monitoring of services. There are some systems for meaningfully involving some service users, in the planning and monitoring of services.	65	44%
GREEN	Service users consider that they are meaningfully involved in the planning and monitoring of services. There are effective structures and systems for ensuring that a wide network of service users are involved in the planning and monitoring of services.	83	55.5%

SHA	Average
East of England	2.5
North West	2.4
North East	2.5
East Midlands	2.4
London	2.7
South West	2.4
South East Coast	2.2
South Central	2.6
West Midlands	2.6
Yorkshire and Humber	2.5

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.18: Indicator 14: Carer Involvement

Question Details		Number of LIT's	Percentage of LIT's
RED	Carers consider that they are not meaningfully involved in the planning and monitoring of services. There are no systems in place for meaningfully involving service carers in the planning and monitoring of services.	2	1%
AMBER	Carers do not consider that they are meaningfully involved in the planning and monitoring of services. There are some systems for meaningfully involving some service users, in the planning and monitoring of services.	79	53%
GREEN	Carers consider that they are meaningfully involved in the planning and monitoring of services. There are effective structures and systems for ensuring that a wide network of carers is involved in the planning and monitoring of services.	68	46%

SHA	Average
East of England	2.1
North West	2.4
North East	2.5
East Midlands	2.2
London	2.5
South West	2.5
South East Coast	2.2
South Central	2.5
West Midlands	2.5
Yorkshire and Humber	2.4

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.19: Indicator 15: Third Sector

Question Details		Number of LIT's	Percentage of LIT's
RED	<p>Less than 15% of mental health services are commissioned from the Third Sector; <i>and one or more of the following criteria apply:</i></p> <ul style="list-style-type: none"> • Third sector agencies are not routinely invited to tender for work; • the mental health commissioning strategy does not include a plan to increase commissioning of mental health services from Third Sector organizations; • there is no representation of Third Sector views to influence the mental health commissioning strategy. 	39	26%
AMBER	<p>15% or more of mental health services are commissioned from the Third Sector, <i>and two or more of the following criteria apply:</i></p> <ul style="list-style-type: none"> • Third sector agencies are routinely invited to tender for work. • the LIT monitors the involvement of Third Sector organizations in the planning and delivery of services. • the mental health commissioning strategy includes a plan to increase commissioning of mental health services from Third Sector organizations. • there are informal arrangements in place to include Third Sector views in the development of the mental health commissioning strategy, but these arrangements are not resourced. 	59	40%
GREEN	<p>More than 15% of mental health services are commissioned from the Third Sector, and the following criteria apply:</p> <ul style="list-style-type: none"> • Third sector agencies are routinely invited to tender for work. • the LIT monitors the involvement of Third Sector organizations in the planning and delivery of services; • the mental health commissioner ensures that Third Sector organizations are supported and resourced to engage in commissioning; • the mental health commissioning strategy includes a plan to increase commissioning of mental health services from Third Sector organizations, <i>and,</i> • the principles of the local Compact are actively promoted and safeguarded; <p>Third Sector provider development is under way; regular liaison takes place with the full range of relevant local Third Sector organizations to ensure that they have equal opportunity to engage with the commissioning process; Third Sector contracts/Service Level Agreements include the scope for flexibility to innovate to respond more effectively and appropriately to meet service user and carer outcomes.</p>	51	34%

SHA	Average
East of England	1.6
North West	2.1
North East	1.6
East Midlands	1.4
London	2.2
South West	2.2
South East Coast	2.1
South Central	2.3
West Midlands	2.2
Yorkshire and Humber	2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.20: Indicator 16: Employment of Service Users

Question Details		Number of LIT's	Percentage of LIT's
RED	There are no schemes available locally to enable or promote the employment of service users within mental health services.	5	4%
AMBER	There are some schemes available locally to enable or promote the employment of service users within mental health services, with plans for further development.	81	54%
GREEN	There is an adequate range of schemes available locally to enable or promote the employment of service users within mental health services.	63	42%

SHA	Average
East of England	2.4
North West	2.3
North East	2.3
East Midlands	2
London	2.5
South West	2.4
South East Coast	2.4
South Central	2.7
West Midlands	2.5
Yorkshire and Humber	2.4

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.21: Indicator 17a: Suicide Prevention (Primary care trusts)

Question Details		Number of LIT's	Percentage of LIT's
RED	The PCT has no policy and no system in place to audit suicides, and prevent suicides.	14	9%
AMBER	The PCT has a suicide prevention policy in place, but no system for measuring its impact and effectiveness.	54	36%
GREEN	<p>The PCT has a suicide prevention policy in place, with good systems for measuring its impact and effectiveness, including comprehensive suicide audit. Additionally,</p> <ul style="list-style-type: none"> interagency liaison is in place to review the audit findings and identify improvements to be made; <p>the suicide audit results and action plans are reviewed by the PCT Board, and the Mental Health LIT, routinely.</p>	81	55%

SHA	Average
East of England	2
North West	2.2
North East	2.3
East Midlands	2.7
London	2.5
South West	2.5
South East Coast	1.8
South Central	2.2
West Midlands	2.5
Yorkshire and Humber	2.5

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.22: Indicator 17b: Suicide Prevention (Mental health providers)

Question Details		Number of LIT's	Percentage of LIT's
RED	Mental health providers have no policy and no system in place to audit suicides, and to prevent suicides.	0	0%
AMBER	Mental health providers have a suicide prevention policy in place, but no system for measuring its impact and effectiveness.	29	19%
GREEN	Mental health providers have a suicide prevention policy in place, with good systems for measuring its impact and effectiveness, including comprehensive suicide audit. Additionally, interagency liaison is in place to review the audit findings and identify improvements to be made; the suicide audit results and action plans are reviewed by the Trust Clinical Governance Committee, the Trust Board, and the Mental Health LIT, routinely.	120	81%

SHA	Average
East of England	2.9
North West	2.8
North East	2.5
East Midlands	2.7
London	2.8
South West	2.8
South East Coast	2.8
South Central	2.9
West Midlands	2.9
Yorkshire and Humber	2.7

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.23: Indicator 18: Advocacy

Question Details		Number of LIT's	Percentage of LIT's
RED	Service users' access to independent advocacy is inadequate or ineffective. There are no agreed plans to improvement access to advocacy services.	6	4%
AMBER	Service Users' access to independent advocacy needs improvement, and there are agreed and funded plans in place to achieve improvements.	62	42%
GREEN	Service users' have access to independent advocacy to a level, and in ways which are sufficient for local need.	81	54%

SHA	Average
East of England	2.5
North West	2.5
North East	2.5
East Midlands	2.5
London	2.4
South West	2.6
South East Coast	2.4
South Central	2.4
West Midlands	2.2
Yorkshire and Humber	2.2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.24: Indicator 19: Mental Health Promotion (Standard one implementation)

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no current, resourced Standard One strategy in place; <i>and/ or</i> mental health promotion does not feature in the local mental health commissioning strategy.	10	7%
AMBER	There is a Standard One strategy and action plan in place, but there are insufficient resources and leadership to progress local work to deliver Standard One of the Mental Health NSF.	76	51%
GREEN	There is a Standard One strategy and action plan in place, and there are sufficient resources and leadership to progress this work. The strategy and action plan identify joint working and priorities for all ages, reflecting 'Making it Possible' priority areas. There are close working arrangements between the adult and older people's LITs and the CAMHS partnerships. There is an evaluation process in place with clear indicators to measure the impact and effectiveness of the action plan.	63	42%

SHA	Average
East of England	2
North West	2.6
North East	2.3
East Midlands	2.5
London	2.5
South West	2
South East Coast	2
South Central	2
West Midlands	2.5
Yorkshire and Humber	2.2

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.25: Indicator 20: Personality Disorder Services

Question Details		Number of LIT's	Percentage of LIT's
RED	<p>There is no locally agreed strategy for the delivery of services to people with personality disorder; <i>and/or</i></p> <ul style="list-style-type: none"> a local assessment of need for PD services has not been undertaken; <i>and/or</i> there is no PD appropriate provision within local mainstream mental health services; <i>and/or</i> there are no local specialist PD services. 	9	6%
AMBER	<p>There is some PD appropriate provision within local mainstream mental health services, <i>and</i> local specialist PD services, <i>but</i></p> <ul style="list-style-type: none"> a local assessment of need for PD services has not been undertaken, <i>and/or</i> it has not been established that current service provision meets local needs for PD services. 	111	75%
GREEN	<p>A local assessment of need for PD services has been undertaken. There is a locally agreed strategy for the delivery of services to people with personality disorders in place; <i>and</i></p> <ul style="list-style-type: none"> this strategy has been funded and implemented; the strategy includes PD appropriate provision within local mainstream mental health services, <i>and</i> local specialist PD services, <i>and</i> it has been established that current service provision meets local needs for PD services. 	29	19%

SHA	Average
East of England	2
North West	2
North East	2
East Midlands	2.2
London	2.4
South West	1.9
South East Coast	2.1
South Central	2.3
West Midlands	1.9
Yorkshire and Humber	1.9

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.26: Indicator 21: MH Act 1983 Section 135 136 Places of Safety

Question Details		Number of LIT's	Percentage of LIT's
RED	<ul style="list-style-type: none"> There is no written policy which meets the needs of the MH Act Code of Practice regarding Section 135/136, involving all the relevant agencies, commissioners, user and carer organizations. There is no reliable means to ensure that there is effective data collection and monitoring within the LIT catchment area to monitor appropriateness and frequency of use of Section 135/136 powers and distribution of places of safety. 	1	0.5%
AMBER	<ul style="list-style-type: none"> There is a written policy in place for Section 135/136 which complies with the needs of the MH Act Code of Practice. There are locally available Places of Safety which can be accessed 24/7. Arrangements are established for regular monitoring of appropriateness and frequency of use of the Section 135/136 powers and use of Places of Safety. 	49	33.5%
GREEN	<ul style="list-style-type: none"> There is a written policy in place for Section 135/136 which meets the needs of the MH Act Code of Practice. The policy is sensitive to the needs of service users who, with carers, are involved in its development and review. There are locally available Places of Safety within psychiatric facilities which are accessible 24/7 and sufficiently staffed to allow them to manage people who have disturbed behavior, outside of police custody. Compliance with the Code of Practice is demonstrated by regular monitoring within the LIT area to be working well in practice; this is supported by reliable data collection. Practice focuses on minimal reliance on the use of police-based places of safety; adequate distribution of places of safety; prompt assessments; and review in terms of ethnicity, age and gender. 	99	66%

SHA	Average
East of England	2.6
North West	2.8
North East	2.5
East Midlands	2.5
London	2.9
South West	2.4
South East Coast	2.7
South Central	2.6
West Midlands	2.3
Yorkshire and Humber	2.7

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.27: Indicator 22: Mental Capacity Act

Question Details		Number of LIT's	Percentage of LIT's
RED	Mental health services are not represented on the Mental Capacity Act Local Implementation Network, and only a small number of staff within the local mental health and social care system are aware of their responsibilities in relation to the Act.	0	0%
AMBER	Mental health services are actively represented on the Mental Capacity Act Local Implementation Network, but only a small number of staff within the local health and social care system are aware of their responsibilities in relation to the Act and complying with the Code of Practice.	15	10%
GREEN	Mental health services are actively represented on the Mental Capacity Act Local Implementation Network, and the majority of staff within the local mental health and social care system are aware of their responsibilities in relation to the Act and complying with the Code of Practice.	134	90%

SHA	Average
East of England	2.9
North West	2.8
North East	2.7
East Midlands	3
London	2.8
South West	2.9
South East Coast	2.7
South Central	3
West Midlands	3
Yorkshire and Humber	2.9

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.28: Indicator 23: MH Act 2007 (Mental health provider trusts)

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no locally agreed Mental Health Act 2007 (MHA 2007) implementation plan.	1	0.5%
AMBER	There is a Board level lead for the implementation of the Mental Health Act 2007, and an agreed implementation plan has been drafted to outline the requirements that need to be addressed during the implementation of the MHA 2007.	60	40%
GREEN	<p>There is a Board level lead for the implementation of the MHA 2007 who is supported by a designated project manager, and there is an implementation plan which has been agreed with local partner organisations and which addresses the.</p> <ul style="list-style-type: none"> workforce implications of the new roles identified by the MHA 2007 governance arrangements under the MHA 2007 staff training requirements a range of local policies and procedures required under the MHA 2007. engagement of service users and carers (including those from BME communities) in local implementation provision of information relating to the MHA 2007 to service users, carers and nearest relatives. 	88	59.5%

SHA	Average
East of England	2.6
North West	2.5
North East	2.2
East Midlands	2.7
London	2.5
South West	2.7
South East Coast	2.1
South Central	2.8
West Midlands	2.6
Yorkshire and Humber	2.6

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.29: Indicator 24: Improving Access to Psychological Therapies

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no strategy in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems.	10	7%
AMBER	There is a strategy in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems, in line with national policy. This strategy is based on a local needs assessment, but funding has not been identified sufficient to implement the strategy.	70	47%
GREEN	There is a strategy in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems, in line with national policy. This strategy is based on a local needs assessment. Additionally, <ul style="list-style-type: none"> the strategy addresses workforce redesign and development needs, data collection mechanisms for monitoring and evaluation; funding has been identified sufficient to implement this strategy 	69	46%

SHA	Average
East of England	2.3
North West	2.6
North East	2.5
East Midlands	2.1
London	2.3
South West	2.6
South East Coast	2.1
South Central	1.9
West Midlands	2.1
Yorkshire and Humber	2.7

Where 1 = RED, 2 = AMBER, 3 = GREEN

3.30: Indicator 25: Dual Diagnosis

Question Details		Number of LIT's	Percentage of LIT's
RED	There is no commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems.	25	17%
AMBER	There is a current, funded commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems, <i>but</i> <ul style="list-style-type: none"> the strategy has not been developed with key stakeholders; <i>and/or</i> the strategy is not based on a current needs assessment for this group; <i>and/or</i> it has not been established that the services commissioned are sufficient to meet local needs. 	88	59%
GREEN	There is a current, funded commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems, <i>and</i> <ul style="list-style-type: none"> the strategy has been developed with key stakeholders; the strategy is based on a current needs assessment for this group; and it has been established that the services commissioned are sufficient to meet local needs. 	36	24%

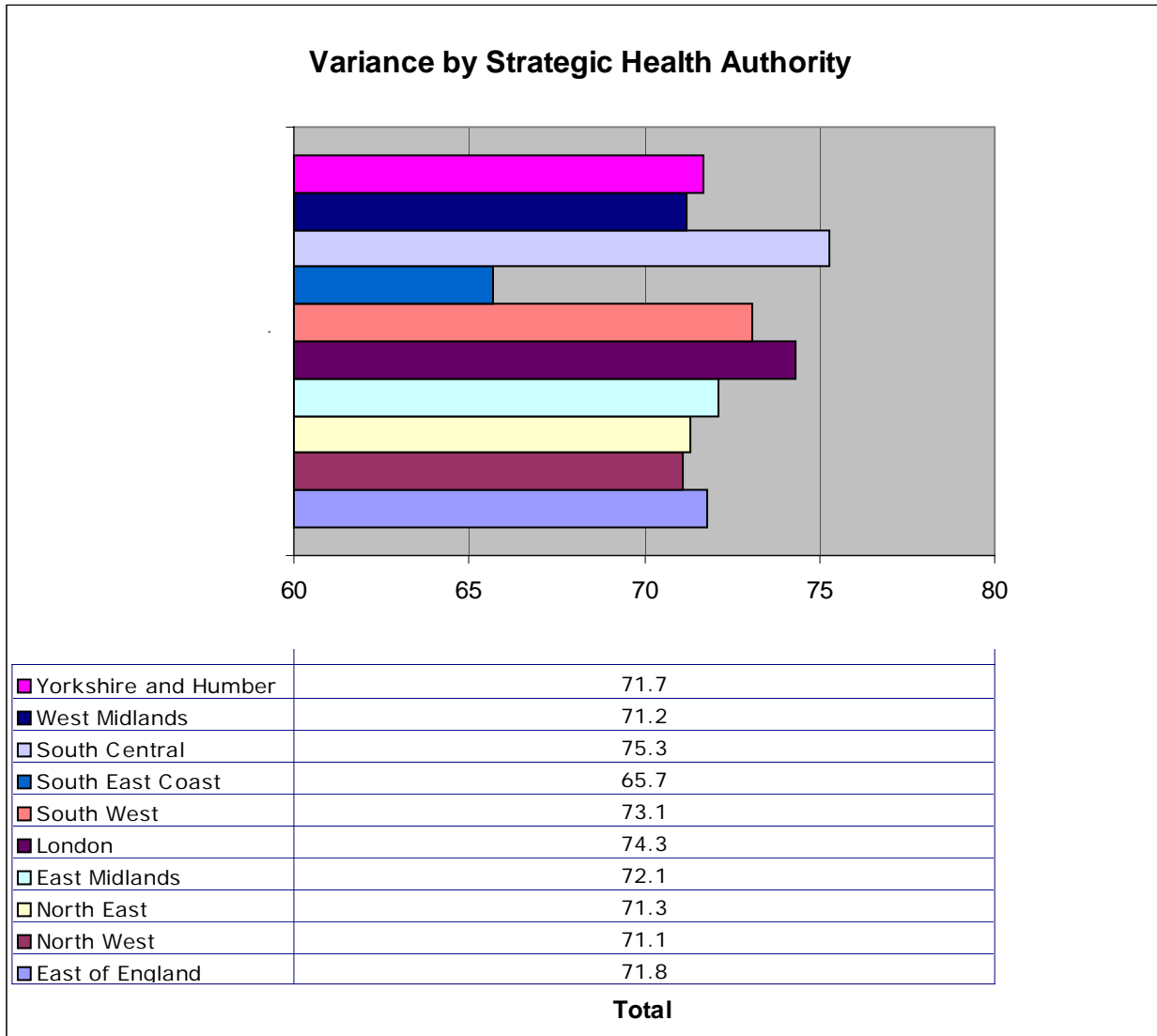
SHA	Average
East of England	2.1
North West	2
North East	2.1
East Midlands	2.2
London	2.2
South West	1.9
South East Coast	1.7
South Central	1.8
West Midlands	2
Yorkshire and Humber	2.1

Where 1 = RED, 2 = AMBER, 3 = GREEN

Analysis of responses (variance)

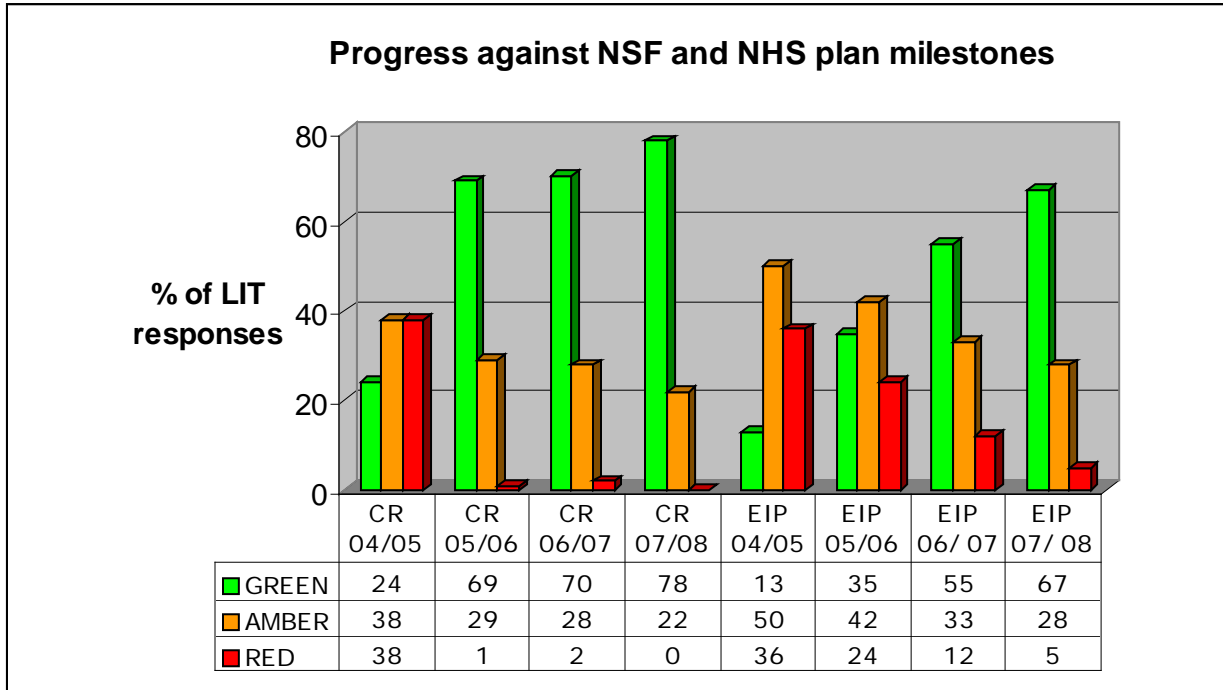
4.1 Implementation Scores 2007/08 by Geographical Location

For the purposes of this analysis, use is made of an aggregate "implementation score". This is calculated by means of allocating 3 points for each green rating, 2 for each amber rating, and 1 for each red rating. The average score can then be determined by the amount of area submissions. We can see the following range of implementation scores tabled below by geographical area.



4.2 Progress against NSF and NHS plan milestones

The past year has seen an increase in the percentage of LIT's reporting that the area had achieved green status on the two priority areas (CR and EIP) as shown in the chart below.



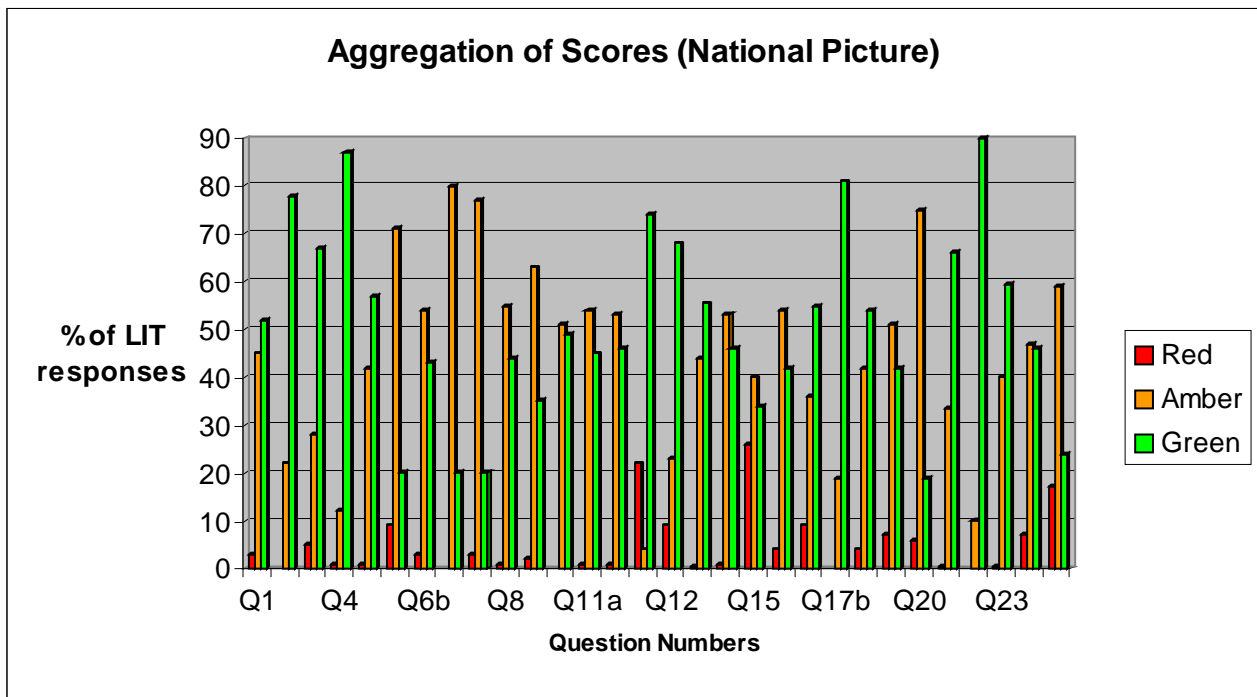
Although the crisis resolution target (end of 2005) had not been fully met, 2005/06 saw major progress with 45% more LITs attaining green status. For 2006/07 this has increased by a marginal 1%, 2007/08 now stands at 78%. Those reporting amber has dropped to 22% and red ratings have increased by 1%.

EIP shows similar trends with overall green rating now standing at 67%, amber dropped to 28% and red 5%.

N.B: The Crisis Resolution Team target set for Dec 2004 was met at March 2005. There was no way of knowing if the target was met at Dec 2004 because there was no data to measure progress. Most teams are assessed on the flexibilities and Fidelity criteria. The increase shows that more teams are working to the Policy Implementation Guidance (PIG).

4.3 Aggregation of scores (National picture)

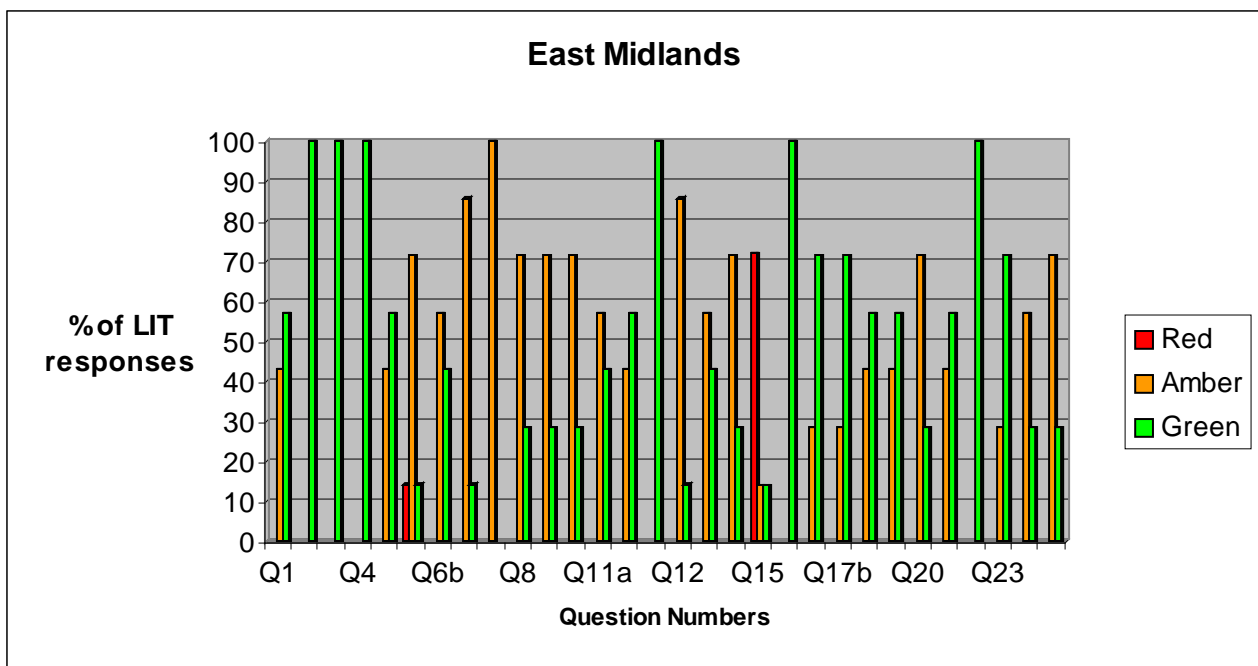
Indicator	Numbers/ % LIT Response by RAG RATING		
	RED	AMBER	GREEN
1	5 (3%)	67 (45%)	77 (52%)
2		33 (22%)	116 (78%)
3	8 (5%)	41 (28%)	100 (67%)
4	2 (1%)	17 (12%)	130 (87%)
5	2 (1%)	63 (42%)	84 (57%)
6a	13 (9%)	106 (71%)	30 (20%)
6b	4 (3%)	81 (54%)	64 (43%)
6c		118 (80%)	31 (20%)
7	4 (3%)	115 (77%)	30 (20%)
8	2 (1%)	81 (55%)	66 (44%)
9	3 (2%)	94 (63%)	52 (35%)
10		76 (51%)	73 (49%)
11a	2 (1%)	81 (54%)	66 (45%)
11b	2 (1%)	79 (53%)	68 (46%)
11c	33 (22%)	6 (4%)	110 (74%)
12	13 (9%)	34 (23%)	102 (68%)
13	1 (0.5%)	65 (44%)	83 (55.5%)
14	2 (1%)	79 (53%)	68 (46%)
15	39 (26%)	59 (40%)	51 (34%)
16	5 (4%)	81 (54%)	63 (42%)
17a	14 (9%)	54 (36%)	81 (55%)
17b		29 (19%)	120 (81%)
18	6(4%)	62(42%)	81(54%)
19	10(7%)	76(51%)	63(42%)
20	9(6%)	111(75%)	29(19%)
21	1(0.5%)	49(33.5%)	99(66%)
22		15(10%)	134(90%)
23	1(0.5%)	60(40%)	88(59.5%)
24	10(7%)	70(47%)	69(46%)
25	25(17%)	88(59%)	36(24%)



Aggregation of scores (Regional picture - by SHA Area)

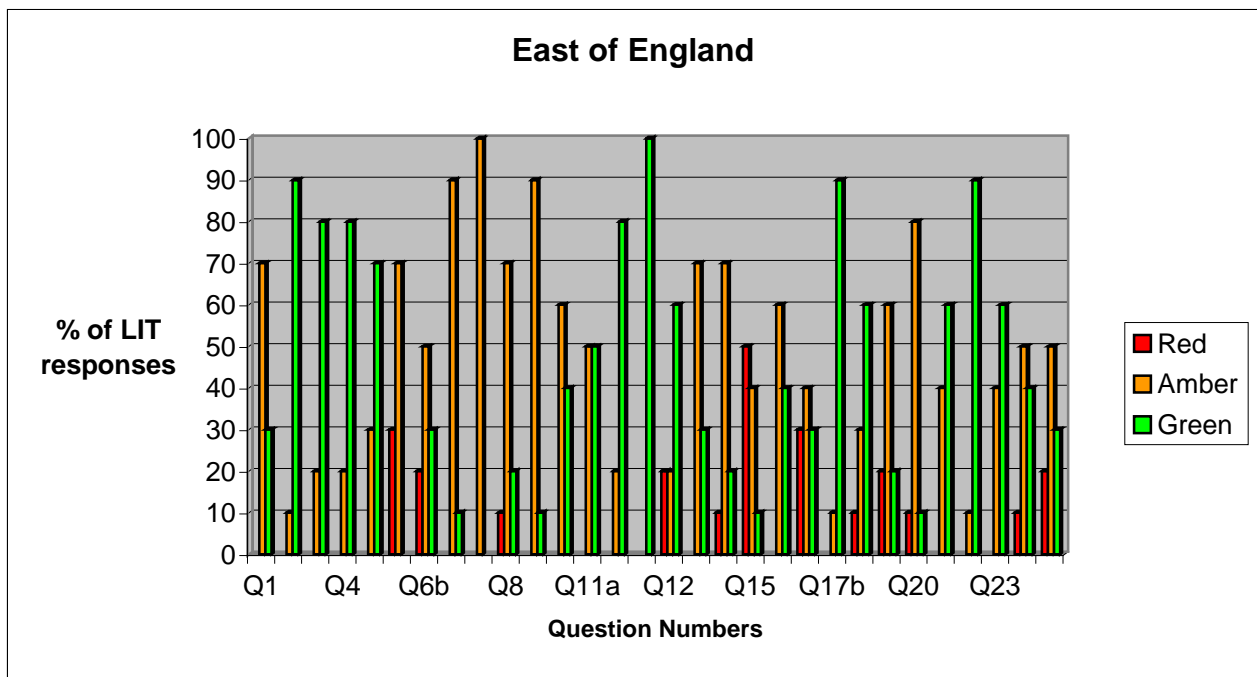
East Midlands

Indicator	Numbers/ % LIT Response by RAG RATING		
1		3 (43%)	4 (57%)
2			7 (100%)
3			7 (100%)
4			7 (100%)
5		3 (43%)	4 (57%)
6a	1 (14.25%)	5 (71.5%)	1 (14.25%)
6b		4 (57%)	3 (43%)
6c		6 (85.75%)	1 (14.25%)
7		7 (100%)	
8		5 (71.5%)	2 (28.5%)
9		5 (71.5%)	2 (28.5%)
10		5 (71.5%)	2 (28.5%)
11a		4 (57%)	3 (43%)
11b		3 (43%)	4 (57%)
11c			7 (100%)
12		6 (85.75%)	1 (14.25%)
13		4 (57%)	3 (43%)
14		5 (71.5%)	2 (28.5%)
15	5 (72%)	1 (14%)	1 (14%)
16			7 (100%)
17a		2 (28.5%)	5 (71.5%)
17b		2 (28.5%)	5 (71.5%)
18		3 (43%)	4 (57%)
19		3 (43%)	4 (57%)
20		5 (71.5%)	2 (28.5%)
21		3 (43%)	4 (57%)
22			7 (100%)
23		2 (28.5%)	5 (71.5%)
24		4 (57%)	2 (28.5%)
25		5 (71.5%)	2 (28.5%)



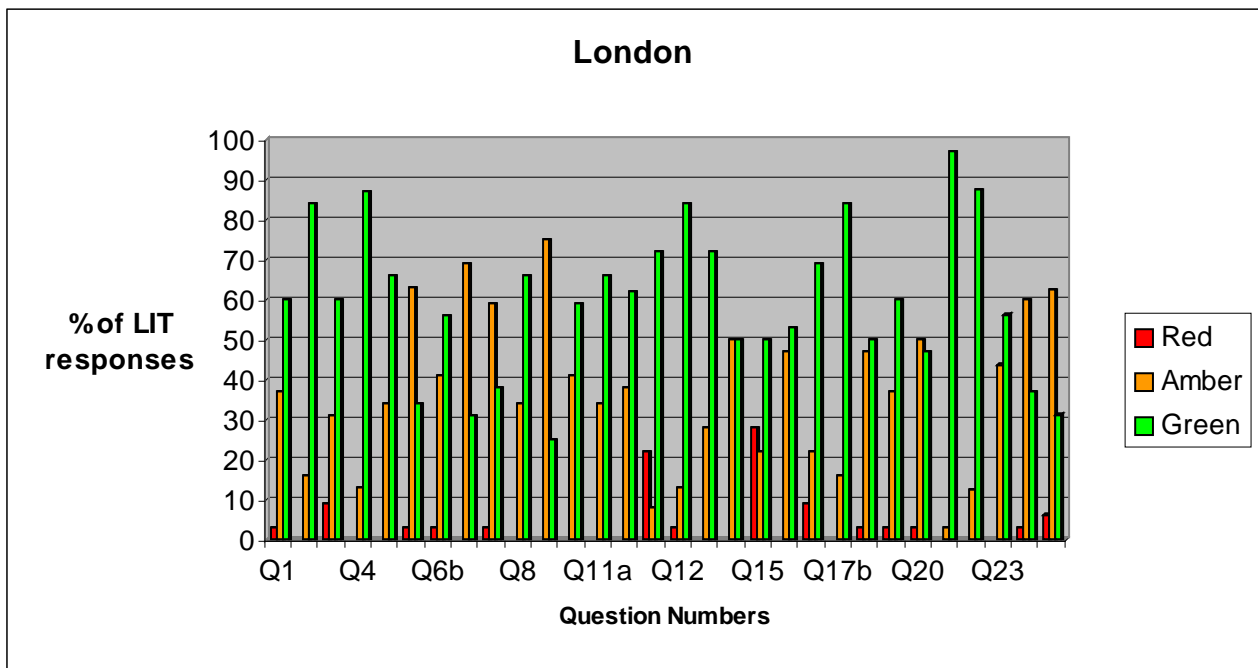
East of England

Indicator	Numbers/ % LIT Response by RAG RATING		
1		7 (70%)	3 (30%)
2		1 (10%)	9 (90%)
3		2 (20%)	8 (80%)
4		2 (20%)	8 (80%)
5		3 (30%)	7 (70%)
6a	3 (30%)	7 (70%)	
6b	2 (20%)	5 (50%)	3 (30%)
6c		9 (90%)	1 (10%)
7		10 (100%)	
8	1 (10%)	7 (70%)	2 (20%)
9		9 (90%)	1 (10%)
10		6 (60%)	4 (40%)
11a		5 (50%)	5 (50%)
11b		2 (20%)	8 (80%)
11c			10 (100%)
12	2 (20%)	2 (20%)	6 (60%)
13		7 (70%)	3 (30%)
14	1 (10%)	7 (70%)	2 (20%)
15	5 (50%)	4 (40%)	1 (10%)
16		6 (60%)	4 (40%)
17a	3 (30%)	4 (40%)	3 (30%)
17b		1 (10%)	9 (90%)
18	1 (10%)	3 (30%)	6 (60%)
19	2 (20%)	6 (60%)	2 (20%)
20	1 (10%)	8 (80%)	1 (10%)
21		4 (40%)	6 (60%)
22		1 (10%)	9 (90%)
23		4 (40%)	6 (60%)
24	1 (10%)	5 (50%)	4 (40%)
25	2 (20%)	5 (50%)	3 (30%)



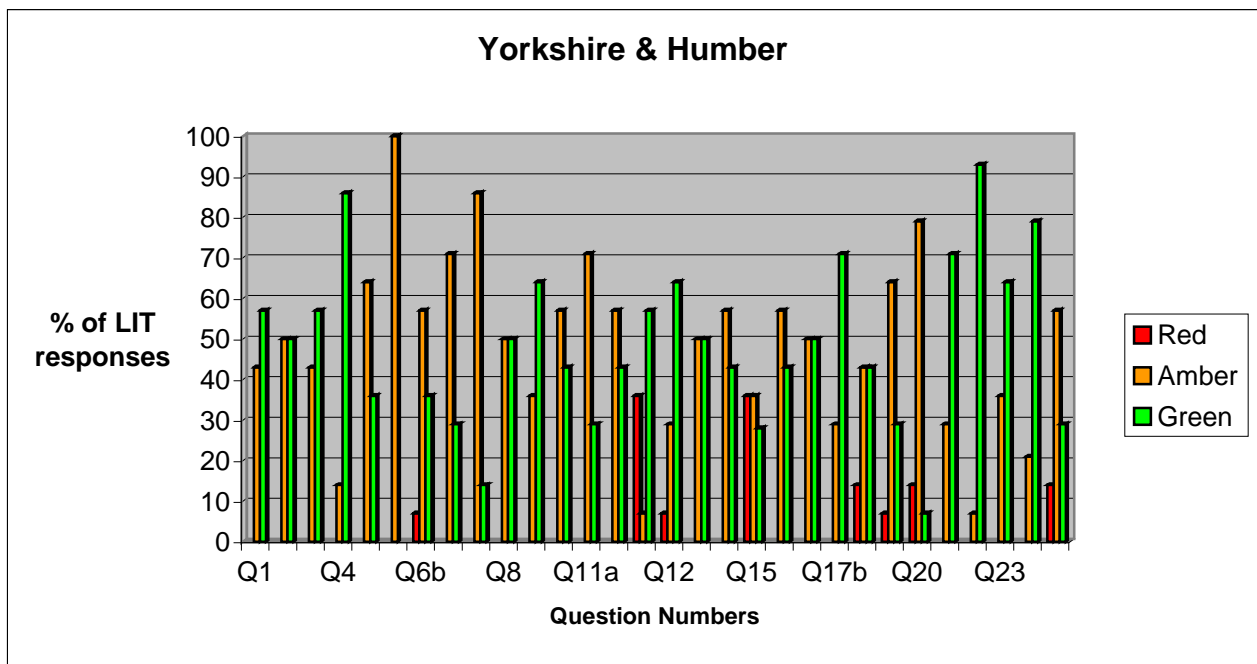
London

Indicator	Numbers/ % LIT Response by RAG RATING		
1	1 (3%)	12 (37%)	19 (60%)
2		5 (16%)	27 (84%)
3	3 (9%)	10 (31%)	19 (60%)
4		4 (13%)	28 (87%)
5		11 (34%)	21 (66%)
6a	1 (3%)	20 (63%)	11 (34%)
6b	1 (3%)	13 (41%)	18 (56%)
6c		22 (69%)	10 (31%)
7	1 (3%)	19 (59%)	12 (38%)
8		11 (34%)	21 (66%)
9		24 (75%)	8 (25%)
10		13 (41%)	19 (59%)
11a		11 (34%)	21 (66%)
11b		12 (38%)	20 (62%)
11c	7 (22%)	2 (8%)	23 (72%)
12	1 (3%)	4 (13%)	27 (84%)
13		9 (28%)	23 (72%)
14		16 (50%)	16 (50%)
15	9 (28%)	7 (22%)	16 (50%)
16		15 (47%)	17 (53%)
17a	3 (9%)	7 (22%)	22 (69%)
17b		5 (16%)	27 (84%)
18	1 (3%)	15 (47%)	16 (50%)
19	1 (3%)	12 (37%)	19 (60%)
20	1 (3%)	16 (50%)	15 (47%)
21		1 (3%)	31 (97%)
22		4 (12.5%)	28 (87.5%)
23		14 (43.75%)	18 (56.25%)
24	1 (3%)	19 (60%)	12 (37%)
25	2 (6.25%)	20 (62.5%)	10 (31.25%)



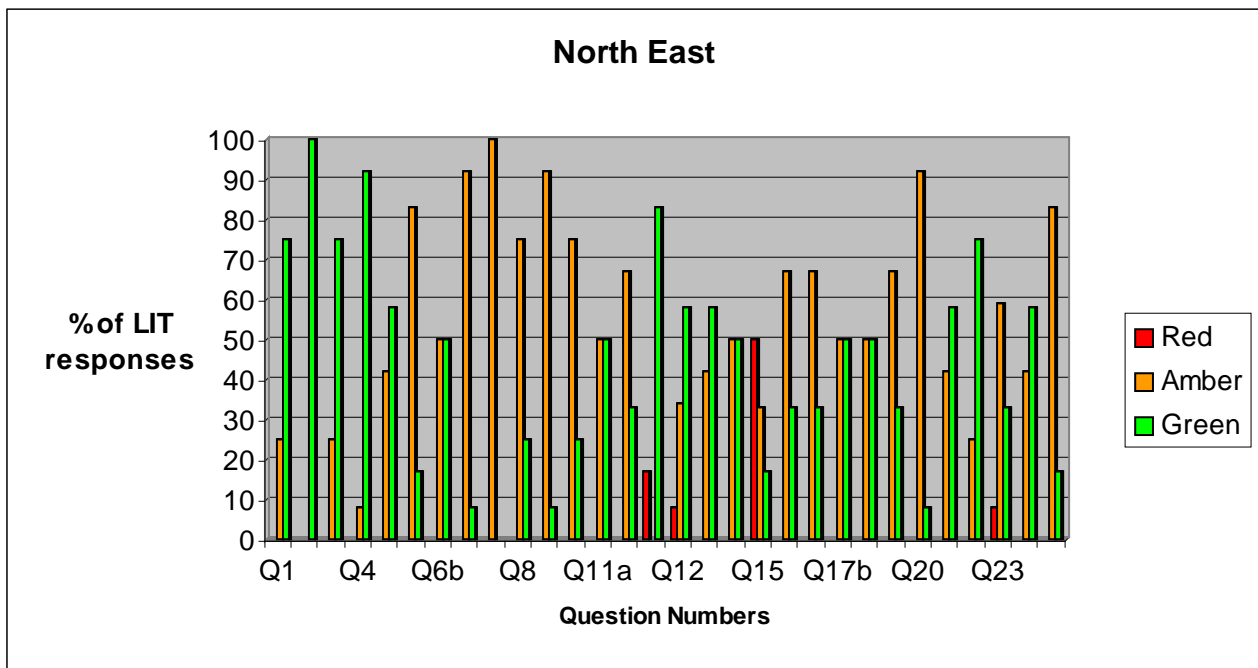
Yorkshire and Humber

Indicator	Numbers/ % LIT Response by RAG RATING		
1		6 (43%)	8 (57%)
2		7 (50%)	7 (50%)
3		6 (43%)	8 (57%)
4		2 (14%)	12 (86%)
5		9 (64%)	5 (36%)
6a		14 (100%)	
6b	1 (7%)	8 (57%)	5 (36%)
6c		10 (71%)	4 (29%)
7		12 (86%)	2 (14%)
8		7 (50%)	7 (50%)
9		5 (36%)	9 (64%)
10		8 (57%)	6 (43%)
11a		10 (71%)	4 (29%)
11b		8 (57%)	6 (43%)
11c	5 (36%)	1 (7%)	8 (57%)
12	1 (7%)	4 (29%)	9 (64%)
13		7 (50%)	7 (50%)
14		8 (57%)	6 (43%)
15	5 (36%)	5 (36%)	4 (28%)
16		8 (57%)	6 (43%)
17a		7 (50%)	7 (50%)
17b		4 (29%)	10 (71%)
18	2 (14%)	6 (43%)	6 (43%)
19	1 (7%)	9 (64%)	4 (29%)
20	2 (14%)	11 (79%)	1 (7%)
21		4 (29%)	10 (71%)
22		1 (7%)	13 (93%)
23		5 (36%)	9 (64%)
24		3 (21%)	11 (79%)
25	2 (14%)	8 (57%)	4 (29%)



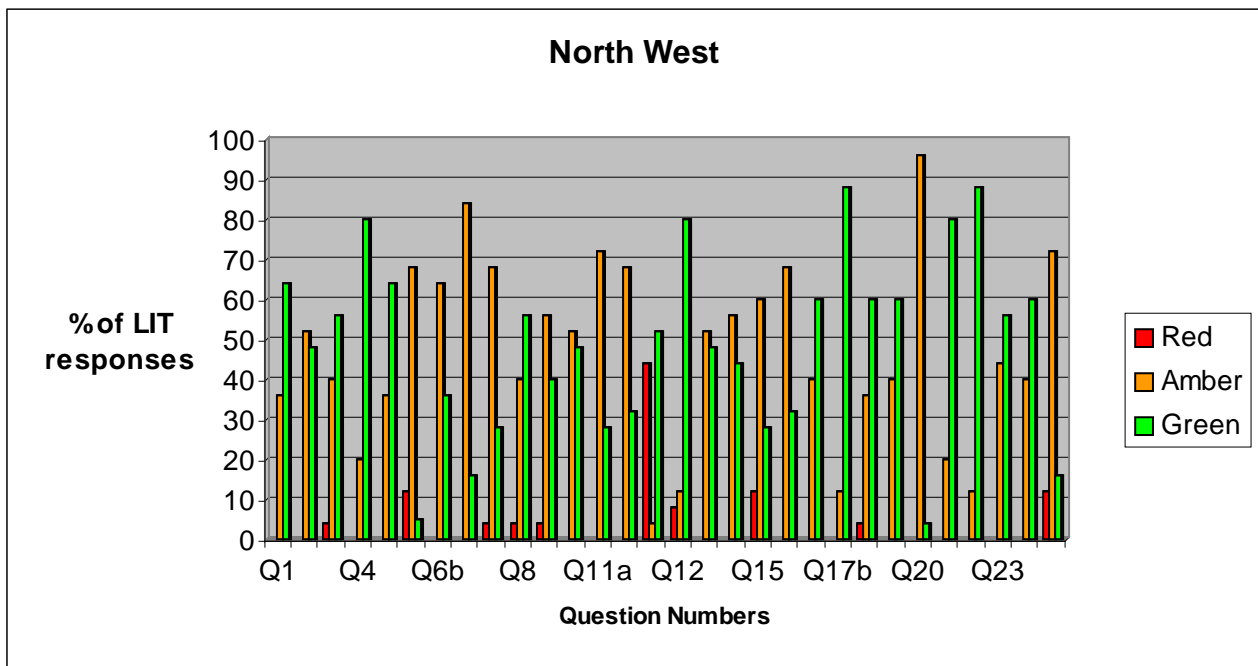
North East

Indicator	Numbers/ % LIT Response by RAG RATING		
1		3 (25%)	9 (75%)
2			12 (100%)
3		3 (25%)	9 (75%)
4		1 (8%)	11 (92%)
5		5 (42%)	7 (58%)
6a		10 (83%)	2 (17%)
6b		6 (50%)	6 (50%)
6c		11 (92%)	1 (8%)
7		12 (100%)	
8		9 (75%)	3 (25%)
9		11 (92%)	1 (8%)
10		9 (75%)	3 (25%)
11a		6 (50%)	6 (50%)
11b		8 (67%)	4 (33%)
11c	2 (17%)		10 (83%)
12	1 (8%)	4 (34%)	7 (58%)
13		5 (42%)	7 (58%)
14		6 (50%)	6 (50%)
15	6 (50%)	4 (33%)	2 (17%)
16		8 (67%)	4 (33%)
17a		8 (67%)	4 (33%)
17b		6 (50%)	6 (50%)
18		6 (50%)	6 (50%)
19		8 (67%)	4 (33%)
20		11 (92%)	1 (8%)
21		5 (42%)	7 (58%)
22		3 (25%)	9 (75%)
23	1 (8%)	7 (59%)	4 (33%)
24		5 (42%)	7 (58%)
25		10 (83%)	2 (17%)



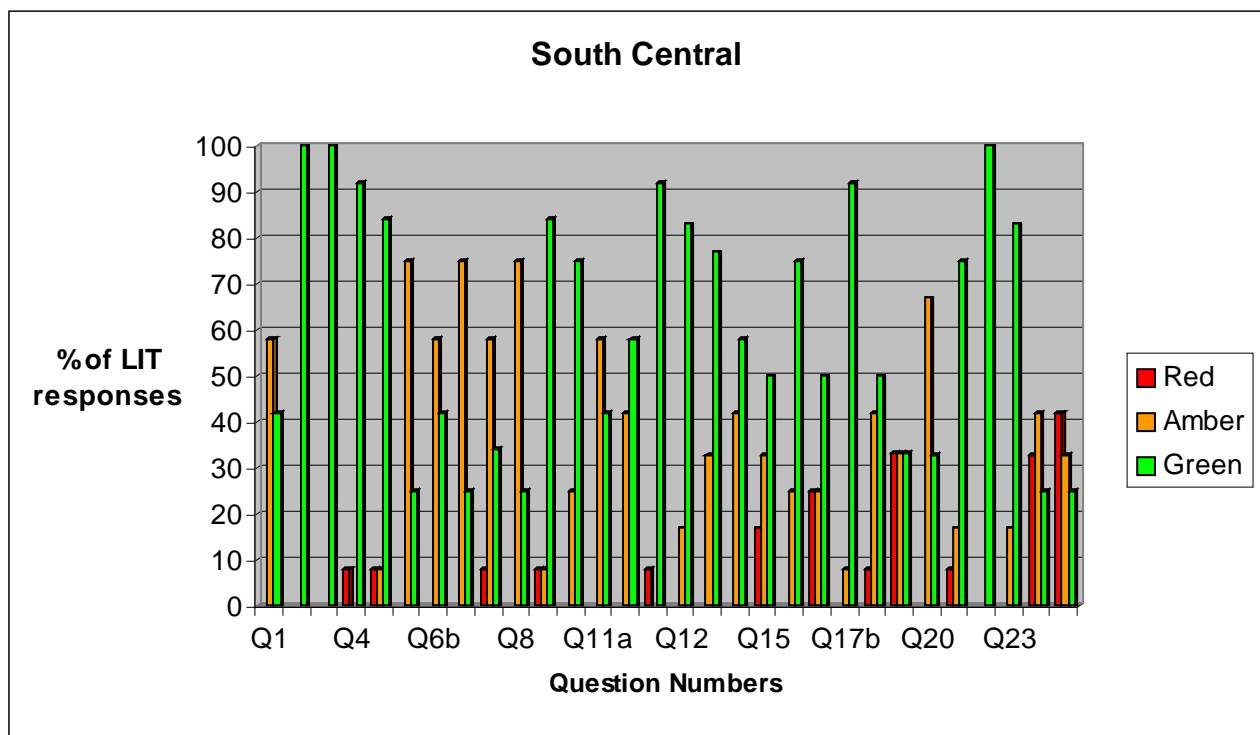
North West

Indicator	Numbers/ % LIT Response by RAG RATING		
1		9 (36%)	16 (64%)
2		13 (52%)	12 (48%)
3	1 (4%)	10 (40%)	14 (56%)
4		5 (20%)	20 (80%)
5		9 (36%)	16 (64%)
6a	3 (12%)	17 (68%)	5 (5%)
6b		17 (64%)	8 (36%)
6c		21 (84%)	4 (16%)
7	1 (4%)	17 (68%)	7 (28%)
8	1 (4%)	10 (40%)	14 (56%)
9	1 (4%)	14 (56%)	10 (40%)
10		13 (52%)	12 (48%)
11a		18 (72%)	7 (28%)
11b		17 (68%)	8 (32%)
11c	11 (44%)	1 (4%)	13 (52%)
12	2 (8%)	3 (12%)	20 (80%)
13		13 (52%)	12 (48%)
14		14 (56%)	11 (44%)
15	3 (12%)	15 (60%)	7 (28%)
16		17 (68%)	8 (32%)
17a		10 (40%)	15 (60%)
17b		3 (12%)	22 (88%)
18	1 (4%)	9 (36%)	15 (60%)
19		10 (40%)	15 (60%)
20		24 (96%)	1 (4%)
21		5 (20%)	20 (80%)
22		3 (12%)	22 (88%)
23		11 (44%)	14 (56%)
24		10 (40%)	15 (60%)
25	3 (12%)	18 (72%)	4 (16%)



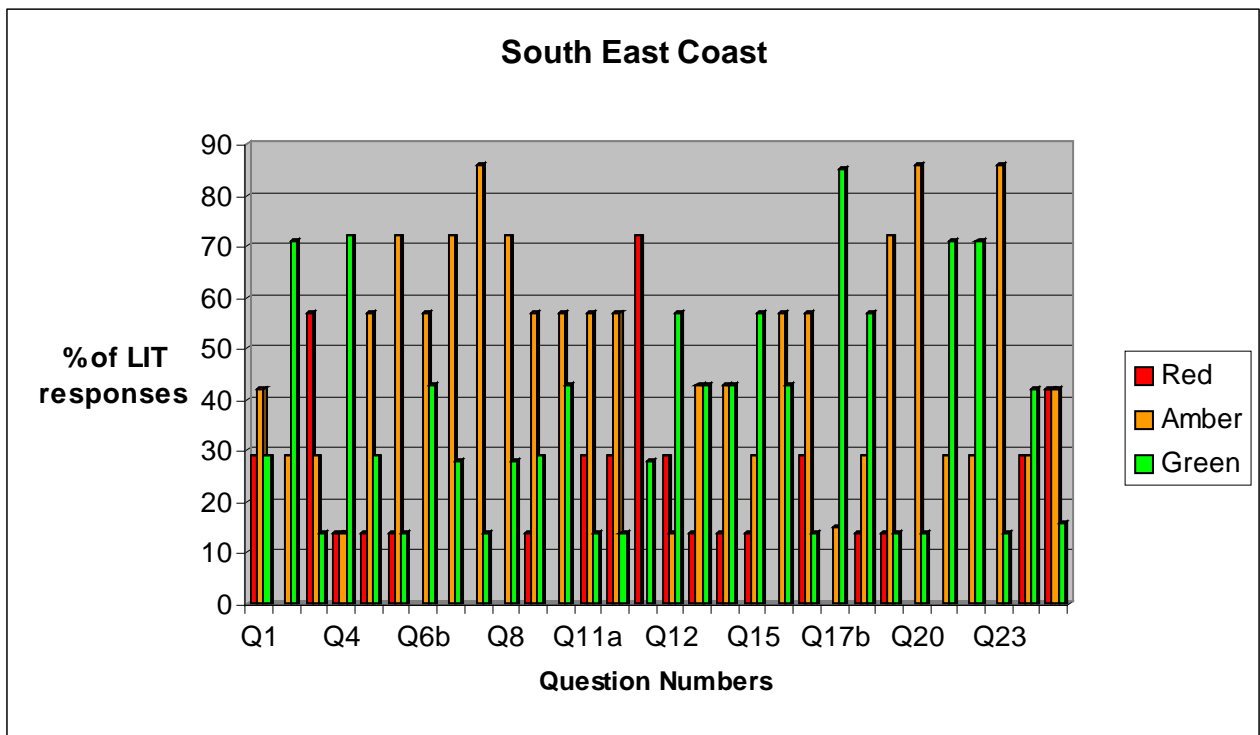
South Central

Indicator	Numbers/ % LIT Response by RAG RATING		
1		7 (58%)	5 (42%)
2			12 (100%)
3			12 (100%)
4	1 (8%)		11 (92%)
5	1 (8%)	1 (8%)	10 (84%)
6a		9 (75%)	3 (25%)
6b		7 (58%)	5 (42%)
6c		9 (75%)	3 (25%)
7	1 (8%)	7 (58%)	4 (34%)
8		9 (75%)	3 (25%)
9	1 (8%)	1 (8%)	10 (84%)
10		3 (25%)	9 (75%)
11a		7 (58%)	5 (42%)
11b		5 (42%)	7 (58%)
11c	1 (8%)		11 (92%)
12		2 (17%)	10 (83%)
13		4 (33%)	8 (77%)
14		5 (42%)	7 (58%)
15	2 (17%)	4 (33%)	6 (50%)
16		3 (25%)	9 (75%)
17a	3 (25%)	3 (25%)	6 (50%)
17b		1 (8%)	11 (92%)
18	1 (8%)	5 (42%)	6 (50%)
19	4 (33.33%)	4 (33.33%)	4 (33.33%)
20		8 (67%)	4 (33%)
21	1 (8%)	2 (17%)	9 (75%)
22			12 (100%)
23		2 (17%)	10 (83%)
24	4 (33%)	5 (42%)	3 (25%)
25	5 (42%)	4 (33%)	3 (25%)



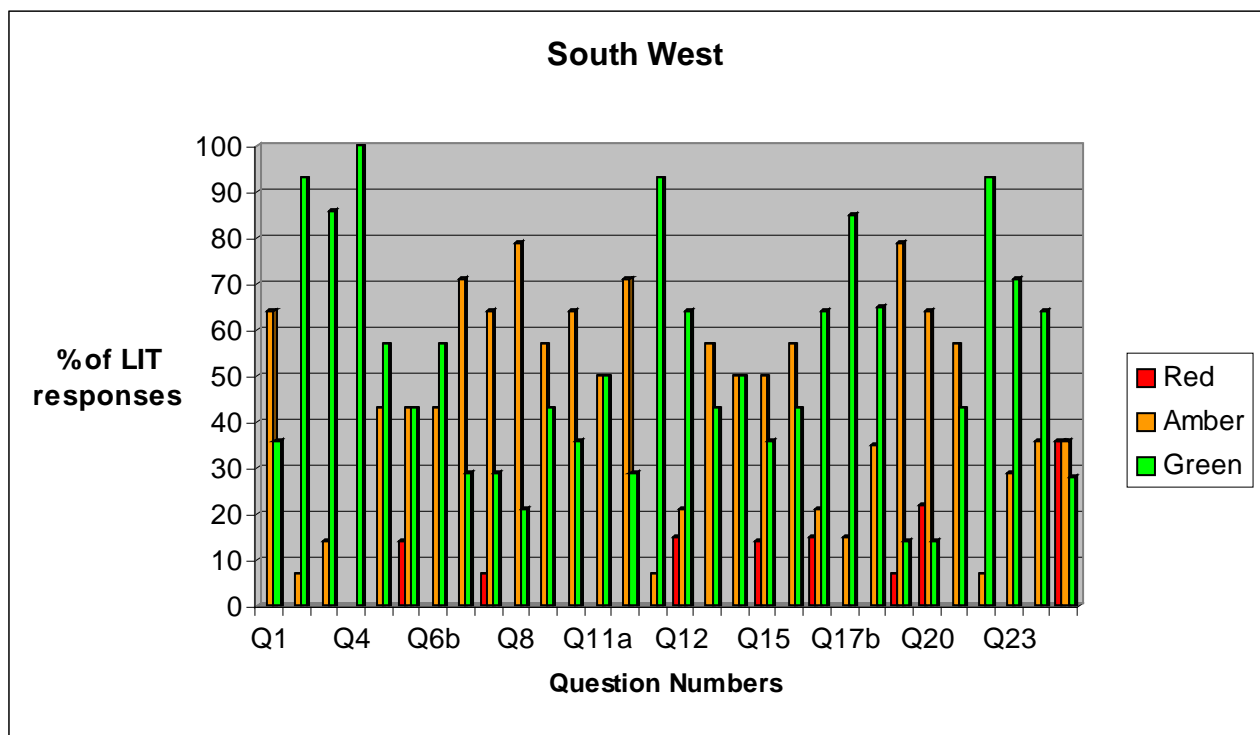
South East Coast

Indicator	Numbers/ % LIT Response by RAG RATING		
1	2 (29%)	3 (42%)	2 (29%)
2		2 (29%)	5 (71%)
3	4 (57%)	2 (29%)	1 (14%)
4	1 (14%)	1 (14%)	5 (72%)
5	1 (14%)	4 (57%)	2 (29%)
6a	1 (14%)	5 (72%)	1 (14%)
6b		4 (57%)	3 (43%)
6c		5 (72%)	2 (28%)
7		6 (86%)	1 (14%)
8		5 (72%)	2 (28%)
9	1 (14%)	4 (57%)	2 (29%)
10		4 (57%)	3 (43%)
11a	2 (29%)	4 (57%)	1 (14%)
11b	2 (29%)	4 (57%)	1 (14%)
11c	5 (72%)		2 (28%)
12	2 (29%)	1 (14%)	4 (57%)
13	1 (14%)	3 (43%)	3 (43%)
14	1 (14%)	3 (43%)	3 (43%)
15	1 (14%)	2 (29%)	4 (57%)
16		4 (57%)	3 (43%)
17a	2 (29%)	4 (57%)	1 (14%)
17b		1 (15%)	6 (85%)
18	1 (14%)	2 (29%)	4 (57%)
19	1 (14%)	5 (72%)	1 (14%)
20		6 (86%)	1 (14%)
21		2 (29%)	5 (71%)
22		2 (29%)	5 (71%)
23		6 (86%)	1 (14%)
24	2 (29%)	2 (29%)	3 (42%)
25	3 (42%)	3 (42%)	1 (16%)



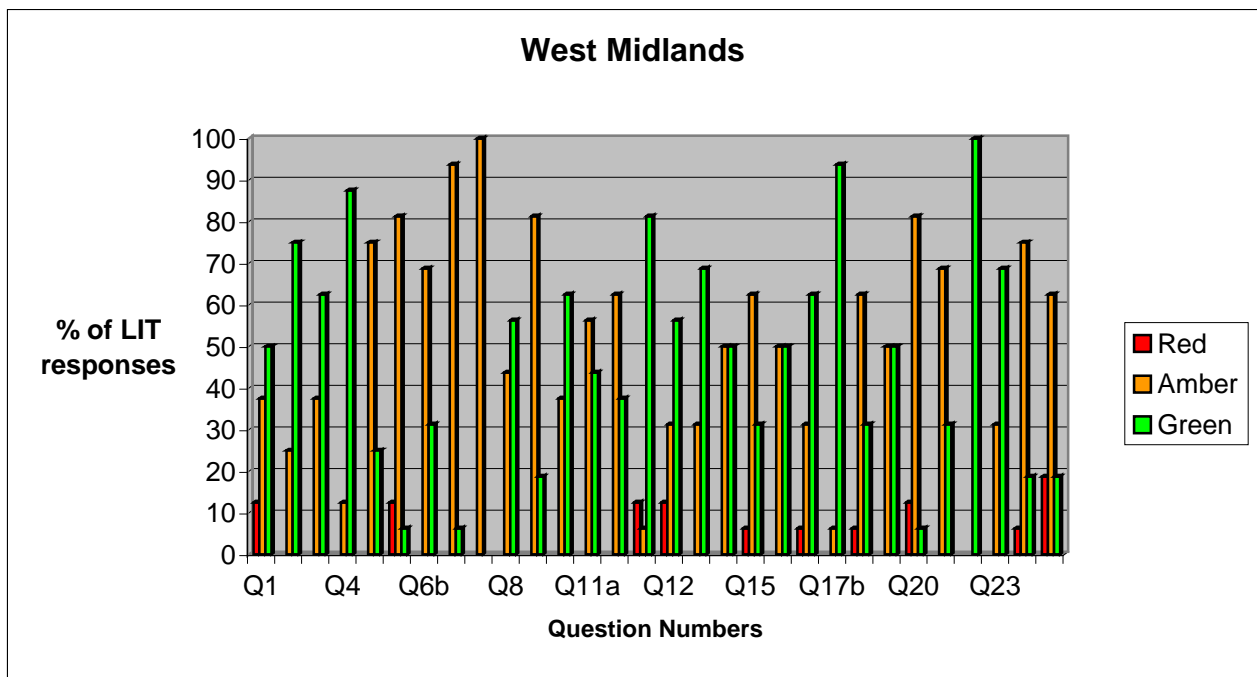
South West

Indicator	Numbers/ % LIT Response by RAG RATING		
1		9 (64%)	5 (36%)
2		1 (7%)	13 (93%)
3		2 (14%)	12 (86%)
4			14 (100%)
5		6 (43%)	8 (57%)
6a	2 (14%)	6 (43%)	6 (43%)
6b		6 (43%)	8 (57%)
6c		10 (71%)	4 (29%)
7	1 (7%)	9 (64%)	4 (29%)
8		11 (79%)	3 (21%)
9		8 (57%)	6 (43%)
10		9 (64%)	5 (36%)
11a		7 (50%)	7 (50%)
11b		10 (71%)	4 (29%)
11c		1 (7%)	13 (93%)
12	2 (15%)	3 (21%)	9 (64%)
13		8 (57%)	6 (43%)
14		7 (50%)	7 (50%)
15	2 (14%)	7 (50%)	5 (36%)
16		8 (57%)	6 (43%)
17a	2 (15%)	3 (21%)	9 (64%)
17b		2 (15%)	12 (85%)
18		5 (35%)	9 (65%)
19	1 (7%)	11 (79%)	2 (14%)
20	3 (22%)	9 (64%)	2 (14%)
21		8 (57%)	6 (43%)
22		1 (7%)	13 (93%)
23		4 (29%)	10 (71%)
24		5 (36%)	9 (64%)
25	5 (36%)	5 (36%)	4 (28%)



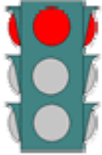


West Midlands

Indicator	Numbers/ % LIT Response by RAG RATING		
1	2 (12.5%)	6 (37.5%)	8 (50%)
2		4 (25%)	12 (75%)
3		6 (37.5%)	10 (62.5%)
4		2 (12.5%)	14 (87.5%)
5		12 (75%)	4 (25%)
6a	2 (12.5%)	13 (81.25%)	1 (6.25%)
6b		11 (68.75%)	5 (31.25%)
6c		15 (93.75%)	1 (6.25%)
7		16 (100%)	
8		7 (43.75%)	9 (56.25%)
9		13 (81.25%)	3 (18.75%)
10		6 (37.5%)	10 (62.5%)
11a		9 (56.25%)	7 (43.75%)
11b		10 (62.5%)	6 (37.5%)
11c	2 (12.5%)	1 (6.25%)	13 (81.25%)
12	2 (12.5%)	5 (31.25%)	9 (56.25%)
13		5 (31.25%)	11 (68.75%)
14		8 (50%)	8 (50%)
15	1 (6.25%)	10 (62.5%)	5 (31.25%)
16		8 (50%)	8 (50%)
17a	1 (6.25%)	5 (31.25%)	10 (62.5%)
17b		1 (6.25%)	15 (93.75%)
18	1 (6.25%)	10 (62.5%)	5 (31.25%)
19		8 (50%)	8 (50%)
20	2 (12.5%)	13 (81.25%)	1 (6.25%)
21		11 (68.75%)	5 (31.25%)
22			16 (100%)
23		5 (31.25%)	11 (68.75%)
24	1 (6.25%)	12 (75%)	3 (18.75%)
25	3 (18.75%)	10 (62.5%)	3 (18.75%)



Appendices

5.1 Questions/criteria and guidance

1. PRIMARY/ SECONDARY CARE INTERFACE		
<p>The seven elements listed have been identified as the core structural elements of a good working relationship between primary and secondary care. SMI is severe mental illness, and registers should include people with diagnoses of schizophrenia and manic depression at minimum.</p>		
 <p>Red</p>	 <p>Amber</p>	 <p>Green</p>
<p>Only three or less of the following systems are in place</p> <ul style="list-style-type: none"> • An agreed model for primary mental health care • Agreed target groups to receive primary mental health interventions • Agreed and implemented interventions and care pathways • QOF registers (SMI, Depression, Dementia) • Referral agreements (protocols) • Protocols on exchange of information • Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc) 	<p>Four or five of the following systems are in place</p> <ul style="list-style-type: none"> • An agreed model for primary mental health care • Agreed target groups to receive primary mental health interventions • Agreed and implemented interventions and care pathways • QOF registers (SMI, Depression, Dementia) • Referral agreements (protocols) • Protocols on exchange of information • Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc) 	<p>All of the following systems are in place:</p> <ul style="list-style-type: none"> • An agreed model for primary mental health care • Agreed target groups to receive primary mental health interventions • Agreed and implemented interventions and care pathways • QOF registers (SMI, Depression, Dementia) • Referral agreements (protocols) • Protocols on exchange of information Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc)

2. CRISIS RESOLUTION		
<p>The Mental Health Policy Implementation Guide (section 3) provides a detailed specification for this service. For a green rating, services should be provided in accordance with this specification or in accordance with local flexibilities explicitly authorised in writing by the Department of Health. "Local needs" should be judged by reference to the size of the local target population, and will involve a level of local judgment as to the size of service required. Note that this indicator addresses the community team element of this service only. It is not necessary for there to be access to crisis beds away from hospital in order to achieve a green rating.</p>		
<p>There are significant deficiencies in the availability of the CRHT service. That is, two or more of the following criteria are not met:</p> <ul style="list-style-type: none"> • It has multi-disciplinary input • provides 24/7 access • 'gate keeps' all admissions • facilitates early discharges • meets the defined caseload target 	<p>There are some deficiencies in the availability of the CRHT service. That is, up to two of the following criteria are not met:</p> <ul style="list-style-type: none"> • It has multi-disciplinary input • provides 24/7 access • 'gate keeps' all admissions • facilitates early discharges • meets the defined caseload target 	<p>The CRHT service is fully functional. The commissioner has established that it is MHPIG compliant and adequately meets the needs of its population. That is,</p> <ul style="list-style-type: none"> • It has multi-disciplinary input • provides 24/7 access • 'gate keeps' all admissions • facilitates early discharges • meets the defined caseload target; and there is an effective care pathway that ensures admission to hospital is appropriate and that discharge from hospital is timely
3. EARLY INTERVENTION IN PSYCHOSIS		
<p>The Mental Health Policy Implementation Guide (DH, 2002) provides a detailed specification for this service. For a 'Green' rating, services should be able to demonstrate the following minimum criteria as featured in the Service Map and LDP guidance. The EI service,</p> <ul style="list-style-type: none"> • has the capacity to intervene over a period of 3 years with first episode psychosis cases (FEP); • is accessible to the full age ranges from 14 to 35 years (acknowledging that services to under-18s may be provided from a separate CAMHS EI team) • offers active monitoring of individuals who are considered at high risk of psychosis or with suspected FEP for a minimum of 6 months • has caseloads of no more than 15 FEP cases per case manager • employs a multidisciplinary staff mix including practitioners with specialist skills and experience in working with adolescents, family interventions, low dose medication, cognitive behavioral therapy, relapse prevention and substance misuse interventions; • has systems in place to cover out-of-hours and weekends; • has a strategy for early detection and engagement of high risk and suspected FEP cases; • monitors DUP and collects data to demonstrate its effectiveness in relation to key outcomes including engagement rates, relapse rates, hospital readmission, suicide and parasuicide, education and employment functioning. <i>and</i>, • the target for total caseload is between 91% and 100%. <p>Note: if provision is below 50% of the target for total caseload, the rating should be 'Red'; if provision is from 51% to 90% of the target for total caseload, the rating should be 'Amber'.</p> <p>Services do not need to be based within the geographical boundary of the LIT to count, provided there is access. If services are however very geographically remote, this may affect local views as to the adequacy of access. If very long delays are often experienced in making placements or transfers, this may also affect local views as to the adequacy of access.</p>		

<p>There is no service available which meets the definition of Early Intervention in Psychosis in the Policy Implementation Guide,</p> <ul style="list-style-type: none"> ▪ and are unable to demonstrate that the minimum criteria set out in the Service Map and LDP guidance have been provided at a level sufficient to meet at least 50% of the target for total caseload ▪ or has been accepted by performance managers through the fidelity and flexibility process 	<p>There is a service available which meets the definition of Early Intervention in Psychosis in the Policy Implementation Guide,</p> <ul style="list-style-type: none"> ▪ but can only demonstrate that the minimum criteria set out in the Service Map and LDP guidance have been provided at a level sufficient to meet between 51% and 90% of the target for total caseload ▪ or has been accepted by performance managers through the fidelity and flexibility process 	<p>There is a service available which meets the definition of Early Intervention in Psychosis in the Policy Implementation Guide.</p> <ul style="list-style-type: none"> • and can demonstrate that the minimum criteria set out in the Service Map and LDP guidance have been provided at a level sufficient to meet between 91% and 100% of the target for total caseload
4. ASSERTIVE OUTREACH		
<p>The Mental Health Policy Implementation Guide (section 4) provides a detailed specification for this service. For a green rating, services should be provided in accordance with this specification or in accordance with local flexibilities explicitly authorised in writing by the Department of Health. "Local needs" should be judged by reference to the size of the local target population, and will involve a level of local judgment as to the size of service required.</p>		
<p>There is no service available which meets the definition of Assertive Outreach within the Policy Implementation Guide, or which has been accepted by performance managers using the fidelity and flexibility process.</p>	<p>There is a service available which meets the definition of Assertive Outreach in the Policy Implementation Guide, or which has been accepted by performance managers through the fidelity and flexibility process, but this service is provided at a level which does not meet the defined caseload target.</p>	<p>There is a service available which meets the definition of Assertive Outreach within the Policy Implementation Guide or which has been accepted by performance managers through the fidelity and flexibility process. This service is provided at a level which is sufficient to meet the defined caseload target.</p>
5. ACUTE INPATIENT CARE		
<p>Mental health care has increasingly shifted towards treatment in the community. While this may have led to more appropriate care for service users, it has also meant that standards in acute inpatient services have not always kept pace with changes in policy and practice. The Department of Health's Policy Implementation Guide for adult acute inpatient care (2002) encouraged improvement in inpatient services. This remained a key priority in 'The Mental Health NSF Five Years On' (DH, 2004).</p> <p>As part of the Annual Health Check 2007, the Healthcare Commission has reviewed how well trusts have responded to this changing agenda by assessing whether admissions to acute inpatient mental health services are appropriate, purposeful, therapeutic and safe. The review applies to all statutory providers of acute inpatient mental health services and covers all acute inpatient wards, psychiatric intensive care units and high dependency areas for adults aged 18-65.</p> <p>Each trust is expected to develop a service improvement plan based upon the trust's validated score issued by the Healthcare Commission. The 10% of trusts which have scored lowest will be visited by the Healthcare Commission in order to establish that they are addressing identified deficits and developing local improvement plans, and to offer support where required. Within regions, support for service improvement may be provided by CSIP regional development centres.</p> <p>To score 'Green', trusts needs to have in place a local improvement plan, agreed between the service commissioner and the trust, which addresses the key deficits identified by the Healthcare Commission's assessment of acute inpatient care.</p> <p>If the plans have been developed but have not been negotiated and agreed with the commissioner or approved by the trust Board, then the rating should be 'Amber'.</p> <p>A 'Red' rating will apply where the trust has not developed a local improvement plan to address the deficits identified in the Healthcare Commission's assessment.</p>		

<p>The mental health provider has not developed a local action plan to address the key deficits identified in the 2006/07Healthcare Commission's assessment of acute inpatient services.</p>	<p>The mental health provider has developed a local action plan to address the key deficits identified in the 2006/07Healthcare Commission's assessment of acute inpatient services. This has not yet been negotiated and agreed with the commissioner, and/or approved by the provider's Board.</p>	<p>There is a locally agreed action plan in place between the commissioner and mental health provider which addresses the key deficits identified in the 2006/07Healthcare Commission's assessment of acute inpatient services; and</p> <ul style="list-style-type: none"> the action plan sets out lead responsibilities and a timetable including review dates; it has been negotiated and agreed with the service commissioner, and approved by the provider's Board; governance arrangements have been agreed and established to monitor progress against the improvement plan.
<p>6. MENTAL HEALTH NEEDS OF OLDER PEOPLE</p>		
<p>'Everybody's Business', Department of Health (2005) describes the foundations and key elements of a comprehensive mental health service for older adults. It applies to people with both organic and functional mental health needs, including younger people with dementia and older people with learning disabilities.</p> <p>The NSF for Mental Health originally had a 'cut off' of 65 years. Today's mental health services must begin to address the issue of inequalities based on age. Older adults' mental health services should to be commissioned and provided in line with the NSF for Mental Health (DH 1999); NSF for Older People, Section 7 (DH 2001); and 'Everybody's Business, Integrated Mental Health Services for Older Adults: A Service Development Guide' (DH 2005). These indicators assume that mental health commissioners and Local Implementation Teams are conversant with the Service Development Guide and the commissioning checklist, which accompanies this.</p>		
<p>6A: Strategy</p>		
<p>There is no strategy in place in line with 'Everybody's Business'.</p>	<p>A strategy has been agreed with key stakeholders, and it is line with 'Everybody's Business'. It is partially implemented.</p>	<p>A strategy has been agreed with key stakeholders, and it is line with 'Everybody's Business'. It is fully implemented.</p>
<p>6B: Commissioning</p>		
<p>There are no clear commissioning arrangements in place in relation to older adults who have organic and functional mental health needs. A lead commissioner has not been identified.</p>	<p>Clear commissioning arrangements are in place for older adults who have organic and functional mental health needs. A lead commissioner has been identified; but commissioning arrangements do not yet utilize the commissioning checklist contained within 'Everybody's Business'.</p>	<p>Commissioning arrangements are in place for older adults who have organic and functional mental health needs. A lead commissioner has been identified. The commissioning arrangements utilize the commissioning checklist contained within 'Everybody's Business'.</p>
<p>6C: Service Delivery</p>		
<p>Services to meet the mental health needs of older adults are not provided in line with the service development guide, 'Everybody's Business'.</p>	<p>Services to meet the mental health needs of older adults are partially provided in line with 'Everybody's Business'; there is some distance to travel until services meet guidance set out in 'Everybody's Business'.</p>	<p>Services to meet the mental health needs of older adults are provided in line with the service development guide, 'Everybody's Business'.</p>

7. RECOVERY

Concepts of recovery emphasise the value and uniqueness of each person and regard their different viewpoints and cultural perspectives as a resource. An emphasis on personal recovery focuses on collaboration, partnership working and self-directed care, all of which lead to choice and control for people who use services, their families and other supporters. A recovery approach may therefore be applicable across a wide variety of client groups and connects with many of the ways in which cultures other than European approach health challenges. It is an approach that positively values different cultural understandings and as such can begin to fuse learning from our current UK population that includes European, Eastern and African worldviews to inform services for the 21st century.

This emphasis on recovery is fully consistent with current government policies in health and social care in England and Wales, including the White Paper, *Our health, our care, our say* (DH, 2006a) and the *Commissioning framework for health and wellbeing* (DH, 2007), *Joint guidance on the employment of consultant psychiatrists* (CSIP, 2005) and evidence-based clinical guidelines such as NICE 1 (2006) on schizophrenia and NICE/SCIE 42 (2006) on dementia; it is broadly applicable to people with all long-term conditions (DH, 2005a). Source: A common purpose: Recovery in future mental health services. 2007. Department of Health, Care Services Improvement Partnership (CSIP), Royal College of Psychiatrists (RCPsych), Social Care Institute for Excellence (SCIE).

The mental health commissioning strategy for mental health services does not stipulate the provision of services which are recovery oriented; *and/or* it is the view of people who use services and their carers that local mental health providers do not deliver services that are sufficiently recovery oriented.

The mental health commissioning strategy for mental health services is clear about the principles of recovery and stipulates the provision of services which are recovery oriented; *and*

- recovery principles are embedded within provider recruitment and workforce development plans;
- it is the view of people who use services and their carers that local mental health providers are delivering services that are recovery oriented, although there may be some distance to travel.

The mental health commissioning strategy for mental health services stipulates the provision of services which are recovery oriented; *and*

- recovery principles are embedded within service provider recruitment and workforce development plans;
- it is the view of people who use services and their carers that local mental health providers are delivering services that are recovery oriented;
- outcomes monitoring is in place which includes indicators for attainment of personal goals, choice, self directed support, and social inclusion;
- these outcomes are reviewed routinely within, and inform the local commissioning cycle for primary and secondary mental health services.

8. SOCIAL INCLUSION

Comprehensive guidance on this topic is given in 'Mental Health and Social Exclusion (ODPM, 2004). Local Strategic Partnerships and Local Area Agreements offer the potential to engage the wider community in support of recovery-based service models, and to influence the public's response to mental health issues. Local Strategic Partnerships also emphasise citizenship - and mental health services need to stimulate work to address the specific disadvantage faced by citizens with the most severe mental health problems. Local Delivery Plans should reflect continued investment, and new investment to improve outcomes for people who are socially excluded. For a green rating, there should be substantial evidence of benefits deriving from practical partnerships between mental health services and local non-specialist community, voluntary or private organisations (to promote, for example, social support, leisure or employment opportunities); implementation of the Capabilities for Inclusive Practice (DH 2007), and Vocational Services for People with Severe Mental Health Problems: commissioning Guidance (DH, 2006).

<p>There is no mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded.</p>	<p>There is a mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded. This strategy is reflected in the,</p> <ul style="list-style-type: none"> • Local Delivery Plan • Local Area Agreement 	<p>There is a mental health commissioning strategy for meeting the needs of people who have mental health problems and who are socially excluded. This strategy is reflected in the,</p> <ul style="list-style-type: none"> • Local Delivery Plan • Local Area Agreement • A social inclusion action plan is in place, and is being implemented to deliver this strategy
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9. LEARNING DISABILITIES AND MENTAL HEALTH

'Valuing people' offers important guidance in this field. Additional support can be found in the form of the Green Light Toolkit written by the Foundation for People with Learning Disabilities on behalf of the Valuing People support team, it can be downloaded from: <http://valuingpeople.gov.uk/dynamic/valuingpeople146.jsp?highlight=Mental%20Health>
The government's consultation document, 'Valuing people now: from progress to transformation - a consultation on the next three years of learning disability policy' (DH December 2007) can be downloaded from www.dh.gov.uk/publications/valuingpeople.

<p>There are no joint protocols between mental health and learning disability services to support the commissioning, provision and monitoring of services for people who have learning disabilities and mental health problems. No work is in place to mainstream services for people who have learning disabilities and mental health problems. People who have learning disabilities and mental health problems have difficulty accessing specialist mental health services.</p> <ul style="list-style-type: none"> • they do not receive assessments from the specialist mental health service, routinely; • they are not included in the local Care Programme Approach policy and protocols. 	<p>There are some joint protocols between mental health and learning disability services. Work is in progress to mainstream services for people who have learning disabilities and mental health problems, but it has not been established that people who have learning disabilities and mental health problems receive the standard of care set out in the NSF for Mental Health, 'Valuing People', and the local Care Programme Approach policy and protocols. People who have learning disabilities and mental health problems,</p> <ul style="list-style-type: none"> • do not receive assessments from the specialist mental health service, routinely; • the Care Programme Approach is not initiated, routinely, for people who have learning disabilities and serious mental health problems; • co-working between the local community learning disability teams and specialist mental health services is not achieved, routinely. 	<p>There is effective joint working between mental health and learning disability services. People who have learning disabilities and mental health problems receive the standard of care set out in the NSF for Mental Health and in 'Valuing People', and the local CPA protocol. Robust governance mechanisms are in place. Standards of care have been demonstrated by local audit and reviewed by service commissioners, and this has established that people who have learning disabilities and mental health problems routinely,</p> <ul style="list-style-type: none"> • receive assessments from the specialist mental health service; • receive treatment and care in line with local Care Programme Approach standards; <p>have their care co-ordinated jointly by their Care Co-ordinator in the specialist mental health service and key worker in the community learning disability team.</p>
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10. VOCATIONAL SUPPORT

The Social Exclusion Unit report on Mental Health and Social Exclusion recommends that the Individual Placement and Support approach to vocational rehabilitation is implemented, whilst providing a range of vocational services to meet different needs. Job Centre Plus will have an important role to play in these arrangements.

<p>No services are commissioned to enable people with mental health problems to maintain or return to employment, education, and volunteering.</p>	<p>A limited number of services are commissioned to enable people with mental health problems to maintain or return to employment, education and volunteering. These services do not meet local need. However there is either a commissioning plan or service redesign plan in place to extend these services to meet local need, and it is being implemented.</p>	<p>An effective and sufficient number of high quality services have been commissioned to enable people with mental health problems to maintain or return to employment, education and volunteering. It has been established that these services meet local needs; and service users have been consulted in determining this.</p>
<p>11. DELIVERING RACE EQUALITY</p>		
<p>Question (b): the assessments are intended to apply to all Local Implementation Teams, irregardless of whether a Focused Implementation Site falls within the LIT area. LITs are encouraged to review local Race Action Plans; to review FIS site implementation plans where present; to look for evidence of robust leadership for Delivering Race Equality priorities within mental health provider organisations; to ask for evidence of how providers are effectively engaged with local Black and minority ethnic groups, and to consider what impact this has made.</p> <p>Question (c): the targets on numbers of Community Development Workers are for 100% of amount to be in post by December 2007. Any ratings made for this question should be based on those targets.</p>		
<p>11A: Black and Minority Ethnic People's Services</p>		
<p>There is no evidence that collection of data in accordance with the guidelines in the amended Race Relations (Amendment) Act is being reported to the boards of local Services, and no evidence of a management response to such data. The LIT has not considered this data.</p>	<p>There is evidence that data is being collected in accordance with the guidelines in the Race Relations (Amendment) Act and that it is being used by the boards of local services to construct a baseline assessment. However, the LIT has not considered this data. The data have not informed improvement plans for the commissioning of, and/or provision of services.</p>	<p>Data is collected and reported regularly at board level across local health and social care services. A baseline assessment has been made and an improvement plans have been developed for the commissioning and provision of services. The LIT has considered this data to inform the mental health commissioning strategy and service improvement priorities.</p>
<p>11B: Implementing the policy Delivering Race Equality in Mental Health Care</p>		
<p>Mental health service providers do not have plans in place which will deliver the requirements and principles laid out in Delivering Race Equality in Mental Health Care. No progress has been made in developing such plans.</p>	<p>Some progress has been made by mental health service providers in developing plans in response to Delivering Race Equality in Mental Health Care. Plans for implementing Delivering Race Equality in Mental Health Care are being taken forward, but the mental health commissioner, and/or LIT or other stakeholders are concerned about one or more of the following:</p> <ul style="list-style-type: none"> • the capacity and capability of leadership to progress this work within the provider organizations; • effective engagement with local minority ethnic groups; • the effectiveness and impact of the DRE action plan, and governance of its delivery. 	<p>Plans for implementing Delivering Race Equality in Mental Health Care are being taken forward, and the mental health commissioner and/or LIT or other stakeholders have established that there is,</p> <ul style="list-style-type: none"> • the capacity and capability of leadership to progress this work within the provider organizations; and, • the effective engagement with local minority ethnic groups; and, • the effectiveness and impact of the DRE action plan, and governance of its delivery.

11C: Community Development Workers (Black and minority ethnic communities)		
The target number of CDWs is not in place. Funding has not been secured to recruit to these posts and have the workers in post by 31 March 2008.	100% of the CDW target number has been achieved, and their roles adhere to policy guidance; <i>but</i> funding is not in place to secure the posts for 2008/09.	The WTE target number of Community Development Workers is in place; their roles adhere to policy guidance; <i>and</i> funding has been identified to secure the posts for 2008/09.
12. GOVERNANCE		
For a green rating, all members of the LIT should receive at least summaries of the results of external inspections of all local mental health services and NICE guidance of relevance to mental health services, with access to full reports on request. LIT planning priorities should demonstrate a clear response to the results of these inspections.		
LIT members are not regularly informed by regular monitoring reports about service delivery or unmet need OR they are not regularly informed by the contents and recommendations of key external reports.	LIT members are regularly informed by regular monitoring reports about service delivery or unmet need AND they are regularly informed by the contents and recommendations of key external reports. However little account is taken of this information in planning and delivering services.	The LIT's work and planning are actively informed by regular monitoring reports about service delivery or unmet need and by the contents and recommendations of key external reports.
13. SERVICE USER INVOLVEMENT		
Consideration needs to be given to the range and nature of involvement, the extent to which there are real opportunities to influence services, evidence of actual change in services, and contact with a range of groups and individuals, including both current and former service users. The rating should have the support of service users involved in the LIT.		
Service users consider that they are not meaningfully involved in the planning and monitoring of services. There are no systems in place for meaningfully involving service users in the planning and monitoring of services.	Service users do not consider that they are meaningfully involved in the planning and monitoring of services. There are some systems for meaningfully involving some service users, in the planning and monitoring of services.	Service users consider that they are meaningfully involved in the planning and monitoring of services. There are effective structures and systems for ensuring that a wide network of service users are involved in the planning and monitoring of services.
14. CARER INVOLVEMENT		
Consideration needs to be given to the range and nature of involvement both within the Local Implementation Team and local services, the extent to which there are real opportunities to influence services, evidence of actual change in services, and contact with a range of groups and individuals. The rating should have the support of carers involved in the LIT.		
Carers consider that they are not meaningfully involved in the planning and monitoring of services. There are no systems in place for meaningfully involving service carers in the planning and monitoring of services.	Carers do not consider that they are meaningfully involved in the planning and monitoring of services. There are some systems for meaningfully involving some service users, in the planning and monitoring of services.	Carers consider that they are meaningfully involved in the planning and monitoring of services. There are effective structures and systems for ensuring that a wide network of carers is involved in the planning and monitoring of services.

15. COMMISSIONING FROM THE THIRD SECTOR

The not for profit sector (Third Sector) offers a range of services to complement those provided by statutory services and hence increase the choice available to clients in meeting their assessed needs. Engagement with the Third Sector is likely to ensure a complementary arrangement of services rather than ad hoc provision. Key services are likely to include: housing support; alternative to admission services; resource centres; counseling and psychotherapy services; employment services. Provider development to enable and enhance successful tendering and commissioning from the Third Sector is a key requirement in the local commissioning system. Positive practice would include funding to be made available to release officers within Third Sector organisations to attend meetings and represent the Sector, and/or that activity of involvement is written in to their contracts. Training should be offered by the Statutory Sector to Third Sector organisations to help them understand the procurement process; funding for organisations should be agreed on a 3-5 year contract; and networking arrangements are in place to enable Third Sector organizations to receive updates, and exchange knowledge and positive practice.

Less than 15% of mental health services are commissioned from the Third Sector; *and one or more of the following criteria apply:*

- Third sector agencies are not routinely invited to tender for work;
- the mental health commissioning strategy does not include a plan to increase commissioning of mental health services from Third Sector organizations;
- there is no representation of Third Sector views to influence the mental health commissioning strategy.

15% or more of mental health services are commissioned from the Third Sector, *and two or more of the following criteria apply:*

- Third sector agencies are routinely invited to tender for work.
- the LIT monitors the involvement of Third Sector organizations in the planning and delivery of services.
- the mental health commissioning strategy includes a plan to increase commissioning of mental health services from Third Sector organizations.
- there are informal arrangements in place to include Third Sector views in the development of the mental health commissioning strategy, but these arrangements are not resourced.

More than 15% of mental health services are commissioned from the Third Sector, and the following criteria apply:

- Third sector agencies are routinely invited to tender for work.
- the LIT monitors the involvement of Third Sector organizations in the planning and delivery of services;
- the mental health commissioner ensures that Third Sector organizations are supported and resourced to engage in commissioning;
- the mental health commissioning strategy includes a plan to increase commissioning of mental health services from Third Sector organizations, *and,*
- the principles of the local Compact are actively promoted and safeguarded;

Third Sector provider development is under way; regular liaison takes place with the full range of relevant local Third Sector organizations to ensure that they have equal opportunity to engage with the commissioning process; Third Sector contracts/Service Level Agreements include the scope for flexibility to innovate to respond more effectively and appropriately to meet service user and carer outcomes

16. EMPLOYMENT OF SERVICE USERS

The Department of Health published guidance to NHS employers on the retention and future employment of people who have experienced mental health problems Mental Health and employment in the NHS' publication number 29304. STR (Support, Time, Recovery) workers offer a good opportunity of people with mental health problems, but employers should also be encouraging other routes into employment where appropriate.

There are no schemes available locally to enable or promote the employment of service users within mental health services.	There are some schemes available locally to enable or promote the employment of service users within mental health services, with plans for further development.	There is an adequate range of schemes available locally to enable or promote the employment of service users within mental health services.
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17. SUICIDE PREVENTION

The National Suicide Prevention Strategy for England was published in September 2002, and sets out 6 goals to support the 'PSA' target of reducing the death rate from suicide by at least 20% by 2010. There will need to be evidence of suicide audit taking place; the tool, 'Suicide Audit in PCT localities', 2006, is available from www.eastmidlands.csip.org.uk/suicide_db/index.html. The exact detail of local strategies will vary, but for a green rating these will need to fall within the goals of the national strategy.

17A: Primary Care Trusts

The PCT has no policy and no system in place to audit suicides, and prevent suicides.	The PCT has a suicide prevention policy in place, but no system for measuring its impact and effectiveness.	<p>The PCT has a suicide prevention policy in place, with good systems for measuring its impact and effectiveness, including comprehensive suicide audit. Additionally,</p> <ul style="list-style-type: none"> interagency liaison is in place to review the audit findings and identify improvements to be made; the suicide audit results and action plans are reviewed by the PCT Board, and the Mental Health LIT, routinely.
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17B: Mental health providers

Mental health providers have no policy and no system in place to audit suicides, and to prevent suicides.	Mental health providers have a suicide prevention policy in place, but no system for measuring its impact and effectiveness.	<p>Mental health providers have a suicide prevention policy in place, with good systems for measuring its impact and effectiveness, including comprehensive suicide audit. Additionally, interagency liaison is in place to review the audit findings and identify improvements to be made;</p> <p>the suicide audit results and action plans are reviewed by the Trust Clinical Governance Committee, the Trust Board, and the Mental Health LIT, routinely.</p>
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18. ADVOCACY

The Department of Health-commissioned "Independent specialist advocacy in England and Wales" (University of Durham) offers good practice evidence and examples on this topic. Local judgment will be required as to the adequacy of local arrangements, a significant issue with regard to this is the position of PALS services which for the purposes of this assessment should no be considered as true advocacy services. The rating should have the support of service users involved in the LIT.

Service users' access to independent advocacy is inadequate or ineffective. There are no agreed plans to improve access to advocacy services.	Service Users' access to independent advocacy needs improvement, and there are agreed and funded plans in place to achieve improvements.	Service users' have access to independent advocacy to a level, and in ways which are sufficient for local need.
19. MENTAL HEALTH PROMOTION: Standard One strategy and implementation		
<p>'Making it Happen' (DH 2001) offers comprehensive guidance on the development and implementation of local strategies for mental health promotion. 'Making it Possible Improving Mental Health and Well-being in England' (DH 2005)' provides national guidance on evidence-based priorities. For a green rating, local strategies should be supported by sufficient dedicated resources and leadership to ensure implementation, and satisfy the following criteria; strategies should be,</p> <ul style="list-style-type: none"> Reviewed against and reflect 'Making it Possible' priority areas. This is in line with the local (optional) mental health promotion stock take exercise which localities undertook as part of the annual service mapping exercise (2007); and based on an assessment of local needs to identify key settings and target groups. 		
There is no current, resourced Standard One strategy in place, <i>and/ or</i> mental health promotion does not feature in the local mental health commissioning strategy.	There is a Standard One strategy and action plan in place, but there are insufficient resources and leadership to progress local work to deliver Standard One of the Mental Health NSF.	There is a Standard One strategy and action plan in place, and there are sufficient resources and leadership to progress this work. The strategy and action plan identify joint working and priorities for all ages, reflecting 'Making it Possible' priority areas. There are close working arrangements between the adult and older people's LITs and the CAMHS partnerships. There is an evaluation process in place with clear indicators to measure the impact and effectiveness of the action plan.
20. PERSONALITY DISORDER SERVICES		
<p>The return framework will automatically generate your rating as you identify those elements, which are in place. This indicator measures adequacy of access to personality disorder services, irrespective of location. Services do not have to be located within the geographical boundaries of the LIT to make a green rating possible. If services are very geographically remote, this may however affect local views as to the sufficiency of access.</p>		
<p>There is no locally agreed strategy for the delivery of services to people with personality disorder; <i>and/or</i></p> <ul style="list-style-type: none"> a local assessment of need for PD services has not been undertaken; <i>and/or</i> there is no PD appropriate provision within local mainstream mental health services; <i>and/or</i> there are no local specialist PD services. 	<p>There is some PD appropriate provision within local mainstream mental health services, <i>and</i> local specialist PD services, <i>but</i></p> <ul style="list-style-type: none"> a local assessment of need for PD services has not been undertaken, <i>and/or</i> it has not been established that current service provision meets local needs for PD services. 	<p>A local assessment of need for PD services has been undertaken. There is a locally agreed strategy for the delivery of services to people with personality disorders in place; <i>and</i></p> <ul style="list-style-type: none"> this strategy has been funded and implemented; the strategy includes PD appropriate provision within local mainstream mental health services, <i>and</i> local specialist PD services, <i>and</i> it has been established that current service provision meets local needs for PD services.
21. MENTAL HEALTH ACT 1983 - SECTION 135/136 PLACES OF SAFETY		

The Code of Practice to the Mental Health Act offers guidance on this issue.

Although the LIT has no statutory accountability for this issue, its constituent agencies will need to be cooperating closely to ensure good practice, which includes that Places of Safety are staffed sufficiently to operate. This indicator asks that the LIT be assured that member organisations are carrying out their necessary monitoring arrangements. There is no suggestion that the LIT itself is responsible for monitoring these arrangements.

- There is no written policy which meets the needs of the MH Act Code of Practice regarding Section 135/136, involving all the relevant agencies, commissioners, user and carer organizations.
- There is no reliable means to ensure that there is effective data collection and monitoring within the LIT catchment area to monitor appropriateness and frequency of use of Section 135/136 powers and distribution of places of safety.

- There is a written policy in place for Section 135/136 which complies with the needs of the MH Act Code of Practice.
- There are locally available Places of Safety which can be accessed 24/7.
- Arrangements are established for regular monitoring of appropriateness and frequency of use of the Section 135/136 powers and use of Places of Safety.

- There is a written policy in place for Section 135/136 which meets the needs of the MH Act Code of Practice. The policy is sensitive to the needs of service users who, with carers, are involved in its development and review.
- There are locally available Places of Safety within psychiatric facilities which are accessible 24/7 and sufficiently staffed to allow them to manage people who have disturbed behavior, outside of police custody.
- Compliance with the Code of Practice is demonstrated by regular monitoring within the LIT area to be working well in practice; this is supported by reliable data collection. Practice focuses on minimal reliance on the use of police-based places of safety; adequate distribution of places of safety; prompt assessments; and review in terms of ethnicity, age and gender.

22. MENTAL CAPACITY ACT 2007

Each Local Authority with social services responsibilities was funded in 2006 / 2007 and in 2007 / 08 to set up a Local Implementation Network across health and social care services in the statutory, independent and voluntary sectors across its geographical area. They have been supported in these activities by regional leads in the Care Services Improvement Partnership (CSIP).

All staff should have had an opportunity to attend or receive training, at a level appropriate to their role, as someone working in a paid capacity with people who may lack capacity. Since 1st October 2007, and in some instances before, staff have had a duty of regard to the Code of Practice issued by the Lord Chancellor in April 2007. The Act is now fully in force and services should be preparing for the Deprivation of Liberty Safeguards (amendments to the Mental Capacity Act not yet in force and introduced via the MHA 2007 (see below). The Deprivation of Liberty Safeguards are currently planned to be implemented in October 2008.

Mental health services are not represented on the Mental Capacity Act Local Implementation Network, and only a small number of staff within the local mental health and social care system are aware of their responsibilities in relation to the Act.

Mental health services are actively represented on the Mental Capacity Act Local Implementation Network, but only a small number of staff within the local health and social care system are aware of their responsibilities in relation to the Act and complying with the Code of Practice.

Mental health services are actively represented on the Mental Capacity Act Local Implementation Network, and the majority of staff within the local mental health and social care system are aware of their responsibilities in relation to the Act and complying with the Code of Practice.

23. MENTAL HEALTH ACT 2007

The Mental Health Act 2007 (MHA 2007) lists a number of amendments to 1983 Mental Health Act. Although the LIT has no statutory accountability for this issue, its constituent agencies will need to be cooperating closely to ensure effective implementation of the changes. Plans should identify actions necessary to achieve a timely and effective implementation of the new Act.

For a green rating, local implementation plans should be available and are supported by sufficient dedicated resources and senior leadership (Boards or their equivalents) to ensure successful implementation, and satisfy the following criteria:

- identify the tasks necessary to ensure a timely and effective implementation of the Act
- prioritize and plan for implementation
- allocate accountabilities and introduce reporting arrangements measure progress with implementation.

There is no locally agreed Mental Health Act 2007 (MHA 2007) implementation plan.

There is a Board level lead for the implementation of the Mental Health Act 2007, and an agreed implementation plan has been drafted to outline the requirements that need to be addressed during the implementation of the MHA 2007.

There is a Board level lead for the implementation of the MHA 2007 who is supported by a designated project manager, and there is an implementation plan which has been agreed with local partner organisations and which addresses the.

- workforce implications of the new roles identified by the MHA 2007
- governance arrangements under the MHA 2007
- staff training requirements
- a range of local policies and procedures required under the MHA 2007.
- engagement of service users and carers (including those from BME communities) in local implementation
- provision of information relating to the MHA 2007 to service users, carers
- and nearest relatives.

24. IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

Meeting the NICE Guidelines to improve access to evidence-based psychological interventions is a key delivery objective of the Mental Health Choice Framework, within the White Paper 'Our Health, Our Care, Our Say', and the Public Sector Agreement target 18. Ensuring that strategies are in place, and acted upon, to deliver psychological interventions in line with national policy is an important element in mental health communities' overall goal to provide the most appropriate and effective services. More information can be found at www.mhchoice.csip.org.uk.

<p>There is no strategy in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems.</p>	<p>There is a strategy in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems, in line with national policy. This strategy is based on a local needs assessment, but funding has not been identified sufficient to implement the strategy.</p>	<p>There is a strategy in place to increase access to psychological therapies for people who have mild-to-moderate mental health problems, in line with national policy. This strategy is based on a local needs assessment. Additionally,</p> <ul style="list-style-type: none"> the strategy addresses workforce redesign and development needs, data collection mechanisms for monitoring and evaluation; funding has been identified sufficient to implement this strategy
<p>25. DUAL DIAGNOSIS</p>		
<p>This guidance uses the term dual diagnosis to indicate the co-occurrence of symptoms of two or more disorders, although it is acknowledged that this term .may not sufficiently capture the complex interactions between substance misuse and psychiatric disorders. Dual diagnosis is often referred to as co-morbidity.</p> <p>PCT mental health commissioners should work in partnership with key stakeholders to ensure that the needs of people with dual diagnosis are identified and met, locally. Standards published by the Health Advisory Service (2001), <i>Substance Misuse and Mental Health Co-Morbidity (Dual Diagnosis) Standards for Mental Health Services</i> would apply within a local commissioning strategy.</p> <p>Stakeholder engagement should include, specifically,</p> <ul style="list-style-type: none"> PCT commissioner of local drug and alcohol services, and the associated Drug and Alcohol Action Team; the Mental Health Local Implementation Team; service leads, mental health service and dual diagnosis service providers, and service staff; PCT commissioner of prison health care and prison IDTS and mental health in-reach teams; relevant local authority commissioner(s); representatives of people who use local dual diagnosis services, and people who support them. 		
<p>There is no commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems.</p>	<p>There is a current, funded commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems, <i>but</i></p> <ul style="list-style-type: none"> the strategy has not been developed with key stakeholders; <i>and/or</i> the strategy is not based on a current needs assessment for this group; <i>and/or</i> it has not been established that the services commissioned are sufficient to meet local needs. 	<p>There is a current, funded commissioning strategy in place to respond to the needs of people who have mental health and substance misuse problems, <i>and</i></p> <ul style="list-style-type: none"> the strategy has been developed with key stakeholders; the strategy is based on a current needs assessment for this group; and it has been established that the services commissioned are sufficient to meet local needs.

5.2: Indicator 1: Primary/ Secondary interface *Contributing Elements*

Contributing elements towards rating	Number of LITs and progress levels								
	Of those 'not met' criteria selected as being in place								
AREA	Met	Not Met	An agreed model for primary mental health care	Agreed target groups to receive primary mental health interventions	Agreed and implemented interventions and care pathways	QOF registers (SMI, Depression, Dementia)	Referral agreements (protocols)	Protocols on exchange of information	Systems for delivering specialist mental health services in primary care settings (out-posted clinics, primary mental health care liaison teams, etc)
East Midlands	4	3	2		2	2	1	1	
East of England	3	7	4	5	3	5	4	3	1
London	19	13	6	10	2	12	6	8	4
Yorkshire & Humber	8	6	3	2	4	4	2	2	2
North East	9	3	1	2	1	1	1	1	1
North West	16	9	5	5	4	5	3	2	2
South Central	5	7		2	1	2	2	2	1
South East Coast	2	5	1	1	1	1			
South West	5	9	8	8	4	8	4	3	3
West Midlands	8	8	4	3	3	3	2	2	3

5.3: Method

For the second time, the 2007/08 self assessment was developed as an online tool. Similar to the processes used by the Themed Review. User could log into the website to;

1. *view guidance*
2. *download relevant documents*
3. *request data entry rights*
4. *submit/ edit their responses*
5. *retrieve their data*

6: Returning area's listing

East Midlands	East of England
Nottingham City	South West Essex
Derbyshire County	Peterborough
Northamptonshire	Bedfordshire
Nottinghamshire County and Bassetlaw	Great Yarmouth and Waveney
Lincolnshire	West Essex
Leicester City	Hertfordshire
Leicestershire County and Rutland	Cambridgeshire
	Norfolk
	Suffolk
	Luton
London	Yorkshire and Humber
Bexley	Doncaster
Islington	Rotherham
Croydon	North Yorkshire and York
Hounslow	North Lincolnshire
Barnet	Hull
Southwark	Sheffield
Westminster	Barnsley
Richmond and Twickenham	Leeds
Kingston	Wakefield District
Royal Borough of Kensington	Calderdale
Greenwich	Bradford
Wandsworth	East Yorkshire
Haringey and London Borough of Haringey	North East Lincolnshire
City & Hackney	Kirklees
Sutton	
Merton	
Havering	
Bromley	
Barking and Dagenham	
Ealing	
Lewisham	
Redbridge	
Lambeth	
Hillingdon	
Newham	
Hammersmith and Fulham	
Tower Hamlets	
Brent	
Enfield	
Camden	
Waltham Forest	
Harrow	

North East	North West
Newcastle North Tyneside Northumberland Darlington Middlesbrough North Tees County Durham Harlepool South Tyneside Gateshead Redcar and Cleveland Sunderland	Manchester East Lancs Stockport Warrington Bolton Blackpool Oldham Knowsley Rochdale Central Lancashire Sefton Central and Eastern Cheshire Wirral Bury Western Cheshire Blackburn with Darwen Cumbria Liverpool Tameside and Glossop Salford Ashton, Leigh and Wigan Halton North Lancs Trafford Halton & St Helens
South Central	South East Coast
Portsmouth City West Hampshire Milton Keynes Berkshire East IOW Hampshire PCT South East North Hampshire North East Hampshire Berkshire West Oxfordshire Southampton City Buckinghamshire	West Sussex East Sussex Medway Eastern & Coastal Kent West Kent Surrey Brighton & Hove City
South West	West Midlands
Somerset Bristol Swindon South Gloucestershire Cornwall & Isles of Scilly Dorset North Somerset Wiltshire Devon and Torbay Poole Bournemouth Gloucestershire Plymouth Bath and North East Somerset	Shropshire Worcestershire Solihull Walsall Wolverhampton Sandwell Stoke on Trent Herefordshire Dudley Telford & Wrekin Coventry Staffordshire Warwickshire Heart of Birmingham South Birmingham Birmingham East and North

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