



# No health without mental health: implementation framework

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Mental Health  
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Mental Health Network  
NHS CONFEDERATION



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<b>Circulation List</b>	
<b>Description</b>	The Framework sets out what a range of local organisations can do to implement No Health Without Mental Health, and improve mental health outcomes in their area. It also outlines what work is underway nationally to support this, and how progress will be measured.
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<b>Superseded Docs</b>	NA
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<b>For Recipient's Use</b>	

# No health without mental health: implementation framework

This framework has been developed jointly by the Department of Health, the NHS Confederation's Mental Health Network, Mind, Rethink Mental Illness, Turning Point and Centre for Mental Health. They have been assisted by a range of organisations, including members of the Ministerial Advisory Group on the mental health strategy. The framework also takes into account a wide range of views, from interested individuals and organisations, including mental health professionals, people who use mental health services, their families and carers.

The Framework is endorsed by members of the Implementation Framework Reference Group, which has overseen the Framework's production:



Royal College of  
General Practitioner



# Foreword by the Minister of State and the Framework Working Group

Mental health is everyone's business. As **No Health Without Mental Health** states, 'good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.' At any one time, roughly one in six of us is experiencing a mental health problem. While that is a staggering figure in itself, we are also faced with the fact that mental health problems are estimated to cost the economy an eye-watering £105 billion per year.

Thus, the priority that Government has given to mental health in its **draft Mandate to the NHS Commissioning Board** is to be warmly welcomed. By making mental health an explicit objective in the mandate, Government is sending a clear signal to all those who care about mental health.

If we are to improve people's mental health and wellbeing, everyone needs to play their part. The way public services are commissioned, designed and delivered is changing fundamentally. In the NHS, new structures are emerging which signify a fundamental shift towards a locally-led system, with local organisations having the power and autonomy to improve outcomes in their areas, alongside an increased accountability to their populations. This parallels a wider shift in public services, towards greater local autonomy and decision-making, and holding organisations to account for the outcomes they achieve for people, rather than the mere processes of getting there.

That is why this framework focuses on action at local level. It is because organisations working at a local level, with support from Government and national organisations, will act as catalysts for change in their communities. It is local leaders who can take action to ensure a range of services work together to promote wellbeing, to tackle the causes of mental ill health, and to act quickly and effectively when people seek the support they need to make their lives better. This framework is designed to influence the full range of organisations whose work has an impact on people's mental health and wellbeing. It sets out what those organisations can do, and in some cases are already doing, to bring about change and help improve the nation's mental health and wellbeing.

We have worked closely together to produce this framework. We have also worked with a wide variety of organisations and individuals, including the local organisations to whom the framework is primarily addressed and, most importantly, the people who use mental health services, their families and carers.

We are committed to doing all we can to advance this work. We see this approach as the shape of things to come – working together to improve mental health outcomes for all.



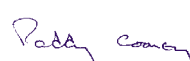
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## Foreword by Sir David Nicholson and Duncan Selbie

The reform of the health and care system provides a significant opportunity to improve people's mental health and wellbeing. It is an opportunity we are determined to take as the new organisations and systems take shape.

We are committed to improving the mental health and wellbeing of the whole population, and the life chances of people with mental health conditions. We are determined to ensure mental health has equal priority with physical health, a principle enshrined in the Health and Social Care Act 2012.

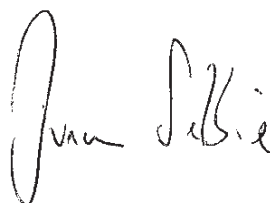
As the NHS Commissioning Board and Public Health England come into being, we will ensure that improving mental health and wellbeing is integral to all of the key functions and approaches in both organisations, and that we provide clear leadership in ensuring equal priority for mental health.

The implementation challenge and the actions suggested in this framework now need to be taken up fully and enthusiastically across the NHS, the new public health system, and the public, private and voluntary organisations that all have a unique role to play in improving people's mental health.

We will play our part in ensuring that the ambitions for mental health across the country are taken forward in partnership. We expect our organisations to be judged by the contributions they make to realising this framework's ambition.



**Sir David Nicholson**  
NHS Chief Executive  
Chief Executive Designate,  
NHS Commissioning Board



**Duncan Selbie**  
Chief Executive Designate  
Public Health England

# Introduction

***No health without mental health, a cross-government mental health outcomes strategy for people of all ages*** (“the strategy”) was launched by the Deputy Prime Minister, Nick Clegg, in February 2011. The Strategy sets a clear and compelling vision for improving mental health and wellbeing in England.

This implementation framework (“the framework”) embraces the vision of *No health without mental health* and takes it to the next level: translating the ideals into concrete actions that can be taken by a wide range of local organisations to bring about real and measurable improvements in mental health and wellbeing for people across the country.

We know that that improving mental health and wellbeing is not something government can do alone. Achieving our shared vision to put mental health on a par with physical health means ensuring people can access the support and treatment they need, but it also means doing more to tackle stigma and improve attitudes to mental health across the whole of society – including local services, businesses and communities.

That is why a wide range of partners has worked together to produce a framework that really works for organisations on the ground. This framework includes not only clear, practical ideas for how different organisations can make the vision a reality, but also real-life examples of how some organisations are already making a difference in practice – all grounded in evidence of what really works. The framework focuses on improving outcomes, quality and value for money, and making sure that people who use mental health services, their families and carers, are fully involved in all parts of mental health services, contributing to the goal of “no decision about me, without me”. Some of the suggestions may seem simple, but sometimes simple changes have the biggest potential to improve people’s lives.

We are already seeing improvements in some areas of mental health. The Improving Access to Psychological Therapies (IAPT) programme has greatly increased the availability of NICE recommended psychological treatment for depression and anxiety. We know that the therapies used in this groundbreaking programme work – so much so that already over 40 per cent of people receiving treatment recover from mental illness and we are well on course to seeing recovery for as many as half the people entering the programme. This represents a potentially massive social and economic return for individuals, families and society.

But it is not just those delivering IAPT. It is also the dedicated mental health professionals working in hospitals and communities across the country who use their skills and expertise to improve the lives of people who seek help and drive improvements in all types of mental health service with energy and passion. And of course the charities, users of services and their families and carers who play a vital and integral role in driving up quality, increasing understanding and combating stigma and discrimination.

And there is much more we can do before we have the best possible mental health outcomes for everyone. This framework shows how the reformed health and care system, with its shift to local responsibility, local leadership and local decision-making, can make best use of its powers to deliver the vision of improved mental health and wellbeing. It also shows how improvements

in mental health and wellbeing can contribute to achieving broader ambitions and obligations<sup>1</sup> to improve outcomes across health and social care, as described in the Outcomes Frameworks for the NHS, Public Health and Adult Social Care.

The framework covers the same range of services as the strategy, and uses the same definitions. It is for people of all ages – children and young people and older people, as well as working age adults. It underlines the importance of providing equal access to age appropriate services for everyone. It applies to the full range of services, from public mental health and prevention through to suicide prevention, forensic mental health services, services for people with personality disorders, severe and enduring mental illness, people with learning disabilities and people detained under the Mental Health Act or subject to the Mental Capacity Act.

The framework complements other programmes, including the **Prime Minister’s Challenge on Dementia** and the programme of **support for women with postnatal depression**. It will also support the suicide prevention strategy, due to be launched in September this year. In demonstrating the importance of mental health outcomes, it parallels and supports the Government’s draft Mandate to the NHS Commissioning Board, which explicitly recognises the importance of putting mental health on a par with physical health. There will also shortly be a companion document, showing how service users, carers, and the public can turn the ideals of the strategy into reality.

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<sup>1</sup> This includes the range of organisational powers and duties set out in legislation, including the Health and Social Care Act 2012. For NHS organisations, it also includes the duties and obligations set out in the **NHS Constitution**.

# How to use the framework

The framework is in four parts:

- **Part one** sets out what changes are needed to turn the strategy's vision into reality.
- **Part two** sets out how progress in implementing the strategy will be measured and reported.
- **Part three** sets out what local organisations – both individually and collectively – can do to implement the strategy.
- **Part four** sets out how local action will be aided by Government and other national organisations.

The sections of the framework are modular. They can be read together, to build up a picture of local implementation, and of what the future health and care system will mean for mental health. Or they can be read separately, as standalone guides to what each organisation can contribute.



# Part 1: Translating the Vision into Reality

## A Vision for Change:

*No Health Without Mental Health* sets out a clear and compelling vision, centred around six objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

## What has been achieved so far, and what needs to happen now?

### Some Examples:

- Government is investing over £400million to increase access to NICE-Approved Psychological Therapies. This includes giving patients a choice of therapies through the Any Qualified Provider (AQP) programme. We are also extending the Improving Access to Psychological Therapies (IAPT) programme to provide therapies for children and young people and people with severe mental illness.

*We now need to go further, ensuring a choice of NICE approved therapies are commissioned and provided in all areas of the country, and that they are accessible to all, including older people and people from BME communities.*

- Government and the NHS Commissioning Board Authority are working to drive improvements in the quality of mental health services. Work is already underway to move towards a payment system for providers which is based around the needs of people accessing services, and quality and outcomes indicators will be embedded into this new approach. NHS providers who meet Quality Standards will be paid more than those who fall short.

*We now need to go further, ensuring providers assess and improve their services in line with relevant standards – including in relation to user experience and involvement as well as clinical outcomes. Commissioners should ensure they use the levers available to them to drive improvements in service quality.*

- The NHS Equality Delivery System will help NHS services address the needs of people with mental health problems as an equality (disability) issue, and will ensure that the mental health needs of Equality Act protected characteristic groups are understood and addressed. Government has also introduced, for the first time, a duty on the NHS to reduce health inequalities. This includes inequalities in mental health access and outcomes.

*We now need to go further ensuring all organisations meet their equality and inequality obligations in relation to mental health, and that they ensure equality of access and outcomes for groups with particular mental health needs, which include many of the most vulnerable in society.*

- Government will provide a picture of overall progress in implementing the strategy and improving mental health outcomes for all by bringing together relevant measures into a mental health dashboard.

*We now need to go further, ensuring local organisations' information on local mental health needs are properly identified, made available and considered as part of Joint Strategic Needs Assessments (JSNAs), and that, if appropriate, these needs are reflected in Joint Health and Wellbeing Strategies (JHWSs) and commissioning plans. This will need the input, and co-operation of a wide range of organisations with an interest in mental health, including those outside the health and care system.*

- We will ensure that the new NHS commissioning system delivers for mental health. Aspiring Clinical commissioning groups (CCGs) are required to demonstrate that they have sufficient planned capacity and capability to commission for improved outcomes in mental health, as part of the CCG authorisation process carried out by the NHS Commissioning Board.

*We will then need to go further. To do this CCGs, once authorised, may wish to continuously improve their mental health commissioning capability, and the quality of the mental health services they are commissioning. This framework sets out actions which can contribute to this.*

- We will put mental health and wellbeing at the heart of the new public health system. Public Health England will integrate mental health throughout its key functions and approaches.

*We now need to go further. Local Public Health services need to develop clear plans for public mental health, to ensure they integrate mental health and wellbeing into all aspects of their work, and to provide local leadership in supporting better mental health for all.*

## Going Further - Translating the Vision into Reality:

The strategy aims to bring about significant and tangible improvements in people's lives. Achieving this change, for everyone, across the country and in the most effective way, will mean that:

### 1. Mental health has 'parity of esteem' with physical health within the health and care system<sup>2</sup>

- The draft Mandate proposes that the NHS Commissioning Board develops a collaborative programme of action to achieve the ambition that mental health should be on a par with physical health.
- Local planning and priority-setting reflects mental health need across the full range of services, agencies and initiatives.
- National policy integrates mental health from the start, and takes into account how physical and mental health are interconnected.
- Mental health and wellbeing is integral to the work of CCGs, health and wellbeing boards and other new local organisations.
- Mental health and wellbeing is integral to the work of the NHS Commissioning Board, Public Health England and other new national organisations.

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<sup>2</sup> Section 1 of the Health and Social Care Act 2012 emphasises the importance of mental health alongside physical health.

## **2. People with mental health problems, their families and carers, are involved in all aspects of service design and delivery**

- People are fully involved in planning, priority-setting and commissioning.
- Providers work with people to assess and improve their experience of care, and involve them in the design and delivery of services.
- Services offer the greatest possible choice and control over treatment and care options, and treat people in the least restrictive possible environment.

## **3. Public services improve equality and tackle inequality**

- Services actively promote equality and are accessible, acceptable, and culturally appropriate to all.
- Public Bodies meet their obligations under the Equality Act 2010<sup>3</sup>.
- NHS bodies meet their duties regarding reducing health inequalities under the Health and Social Care Act 2012.
- Services consider the particular needs of the most vulnerable groups<sup>4</sup>.

## **4. More people have access to evidence-based treatments**

- People have access to Psychological Therapies, including children and young people, older people, people from BME communities, people with long term physical health conditions, people with severe mental illness and people with medically unexplained symptoms.
- Providers monitor outcomes, and adjust and improve services accordingly.
- Research into mental health problems is promoted, and academic career pathways are strengthened.

## **5. The new public health system includes mental health from day one**

- The Public Health Outcomes Framework (PHOF) includes mental health measures.
- Local public health services deliver clear plans for mental health.
- Universal health services and campaigns include mental health and wellbeing.
- All organisations recognise the value of promoting good mental health.

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3 A key principle throughout this framework is the recognition of, and provision for, groups protected by the Equality Act 2010. These groups are defined by the characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation

4 In addition to the groups defined by protected characteristics, groups with particular mental health needs include homeless people (including single homeless people and rough sleepers as well as the statutory homeless), offenders, certain BME groups, veterans, looked after children and young people, transgender people, gypsies and travellers, vulnerable migrants, victims of violence (including domestic and sexual violence), people approaching the end of life, bereaved people, people with dual diagnosis or complex needs, people with learning disabilities, people with personality disorders and people detained under the Mental Health Act.

## 6. Public services intervene early

- Children and their parents receive evidence-based mental health promotion from birth.
- Schools and colleges promote good mental health for all children and young people, alongside targeted support for those at risk of mental health problems.
- Public services recognise people, of all ages, at risk of mental health problems, and take appropriate, timely action, including using innovative service models.
- Health services intervene in the early stages of psychosis or crisis, to stop more serious problems developing.

## 7. Public services work together around people's needs and aspirations

- People receive faster, higher-quality care when they are in crisis.
- Health and care services focus on recovery, rehabilitation and personalisation.
- All services are underpinned by humanity, dignity and respect.
- Public services recognise the wider determinants of mental health and wellbeing<sup>5</sup>, including how these differ for specific groups, and address them accordingly.

## 8. Health services tackle smoking, obesity and co-morbidity for people with mental health problems

- Local public health campaigns target people with mental health problems.
- Services address mental health service users' physical health problems.
- Services tackle co-morbidity of physical and mental health problems, and support those with a dual diagnosis of mental health problems and substance misuse, to improve outcomes and reduce costs.
- Mental health is mainstreamed into core public health priorities.

## 9. People with mental health problems have a better experience of employment

- Employers promote mentally healthy workplaces for all, and tackle the causes of mental ill health at work.
- Employment support organisations use effective approaches to help people with mental health problems to find and keep work.
- Services work together to support people with mental health problems to maintain, or return to, employment.

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<sup>5</sup> Including employment, housing, poverty, education, school truancy, pollution, or crime.

## 10. We tackle the stigma and discrimination faced by people with mental health problems

- Frontline workers, across the full range of services, are trained to understand mental health and the principles of recovery.
- More individuals and organisations join the Time to Change campaign.
- All organisations challenge poor reporting, and praise good reporting, of mental health issues in the media.

The remaining sections of the framework set out how these priorities can be achieved.

## Part 2: Measuring Progress: How will we know we are making a difference?

Measuring and reporting on progress in implementing the strategy – knowing whether we are making a difference – will be vital not only in holding services to account, but also to guide future efforts and actions.

### Measuring outcomes – the strategy and the three Outcomes Frameworks

The Strategy's objectives are consistent with the indicators from the three Outcomes Frameworks (for the **NHS**, **Public Health** and **Adult Social Care**). Each will help to deliver the other.

The Outcomes Frameworks contain measures with specific relevance to mental health. They also contain more general measures, applying to all areas of health and care. Given the high level of mental health need, improving mental health and wellbeing will make a vital contribution to achieving these general measures.

Implementing the strategy, and improving mental health outcomes, will therefore make a significant contribution towards health and care organisations' overall objectives. For example:

- *Self-reported wellbeing*, an indicator from the PHOF, can be improved by ensuring that more people have good mental health (Outcome 1), and that more people with mental health problems will recover (Outcome 2). It will also be assisted by ensuring a better experience of care (Outcome 4) and by reducing stigma and discrimination (Outcome 6)
- *Reducing excess under 21 mortality in adults with severe mental illness*, an indicator from the NHS Outcomes Framework (NHS OF) and the PHOF, can be met by improving physical health for people with mental health problems (Objective 3). It will also be assisted by reducing avoidable harm (Objective 5), including reducing suicide.
- *Increasing the proportion of people who use services who say those services have made them feel safe and secure*, an indicator from the Adult Social Care Outcomes Framework (ASCOF), will, for people with mental health needs, only be delivered by ensuring a positive experience of care and support (Objective 4). It will also be assisted by reducing avoidable harm (Objective 5), reducing stigma and discrimination (Objective 6) and helping people to recover (Objective 2).

### A national mental health dashboard

The Outcomes Frameworks provide NHS, social care and public health organisations with powerful incentives to work towards implementing the strategy, and to do so together. However, these measures apply to different organisations and will be collected and published in different places. Furthermore, many of the most important factors which contribute to mental health and wellbeing lie outside the health and care system.

To provide a picture of overall progress towards implementing the strategy, the Department of Health will publish a national mental health dashboard. This will bring together the most relevant measures from the three Outcomes Frameworks and elsewhere, and map them against the aims of the strategy. It will provide a high-level, concise and easy-to-understand view of mental health outcomes, and therefore of progress in implementing the strategy as a whole.

By drawing only on the best measures currently available, the dashboard will build a picture of progress without burdening organisations with additional data collection requirements. The dashboard does not involve or create any new performance management requirements or wider duties. By using only existing data we are also ensuring that the dashboard is consistent with measurement and performance management systems from which the measurements are taken, including the three Outcomes Frameworks.

It will be possible to disaggregate some of these measures by relevant equality characteristics. This will allow us to track progress in implementing the strategy for specific groups, and therefore to show progress in relation to equality in mental health.

The measures used in the first dashboard are yet to be confirmed. Measures currently being considered include:

<b>(i) More people have better mental health</b>	<b>(ii) More people will recover</b>	<b>(iii) Better physical health</b>
Self-reported wellbeing (PHOF) Rate of access to NHS mental health services by 100,000 population (MHMDS) <sup>6</sup> 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)	Employment of people with mental illness (NHS OF) 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)	Excess under 75 mortality rate in adults with severe mental illness (NHS OF & PHOF, Placeholder)



<b>(iv) Positive experience of care and support</b>	<b>(v) Fewer people suffer avoidable harm</b>	<b>(vi) Fewer people experience stigma and discrimination</b>
<p>Patient experience of community mental health services (NHS OF)</p> <p>Overall satisfaction of people who use services with their care and support (ASCOF)</p> <p>The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF)</p> <p>Proportion of people feeling supported to manage their condition (NHS OF)</p> <p>Indicator to be derived from a Children's Patient Experience Questionnaire (NHS OF, Placeholder)</p>	<p>Safety incidents reported. (NHS OF)</p> <p>Safety incidents involving severe harm or death (NHS OF)</p> <p>Hospital admissions as a result of self harm (PHOF)</p> <p>Suicide (PHOF)</p> <p>Absence without leave of detained patients (MHMDS)</p>	<p>National Attitudes to Mental Health survey (Time to Change)</p> <p>Press cuttings and broadcast media analysis of stigma (Time to Change)</p> <p>National Viewpoint Survey – discrimination experienced by people with MH problems (Time to Change)</p>

The first dashboard will be published in autumn 2012. This will provide baseline information, coinciding with baseline data for the Outcomes Frameworks.

## Developing the dashboard

We intend to develop the dashboard over time, building an increasingly accurate picture of progress towards implementing the strategy's objectives, including in relation to equality.

As stated in the strategy, there are key aspects of mental health, such as recovery, for which agreed outcome measures are not yet available. The dashboard will allow us to identify the most significant gaps in current data, and therefore which areas would most benefit from additional measures. Developing the dashboard will also provide an ideal platform to inform mental health input to the three Outcomes Frameworks as they are revised. More information about the dashboard will be published soon.

## Reporting on progress

In addition to the mental health dashboard, we will publish updates on progress against the commitments and recommendations in this framework.

These will provide a more detailed analysis, accounting for the progress made towards the strategy's objectives to date, and also looking forwards, identifying priorities for future work.



## **Part 3: What local organisations can do to implement the strategy and improve mental health outcomes for all.**

To make a real difference in improving mental health outcomes, and the lives of people with mental health problems, a wide range of organisations will need to work together.

This section sets out what local organisations can do to help improve the mental health and wellbeing of their communities, with a focus on improving outcomes for all and ensuring best value for money.

It takes an organisational perspective, and aims to assist organisations in determining what actions they can take to meet the needs of people who use services, their families and carers. This includes action taken jointly with partners.

## CCGs and Primary Care Trust (PCT) Clusters

Improving the commissioning of mental health services will form a vital element of CCGs and the NHS Commissioning Board's work to improve outcomes for people with mental health problems and reduce unnecessary costs arising from unidentified or untreated mental health problems. During 2012/13, Primary Care Trust clusters have a critical role in supporting the establishment of new organisations and structures and supporting the development of commissioning plans, as well as delivering the mental health requirements set out in the NHS Operating Framework for 2012/13.

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 be required to demonstrate that they have sufficient planned capacity and capability to commission improved outcomes in mental health. Once authorised, CCGs' mental health commissioning will align with, and contribute towards meeting, their **general objectives and duties**. These include their duties in relation to promoting the NHS Constitution; securing continuous improvements in the quality of services they commission; reducing inequalities; enabling choice and promoting involvement; securing integration of services; promoting the quality of primary care in their area; and promoting innovation and research.

The actions suggested below are designed to support and supplement this work.

### ***What CCGs and PCT Clusters can do for people with mental health problems:***

- **CCGs can appoint a mental health lead at senior level**, to oversee their mental health commissioning work and ensure links to other services. This could include developing mental health elements of Joint Strategic Needs Assessments (JSNAs), ensuring integration of primary and secondary care mental health services, developing CQUIN<sup>7</sup> measures for mental health, developing expertise in the mental health aspects of QIPP<sup>8</sup>, and keeping up with the latest developments in evidence-based mental health practice. CCGs may also wish to establish a sub-committee which includes mental health professionals.
- **Ensuring they consider the mental health needs of their whole population, including seldom-heard groups.**<sup>9</sup> This includes:
  - People not registered with a GP, those in the criminal justice system, and those less likely to access mainstream services.
  - Commissioning for effective transitions - between Child and Adolescent Mental Health Services (CAMHS) and adult services, and between working age adult services and services for older people.
  - Considering the role of mental health promotion and mental illness prevention, alongside commissioning services for people with mental health problems.
- **Use specialist support and guidance for mental health commissioning.** This includes the published NICE Quality Standards on **depression in adults**, and **service user experience in adult mental health**, other **NICE Quality Standards** as they are published, as well as the guidance produced by the **Joint Commissioning Panel for**

7 **Commissioning for Quality and Innovation**

8 **Quality Innovation, Productivity and Prevention.**

9 This will help CCGs meet their inequalities duties under the Health and Social Care Act 2012 and duties under the Equality Act 2010.

**Mental Health**<sup>10</sup>. It also includes drawing on a range of specialist expertise, including mental health networks where they are established.

- **Commission to intervene early. Evidence-based and cost-effective early interventions** include early treatment of childhood conduct disorder and early intervention in psychosis teams. CCGs may wish to commission some of these jointly.
- **Develop robust systems and structures for the local community, service users and carers to influence and lead commissioning decisions.** This could be achieved by strengthening relationships and joint working with local groups and service users to: assess the quality, performance and outcomes of services and the effectiveness of care pathways; and to co-design new service models<sup>11</sup>. To embed involvement work, CCGs can demonstrate to the local community what actions they have taken to implement the strategy and this framework.
- **Ensure that the acute and crisis care services they commission are based on humanity, dignity and respect**<sup>12</sup>. **Human Rights in Healthcare**, and initiatives like **Star Wards** can provide practical advice for this, and good practice examples are cited in **Listening to Experience**. Commissioners can ensure that recommendations from CQC's Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards monitoring are acted upon.
- **Commission talking therapies which offer the full range of NICE-approved therapies**<sup>13</sup>. Offering a choice of providers through AQP. This will ensure equal accessibility for all groups, particularly older people and Black and Minority Ethnic (BME) communities.
- **Commission for recovery** Recovery-oriented services aim to support people to build lives for themselves outside of mental health services with an emphasis on hope, control and opportunity. The **Implementing Recovery through Organisational Change programme** provides tools to assess how well they are doing and take steps to become more recovery-oriented. The Individual Placement and Support approach to employment is effective for working age users of mental health services<sup>14</sup>.
- **Utilise specific mechanisms to support choice in mental health** including choice of provider, where possible, and choice of treatments, interventions and therapies. These include Advance Directives, Independent Mental Health Advocacy and Independent Mental Capacity Advocacy – plus the rollout of personal health budgets.
- **Use innovative service models to improve the mental health of people with long term physical conditions.** Examples include **liaison psychiatry services**, talking therapies for people with **long term conditions** and services for people with medically unexplained symptoms.

10 The Joint Commissioning Panel for Mental Health bring together the Royal College of General Practitioners and Psychiatrists with patients, carers and other major stakeholders to design commissioning frameworks for mental health. See <http://www.jcpmh.info>

11 Engagement structures might include CCG consultative forums, 'patient cabinets' or recruiting people with mental health problems as lay members.

12 This reflects the recommendations from Mind's report, **Listening to experience: an independent inquiry into acute and crisis mental healthcare**. It is also relevant to the duties and obligations set out in the **NHS Constitution**.

13 By 2015, services should be able to meet at least 15% of disorder prevalence with a recovery rate of at least 50% in fully established services.

14 **IPS Resources** are available on the Centre for Mental Health website.

## Providers of mental health services

Providers of mental health services, including independent and third sector providers as well as statutory providers of NHS services and local authority mental health services, have a central role in improving mental health outcomes for individuals and families. This applies equally across community and inpatient settings.

### **What mental health service providers can do:**

- **Ensure equality of access and outcomes.** Providers can measure activity and outcomes aggregated by Equality Act characteristics. They can also extend this to other vulnerable groups known to experience particular mental health problems, such as homeless people and people from certain BME communities<sup>15</sup>.
- **Assess and improve service user and carer experience.** This includes developing structures to obtain continual feedback, implementing **NICE's Quality Standard on service user experience in adult mental health** and the **You're Welcome** standards for young people. They can also consider how they record and monitor patient reported outcome measures, such as those **developed for IAPT**, and how this supports continuous service improvement.
- **Ensure service design is based on humanity, dignity and respect**<sup>16</sup>. Create an organisational culture based on service user engagement and co-production. **Human Rights in Healthcare**, and initiatives like **Star Wards** can provide practical advice for this, and good practice examples are cited in **Listening to Experience**. Ensure recommendations from CQC's Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards monitoring are acted upon.
- **Keep people safe.** Remain vigilant and continue to strengthen clinical practice, risk management and continuity of care, so that people are protected from the risk of suicide. **Twelve Points to a safer service** can help here. <http://www.medicine.manchester.ac.uk/cmhr/centreforsuicideprevention/nci/saferservices>
- **Improve the physical health and wellbeing of people with mental health problems.** This might include smoking cessation, weight management, tackling malnutrition, drug and alcohol misuse. As part of this, providers can use regular health checks and recovery-focussed healthy lifestyle care planning. Integrating physical health into decisions about prescribing and monitoring of medication is also important.
- **Improve the mental health and wellbeing of people with long term physical conditions.** Examples include **liaison psychiatry services**, talking therapies for people with **long term conditions** and services for people with medically unexplained symptoms.
- **Consider the power of information to transform services.** Innovative use of information has the power to transform mental health services, and will be essential in implementing the mental health strategy. This highlights the potential of mental health and wellbeing **services that use technology to provide self care and peer support** within a well-governed, safe, immediately accessible and stigma-free environment.

15 Tools such as the Equalities Organisational Development Toolkit can help with this.

16 This reflects the recommendations from Mind's report, **Listening to experience: an independent inquiry into acute and crisis mental healthcare**. It is also relevant to the duties and obligations set out in the **NHS Constitution**.

- **Focus on choice, recovery and personalisation.** This includes considering how service users' perceptions of recovery can be incorporated into all elements of clinical practice and working to ensure people have appropriate support and access to advice and information. The **Implementing Recovery through Organisational Change programme** can help here. This could include advice on housing, benefits and debt, as well as evidence-based employment support<sup>17</sup>, training and education. It also includes ensuring access to, and support for, personal health budgets as they are rolled out. Enabling choice includes joint planning with service users, including crisis and safety planning and providing choices of treatment and medication based on available evidence. This could include offering a wider range of talking therapies in acute in-patient services.
- **Develop protocols for sharing information with carers** including working with primary care to determine how best to act on information regarding potential crisis, as well as developing staff capability to agree appropriate confidentiality and information sharing agreements.<sup>18</sup>
- **Tackle stigma and discrimination.** Providers can inspire a culture where discrimination has no place, stigma is actively challenged, and where staff, people using services and the local community can see them leading the way. Many providers have already **signed up to Time to Change** to demonstrate their commitment to tackling mental health stigma.

## Recovery Colleges

A **Recovery College** is a key element of recovery-oriented practice in mental health services. Recovery Colleges complement existing services by offering an educational approach to supporting people in their personal recovery journeys.

The defining features of Recovery Colleges include co-production between professionals and service users and carers to offer a range of courses that people attend on a voluntary basis, not as a form of therapy but as a way to build up their skills, knowledge and confidence.

### Example: Doncaster Care Home Liaison Service

The Care Home Liaison Service provides rapid access to specialist mental health services for older people with mental health difficulties residing in registered care homes in the Doncaster area. The service also aims to develop, deliver and sustain learning through the delivery of appropriate educational packages and advice to care home staff.

The service works on a sector model, with each nurse attached to a consultant psychiatrist covering a sector of Doncaster. This has enabled staff to develop excellent working knowledge of the care homes in their area. Implications for practice have included reduced use of anti psychotic medication, reduced admission to mental health wards, and reduced readmission rates.

17 The NHS and Adult Social Care Outcomes Frameworks include measures of employment among users of mental health services. For information about evidence-based employment support visit <http://www.centreformentalhealth.org.uk/employment/ips.aspx>

18 SDO (2006). **Sharing mental health information with carers: pointers to good practice for service providers.**

## Providers of acute and community health services

Mental and physical health are inextricably linked. It is not possible to improve the nation's general health or respond effectively to the challenge of long term conditions without tackling mental health issues.

Some 4.6 million people in England have both a long term physical condition and a co-morbid mental health condition. At least £1 in every £8 spent on long term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year.<sup>19</sup> A significant proportion of this cost could be saved by better management of the mental health of people with long term conditions.

### ***What providers of acute and community health services can do:***

- **Raise awareness of mental health problems.** Ensure that clinical and other staff are able to spot the signs of mental ill health and know how to get specialist support when required. This is critical in ensuring that co-morbid mental health needs are identified quickly, and that staff have the confidence to deal with them appropriately.
- **Develop liaison psychiatry services in acute hospitals and collaborative care arrangements in the community.** High quality liaison psychiatry services such as Rapid Assessment Interface and Discharge (RAID) have been shown to **save money for the NHS** by reducing hospital admissions and lengths of stay. 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**.
- **Ensure A&E services are equipped to respond to mental health needs, by training staff to respond in an appropriate and sensitive way, and working with mental health teams and liaison psychiatry services, so people can be referred easily.**
- **Support local work to prevent suicide and manage self-harm<sup>20</sup>.** The NPSA<sup>21</sup> has published ***Preventing suicide: A toolkit for community mental health***. This toolkit focuses on improving care pathways and follow-up for people who present at emergency departments following self-harm or suicidal behaviour and those who present at GP surgeries and are identified as at risk of self-harm or suicide. NICE has developed clinical practice **guidelines on the long term management of self-harm** for the NHS. This sits alongside guidelines published in 146 on the **short-term management of self-harm**.

### Example: RAID

The RAID team at Birmingham City Hospital offers comprehensive, 24/7 support for mental health and substance misuse to patients aged 16 and over. RAID is provided by the Birmingham and Solihull Mental Health NHS Foundation Trust and commissioned by Birmingham City Council through a pooled budget. Its multi-disciplinary team works with patients in A&E as well as other wards and can provide support for a range of mental health and substance misuse needs. An **economic evaluation of RAID** found that the savings it generates to the local NHS in reduced admissions and lengths of stay in hospital outweigh its costs by 4 to 1.

19 For more information, see **Long term conditions and mental health: The cost of co-morbidities**.

20 Preventing Suicide in England, a cross-government outcomes strategy to save lives, will be published in September 2012.

21 National Patient Safety Agency



## Primary care providers

The vast majority of people, when they experience mental health problems, will not need specialist support from mental health services. Many people with common mental health problems will be identified and treated in primary care settings. For people with a severe mental health problem, primary care services play an important role in supporting their physical health.

### ***What primary care providers can do:***

- **Know what specialist mental health and wellbeing support is available.** All primary care practitioners can ensure they are aware of, and can help people access, the full range of services for people affected by mental health problems in their area. This might include counselling, parenting interventions, peer support and befriending services, and similar community-based support, as well as commissioned mental health services.
- **Recognise people at risk of developing mental health problems, and provide appropriate early interventions.** This includes mental illness prevention and mental health promotion. NICE guidelines and Quality Standards can help with many aspects of this.
- **Ensure they can recognise and treat co-morbidity of physical and mental illness.** This could include targeted interventions for both the physical health needs of people with mental health problems, and mental health support for people with physical health problems, especially long term conditions. Co-location of staff or multi-disciplinary teams can help achieve this.
- **Increase access for vulnerable groups.** Primary medical care providers can consider how to increase registration and access for groups with known vulnerability to mental health problems and/or those who are under-represented in primary care mental health services.<sup>22</sup> Social prescribing offers a promising approach to support mental health and improved resilience among the most marginalised communities. Primary care premises should be accessible for people with mental health problems seeking support for both physical and mental health concerns, including providing reasonable adjustments as required by the Equality Act.<sup>23</sup>
- **Provide choice of treatment for people with mental health problems.** Primary medical care providers can offer people a range of treatment options, provide information to support treatment choices, and signpost to advocacy support where appropriate. For people on medication, they can ensure regular reviews are held and that people are actively supported in their treatment.
- **Arrange evidence-based training for their workforce in relation to mental health (including suicide awareness).** All primary care staff can benefit from evidence-based training led by people with experience of mental health problems, helping to increase understanding and raise awareness of mental health and wellbeing.

22 This includes children in care, homeless people, some BME communities, lesbian, gay, bisexual and transgender people, offenders, victims of violence (including domestic violence and sexual violence), those with a dual diagnosis and those from gypsy and traveller communities. For example, people from BME groups are more likely to come into contact with mental health services through criminal justice routes and to be detained under the Mental Health Act than the general population, and conversely are less likely to use primary care mental health services.

23 Adjustments include ensuring appointment booking systems are accessible, waiting areas are appropriate, stigma is challenged in general practice and, where possible, location is accessible by public transport.

- **Develop good practice in care planning (including crisis care planning) for people with mental health problems** including appropriate transition between primary and secondary care. This can include fast track access back to specialist care for people who may need this in the future, and clear protocols for how people not eligible for Care Programme Approach will access preventative specialist health and social care when they need it.

### A collaborative approach: Earl's Court Health and Wellbeing Centre

**Earl's Court Health and Wellbeing Centre** offers a new approach to primary care by bringing together a GP practice, dentist, contraception and sexual health services and wellbeing coaches under one roof. The Centre, commissioned by Kensington and Chelsea PCT, is managed by Turning Point together with Greenbrook Healthcare, Terrence Higgins Trust and NHS Dentist. At the heart of the Centre is the Navigator service, a team of receptionists who engage patients in a dialogue about their health needs and signpost them to the best support both within the Centre and the local community.

The Centre has a team of Community Researchers - people living locally whose role is to ensure community engagement informs every aspect of the service. Their role includes finding out about local needs and gathering feedback to inform service delivery and staff development.

As well as clinical services, the Centre supports the wellbeing of patients and the wider community through a Healthy Living Programme, Work Support Programme, wellbeing coaching and peer mentoring for people with long term conditions. It has established a local Time Bank that allows people to exchange skills and time, helping to bring the community closer together.



## Local authorities

Local authorities can take a leading role in improving the mental wellbeing of people in their area, as well as improving the lives of people living with mental ill health.

Local authorities' roles in relation to public health, social care, housing, Overview and Scrutiny, and health and wellbeing boards are covered in other sections of this framework.

### ***What local authorities can do:***

- **Appoint an elected member as 'mental health champion.'** This role might include raising awareness of mental health issues, including the impact of stigma and discrimination, across the full range of the authority's work and with other elected members, including lead members for children. It can also link to the work of the OSC and health and wellbeing board.
- **Assess how its strategies, commissioning decisions and directly provided services support and improve mental health and wellbeing.** Almost all areas of a local authority's responsibility have the potential to contribute to good mental health and wellbeing, or to lead to poor mental health. Decisions about employment, housing, planning, transport, leisure and green spaces and other community services all directly affect mental health.
- **Involve the local community, including those with mental health problems, their families and carers, in the co-production of service pathways and in service design.** This includes providing clear and accessible communication regarding how people's views and priorities have been taken into account.
- **Consider using 'whole place' or community budgets** to improve the quality and efficiency of support offered to people with multiple needs including a mental health problem.
- **Use the Local Government Association's Knowledge Hub** - allowing members and staff to share innovative approaches and good practice.
- **Sign up to the Time to Change campaign** to raise the profile of mental health across the authority and address stigma among staff. Authorities can also develop local initiatives to make tackling stigma 'business as usual'.

### **Example: Member champions for mental health**

In 2010, Dorset County Councillor Michael Bevan became the council's member champion for mental health. Cllr Bevan's role is to raise awareness of mental health issues in all areas of the authority's business and to improve links between the council and local health services. He works closely with local employers and with the Time to Change programme to tackle stigma and improve public understanding about mental health. He brought together around 140 local organisations to agree shared actions to improve mental health and the lives of people affected by mental illness in the county.

For more information on the role of member champion **contact Michael Bevan.**

## Health and wellbeing boards

Health and wellbeing boards are at the heart of assessing local needs, agreeing local priorities and planning local actions, all supported by the active engagement of people who use services, their carers and families. They are central to how local organisations will work together to improve the health and wellbeing outcomes of their communities, including mental health outcomes.

The Department of Health is developing statutory guidance and working with partners to co-produce resources to support health and wellbeing boards and their partners in developing JSNAs and JHWSs.

### ***What health and wellbeing boards can do:***

- **Ensure local mental health needs are properly assessed, and ensure they are given appropriate weight in comparison with physical health needs.** A robust JSNA process will ensure mental health needs, for people of all ages and including vulnerable, excluded and seldom heard groups, are properly assessed – building on existing information and data. This will include links between mental and physical health and implications for families and carers.
- **Consider how they might work to ensure mental health receives priority equal to physical health.** This could include appointing a named board member as a lead for mental health, and consulting mental health organisations and professionals as part of their work.
- **Bring together local partnerships to improve mental health and enhance life chances:** Encourage joint commissioning between health and health-related services (such as with criminal justice agencies on the overlap between mental health issues, drug and alcohol misuse, and offending). Pooled and community budgets offer a means for achieving this.
- **Involve people in all aspects of development of JSNAs and JHWSs.** This includes pro-active and meaningful involvement of the most vulnerable and excluded groups, who often have the highest levels of mental health need, as well as people who use mental health services, their families and carers. They can also enrich the picture by involving local independent, voluntary, community and user- and carer-led organisations, which have significant knowledge of local mental health needs and assets. For more specialist needs, they can also seek input from national organisations and forums.
- **Consider the mental health impact of services and initiatives beyond health and social care.** Gaining input from organisations outside the health and care system<sup>24</sup> is particularly important in relation to mental health. This approach supports the Government's approach to tackling multiple disadvantage outlined in **Social Justice: transforming lives**, published in March 2012, and is in line with evidence about the wider determinants of mental health problems.

24 This could include police and probation services, housing and education services, employment support services, and local voluntary and community groups.

## Social Services

Social services play a key part in mental health support and are essential partners in improving mental health and wellbeing outcomes:

- Children's services' responsibilities include working with the most vulnerable children and young people and their parents, large proportions of whom will need mental health support.
- Adult social services already work closely with NHS mental health services and have a major role to play in fostering a stronger recovery orientation in the support offered to people with mental health problems.
- Older people, either living in their own homes or in residential care, are especially vulnerable to mental health problems such as loneliness, isolation and co-morbid physical health needs which increase with age.

### ***What adult social services can do:***

- **Use community care and carers assessments to identify ways to support independence and promote recovery** including the needs of children of parents with mental health problems, and carers.
- **Work alongside CCGs to remodel existing support to focus on early intervention, service integration, personalisation and recovery**<sup>25</sup>. Reviewing eligibility thresholds for social care is crucial to this. Social services can also exert a major influence on the planning and delivery of mental health services, for example by joining up health, social care and housing support and by involving service users as equal partners in commissioning and monitoring services.
- **Provide access to individual budgets and direct payments for people with mental health problems** and commission brokerage, advocacy and advice services to support people to use them.

### ***What children's services can do:***

- **Work alongside CCGs, schools and wider children's services to focus on early intervention and integrated support.**
- **Offer evidence-based parenting interventions to families with children at risk of conduct disorder and those experiencing conduct problems.** Effective parenting support also needs to include the development of effective referral routes and awareness-raising, for example with local GPs, maternity services, health visitors and other services working with young families.
- **Improve emotional support for children on the edge of care, looked after and adopted children.** This can include establishing links with CAMHS to make appropriate referrals and offer integrated support, including support for adoptive parents of children with mental health problems. The children and young people's IAPT programme will ensure that more children have timely access to evidence-based psychological therapies.

<sup>25</sup> This could include developing 'payment by recovery' systems, or co-commissioning with service users via user- or carer-led organisations. Directors can also explore adjustments to eligibility criteria to ensure people receive support to prevent the spiral into a crisis.

## Commissioners and providers of public health services

Improving mental health and wellbeing is an integral part of improving the public's health. The Public Health Outcomes Framework includes a number of measures relevant to mental health, both directly<sup>26</sup>, and as part of measuring both health improvement and the wider determinants of health<sup>27</sup>.

### **What local public health services can do<sup>28</sup>:**

- **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<sup>29</sup>.
- **Champion 'mental health for all'.** Public Health services can clearly articulate the many benefits, including **financial benefits**, of prevention, promotion and early intervention in mental health for everyone in their communities, and ensure mental health is integrated across policy areas.
- **Support positive parenting** including Family Nurse Partnership and Health Visiting services. Positive parenting can play a vital role in supporting attachment and linking parents with evidence-based interventions to support their child's wellbeing.
- **Commission or provide evidence-based mental health training for non-mental health professionals<sup>30</sup>.** Training builds awareness of mental health issues, addresses myths and stigma, and enables professionals to support and signpost to the right services.
- **Ensure health improvement efforts consider the specific physical health needs of people with mental health problems.** Targeted interventions for people with mental health problems, including severe mental illness, can help deliver improved public health outcomes.
- **Strengthen services and access for people with complex needs including severe and enduring mental illness.** This could include creating integrated care pathways and strengthening outreach, especially for those with a dual diagnosis of mental health problems and substance misuse and/or those who are victims of violence.
- **Set ambitious expectations and monitor outcomes.** Public health services can identify and make use of appropriate mental health data, indicators and measures -including data on inequalities.

26 Relevant indicators include self-reported wellbeing, hospital admissions as a result of self-harm, suicide and excess under-75 mortality in adults with serious mental illness.

27 Measures on which public mental health will have an indirect effect include school readiness, sickness absence rate, social connectedness and older people's perceptions of community safety.

28 Public Health England will be the authoritative national voice and expert service provider for public health. It will do this in concert with the wider health, social care and public health system and with key partners. Part 4 of the framework describes PHE's prospective contribution in supporting local services.

29 Examples of effective interventions include the Healthy Child Programme 0-19.

30 This could include training for midwives, health visitors, police and probation staff, school and college staff, housing and hostel staff, youth workers, and health staff in acute and community settings.

## Local Scrutiny – Health Overview and Scrutiny Committees (OSCs)

OSCs look across a range of commissioners and providers in a local community. They are therefore ideally placed to scrutinise how local services are working together to meet the full range mental health and wellbeing needs<sup>31</sup>.

### ***What Overview and Scrutiny Committees can do:***

- **Scrutinise efforts to improve mental health and wellbeing** including whether services deliver evidence-based care, and whether they receive ‘parity of esteem’ with physical healthcare. OSCs can also scrutinise the wider determinants, and effects, of mental health and wellbeing. The **Mental Health Strategic Partnership** will develop a resource for OSCs to assist them in this role during 2012/13.
- **Monitor efforts to meet the public sector equality duty** ensuring that risks relating to outcomes for people with mental health problems are identified, and that suitable action is taken to address them. This could include monitoring how marginalised groups are accessing mental health services, or preventative services, such as parenting interventions, and ensuring that services are accessible to people living in all parts of their local area.
- **Involve mental health organisations, people with mental health problems and carers in their work.** This can include considering different ways for people to get involved, for example as witnesses in person, in the provision of information, or acting as independent advisors or co-optees on scrutiny reviews. OSCs should be particularly mindful of those who are less likely to come forward readily, for example children and people detained under the Mental Health Act.
- **Encourage all elected members to discuss mental health and wellbeing with their constituents** including those commonly excluded from such discussions, such as people detained under the Mental Health Act. These discussions will give elected members a much richer picture of mental health needs and services than is available from written material alone.

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31 New regulations governing health scrutiny will come into force from April 2013.

## Local Scrutiny – Local Healthwatch

Local Healthwatch will be open to all, including individuals and organisations with experience of, or interest in, mental health and wellbeing and mental health services. Given the prevalence and the complexity of need, and significant mental health inequalities, mental health is an area in which local Healthwatch can make a significant contribution to supporting improvements in their area.

### ***What local Healthwatch organisations can do:***

- **Recruit people who use mental health services, their families and carers, to their membership** ensuring inclusion of under-represented groups and children and young people. This may involve outreach work and using a range of ways to involve people to lower the barriers to access for people less likely to engage.
- **Look into mental health and wellbeing services in their area** including whether they receive ‘parity of esteem’ with physical health, and whether they are accessible and appropriate to all. The **Mental Health Strategic Partnership** will be developing a resource for local Healthwatch organisations to assist them in this role during 2012/13.
- **Consider how general health systems are working for people with mental health problems, their carers and families.** This could include, for example, the involvement of service users and carers in the commissioning or the NHS complaints procedure.

### Example: **Healthwatch Kingston**

In 2011 Kingston’s LINK became a Healthwatch Pathfinder. They have joined their local council and CCG in making mental health a priority, and have established a mental health working group; free to join for anyone living or working locally who has an interest in mental health.

Healthwatch representatives work closely with the local Mental Health Trust and have recently been involved in a review of care planning for those with mental health problems – including considering the obstacles currently impeding consistently good care planning. Action to date includes the introduction of regular audits of care planning across the Trust and the development of care planning guidance for all clinical staff.

Healthwatch Kingston have also launched **Rate Our Service**, a new online system for individuals to rate local services, including mental health services, thus providing data with which to influence provision.

Healthwatch Kingston continues to develop ways to raise awareness of mental health across the local NHS and local authority, challenging local provision where needed to ensure mental health receives ‘parity of esteem’ with physical health services.



## Community groups

Voluntary, community and user- and carer-led organisations have considerable knowledge and experience of local services and of the needs of local people. Their focus may not necessarily be on mental health, but they will have a significant understanding of the issues affecting their members, and how they relate to local mental health services.

In many areas, voluntary, community and user- and carer-led organisations are also providers of mental health services. The section of this framework on mental health providers is applicable to these organisations.

### **What community groups can do:**

- **Inform JSNAs and JHWSs.** proactively provide input to local needs assessments and commissioning processes<sup>32</sup>.
- **Raise awareness of services and support.** They are ideally placed to raise awareness locally of the services and support available, as well as of people's rights and entitlements. This includes both voluntary sector support and Government programmes such as **Work Choice** and **Access to Work**. They can also ensure local commissioners and providers are aware of the contribution of voluntary, community and user- and carer-led support available to people with mental health problems in their area.
- **Support communities in holding public bodies to account.** This could include:
  - Joining local Healthwatch organisations, and encouraging other individuals and groups to join.
  - Supporting people affected by mental health problems to engage with MPs, Councillors and OSCs.
  - Supporting community members to take up places for lay members on Boards or governing bodies of relevant organisations, including Foundation Trusts and clinical commissioning groups.
  - Offering mental health awareness support, including user-led training, for local public services which have a role in improving mental health outcomes.
- **Raise awareness of mental health amongst relevant organisations.** This could include public services, businesses and other private sector organisations. It could also include other community groups, including those with a focus on physical health, particularly long term conditions. In rural areas, this could also include Parish Councils, who work with many local voluntary organisations and are close to their communities.

<sup>32</sup> Where local organisations lack the expertise Health and Wellbeing Boards or commissioners require, they may wish to seek advice from national organisations.

## Mental health and educational attainment – the role of schools and colleges

Good schools and colleges develop the right culture and ethos to support all children and young people's wellbeing. They embed the right skills, behaviour and support systems to remove barriers to learning and build confidence and self-esteem. 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.

Schools know how and when to access targeted and specialist services, commissioned and funded by the NHS<sup>33</sup> or local authorities. Colleges, schools and academies in particular are increasingly able to use the resources devolved to them to commission additional services for children and young people. This can include support to improve outcomes for all vulnerable groups, including those with behavioural or emotional problems. They are therefore essential contributors to, and partners in, local JSNA and commissioning processes.

### ***What schools and colleges can do:***

- **Understand the link between emotional wellbeing and good educational and wider outcomes** and ensure children who need professional health support are able to access services. Good schools recognise the link between emotional wellbeing and good educational and wider outcomes and have effective systems in place for monitoring and responding to children and young people's issues.
- **Have a 'whole school' approach to supporting all pupils' wellbeing and resilience.** This includes both universal approaches, and targeted services for children and young people with, or at risk of developing, behavioural difficulties or emotional problems. Evidence-based interventions to improve wellbeing and build resilience include behavioural support, school-based counselling and parenting interventions.
- **Address bullying.** Bullying puts children and young people at significant risk of developing mental health problems.
- **Ensure staff are aware of how mental health relates to their work.** Mental health awareness can help staff recognise signs of mental ill-health and understand the link between mental health and behaviour, attendance and attainment, and will know when a child needs extra help.
- **Access the e-learning packages for non-health professionals, being developed as part of the Children and Young People's IAPT programme.** This will help staff recognise and support children and young people with mental health problems. The e-portal will also include specific support materials in relation to self-harm, suicide and risk in children and young people.

33 CCGs will be responsible for commissioning healthcare services to meet the reasonable needs of the persons for whom they are responsible. This will include most healthcare services for children. More detail on this is available in **The Functions of Clinical Commissioning Groups** (June 2012).



- **Know what specialist mental health support is available.** Schools and colleges can ensure they are aware of the services offered by local CAMHS and by the independent and voluntary sector, and of how children, young people and their families can access them. They can contribute to shaping specialist provision through input to JSNA and commissioning processes.
- **Know when to intervene early to tackle mental health problems.** Schools and colleges can proactively seek to identify children and young people with the risk factors for, or the early signs of, behavioural problems and intervene early by securing access to evidence-based support. School leaders can support this through creating a whole-school culture and ethos which supports good outcomes through a strong focus on high-quality teaching and learning, enriching extra-curricular activities and good pastoral care.
- **Challenge mental health stigma** by ensuring students and staff know about mental health, how and when to seek help, and how to improve their own mental health and wellbeing. **Time to Change are piloting approaches to tackling mental health stigma and discrimination amongst young people.** They provide useful resources that can help schools and youth groups in overcoming stigma.

## Employment support (eg. Jobcentre Plus and Work Programme providers)

Productive and meaningful daily activity associated with work can have a profound positive impact on someone's mental health. The strategy sets out the clear links between good mental health and a positive employment experience, as well as noting the huge cost of mental health problems to the economy<sup>34</sup>.

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.

### ***What Jobcentre Plus and Work Programme providers can do:***

- **Contribute to JSNA, JHWS and commissioning processes.** This will allow them to influence health and social care service development, understand local mental health needs and services, and identify opportunities to join up health and employment services around people's needs.
- **Jobcentre Plus Advisers can use mental health resources** including the mental health adviser toolkit and the Hidden Impairments toolkit.
- **Jobcentre Plus Mental Health and Wellbeing Partnership Managers can work with Advisers to develop their knowledge and confidence in addressing mental health issues.** They also link with local authorities, Public Health organisations, NHS services and the independent, voluntary and community sector.
- **Jobcentre Plus can ensure that individuals with poor mental health have access to Disability Employment Advisers, who can refer them to specialist programmes such as Access to Work mental health support services<sup>35</sup>, Work Choice<sup>36</sup>, and Residential Training.** Disability Employment Advisers can access the professional expertise of Work Psychologists, and can advocate with employers to help explore job solutions – for example the restructuring of a job's tasks, or specialist support.
- **Work Programme providers can take steps to implement the joint pledge on work and mental wellbeing.** This has been signed by all Prime providers and a number of other organisations.

34 The cost of mental health to business is just over £1000 per employee per year, or almost £26 billion across the UK economy. Effective management of mental health at work can save around 30% of these costs.

35 Access to work mental health support services provide additional support for individuals whose mental health needs affect the way they do their job.

36 Work choice is a specialist disability employment programme which helps disabled people with complex support needs, including those with mental health problems.

## Employers:

Poor mental health costs UK business billions<sup>37</sup>. Effective management of mental health in the workplace can bring about significant savings for employers. They can do this by:

- promoting mentally healthy workplaces for all;
- tackling the causes of mental ill health;
- supporting people with mental health problems.

There is a range of programmes and tools available to employers to assist with effective workplace management of mental health, whether they are small, medium or large organisations, from the private, public or voluntary sector.

The organisations mentioned elsewhere in this framework can also contribute to implementing the strategy as employers.

### ***What employers can do:***

- **Assess the impact of mental health problems on their workforce, what this means for their business, and take action accordingly.** To assist with this, NICE has produced **Guidance for employers** on promoting mental wellbeing through productive and healthy working conditions.
- **Take advantage of support available through Access to Work.** Support available for employers to provide reasonable adjustments under the Equality Act includes awareness training for colleagues, counselling or a support worker.
- **Use the occupational health advice service,** a free-to-use professional advice service for small and medium sized businesses (and their employees), to help manage individual physical and mental health problems at work. This can form part of policies to inform employees about where to find confidential support.
- **Provide evidence-based mental health training for managers.** Workplace training is available for a variety of organisations, and can be tailored to employers, and their employees' individual needs. Employers can also build mental health awareness into more general learning and development programmes.
- **Make use of the Management Standards for Work Related Stress developed by the Health and Safety Executive.** This has been developed to help employers look at organisational risks and how they can be managed in order to prevent stress-related ill health.
- **Use suicide awareness and education or training programmes** to teach people how to recognise and respond to the warning signs for suicide in themselves and others<sup>38</sup>.

<sup>37</sup> The cost of mental health to business is just over £1000 per employee per year, or almost £26 billion across the UK economy. Effective management of mental health at work can save around 30% of these costs.

<sup>38</sup> There are a number of examples of training programmes including Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid, Safe Start and training carried out by Samaritans.

- **Join the Mindful Employer scheme** to help increase awareness of mental health in the workplace, including signing up to its **charter for employers who are positive about mental health**.
- **Sign up to the Time to Change campaign** to raise the profile of mental health and address stigma among staff. Inspire a culture where discrimination has no place, stigma is actively challenged, and your staff, customers and the local community can see you leading the way.
- **Join the Responsibility Deal Health at Work Network**, and sign up to **pledges to improve the health and wellbeing** – including mental health and wellbeing - of staff.

### Example: National Grid

National Grid has around 10,500 employees in the UK, including 4,500 field engineers and 6,000 in office and support functions.

A team of people came together from across the business to improve their approach to mental wellbeing. Practical tools for managers and staff have followed, hosted on an interactive intranet site with e-learning packages for employees on building their resilience and for line managers on emotional intelligence and behaviour. National Grid recognised the crucial role of line managers so adapted Business in the Community's 'Managing emotional wellbeing - Building team resilience' tool, the essence of which has now been developed into instructor-led workshops. They are also producing guidance for managers on a number of scenarios involving difficult conversations with staff.

National Grid is currently piloting fast-track psychological rehabilitation services within their call centre teams. In addition, they are working on broadening the role of occupational health away from reacting to absence and workplace injuries to supporting the well and encouraging all employees to choose healthy lifestyle behaviours. To measure the impact they are developing a wellbeing index using their employee survey, and a scorecard and dashboard to monitor the outcomes of their various programmes.

## Mental Health and Criminal Justice

Effective mental health interventions can improve the health of some of the most excluded people in our communities and address some of the factors that contribute to offending behaviour. Improved awareness, support and evidence-based training for criminal justice professionals can also improve the experience of people with mental health problems accessing the criminal justice system as either a victim or a witness.

Following **Lord Bradley's report**, the strategy emphasises the importance of ensuring offenders (including young offenders) have the same access to mental health services as the rest of the population, throughout their journey through the justice system, and that mental health problems, substance misuse and learning disabilities are picked up as early as possible.

### ***What local criminal justice organisations can do:***

- **Contribute fully to JSNAs and JHWSs.** It is good practice for criminal justice organisations to be involved. This can also set out how local work to improve health and wellbeing outcomes can contribute to local efforts to reduce crime and re-offending. This could be through joint working with or even being invited onto the health and wellbeing board; or through joint working with existing criminal justice partnerships.
- **Develop staff awareness of mental health issues** ensuring that staff have attended appropriate, evidence-based awareness training and have access to relevant guidance and information; and can build mental health awareness into more general learning and development programmes as appropriate.
- **Support victims and witnesses with mental health problems** to ensure they feel able to report crimes and go through investigation and court processes.
- **Consistently apply safer custody policies and procedures for identifying and caring for prisoners at risk of suicide and self-harm.** Be conscious of the evidence which shows that people in contact with the criminal justice system are at high risk of suicide, and that the raised risk occurs at all stages within the system, not just among those in custody.
- **The Crown Prosecution Service can ensure they are aware of the options available to enable treatment for offenders with mental health problems to be provided as part of an out of court disposal.** This includes through a conditional caution with a condition to attend an appointment with mental health services.
- **Courts can ensure they are aware of options available to them, including to divert offenders with mental health problems from custody or the criminal justice system, where appropriate, so that treatment is provided in the best place.** These include the use of the mental health treatment requirement as part of a community sentence, and secure mental health services where an individual requires assessment or treatment under the Mental Health Act.

- **Probation services can work with Youth Offending Teams, mental health services, and liaison and diversion services to develop effective diversion routes.** Strong partnerships between probation and these services are crucial for timely identification of needs and effective joint working for the duration of a sentence, for the use of the mental health treatment requirement, and as a means of diverting offenders from the criminal justice system or from custody where appropriate.
- **Prisons can ensure that offenders with mental health problems are identified as soon as possible, and given appropriate support.** This includes suitable access to health services and rehabilitation services offered within the prison, or externally where necessary, both for prisoners with common mental health problems and those with more specialist needs, including personality disorders.
- **Prisons can ensure relationships and joint working exist with the relevant health services, local authorities and community organisations to support prisoners on release.** Support should be offered 'through the gate' to provide as much continuity as possible.
- **Police forces can play an important role in identifying offenders with mental health issues. They can ensure their officers are aware of the support available to them to help identify potential mental health problems and deal with known issues.** This includes appropriate use of their powers under Sections 135 and 136 of the Mental Health Act, of local policies on health-based places of safety, and of liaison and diversion services. Association of Chief Police Officers (ACPO) has produced **guidance and training resources** to assist police forces in responding to mental health needs in a range of situations.
- **Youth Offending Teams should observe the statutory requirement to employ a health worker and, in line with guidance, consider whether the post should be filled by a mental health professional,** based on an assessment of the health needs of the young offender cohort. They can also refer young people to evidence based alternatives to custody programmes, such as Multisystemic Therapy and Intensive Fostering, where these are available.

## Housing Organisations

A safe and secure place to live is essential for everybody's health and wellbeing. For many people however, poor mental health is linked to insecure, poor quality and overcrowded housing and homelessness.

Housing service commissioners and providers have a key role in improving mental health outcomes - providing both settled housing and the services people need to maintain their homes as independently as possible. They can support people at risk of mental ill health to build resilience, as well as providing specialist support for people with mental health problems.

### ***What housing organisations can do:***

- **Link housing and health needs assessments.** Housing organisations can improve evidence of housing needs of people with mental health problems, and use this understanding to inform local needs assessments and commissioning plans. This includes reviewing how housing waiting lists take account of mental health needs, to ensure 'parity of esteem' with physical health.
- **Identify tenants with risk factors for mental ill health, and deliver appropriate prevention and early intervention services.** Services could include parenting or intensive family support, floating support to single tenants, and pre-tenancy and signposting services.
- **Work with NHS organisations to provide integrated support for people with mental health problems** improving outcomes, reducing overall costs and enabling people to access the services they need.
- **Ensure staff and contractors receive appropriate, evidence-based mental health awareness training.** Training is available from a variety of providers, and can be tailored to organisations' specific needs. Housing organisations can also offer information and training to landlords to improve their awareness of mental health issues, and support them to let accommodation to people living with mental health problems.
- **Ensure debt and rent arrears collection processes are sensitive to people with a range of needs.** This includes providing a range of ways for people to engage with the service, and offering reasonable adjustments for repayment.

### **Example: Health and Housing working together**

NHS Leeds, Leeds Partnership NHS Foundation Trust, Leeds City Council and Volition, an alliance of voluntary sector organisations, joined together to redesign the acute care pathway with a stronger housing element. Housing needs were identified on admission or early on in assessment by acute ward teams, new care plans included accommodation as a standard section, housing options staff were located in the ward working directly with people and a more streamlined assessment and referral mechanism was established for existing supported housing provision. The number of delayed bed days reduced in one hospital from 140 to 0 over the life of the project (2 years).

## Part 4: National support for implementation

Local organisations' work to improve the mental health and wellbeing of their communities will be aided by action at national level. This section outlines some of the actions currently underway.

It does not provide a comprehensive picture, but focuses on the most significant new programmes and developments that are relevant to local organisations' work.



## Support from across Government

As the strategy makes clear, improving mental health is a Government priority. Government departments are working together to provide support for local organisations in implementing the strategy in their areas. Much of this work is set out in Part 5 of the strategy – “Improving outcomes in mental health: The Government’s role”.

Whilst this work is ongoing, this section focuses on the most important current and future developments which are relevant to the implementation of the strategy at local level.

### ***Improving health and care services for people with mental health problems:***

- **The Mandate to the NHS Commissioning Board** will set the Government’s objectives for the NHS Commissioning Board. A **consultation on the first Mandate**, which will apply from April 2013 – March 2015, is currently underway. The draft Mandate explicitly recognises the importance of putting mental health on a par with physical health, and tasks the NHS Commissioning Board with developing a collaborative programme of action to achieve this. It also tasks the Board with ensuring the new commissioning system promotes and supports the integration of care, and that the NHS contributes to the work of other public services. The final Mandate will be published in the autumn of 2012.
- The Government remains committed to fully rolling out the **IAPT programme** by 2014/15, as set out in the Coalition Agreement and in the draft Mandate to the NHS Commissioning Board. The arrangements for taking this work forward at national level will be confirmed in due course.
- **Developing Payment by Results in mental health.** One of the key priorities will be to align NHS providers’ financial incentives with providing high quality care and delivering good outcomes for patients. Work is already underway to move towards a payment system for mental health services where currencies are based on the needs of people accessing services, and quality and outcomes indicators will be embedded into this new approach. We will develop indicators which will connect payment to recovery and to the patient’s experience. From 2014/2015, the NHS Commissioning Board and Monitor will jointly be responsible for setting prices in the new system. We have also started work on developing a payment by results system for children and young people’s mental health services.
- **Increasing choice in mental health services.** The Department of Health is consulting on **proposals to implement the Government’s commitment to giving patients more say and choice over their care and treatment.** This includes specific proposals on how choice will work in mental health services, although this may be limited in some instances.
- **A cross government Long Term Conditions Outcomes Strategy will be published in late 2012.** This will include considering the links between physical and mental ill health for people with all long term conditions.
- **Preventing Suicide in England, a cross-government outcomes strategy to save lives, will be published in September 2012.** This will support local organisations in reducing the toll of preventable deaths by suicide in our communities.

- **The Government's Alcohol Strategy**, published in March 2012, sets out the wide range of actions being taken forward to tackle excessive alcohol consumption. It highlights the clear association between mental illness and drug and alcohol misuse, and that an effective approach locally requires partnership working and an integrated approach, providing patient-centred services to meet individual need.
- **The Prime Minister's Challenge on Dementia** launched in March 2012, sets out a renewed ambition to go further and faster, building on progress made through the National Dementia Strategy, to secure greater improvements in dementia care and research so that people with dementia, their carers and families get the services and support they need.
- **The Inclusion Health programme** seeks to drive improvements, mainly through system reform and clinical leadership, to ensure everyone gets the care they need, regardless of their needs or circumstances. It also strives to ensure policies and programmes across health and the wider determinants of health consider the needs of the vulnerable and excluded and those with multiple problems, and result in their equitable access to high quality care.
- **Armed Forces Networks are in place across England.** Local forums bring together NHS, third sector organisations and Armed Forces in each area to represent the interests of ex-service personnel. Integrated veterans' mental health services will be up and running in each Network area by the end of 2012.
- Dame Fiona Caldicott's **Information Governance Review** will advise the Secretary of State for Health on how to achieve a better balance between protecting and sharing patient information including with families and carers. The Review will cover both health and social care and is expected to report later in the year. National mental health organisations are contributing to the review.
- **Increasing access to mental health information**<sup>39</sup>: ***The Power of Information: Putting all of us in control of the health and care information we need*** recognises the essential role of information in transforming services, including mental health services, at the level of both individual users and service providers. Implementing the vision it sets out in mental health services will be essential in meeting the objectives of No Health Without Mental Health, including proposals to:
  - **Implement consistent information standards, for use across healthcare, public health and social care by 2018.** This will facilitate and promote the integrated care which is so important for people with mental health problems.
  - **Promote a culture of transparency.** There will be a "presumption of openness" in relation to data and information about services, including mental health services. This includes information on the performance and quality of services, in particular on individual care outcomes.
  - **Make each encounter count.** People who use services, their families and carers will be encouraged to provide more feedback, in real-time wherever possible, which will be used to improve services.

<sup>39</sup> In line with this, the IAPT programme has developed a data standard to track patient outcomes in a structured and evidence-based way. This is central to improving service quality and accountability. Patient outcomes are currently published for commissioners, and will soon be published for individual providers.

- **Improving mental health research.** The Government is committed to maintaining and developing high quality research to improve understanding of the causes of mental ill health and the treatment and care of people with mental health problems. The Department of Health, via the National Institute for Health Research (NIHR), funds infrastructure within the NHS to support randomised controlled clinical trials and other well designed studies via the mental health research network, part of the NIHR Clinical Research Network. In addition to continuing to make use of existing mental health research evidence, we will focus on identifying and addressing significant gaps in the evidence base where new research may be needed.

### ***Tackling inequality, disadvantage and discrimination for people with mental health problems:***

- Implementing the **NHS Equality Delivery System (EDS)** will address the needs of people with mental health problems as an equality (disability) issue, and will ensure that the needs of Equality Act protected characteristic groups of people with mental health problems are understood and addressed as a discrete group protected under equality legislation<sup>40</sup>.
- The Office for Disability Issues (ODI) is developing a **new cross-government disability strategy**. This will identify ways to remove the barriers that prevent disabled people, including those with mental health conditions, from fulfilling their potential and having opportunities to play a full role in society. In September ODI will publish a summary of responses to ‘Fulfilling Potential,’ including current and planned actions across Government. ODI will publish a further strategic document and action plan in 2013.
- **Social Justice: transforming lives** (2012), made clear the Government’s commitment to co-ordinated approaches to support for those who face multiple disadvantages, focusing on achieving real and lasting improvements to a person’s life chances.
- The **Missing Children and Adults Strategy** (2011), acknowledges the need for local areas and agencies at national level, to deliver on 3 specific objectives – prevention (reducing the number of people who go missing) – protection (reducing the risk of harm to those who go missing) and provision (providing missing people and their families with support and guidance). It aims to help support local agencies to deliver these objectives. The links between mental health and people going missing are acknowledged by Government, statutory agencies and the voluntary sector. This means that providers of mental health services are crucial local partners in delivering effective strategies to prevent and reduce the numbers of people going missing.
- The Government will support the Parliamentary passage of the **Mental Health (Discrimination) (No. 2) Bill**, which aims to repeal four discriminatory pieces of legislation.

40 The processes and content of the EDS align with the public sector Equality Duty. However, use of the EDS does not automatically lead to or ensure compliance.

***Giving people with mental health problems a better experience of employment:***

- **Access to Work will be marketed so that under-represented groups, such as those with mental health problems, are better able to participate.** Remploy launched Access to Work mental health support services in December 2011.
- **Continuing to enhance the mental health and employment knowledge and confidence of DWP Operations staff.**
- **Continuing to promote the joint pledge on work and mental wellbeing** which strives to support people with mental health conditions to work, and is jointly endorsed by Work Programme Prime providers, specialist services providers, and voluntary and community organisations. The Government's Work Programme supports people who are out of work to gain and sustain paid employment.
- **Advice for employers on workplace adjustments for mental health problems.** These **guidance notes** help employers think through the kinds of adjustments which they can make for people with mental health problems. They include practical advice and links to other resources.

***Supporting children and young people with mental health problems:***

- **The Children and Young People's Health Outcomes Strategy** will identify the health outcomes that matter most to children, young people and their families and set out how the system will contribute to delivery of these outcomes. Children and young people's mental health is one of four key areas which the strategy will consider. The Strategy will be published by Summer 2012.
- **Support and Aspiration: A new approach to Special Educational Needs and Disability** sets out a programme of reform to improve outcomes for disabled children and young people and those with special educational needs, and their families. This includes measures to ensure that children and young people get the support they need to learn and make progress, including those who need emotional support.
- **Teachers and others working with children and young people will have access to training on mental health awareness through a new e-learning package.** This will help them recognise and support children and young people with mental health problems.

***Supporting offenders with mental health problems:***

- **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 comprising 94 adult and youth pathfinder sites, alongside up to 10 police forces. These sites are leading the way in developing models for diversion services in the future, as well as contributing to the production of a business case that will inform future roll-out of these services at police custody suites and courts by 2014.
- **Intensive treatment based alternatives to custody** are being tested as part of the National Diversion Programme, with twelve of sixteen pilots focusing on addressing offenders' mental health needs as part of a community sentence. This work is supported

by the provision in the Legal Aid Sentencing and Punishment of Offenders Act 2012 which makes it easier for courts to use the mental health treatment requirement as part of community orders by simplifying the assessment process, which should assist those who require treatment to receive it as early as possible.

- **A new reception screen and health assessment tool, the Comprehensive Health Assessment Tool (CHAT)**, will better assess and identify the health needs of children and young people in the secure estate and in the community.
- **Work is underway to provide and evaluate alternatives to custody for young offenders** through use of court referral of young people to Intensive Fostering or Multisystemic Therapy programmes.
- **A programme to improve the management and psychological health of offenders who present a high risk of serious harm to others with severe personality disorders.** By reshaping the existing Dangerous and Severe Personality Disorder (DSPD) services in the NHS and prisons, existing resources will be re-invested to deliver new PD services over the next three years.

#### ***Supporting homeless people with mental health problems:***

- **The cross government Ministerial Working Group on Homelessness' forthcoming report will focus on intervening earlier to tackle underlying issues, including mental health problems, that can lead to a housing crisis if unaddressed.** The report will emphasise that poor mental health is a key risk factor and set out how local agencies can identify people at risk and ensure they can access help to prevent them becoming homeless.

#### ***Improving mental wellbeing for all:***

- **The Cabinet sub-committee on public health** will have an important role providing oversight on implementation of the Mental Health Strategy through its broader interest across those public services and wider determinants that affect our wellbeing.
- **The Office of National Statistics' work on measuring wellbeing is a key driver for improving the mental health and wellbeing of the wider population.** The first annual subjective wellbeing results will be released in July 2012. Results will be available on wellbeing at local level right across the country.
- **The Cabinet Office is taking forward work to progress the Prime Minister's commitment to measuring wellbeing and to supporting how a greater focus can be given to wellbeing across policy.**
- **The Department of Health has commissioned the Campaign to End Loneliness to develop a digital toolkit for Health and Wellbeing Boards.** This will help them measure and address levels of loneliness in their local communities.
- **The Cabinet Office, via the Social Action Fund, is funding Mind's peer support project** to increase access to peer support for people with mental health problems.



## 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.

To ensure that the Board fulfils its remit in relation to mental health as effectively as possible, the NHS Commissioning Board Special Health Authority (NHS CBA)<sup>41</sup> is undertaking a number of preparatory projects, supported by both Government and national mental health organisations.

The Board will be a single organisation with one operating model, but its regions and local area teams will be working in partnership locally with the organisations delivering the strategy. Through their role in the commissioning of services such as primary care, specialised commissioning, prison / offender health, military health and some specific public health services, they will have a vital contribution to make in realising the aims of the strategy.

Strategic Health Authorities (SHAs) will provide strategic leadership and oversight of the NHS at regional level during the transition year. During this time, they will continue to bring local organisations together, supporting the creation of coherent plans for implementation and encouraging sharing, learning and collaboration. This includes supporting commissioners through their sponsorship of the Joint Commissioning Panel for Mental Health, and supporting the National Audit of Psychological Therapies (NAPT) second audit.

As part of the wider programme of assuring quality during transition, SHAs will also support corporate memory in mental health. This includes ensuring that mental health needs and provision are suitably preserved and communicated to their successor organisations.

### ***How the NHS Commissioning Board will support improvements in mental health outcomes:***

- **It will meet the objectives of the Mandate as they relate to mental health.** The draft Mandate, currently out for consultation, explicitly recognises the importance of putting mental health on a par with physical health, and tasks the NHS Commissioning Board with developing a collaborative programme of action to achieve this. Mental health also plays an important role of many of the draft Mandate's other objectives. The final Mandate will be published in autumn 2012.
- **It 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.**
- 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 be required to demonstrate that they have sufficient planned capacity and capability to commission improved outcomes in mental health.

41 The NHS Commissioning Board Special Health Authority (NHS CBA) was established on 31 October 2011. Its role is to make all the necessary preparations for the successful establishment of the NHS Commissioning Board in October 2012. The NHS Commissioning Board will take up its full responsibilities in April 2013.

- The Board will hold CCGs to account for the outcomes they achieve through the **Commissioning Outcomes Framework (COF)**. NICE published draft indicators, which are being considered for inclusion in the COF, in February 2012. These included a number of measures of direct relevance to mental health, as well as others with a significant mental health component. The NHS Commissioning Board will publish the final indicator set in autumn 2012.
- From 2014/15, the NHS Commissioning Board and Monitor will jointly be jointly responsible for setting prices in the new system.



## Public Health England (PHE)

From its establishment in April 2013, PHE will be the authoritative national voice and expert service provider for public health. It will do this in concert with the wider health, social care and public health system and with key partners including Local Government, the NHS and Police and Crime Commissioners.

Public Health England will integrate mental health and wellbeing throughout all of its key functions and approaches. It will provide clear national leadership, and help grow and build improved awareness, understanding and capacity in mental health and wellbeing across the life course. It will also show how this will support improved overall outcomes for public health.

***Public Health England will be established in April 2013. We expect it will make a significant contribution to supporting the implementation of the mental health strategy.*** Since the publication of Public Health England's Operating Model in December 2011, we have worked with interested partners to consider PHE's potential contribution to implementing the strategy. PHE's new leadership team will set out its own programme of work. PHE will consider how it will:

- **Contribute to meet the mental health and wellbeing requirements of the Public Health Outcomes Framework.**
- **Improve the collection and integration of data on wellbeing, mental health, mental illness, suicide and self-harm,** to measure improvements and support local services in accessing and using appropriate data, indicators and measures.
- **Support local work to assess mental health and wellbeing needs,** including wellbeing impact assessment and community asset mapping.
- **Collect and disseminate evidence of what works in public mental health and in addressing health inequalities,** to help inform JSNAs, JHWSs, and commissioning plans.
- **Help build capacity and capability across the wider and specialist public health workforce in understanding and integrating mental health and wellbeing into public health.**
- **Deliver health protection that take account of the mental health and psychological effects of significant health incidents and emergencies,** both in preparation for such events and in the operational response to events.
- **PHE will support work on suicide prevention, as one of the key public health challenges in improving mental health and wellbeing,** in support of the new suicide prevention strategy for England.
- **Integrate mental health and wellbeing into campaigns and communications.**

## Education, Regulatory and Professional Organisations

Education, regulation and professional organisations have a role to play in both implementing the framework and, importantly, in creating the right conditions for local implementation. They ensure that professionals have the training, support and guidance they need, and that the regulatory environment supports local implementation efforts.

### ***How Regulators and Professional Associations will support improvements in mental health outcomes:***

- **The Royal College of Psychiatrists will lead work, involving a range of partners from inside and outside the mental health sector, to consider how to achieve ‘parity of esteem’ between physical and mental health.** This will set out what different organisations – at all levels of the health and care system and wider public services – can do to make ‘parity of esteem’ a reality across the full range of public services, with a particular focus on healthcare. The College will report in the Autumn.
- **The Royal College of Psychiatrists aims to increase recruitment to the CT1 grade of Core Psychiatry Training,** achieving a 50% increase in applications and a 95% fill rate by the end of a five year campaign.
- **The Royal College of GPs will focus on the strengthening of training in mental health as part of the GP training programme,** both within current arrangements and as they develop the case for enhanced (four year) training.
- **Health Education England will ensure that the health workforce has the right skills, behaviour and education, and is available in the right numbers, to support high-quality healthcare and health improvement, including mental health and wellbeing.** The strategy and this framework will need to be woven into education and training activity (planning, commissioning and delivery) for all staff, recognising the importance of mental health for health and care overall.
- **The Royal Society for Public Health will develop a range of accessible, short training programmes and a linked accredited qualification to support the implementation of the framework.** The programme will focus on increasing awareness about mental health and wellbeing within the many professions, practitioner groups and organisations in the voluntary, public and private sectors who work to improve population health and wellbeing. It will aim to strengthen capacity and capability to provide universal and targeted support at community and workplace level and be aligned with existing peer-to-peer approaches such as health champions and community connectors.
- **The Faculty of Public Health is developing resources and training to update members and increase their skill base in the area of public mental health, enhancing capacity to promote mental wellbeing and prevent mental illness at local level.** This initiative covers both continuing professional development for existing members and the training and examining of prospective members.
- **The Faculty of Public Health and Royal College of Psychiatrists are working together to explore co-ordinated and consistent professional leadership and development** across the full spectrum of mental health and wellbeing promotion, and the prevention and treatment of mental illness.

- **NICE will develop Quality Standards for mental health.** NICE Quality Standards provide one of the essential foundations for developing high-quality services in the new health system. They are based on the best available evidence of what works to produce good health outcomes. They will inform the commissioning guidance issued by the NHS Commissioning Board and will play a central role in driving quality improvement across the NHS and social care. Quality Standards on depression and service user experience in adult mental health have already been published. Over the next few years, NICE will develop a further 15 Quality Standards on mental health topics, including bipolar disorder, schizophrenia and self-harm.
- **NICE will consider how its guidance and Quality Standards can better reflect the complexity of mental health care.** The extension of NICE's remit to social care will enable future Quality Standards to incorporate the social care and wider aspects of high-quality mental health services alongside the clinical and healthcare aspects. NICE will also develop a Quality Standard on the management of people with co-morbidities, one of the key issues for the mental health strategy.
- **The Care Quality Commission (CQC) is currently exploring how best to align its regulatory and statutory monitoring functions in relation to mental health,** including:
  - Strengthening the way in which insights and intelligence, gained through Mental Health Act monitoring, including information broken down by equality characteristics, inform their assessments of services under the Health and Social Care Act 2008.
  - Developing guidance for their compliance inspectors about the Mental Health Act and associated human rights.
  - Raising the profile and impact of its Mental Health Act Annual Report to parliament.
  - Extending Mental Health Act monitoring to include assessment and admission, supervised community treatment, quality of access to treatment and aftercare.
- **From 2013, Monitor will take on a number of additional functions in relation to mental health.** These include:
  - Protecting and promoting service users' interests, using its powers to ensure care is built around their needs and that competition between mental health services operates in the best interests of people with mental health problems.
  - In conjunction with the Care Quality Commission, Monitor will jointly licence providers of NHS-funded mental health services and oversee compliance with the licence.
  - From 2014/2015, Monitor and the NHS Commissioning Board will jointly be responsible for developing Payment by Results in mental health, setting prices in the new system.

## National Mental Health Organisations

While retaining their independent status and voice, national mental health organisations have a key role to play in supporting the implementation of the strategy and are committed to making it a success. Their work to co-produce this framework is only one part of their work in this area.

Many national mental health organisations are also providers of services.

### ***How National Mental Health Organisations will support improvements in mental health outcomes:***

- **Leading the campaign for improvements in mental health at national level, and supporting local campaigns for improvement through their members and networks.**
- **Leading or supporting specific initiatives to support the strategy.** These include:
  - The delivery of the Time to Change programme to combat stigma and discrimination in mental health.
  - The Mental Health Strategic Partnership has agreed a programme of work for 2012/2013 which will support implementation of the strategy through the creation of a guide for service users and carers, briefings for key local bodies and a series of engagement events to bring these together early in 2013.
  - The Implementing Recovery through Organisational Change programme - run by the Centre for Mental Health and NHS Confederation's Mental Health Network and supported by the Department of Health - supporting the uptake of recovery based practice.
  - The Joint Commissioning Panel for mental health - developing guidance and support for mental health commissioners.
  - The Bradley Group - supporting measures to divert offenders with mental health problems and learning disabilities in the criminal justice system.
  - The New Savoy Partnership – providing advice and support to the IAPT programme.
  - The Offender Health Collaborative - supporting the cross government Health and Criminal Justice Transition Programme in managing the National Liaison and Diversion Development Network.
- **Mental Health State of the Nation:** national mental health charities<sup>42</sup> are developing proposals around a 'Mental Health State of the Nation' to assess the impact of the strategy across the life course and within key domains.
- **Supporting implementation through wider work.** This includes:
  - Helping people with mental health problems, their families and carers, to get involved in all aspects of mental health care. This includes bringing service users, service commissioners and providers together at local level.
  - Providing information to both professionals and people with mental health problems.

42 The Mental health State of the Nation is a co-production between Centre for Mental Health, Mental Health Foundation, Mind and Rethink Mental Illness.

- Increasing public awareness and understanding around mental health.
- Providing peer support for people with mental health problems.
- Providing advice and input to Government, the NHS Commissioning Board, Public Health England, and other public bodies with a role in implementing the strategy.
- Building the evidence base for effective interventions and encouraging research, innovation and the dissemination of good practice.
- Providing feedback, as a 'critical friend', on progress with implementation, including any areas of concern.

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Centre for Mental Health  
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Mind  
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Bipolar UK  
Black Mental Health UK  
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British Association of Social Workers  
The British Psychological Society  
Care Quality Commission  
Centre for Social Justice

Children and Young People's Mental Health Coalition  
College of Occupational Therapists  
Depression Alliance  
Employment Related Services Association  
Equality 2025  
Faculty of Public Health  
GIRES  
Independent Mental Health Services Association  
Mental Health Helplines Partnership  
Mental Health Matters  
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National Children's Bureau  
National Housing Federation  
National Institute for Health and Clinical Excellence  
National Involvement Partnership  
New Savoy Partnership  
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NHS Midlands and East  
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St Mungo's  
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