



# A tale of inner cities

A decade of achievement in mental health services



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# The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers. We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

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# Introduction

Traditionally, the provision of NHS mental health services was regarded by many as a 'Cinderella' story. However, in one respect, these services ran far ahead of their counterparts in acute healthcare – mental health services established a forum through which to provide mutual support and a means of discussing issues of common concern in the delivery of mental healthcare. This self-help organisation had its origin in 1995, and what follows is a summary of the work of the organisation (and its subsequent manifestations) to the point where it was decided to become formally incorporated within the NHS Confederation.

## 1995 to 1996

The first chair of what was then known as the **Inner Cities Initiative Group** (hereinafter referred to as 'the Group') was Chris Heginbotham, chief executive of the then Riverside Mental Health NHS Trust.

The origins of the Group were rooted in a survey by Nick Bosanquet (Professor of Health Policy, Imperial College) which he conducted among a number of mental health chief executives in the mid-1990s. At that stage the service was moving towards care in the community, perhaps somewhat spasmodically through individual projects rather than a smooth, orderly transition. Nonetheless, this was accompanied by an increase in community services, a reduction in admissions and an increase in assertive outreach services.

In those early days, the focus of the Group had been seeking to apply the internal market to mental health services. Their first meeting in London in late 1995 had involved a number of chief executives of the principal mental health providers in England. Not all of these were from specialist mental health trusts.

Any initial scepticism, which there might have been with regard to the need for such a group, was rapidly overtaken when the value of peer group support was recognised – chief executives were not alone in dealing with difficult issues affecting the provision of mental health services.

An important early product of the Group was the publication in 1996 of a document entitled *Inner city mental health care – a guarantee of care*. The document outlined the key policy changes necessary for the mental healthcare system, particularly in inner cities. This was produced before the emergence of the National Service Framework for Mental Health and it is believed, to some extent, that this guarantee of care influenced the subsequent framework and indeed proposed some of the service changes that were to be included in it. The guarantee of care was envisaged as operating in the different key dimensions, some medical and some social, where care and support were required. It proposed targeting effective therapy and support during the critical phase of illness. It would also provide support and rehabilitation and continuing care through an integrated programme.

The document concluded that the incidence of severe mental illness in the inner cities was high. Those who contributed to the document believed a new strategy was needed to provide care, support and treatment for people with schizophrenia and other severe mental illnesses.

It was felt the solution was to pilot community-focused systems of care in six or seven key areas. This would be the core of an inner cities initiative in mental healthcare and would offer a care guarantee to all those with severe mental illness. It was estimated that pump-priming funds in the order of £50 million over three years would be needed to enable the changes to be effected.

Those who contributed to the guarantee of care and hence became the originating members of the Group were:

- Eric Byers (Bethlem and Maudsley NHS Trust)
- Peter Clarke (Mental Health Services of Salford NHS Trust)
- Richard Groves (North Manchester Healthcare NHS Trust)
- Christopher Heginbotham (Riverside Mental Health NHS Trust)
- Andrew Jackman (South Birmingham Mental Health NHS Trust)

## 'A new strategy was needed to provide care, support and treatment for people with schizophrenia and other severe mental illnesses'

- Lionel Joyce (Newcastle City Health NHS Trust)
- John Mahoney (North Birmingham Mental Health NHS Trust)
- Erville Millar (West Lambeth Community Care NHS Trust)
- John Oldham (Leeds Community and Mental Health Services NHS Trust)
- Hilary Peplar (North Mersey Community NHS Trust)
- Peter Reading (Lewisham and Guy's Mental Health NHS Trust)
- Sandy Taylor (Bradford Community Health NHS Trust)
- Fiona Wise (Enfield Community Care NHS Trust).

That the Group is still in existence, albeit under a different name and within a different organisation, some 14 years after its first meeting, only serves to emphasise that it clearly fulfils an important need.

## 1996 to 1998

As chief executive of the then Lewisham and Guy's Mental Health NHS Trust, Peter Reading became chair of the Group in 1996.

At that time there was considerable emphasis within the Group on networking between member trusts on issues of common concern in the care of people with mental health problems. It seemed to be one of the most important areas of work for the Group.

The Group was successful in obtaining a special allocation of money from the NHS Executive to develop a second stage of their benchmarking work designed to improve standards of primary and secondary mental healthcare for member trusts. The Group pioneered what was, at that time, a

completely new way of assessing the performance of trusts in delivering mental healthcare – through the use of key performance indicators.

The second stage of this work was designed to test those indicators to make sure that they were relevant to the care of people and were robust in use. At the time, the Group believed that these new indicators would provide a technique with widespread application within the health service for promoting improvements in caring for people with mental health problems. Successive performance assessment frameworks tended to bear testimony to that.

The foundations for the Group's annual conference were laid in April 1996 and January 1997 when two national conferences were staged on examining good practice in inner city trusts, and reviewing the first stage of the benchmarking work. In 1997, the framework was also set for sub-groups to undertake one-off pieces of work. Three areas which were reviewed were: the delivery of primary care services for people with mental health problems; service improvements for people from ethnic minorities; and a review of arrangements for people who were suffering from the consequences of unemployment.

The subsequent format of the Group's annual conference was set in June 1998 when approximately 120 people attended a two-day event in Essex on the theme 'Inner city mental



health and the new NHS'. Support for this conference and subsequent activities of the Group was provided by Janssen-Cilag Limited.

That conference coincided with Peter Reading relinquishing the chair of the Group, following his appointment as chief executive of University College London Hospitals NHS Trust from 1 July 1998. At the time that he left the Group, its membership had risen from the original 13 trusts to 27 (including a trust in Scotland).

## 1998 to 2000

Peter Reading was succeeded as chair of the Group in July 1998 by Peter Clarke, who was chief executive of the then Mental Health Services of Salford NHS Trust.

One of the earliest initiatives during this period was the formal submission of comments from the Group to the Department of Health's external reference group who were charged with formulating the new National Service Framework for Mental Health. It is interesting now to reflect on some of the comments made at that time, for example, the importance of involving service users, who had a unique contribution to make; the importance of a multi-agency framework; and the importance of joined-up government on issues such as housing benefits.

The success of the Group's benchmarking work (undertaken on its behalf by the Manchester-based

consultancy, Mental Health Strategies) in setting indicators for adult mental health services prompted the Group to extend this 'visible service improvement' initiative to cover child and adolescent mental health services, and mental health services for older people.

Also resulting from this benchmarking work on adult services was the publication of a best practice directory which contained approximately 100 examples of good practice in the provision of adult mental health services.

With regard to process issues, the main meetings of the Group settled into a pattern of having educational/presentational sessions along with undertaking the routine business items which needed to be addressed. Also, in 1999, the Group's training and development group stimulated the establishment of the Ward Managers Development Programme, designed to improve the leadership and management skills of ward managers. Initially this focused on acute mental health services, but later extended into other branches of mental healthcare. This continued to be, and still remains, one of the flagship enterprises established by the Group.

The Ward Managers Development Programme is not a 'first steps' programme, but one which addresses and takes forward personal and professional development. Led by directors of nursing from member trusts, with professional facilitation

to an agreed extent, the learning outcomes are dependent upon individual ward managers' needs. The directors of nursing also offer mentoring, support, career guidance and role development.

In strengthening the confidence and capabilities of ward managers, the programme looks at management skills and abilities, leadership skills and abilities, and the power of influence and communication. The programme also extends the understanding of the ward managers as individuals, their impact on others, team working and managing a team.

In April 1999, the Group commented in considerable detail on the Government's Mental Health Strategy and in June of that year held its annual conference in Leeds on the theme 'Mental health in the new millennium'.

It was at that annual conference that the decision was taken to change the name of the Group to the **Inner Cities Mental Health Group (ICMHG)**, a name which reflected its role more precisely.

This was accompanied by the establishment of a steering group to manage the ICMHG's main business. At that time, the first links were also developed with the then newly established Rural Mental Health Services Group (RMHSG). Steve Shrubbs (at that time chief executive of the then Northumberland Mental Health NHS Trust) was instrumental in setting up

## 'The ICMHG prompted a new approach to key performance indicators – with an emphasis on user and carer views and outcomes'

the RMHSG. Other initiatives were: a series of workshops on clinical governance issues; implementing the National Service Framework; and the National Service Framework and both primary care and the workforce. Peter Clarke's period of office as chair of the Group came to an end at the annual conference in May 2000, held in Birmingham on the theme 'Mental health and social inclusion'.

## 2000 to 2002

Peter Clarke was succeeded as chair of the ICMHG by Con Egan, chief executive of the Bradford District Care Trust. During his period as chair, there was an extension in the number of members – by 2002 there were 30 trusts in membership.

It was during this period that the ICMHG saw the move towards developing stronger and more formal relationships with the RMHSG. This was best exemplified by an over-arching approach being taken to the coordination of business which was common to both groups. The ICMHG's best value group and training and development group



both became joint ventures with the RMHSG, and this was supported by the establishment of a joint finance group serving both organisations. A formal joint meeting with the RMHSG took place in June 2000 to address the issue of primary care trusts and their implications for mental health.

The ICMHG undertook a review of the concept of financial benchmarking, and prompted a new approach to key performance indicators – with an emphasis on user and carer views and outcomes, rather than simply processes and procedures.

The RMHSG's participation in the Ward Managers Development Programme took place along with the development of a special conference for ward managers in 2001, which became and remained an integral part of that and subsequent years' annual conferences. One of the ICMHG's other pieces of work – looking at safe services in mental healthcare in inner city areas – was a workshop topic at the annual conference in 2001 held in Newcastle on the theme 'Leading change in mental health services'.

Workshops were held to maximise the involvement of service users, as was a special one-day conference on the housing needs of people with mental health problems. This was preceded by the publication of a report which contained constructive proposals for a partnership for addressing this important issue. The influence of the ICMHG extended to being

formally invited into membership of the Department of Health's working groups, and also being accepted as a stakeholder for commenting on National Institute for Health and Clinical Excellence (NICE) guidelines for mental health services. Connections with the centre, both for the ICMHG and the RMHSG, were strengthened through meetings of member chief executives with the chief executive of the National Institute of Mental Health in England.

Con Egan's period of office concluded in May 2002 at the ICMHG's annual conference in London on the theme 'Making a difference'.

The work of the ICMHG was tinged with great sadness towards the end of 2001 by the untimely death of



Kate Smyth. Kate had been an energetic chair of the training and development group, especially in relation to initiating and sustaining the Ward Managers Development Programme. She was a vigorous supporter of the work of the ICMHG as a whole, and her contribution to their activities was greatly missed.

## 2002 to 2003

In May 2002, Andrew Butters, chief executive of the Manchester Mental Health and Social Care Trust, succeeded Con Egan as chair of the ICMHG.

The new chair felt it important to continue to build upon the initiatives which allowed the ICMHG to influence the Department of Health on mental health service issues and to develop alliances with other organisations. The ICMHG established a specialist clinical panel which formulated comments on NICE guidelines for both the ICMHG and the RMHSG. A pilot study was put in place to consider a new generation of key performance indicators for adult mental health services. Two specialist groups were established – mental health services for older people, and child and adolescent mental health services – both joint between the ICMHG and the RMHSG.

In 2003, a third cohort of the Ward Managers Development Programme was established in the Midlands to accompany those for the north and south which had been in place since the inception of the programme.

## 'From 1 October 2003, the National Mental Health Partnership was established with a total of 59 member trusts'

Developing links with the Department of Health enabled the ICMHG to comment on issues such as performance measures and franchising, and links were strengthened with the Commission for Health Improvement through representation on its body looking at performance measures for future years. During this period links were also established with the Royal College of Psychiatrists.

Along with the RMHSG, the London Mental Health Chief Executives Group, and National Institute of Mental Health in England, the ICMHG was closely involved in a 'Mainstreaming mental health' event for chief executives in June 2003, designed to strengthen the mental health community. Arising from that was the development of a work programme with the National Institute of Mental Health in England to address the key issues emanating from the event. The relationship established with the RMHSG continued to be developed during this period, to the point where, from 1 October 2003, a new single group – the **National Mental Health Partnership** (hereinafter referred to as 'the Partnership') – was established with a total of 59 member trusts.

## 2003 to 2005

From 1 October 2003, Maggie Cork, chief executive of the then Leicestershire Partnership NHS Trust, became the inaugural chair of the Partnership. Erville Millar, then chief executive of the Camden and Islington Mental Health NHS Trust (and more latterly chief executive of the Kent and Medway Partnership NHS Trust) was also elected vice-chair of the Partnership, to succeed Maggie Cork at the end of her period of office.

The first formal meeting of the Partnership was held on 14 January 2004 when a number of procedural matters were addressed including the adoption of a constitution. The meeting also looked at financial pressures on the delivery of mental health services – which was to become a recurring issue for the Partnership.

The first Partnership annual conference was held in May 2004 in York on the theme 'Beyond the national service frameworks'. Perhaps reflecting the growing influence of the Partnership, Ms Rosie Winterton MP – the then Minister of State for Health – gave the keynote address at the conference.

The early work of the Partnership saw the establishment of a working group to help mental health trusts achieve foundation status; this may well have contributed to the 'qualification rate' of mental health trusts applying for foundation

status being better than that for acute trusts. A joint working group with the Royal College of Psychiatrists was also established. Links were developed with the Association of Directors of Social Services and also with the International Initiative for Mental Health Leadership. Particular issues addressed by the Partnership were the National Black and Minority Ethnic Mental Health Initiative and Delivering Racial Equality, along with the Mental Health Act Commission Internal Review and the Black and Minority Mental Health National Census.

Early in 2005, the Partnership heard the outcome of the Rural Mental Health Research Programme, which had been set in train by the former RMHSG, and also about the development of a mental health choice initiative. It was also at this time that an initial report was submitted on discussions initiated by the NHS Confederation on the proposal that there be a more formal alignment between it and the Partnership.

In the spring of 2005, a series of discussions began on developing a strategic focus for the Partnership. Reflecting an increasing influence on national affairs, the Partnership considered revised guidance on the recruitment of psychiatrists and delivering the National Service Framework in Acute Inpatient Care. The Partnership also formalised its service user involvement by engaging with the Mental After-Care Association (MACA), soon to be

renamed Together, to reflect service user initiatives. Appreciation was expressed at that time to Angie and Tony Russell from Breakthrough for their work undertaken with the Partnership, the ICMHG and the RMHSG in reflecting service user involvement in the work of those organisations.

At the end of May 2005, Maggie Cork relinquished the chair of the Partnership and was succeeded by Erville Millar. She was able to give her valedictory address at the annual conference, held later than normal in September in Warrington on the theme 'Choosing: including: recovering and well-being – the new mental health agenda'.

The Partnership's work continued that year in looking at new guidance on independent investigations into mental health and resolving mental health complaints. It also gave consideration to the issue of payment by results in mental health, another matter which was to consume much of the Partnership's time in subsequent years.

In June 2005, a significant piece of work from the mental health services for older people sub-group was published – *Commissioning and developing mental health services for older people: a briefing paper for policy makers, commissioners and service providers*. This document was not only well received within the Partnership but was also widely distributed throughout the country where it was equally well appreciated. Indeed, the document's publication was supplemented by a one-day learning event on 23 June 2005 in Birmingham which was extremely well attended.

This pattern of learning events was also adopted by the child and adolescent mental health services sub-group, initiating an annual event for representatives from those member organisations who were child and adolescent mental health service providers.



## 2006 to 2007

At the start of 2006, ongoing discussions were led by Erville Millar with the NHS Confederation about closer alignment, along with further consideration of the overall financial position in mental health.

What would prove to be the last annual conference of the Partnership was held in May 2006 in Bristol on the theme 'Delivering the care we champion'. The Partnership was very privileged when the Rt Hon Patricia Hewitt MP, the then Secretary of State for Health, opened the conference and gave the keynote address.

In July that year it was agreed that a formal consultation should be undertaken on the proposal that the Partnership become incorporated within the NHS Confederation. The last meeting of 2006 looked at future commissioning arrangements for mental health and related services, and the Audit Commission report on funding in mental health services. The

**'With effect from 1 April 2007, the Partnership was dissolved and became incorporated within the NHS Confederation as the Mental Health Network'**

January 2007 meeting noted that a requisite number of the then 55 member organisations had voted in favour of the Partnership becoming incorporated within the NHS Confederation. With effect from 1 April 2007, the Partnership was therefore dissolved and became incorporated within the NHS Confederation as the Mental Health Network, with its inaugural director being Steve Shrubbs (formerly director of the Care Services Improvement Partnership North East, Yorkshire and Humber, and also the first chair of the RMHSG).

# Summary of principal achievements

The principal achievements of the Inner Cities Initiative Group and its subsequent manifestations can be summarised as follows:

- establishing a forum to provide mutual support and means of discussing issues of common concern
- publishing *Inner city mental health care – a guarantee of care*, which set a template for mental healthcare policy and acted as a forerunner to the National Service Framework for Mental Health
- initiating the innovative benchmarking process and developing the concept of key performance indicators and visible service improvement for adult mental health services, child and adolescent mental health services, and mental health services for older people, leading to an emphasis on user and carer views and outcomes rather than simply processes and procedures
- increasing links with the Department of Health to the point where the Group's contribution was positively sought
- publishing a best practice directory with over 100 examples of good practice in providing adult mental health services
- establishing the Ward Managers Development Programme and the associated conference linked to the main annual conference of the organisation
- increasing links with the National Institute of Mental Health in England, strengthened by regular meetings of member chief executives with the chief executive of that institute
- the 'mainstreaming of mental health' designed to strengthen the mental health community through meetings of member chief executives with the chief executive of the NHS

- developing links with the Royal College of Psychiatrists, Association of Directors of Social Services, and the International Initiative for Mental Health Leadership in order to broaden the areas of influence of the organisation
- ensuring that the voice of the organisation was increasingly being heard and valued on the overall financial position in mental health and on payment by results in particular.

However, perhaps two of its major achievements were somewhat intangible:

- The direction of the organisation and its programme of work was member-led and driven. This was the case at main meetings of the organisation, through the establishment of special interest sub-groups and topic-related workshops

such as those on the housing needs of people with mental health problems, and the briefing paper and conference on commissioning mental health services for older people.

- This member-led focus resulted in the creation of a strong fellowship among all those who participated in the work... and its members had fun working together!

Finally, Erville Millar (an inaugural member of the Group and chair of the Partnership at the time of its dissolution) has said:

“It was a great personal support network for many mental health trust chief executives and senior colleagues. Our roles and leadership challenges can be quite lonely and isolated positions at times, and the organisation was a supportive entity through the commonality of our purpose.”

# Acknowledgements

Throughout the above period, the work of these organisations was led principally by the various chairs identified in this report. The organisations were greatly indebted to them for their leadership and appreciation is also expressed to others named in the text who contributed to the work of the organisations. Although they are not named, there is also implicit appreciation to those who chaired the various groups and sub-groups to which reference is made. In addition to all those above, there are a number of other people who made significant contributions, and their work is formally and gratefully acknowledged below.

**Sue Silk**, the then head of public affairs at Janssen-Cilag Limited, who over a period of more than ten years contributed significantly to the work of the Group, the ICMHG, the RMHSG and the Partnership. Indeed, it was her stimulus which prompted the establishment of the RMHSG. She was also instrumental in enabling the work of those organisations to be supported financially by an unconditional educational grant from Janssen-Cilag Limited.

**Nick Bosanquet**, Professor of Health Policy, Imperial College, was the catalyst for the inception of the Group and became the ‘father of the house’ in his work in continued support of the Group, the ICMHG and the Partnership. This is instanced particularly by the report which he produced on social housing and the conference which he also led on this matter.

**Hilary McCallion** and **Noreen Young** (directors of nursing at the South London and Maudsley NHS Foundation Trust and South West Yorkshire Mental Health NHS Trust, respectively) who have led the Ward Managers Development Programme cohorts. Also, **Christine Dyson** and **Anna Meechan**, both from the South London and Maudsley NHS Foundation Trust, who were participants in the first Ward Managers Development Programme and who contributed to subsequent ward managers conferences by advising on content and approach.

The development consultants – **John Way** for the Group and the ICMHG and **Terry Teal** for the RMHSG – who provided the administrative support for those organisations and who then worked in tandem to support the Partnership up to the point of its incorporation as the Mental Health Network within the NHS Confederation.

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“It was a great personal support network for many mental health trust chief executives and senior colleagues. Our roles and leadership challenges can be quite lonely and isolated positions at times, and the organisation was a supportive entity through the commonality of our purpose.”

*Erville Millar*



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