

**The Third Sector Providing Mainstream
Mental Health Services
Leeds, Thursday 2nd November
“Delivering the Social Exclusion Agenda”
[1991 words]**

[Introduction]

I am delighted to be here with you today, and to have the opportunity to attend this conference as part of a day-long visit to Leeds. It's a pleasure to be here to mark the 25th anniversary of Community Links. And it is a good place to reflect on the achievements and the challenges that face us all in tackling social exclusion.

Leeds is a diverse and vibrant city, which has benefited enormously from the prosperity we have shared over the last decade. And yet also a place where there remains a small but concentrated group of citizens who struggle to access the opportunities which the rest of us take for granted; those for whom often multiple problems create an insuperable barrier to participation in society.

[Background]

As I say, our overall success in tackling exclusion since 1997 serves to highlight the plight of this particularly challenging group. Employment is higher than ever; a million pensioners have been lifted out of poverty; crime has fallen substantially. And yet we know that there are around 1 in 40 people who remain on the margins of our communities, and who are not being helped by the same traditional services, delivered in the same old way.

As all of you here know, a major proportion of this acutely challenging group suffer from poor mental health. It is a serious problem which is becoming more and more acute. One in six of us now experiences mental health problems of some sort in the course of a year – ranging from phobias, depression or anxiety, right through to more serious psychoses.

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So the imperative to provide meaningful support to those with mental health problems – and to those responsible for their care - is growing stronger and stronger. It is an example of one of the greatest delivery challenges we are encountering – how to involve a whole variety of partners, including the Third Sector, in designing services outside the boundaries of the traditional welfare state.

[Why this matters]

This challenge matters enormously – and for more than one reason.

It matters because – to state the obvious - poor mental health causes human misery. And because as you all know this extends far beyond the individual sufferers themselves – to the families and friends who may often struggle to support their loved ones adequately. It is an example of how social exclusion extends beyond income inequality. It affects health, educational attainment, access to services, and life chances too.

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It matters because of the shocking waste of human potential which goes with poor mental health. Mental illness all too often prevents full participation in everyday life, with many sufferers experiencing physical ill-health too. And it has a knock-on effect on our economy which we can ill afford – whereas 90% of those with long term mental health problems want to work, less than a quarter of them actually do so.

And it matters because as an issue, mental ill-health informs and cuts across so much of our social policy – with a close and complex relationship to other interventions we design and deliver. As the practitioners here will be fully aware, many of those with poor mental health will be negotiating the system in at least other one other respect; be it because of unemployment, homelessness – almost three quarters of the young homeless have mental health problems - substance abuse, or involvement in the criminal justice system.

It is an enormous challenge. But the successful provision of mainstream mental health services will undoubtedly take us a long way in terms of more effective delivery of our other key services.

[How do we solve the delivery challenge?]

For all these reasons it is of the utmost concern to Government that we act decisively to help those experiencing mental health problems. There is a powerful social imperative as well as a strong economic case to invest in this area. So the question is how – in a climate when there are inevitable constraints on what can be spent – how best to do this, and with the whose involvement.

[Investment so far]

We have already invested substantially in mental health provision. The National Service Framework for Mental Health, launched in 1999, set out a 10-year plan for improving mental health services for working age adults. It is this that underpins many of the improvements we have seen in mental health services:

- In the three years to 2005/6, NHS and local authority planned expenditure on mental health services has increased in real terms by 25%, to £4.9 billion.

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- We have seen the introduction of over 250 ‘assertive outreach teams’ which support over 19000 particularly hard to reach people in the community, with crisis and home treatment teams supporting those who would otherwise have been admitted to hospital;
- And the Supporting People programme has helped 1 million vulnerable people to live independently in the community – many of them experiencing mental health problems.

But as we all know there is very much further to go. We know that if we simply provide more services on the same lines as before, we will continue to fail a small but substantial core of our fellow citizens. We need to find and develop:

- New ways of reaching out to those whom we are still failing;
- New methods of delivery;
- And new partners to involve.

This, of course, is where the Third Sector comes in.

[Third Sector involvement]

The creation of opportunities for involving the Third Sector in the delivery of quality, personalised public services is at the heart of our overall strategy for public service reform.

Our Public Services Action Plan – to be published by the Office of the Third Sector later this month – will focus on how we can effectively transform public services in partnership with Third Sector organisations.

Of course, we recognise that many of these organisations are already connected closely with public services – and not only as contractors, but as consultants and campaigners too.

And so we believe that there are four distinct ways in which the Third Sector can contribute to public services:

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- Through direct delivery – and I should stress that we realise full well that while some Third Sector groups will be keen to explore this, others will not;
- Through innovating with new ways to meet users' individual needs;
- Through helping statutory bodies design services and commission for them;
- And by giving a voice to the service users themselves.

I know that the Third Sector has great potential to contribute to the delivery of mental health services on all of these fronts. It is an absolutely key area where an approach which is:

- Personalised
- Non-bureaucratic
- And which gives our customers real choice;

is critical.

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And we know that at its most successful, it is in these respects that Third Sector involvement can make the greatest contribution. Of course, there are examples where this is already happening very successfully – such as the Revolving Doors project in London, which offers support in accessing services to people with mental health problems who have been arrested or imprisoned.

We know from projects like this that the Third Sector can excel at reaching out to and communicating with the sections of our communities which Government often struggles to reach. We know that where they do take on service delivery, Third Sector organisations can effectively work with and across other agencies, providing an empathetic, holistic point of contact for the individuals involved. As we have seen, the often complex and sensitive nature of the problems facing those with poor mental health means the need for this personalised way of working is particularly urgent.

[But not just delivery]

But as my colleague Ruth Kelly made clear last week when she published the White Paper on Local Government, we fully recognise that the contribution of the Third Sector here is about far more than just direct delivery. It is about giving a voice to communities; creating positive public spaces; offering volunteering opportunities; and campaigning, as well.

Where Third Sector organisations are interested in opportunities for direct service delivery, Government's role in this is to create a genuinely level playing field. And we are doing this by removing practical barriers in the commissioning and procurement processes which might previously have hindered the full participation of the Third Sector. This includes a new duty on local authorities to ensure the participation of the Third Sector in decision-making where appropriate – and also an expectation that the funding of grants, which we know are particularly important to smaller community organisations, will be on a three yearly basis.

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We want the Third Sector to be able to operate on an equal basis with the public and private sectors: this, I believe, is the key to partnership and to Third Sector organisations being able to choose their relationship to public services.

[Challenges to the Third Sector]

There are of course challenges to the Third Sector here.

And they are to:

- Develop this relationship in order to find innovative new ways to provide services to the public. Nowhere is this more urgent than when reaching out to groups who may not have been historically well-catered for by the state; or those who have been put off contact with the state through fear, or mistrust, or previous bad experiences. And naturally, this includes those experiencing poor mental health.
- Work with public sector colleagues to diffuse innovation and good practice across sector boundaries, so that the quality of services on offer is improved across the board.

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- And to act as an effective and supportive facilitator for the various local public bodies – such as Job Centre Plus, the Learning and Skills Council, and local authorities – to ensure they work together to meet the service needs of this particular group.

[Key issue]

The key issue – and my question to you today – is this.

How can Third Sector organisations grow strong and build up their capacity while remaining independent, innovative and closely focussed on the needs of those they want to help? It is the retention and development of these two important roles in Third Sector involvement which must be the end-game here.

We already know that the functions of service delivery and of voice are by no means mutually exclusive. The important work of the Royal National Institutes for the Blind and Deaf as both campaigning institutions and providers of services is an excellent example of this.

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When it comes to serving those with mental health problems, the test will be for the Third Sector to build up its capacity to support and deliver, while maintaining and strengthening its characteristic abilities to advocate, to challenge and to empathise.

[Conclusion]

In conclusion, there is no doubt that effective provision for those with mental health problems is one of our toughest challenges. It is an area on which the state cannot and should not be passive or complacent: as Minister for Social Exclusion I feel strongly that the way in which we support this and other socially excluded groups should be one of the key tests of our success as a Government.

And to me it is equally beyond doubt that we will only see real improvements in the services we can provide through close and committed relationships with partners across the sectors, creating an energy which can help us harness and develop innovative new ways forward.

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The contribution of the Third Sector will be absolutely central to this. And so I urge you to rise to this challenge: let's work together to ensure that the excellent support which is currently on offer to some of those with poor mental health in some places, becomes the norm; that together we take this opportunity to put this quality, personalised support at the very heart of what Government can offer to this very important group.

[ENDS]