

No Health Without Mental Health: implementation framework

Key points

- In February 2011 the Government published *No Health Without Mental Health*, its strategy for mental health in England.
- The strategy set out six objectives for improving mental health and wellbeing.
- The Mental Health Network has been working with the Department of Health and other partners to develop an implementation framework for the strategy.
- The implementation framework recommends evidence-based actions for the NHS, other public services and employers.
- The framework details how success will be measured and how future work on outcomes indicators will be taken forward nationally.

In February 2011 the Government published *No Health Without Mental Health*, its cross-government, all-age strategy for mental health in England.¹ The NHS Confederation's Mental Health Network (MHN), on behalf of its members, was heavily involved in the development of the strategy. We welcomed the vision it set out to improve outcomes for mental health service users and promote positive mental health and wellbeing amongst the whole population. Delivering the improvements the strategy aims for will be a key test of the Government's wider reform programme.

The implementation framework has been developed jointly by the Department of Health, the MHN, Mind, Rethink Mental Illness, Turning Point and the Centre for Mental Health. The framework has three central aims. Firstly, it sets out how progress will be monitored through outcomes, and how the range of outcome measures currently available will be built upon in future. Secondly, and most importantly, it makes a series of recommendations for local and regional organisations to take forward. Thirdly, it details a series of national commitments to support implementation.

This *Briefing* provides an overview of the framework, focusing on those areas that are most relevant to providers of NHS mental health services.

Background

Changes set out in the Health and Social Care Act marked out new parameters within which implementation of No Health Without Mental Health could

be taken forward. For the Department of Health, important levers to help drive improvement include the mandate to the NHS Commissioning Board and the new NHS, public health and adult social care outcomes frameworks.

For the NHS, the role of the NHS Commissioning Board in driving forward implementation will be critical, particularly as the Board comes to consider how it will construct the Commissioning Outcomes Framework, and in its role as a commissioner of NHS services. The Board's endorsement of the framework is therefore particularly welcome. Similarly, with changes to public health services currently underway, the endorsement of Public Health England is valuable.

In common with the original strategy, the implementation framework is wide ranging in scope and makes recommendations for a wide range of public services beyond the NHS. These include schools, local government, social services and the criminal justice system.

Measuring outcomes

The implementation framework sets out how work on a national mental health dashboard will be taken forward. The NHS, public health and adult social care outcomes frameworks all currently contain measures with specific relevance to mental health. However, there are significant gaps in terms of measurement – most notably, outcomes related to recovery and indicators relating to children and young people. Furthermore, measures contained within the various outcomes frameworks (and other national datasets) are collected and published in different places.

The mental health dashboard will map the most relevant measures from the three outcomes frameworks, and elsewhere, against the objectives of the strategy. The Department of

'We expect our organisations to be judged by the contributions they make to realising this framework's ambition'

Joint foreword to the implementation framework by Sir David Nicholson (NHS Chief Executive and Chief Executive Designate, NHS Commissioning Board) and Duncan Selbie (Chief Executive Designate, Public Health England)

Health will publish a national mental health dashboard this autumn. Measures currently being considered are set out in the table on page 3.

Recommendations for the NHS

Providers of mental health services

The implementation framework recommends that mental health services focus on improving equality, in terms of access to services and outcomes from care. Providers may want to consider how they currently measure service activity and outcomes aggregated by Equality Act characteristics. Providers can also extend this to other vulnerable groups known to experience particular mental health problems, such as homeless people and people from certain Black and Minority Ethnic (BME) communities.

Improving experience for service users and carers is key. The framework recommends that providers ensure they implement NICE's quality standard on service user experience in adult mental health² and the You're Welcome standards for young people.³ Providers will also want to consider how they record and monitor patient reported outcome measures and how this supports continuous service improvement.

Related to the above, the framework focuses on service

user engagement, pointing to initiatives such as Star Wards.⁴ The importance of establishing protocols for sharing information with carers is highlighted, including working with primary care to determine how best to act on information regarding potential crisis.⁵

For safety, the importance of strengthening clinical practice, risk management and continuity of care are all crucial. Manchester University's *Twelve points to a safer service*⁶ is a valuable tool.

Innovative use of information has the power to transform mental health services. There is real potential for mental health services to make better use of technology, in providing self care and peer support online.

The importance of orientating services around recovery is important. Services need to provide support and access to appropriate advice on housing, benefits and debt issues. Providers will also want to consider how they deliver evidence-based employment support, training and education. The Implementing Recovery Through Organisational Change (ImROC) programme, run by the MHN and the Centre for Mental Health, is a source of advice and good practice in this area.⁷ Enabling choice of treatment and medication based on available evidence, and enabling service users to exercise choice in care planning (including

Measures being considered for the first mental health dashboard

1. More people have better mental health	2. More people will recover	3. Better physical health
<ul style="list-style-type: none"> • Self-reported wellbeing (PHOF) • Rate of access to NHS mental health services per 100,000 population (MHMDS) • Number of detained patients (MHMDS) • Ethnicity of detained patients (MHMDS) • First-time entrants into youth justice system (PHOF) • School readiness (PHOF) • Emotional wellbeing of looked after children (PHOF, Placeholder) • Child development at 2–2.5 years (PHOF, Placeholder) • IAPT: access rate (IAPT Programme) 	<ul style="list-style-type: none"> • Employment of people with mental illness (NHSOF) • People with mental illness or disability in settled accommodation (PHOF) • The proportion of people who use services who have control over their daily life (ASCOF) • IAPT recovery rate (IAPT Programme) 	<ul style="list-style-type: none"> • Excess under-75 mortality rate in adults with severe mental illness (NHSOF & PHOF, Placeholder)
4. Positive experience of care and support	5. Fewer people suffer avoidable harm	6. Fewer people experience stigma and discrimination
<ul style="list-style-type: none"> • Patient experience of community mental health services (NHSOF) • Overall satisfaction of people who use services with their care and support (ASCOF) • The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) • Proportion of people feeling supported to manage their condition (NHSOF) • Indicator to be derived from a children’s patient experience questionnaire (NHSOF, Placeholder) 	<ul style="list-style-type: none"> • Safety incidents reported (NHSOF) • Safety incidents involving severe harm or death (NHSOF) • Hospital admissions as a result of self harm (PHOF) • Suicide (PHOF) • Absence without leave of detained patients (MHMDS) 	<ul style="list-style-type: none"> • National Attitudes to Mental Health Survey (Time to Change) • Press cuttings and broadcast media analysis of stigma (Time to Change) • National Viewpoint Survey – discrimination experienced by people with mental health problems (Time to Change)
<p>Key</p> <p>ASCOF – Adult Social Care Outcomes Framework IAPT – Improving Access to Psychological Therapies MHMDS – Mental Health Minimum Dataset NHSOF – NHS Outcomes Framework PHOF – Public Health Outcomes Framework</p>		

The implementation framework makes recommendations for the following organisations

- Clinical commissioning groups (CCGs) and primary care trust (PCT) clusters
- Providers of mental health services
- Providers of acute and community health services
- Primary care providers
- Local authorities
- Health and wellbeing boards
- Social services
- Commissioners and providers of public health services
- Health overview and scrutiny committees
- Local Healthwatch
- Community groups
- Schools and colleges
- Employment support (Jobcentre Plus, work programme providers)
- Employers
- Criminal justice agencies
- Housing organisations

joint planning with service users, including crisis and safety planning) are also highlighted.

Improving the physical health and wellbeing of people with mental health problems is a key objective of *No Health Without Mental Health* and is central to the implementation framework. Initiatives can focus on smoking cessation, weight management and tackling drug and alcohol misuse.

Mental health providers have developed innovative services aimed at improving the mental health of people with long-term physical conditions and medically unexplained symptoms. The savings to the NHS that can be made through increased use of liaison psychiatry services, talking therapies for people with long-term conditions and services for people with medically unexplained symptoms, are all highlighted.

On stigma, providers can inspire a culture where discrimination has no place and stigma is actively challenged. Many providers have already signed up to Time to Change to show their commitment to tackling mental health stigma.

Commissioners of mental health services

Improving the commissioning of mental health services will form a vital element of the work of clinical commissioning groups (CCGs) and the NHS Commissioning Board.

The framework recommends that CCGs and primary care trust (PCT) clusters appoint a mental health lead at senior level. CCGs may also wish to establish a sub-committee which includes mental health professionals.

Commissioners will want to assure themselves that they are assessing the mental health needs

of their whole population and commissioning the right services for them, including for seldom-heard groups. This includes people not registered with a GP and those less likely to access mainstream services, such as homeless people.

The framework cites a number of sources of specialist support and guidance for mental health commissioning, including NICE quality standards and guidance produced by the Joint Commissioning Panel for Mental Health. It also recommends drawing on specialist expertise, including mental health networks where they are established.

A number of areas are specified where more effective commissioning could improve outcomes and experience, including improving transitions and ensuring focus on early intervention is maintained.

The framework stresses the need for commissioning to support greater choice in mental health, including choice of treatment. The framework recommends that the full range of NICE-approved therapies are commissioned and that service users have a greater choice of providers through the use of Any Qualified Provider.

Commissioners should commission innovative service models to help improve the mental health of people with long-term physical conditions and medically unexplained symptoms. Examples include liaison psychiatry services, talking therapies for people with long-term conditions and services for people with medically unexplained symptoms.

Providers of acute and community health services

Services should ensure that clinical and other staff are able to spot the signs of mental ill health. Ensuring staff in A&E services are equipped to respond to mental health needs is particularly important.

Acute services are encouraged to develop liaison psychiatry services where they do not already exist. Services such as the RAID (Rapid Assessment Interface and Discharge) service have been shown to save money for the NHS by reducing hospital admissions and lengths of stay.⁸ At least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing.⁹ A significant proportion of this cost could be saved by better management of the mental health of people with long-term conditions. Collaborative care arrangements outside hospital can also improve people's ability to manage their own health and offer a cost-effective way of joining up mental and physical healthcare for people with long-term conditions.¹⁰

Services are also encouraged to support local work to prevent suicide and manage self-harm.

Primary care providers

The framework makes a number of recommendations for primary care providers. These include improving access to support services, including peer support and befriending organisations. Primary care providers can improve the identification of people at risk of developing mental health problems and provide appropriate early interventions. Providers can also ensure people with mental health problems are able to exercise choice – particularly in terms of treatment options.

The identification and treatment of co-morbid physical and mental illness is of critical importance. This includes providing targeted mental health interventions for people with long-term physical conditions (such as coronary heart disease and diabetes) as well as action to improve the physical health of people with mental health problems.

Primary care providers can consider how to increase access for groups with known vulnerability to mental health problems and those who are under-represented in primary care mental health services, including homeless people. Providers may also want to consider arranging appropriate training for their workforce in relation to mental health.

Developing good practice in care planning (including crisis care planning) for people with mental health problems is also highlighted in the framework, including improving transitions between primary and secondary care.

Wider recommendations

Reflecting the original scope of *No Health Without Mental Health*, the framework sets out recommendations for a broad range of organisations and public bodies.

For **health and wellbeing boards**, the framework stresses the need for robust Joint Strategic Needs Assessment and ensuring mental health needs are properly assessed. Boards may consider appointing a named board member as lead for mental health. Boards are ideally placed to bring together local partnerships and encourage joint commissioning between health and health-related services (including criminal justice, drug and alcohol

agencies). Overview and scrutiny committees and local Healthwatch both have an important scrutiny function. Healthwatch will want to ensure that people who use mental health services, their families and carers, are recruited as part of their membership. Local community groups and user-led organisations can also play an important role feeding into needs assessments.

Social services will want to work alongside CCGs to remodel existing support to focus on early intervention, service integration, personalisation and recovery. By better joining up health, social care and housing support we can improve mental health outcomes. Older people, either living in their own homes or in residential care, are especially vulnerable to mental health problems. Social services have a critical role in ensuring the mental health needs of older people are identified and acted upon.

Children's services will want to work alongside CCGs, schools and wider children's services to focus on early intervention and integrated support. The importance of improving emotional support for children on the edge of care, looked after and adopted children is also highlighted.

The framework recommends that **public health services** develop a clear plan for public mental health. This could incorporate the three-tier approach to improving public mental health: universal interventions to build resilience and promote wellbeing for all ages; targeted prevention and early intervention for people at risk of mental health problems, for example older people living in social isolation; and early intervention with children, young people and families. Ensuring health improvement efforts consider the specific physical

'The draft mandate recognises the importance of putting mental health on a par with physical health'

health needs of people with mental health problems can also help deliver improved public health outcomes.

Good **schools and colleges** support children and young people's wellbeing and understand the link between mental health and educational outcomes. They can provide access to targeted, evidence-based interventions for children and young people who have, or are at risk of developing, emotional and behavioural problems, alongside universal mental health promotion approaches. Tackling bullying, which puts children and young people at significant risk of developing mental health problems, is key.

In order to have the best chance of recovery, it is important that people with mental health difficulties are sufficiently catered for within the Work Programme, Work Choice and Access to Work schemes. Effective management of mental health in the workplace can also bring about significant savings for employers. The framework makes a series of recommendations for employers around how to support the mental health of employees in the workplace, including to consider joining the Mindful Employer scheme and signing up to the Time to Change campaign.

No Health Without Mental Health emphasised the importance of ensuring offenders (including young offenders) have the same access to mental health services as the rest of the population. **The Crown**

Prosecution Service can ensure they are aware of the options available to enable treatment for offenders, including the use of cautions with conditions attached to attend an appointment with mental health services. **Courts** can also ensure they are aware of the options available to them, including to divert offenders with mental health problems from custody, where appropriate.

National support for implementation

Government support

The mandate to the NHS Commissioning Board will set out the Government's objectives for the Board. A consultation on the first mandate, which will apply from April 2013 to March 2015, is currently underway. The draft mandate explicitly recognises the importance of putting mental health on a par with physical health.

The Department of Health will publish a suicide prevention strategy later this year. The forthcoming children and young people's health outcomes strategy will identify the health outcomes that matter most to children, young people and their families. In addition, the Office for Disability Issues is developing a new cross-government disability strategy. The Government will support the Parliamentary passage of the Mental Health (Discrimination) (No. 2) Bill, which aims to repeal four discriminatory pieces of legislation.

Access to Work will be marketed so that under-represented groups, such as those with mental health problems, are better able to participate. Teachers and others working with children and young people will have access to training

on mental health awareness through a new e-learning package.

The National Diversion Programme is to roll out liaison and diversion services for mentally ill offenders by 2014. A liaison and diversion network has been set up, currently comprised of 94 adult and youth pathfinder sites, alongside up to ten police forces. The MHN is part of the collaborative that will run the liaison and diversion network.

The NHS Commissioning Board

The NHS Commissioning Board will be committed to improving outcomes in mental health and will play a central role in supporting implementation of the strategy. Mental health will be one of eight key commissioning areas that will be used as themes to assess applications for CCG authorisation. Applicant CCGs will need to show that they have sufficient planned capacity and capability to commission improved outcomes in mental health.

The NHS Commissioning Board will hold CCGs to account for the outcomes they achieve through the Commissioning Outcomes Framework. The Board will publish the final indicator set in autumn 2012.

The NHS Commissioning Board commits to meet the objectives of the mandate as they relate to mental health. The Board will ensure it receives high-quality advice in relation to mental health. It is currently developing a mechanism to allow it to draw on views and expertise from across the mental health sector. It will ensure that people who use mental health services, their families and carers, can play a full role in its involvement work.

Recommendations for housing commissioners and providers

Housing organisations can:

- Help ensure housing is included in health needs assessments to inform commissioning plans.
- Identify tenants with risk factors for mental ill health and ensure access to appropriate prevention and early intervention services.
- Work with NHS organisations to provide integrated support for people with mental health problems, so improving outcomes and reducing overall costs.
- Ensure staff and contractors receive appropriate, evidence-based mental health awareness training.
- Ensure debt and rent arrears collection processes are sensitive to people with a range of needs.

Public Health England

Public Health England will integrate mental health and wellbeing throughout all of its key functions and approaches. In setting its programme of work, Public Health England will consider how it will contribute to meet the mental health and wellbeing requirements of the Public Health Outcomes Framework, and improve the collection and integration of data on wellbeing, mental health, mental illness, suicide and self-harm. Public Health England will consider how it will support local work to assess mental health and wellbeing needs. It will also consider how best to build capacity and capability across the wider and specialist public health workforce.

Public Health England will support work on suicide prevention, as one of the key public health challenges in improving mental health and wellbeing.

Other national commitments

The framework contains a series of commitments from the Care Quality Commission, Monitor, the Royal College of Psychiatrists, the Royal College of GPs, Health Education England, the Royal Society for Public Health, the Faculty of Public Health and the National Institute for Health and Clinical Excellence. The framework also includes commitments from members of the reference group who developed the content of the implementation framework, including the MHN.

Mental Health Network viewpoint

The Government's reform programme has meant major changes not only for the structure of the NHS, but also in terms of how the NHS implements future government policy. Delivering the improvements that *No Health Without Mental Health* aims for will be a key test of the Government's wider reform programme.

We hope the implementation framework is a useful starting point for commissioners and providers of NHS services, and other bodies, in terms of deciding how best they can improve the mental health and wellbeing of their local populations. The commitment from the Department of Health to publish a national mental health dashboard is a positive step and we look forward to working with them closely on this important piece of work. We particularly welcome the support and endorsement of the NHS Commissioning Board and Public Health England.

Developing the framework has been a positive example of co-production between the Department of Health and the mental health sector, which we hope is replicated again in future.

For more information on the issues covered in this *Briefing*, contact Rebecca Cotton at rebecca.cotton@nhsconfed.org

Implementation Framework Working Group

The Implementation framework has been co-produced by the Centre for Mental Health, the Department of Health, the Mental Health Network, Mind, Rethink Mental Illness and Turning Point.

References

1. HM Government (February 2011), *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*.
2. National Institute for Health and Clinical Excellence (January 2012), *Quality standard for service user experience in adult mental health*. Available at: www.nice.org.uk/guidance/qualitystandards/service-user-experience-in-adult-mental-health/index.jsp
3. Department of Health (2007) *You're Welcome quality criteria: making health services young people friendly*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586
4. More information about Star Wards can be found at: www.starwards.org.uk
5. Service Delivery and Organisation Programme (2006), *Sharing mental health information with carers: pointers to good practice for service providers*. Available at: www.netscc.ac.uk/hedr/files/project/SDO_BP_08-1309-054_V01.pdf
6. More information about twelve points to a safer service can be found at: <http://www.medicine.manchester.ac.uk/cmhr/centreforsuicideprevention/nci/saferservices>
7. More information about the Implementing Recovery through Organisational Change (ImROC) programme can be found at www.nhsconfed.org/imroc
8. Mental Health Network (2011), *With money in mind: the benefits of liaison psychiatry*. Available at: www.nhsconfed.org/Publications/briefings/Pages/With-money-in-mind.aspx
9. King's Fund and Centre for Mental Health (February 2012), *Long-term conditions and mental health: the cost of comorbidities*. Available at: www.centreformentalhealth.org.uk/pdfs/cost_of_comorbidities.pdf
10. Mental Health Network (April 2012), *Investing in emotional and psychological wellbeing for patients with long term conditions*. Available at: www.nhsconfed.org/Publications/reports/Pages/InvestinginEmotionalandPsychologicalWellbeingLongTermPatients.aspx

Mental Health Network

The NHS Confederation's Mental Health Network (MHN) is the voice for mental health and learning disability service providers to the NHS in England. It represents providers from across the statutory, for-profit and voluntary sectors.

The MHN works with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of its members and to influence policy on their behalf.

Further copies or alternative formats can be requested from:

Tel 0870 444 5841 Email publications@nhsconfed.org
or visit www.nhsconfed.org/publications

© The NHS Confederation 2012. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered Charity no: 1090329

BRI024701

NHS CONFEDERATION

The NHS Confederation
29 Bressenden Place London SW1E 5DD
Tel 020 7074 3200 Fax 0844 744 4319
Email enquiries@nhsconfed.org
www.nhsconfed.org