



**MOVING
FORWARDS:
PATHWAYS TO
BETTER MENTAL
HEALTH AND
WELL-BEING**

A report produced by the national group of Chairs of the
NHS Next Stage Review Mental Health Care Pathway
Groups in the ten English Regions



FOREWORD

This report was drafted and completed over several months of work by the national mental health chairs group and took into account evolving evidence from a range of sources as well as the key findings within each of the ten regions.

The publication of “High Quality Care for All” on 30th June 2008 is extremely heartening and is welcomed by the mental health chairs group. We believe that it and the associated papers create a real opportunity to commission high quality and effectiveness in regard to mental health and well-being initiatives and interventions. We welcome the repeated emphasis within “High Quality Care for All” that health means both physical and mental health and each are equally important and impact on each other and need explicit recognition in commissioning plans.

“Moving Forwards to Better Mental Health and Well-Being” is designed to further stimulate this debate and help to ensure transformation of the vision into reality nationally and in each of the ten English regions.

THE NATIONAL MENTAL HEALTH CHAIRS GROUP

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“THERE IS NO HEALTH WITHOUT MENTAL HEALTH”

1. INTRODUCTION

This summary report sets out the key national themes agreed by the ten regional Mental Health Clinical Pathway Groups set up under the ‘Our NHS Our Future’ (NHS Next Stage) review initiated in summer 2007 by Lord Darzi. The ten regional groups involved local mental health experts, including clinicians and commissioners, and drew upon local input from service users, carers, public, third sector and local authorities.

The Clinical Pathway Groups (CPGs) were tasked with reporting how to develop the NHS contribution to improving mental health and well-being. The ten regional mental health CPG reports acknowledge and emphasise that the NHS is only one part of the spectrum of contributions to promoting, sustaining and creating mental health and well-being. Many of the key determinants of mental health and well-being reflect and require input from individuals, groups and wider society outside the remit of the health service though for many NHS input is critical. The groups did reflect this broader picture whilst recognising that their work needed to focus on making best use of NHS funding to achieve best effect for individuals and society.

Each regional group produced a mental health report tailored to the specific issues for that region. The groups learned a lot from what is available locally and nationally, and about the health inequalities relating to mental health, and used this knowledge to shape their regional recommendations.

This national composite report complements those regional reports by setting out where there was consensus that national work was needed to tackle health inequalities, to improve efficiency and effectiveness, and to drive forward work on meaningful outcomes.

There were five different major streams identified within the broad review of mental health. Child and adolescent mental health issues were covered to varying degrees within the children work streams in each region - the MH CPG chairs recognise much more is needed here. Adult and older peoples mental health, learning disabilities and alcohol and drug misuse were addressed within the mental health streams in each region, although each took a different regional perspective. In all the regions there was also liaison with the other seven pathway groups to ensure that cross cutting themes were shared.

2. WHY IS THERE “NO HEALTH WITHOUT MENTAL HEALTH”?

- (a) Mental health and well-being cannot be viewed in isolation from physical health and well-being.
- (b) Mental health problems place both high financial and distress burdens on individuals, families and society. In addition to the direct impact of symptoms on the individual there are potentially significant impacts such as loss of work and productive roles, loss of independence, physical and mental health interactions, and impacts on families and carers.
- (c) Mental Health systems can deliver excellent quality, but unnecessary variation remains. Effective use of evidence based care pathways is the best way of improving quality and equitability. Service users and their quality of life must be at the core of service design and delivery. Their views plus the views of carers, the public and staff must shape care pathway outcome measures and performance frameworks must increasingly focus on these outcome measures.

3. WHAT CAN BE DONE?

- (d) Mental Health service commissioning and provision should take fundamental account of the perspectives of service users and carers. Involvement of service users and carers in the design and monitoring of service delivery, and in the definitions of service quality and outcomes, is essential.
- (e) Stigma surrounding mental health problems is a barrier to recognition, access and delivery. A more fundamental issue obstructing recognition, access and delivery of care is the lack of education of individuals and society about the importance of mental health in the overall well-being of society. Action to address this in the education system, and in the training of health, social care and voluntary sector staff, and the media, is essential.
- (f) Mental Health problems are best addressed by having sufficient people with appropriate skills wherever people with mental health problems present, including in physical healthcare settings. A workforce with up to date skills to deliver a user and carer focused service is essential for the NHS and partner agencies. Basic skills should be common to all NHS and partner organisation staff, with stepped care and stepped skills for meeting more complex needs. Services need to be available across primary and secondary health care, including acute settings, and in the social care and criminal justice systems.
- (g) There is no single mental health clinical pathway which can encompass all aspects of treatment and support for the many problems or diagnoses of service users of all ages. All service users and carers should have guarantees of responses which meet their needs, this can be tailored through specific pathways based on the generic pathway. The mental health CPG chairs support the development of capacity/demand needs assessment to ensure response times are brought down to days rather than weeks for all non-urgent referrals. Such a pathway would be supplemented with exemplar pathways for specific care needs or diagnoses.
- (h) The centrality of clinician and practitioner engagement and leadership for the delivery of any change in mental health services should not be under-estimated. This involvement is needed not only in reshaping service delivery but also in influencing the commissioning process.
- (i) Mental health care pathways need to be clearly defined and understandable to service users, carers and professionals. A choice of interventions and the negotiation of agreed outcomes are central to this process. The details of the care pathway need to be evidence based, and should be delivered by staff with the appropriate skills. There should be supported navigation of people with mental health problems through care pathways to ensure that all get the options best suited to producing meaningful outcomes. Many people will be able to navigate the system without additional help if information is supplied in usable ways, but there must be backup including advocacy for those who would otherwise miss out on care opportunities. Care plans at all levels should contain evidence that these issues have been addressed.



4. 'BARRIERS' TO PROGRESS

- Mental ill health is still marginalised despite being a high distress and financial burden on society and individuals
- There is inconsistent use of the available clinical evidence base for effective health care
- There is a paucity of good data/evidence to support decision making around some health and social interventions
- Under-development of joint population-based needs assessment and analysis in mental health contributes to under-development of joint commissioning of health and social care across the whole system
- This is further aggravated by the current lack of a meaningful contract currency that relates population demand to service capacity and activity
- There has been little work on the development of service user led outcome measures or the acknowledgement of their importance
- Investment in the current workforce is needed to develop and meet the demands of future service models
- Efficient, effective and seamless care pathways including stepped care are lacking
- Stigma and discrimination within society continue to prevent proper engagement in the promotion of mental health and emotional well-being

5. ENABLERS OF IMPROVEMENT

5A) QUALITY FOCUS

A clear and explicit focus on the quality of health care is essential.

Key indicators for quality are outcome measures which have the engagement and confidence of service users, carers, staff and the public.

One test of world class commissioning will be the delivery of such agreed outcomes. It is essential that quality outcomes feature in commissioner plans from 2009-10 onwards, even though further refinement and development of outcome measures will be continuing.

RECOMMENDATIONS

1. World class commissioning in mental health requires commissioners to use existing data to establish current levels of need, and any gaps between predicted need and service delivery, and to publish this data annually.
2. This data should become a key part of benchmarking of commissioning to demonstrate progress towards world class delivery.
3. Investment is required to develop outcome indicators and to develop ways of publishing outcome data to empower service users, carers and the public, as well as to assist commissioners and providers in further improving services.

5B) INFORMATION

Large volumes of information on mental health service delivery are collected but little is available in a usable benchmarked and accessible format. A key current gap for commissioners and providers across all sectors is in demonstrating that robust data is placed in the public domain about services commissioned and delivered. Investment of skills and time in analysis and reporting of data will help support local communities and individuals in maintaining and recovering mental health and well-being.

Evidence based interventions should be clearly articulated and available as choices to service users and carers.

RECOMMENDATIONS

1. World class commissioning requires that benchmarked information should be made available on quality and value for money for all provider contracts regardless of sector, and that health and social care commissioners develop such data sets and publish them jointly.
2. The development of mental health information systems that support clinical pathway service delivery and intelligent analysis of data should be a priority to underpin transparent and equitable commissioning decisions.

5C) INCENTIVES

The lack of an agreed contracting currency for mental health is a major gap, and obstacle to effective commissioning. Payment by results in the physical health care sector has its limitations, but it gives commissioners and providers a set of benchmarks against which to set contracts. Service quality and outcomes for people with mental health problems will only significantly improve if providers are rewarded and incentivised to deliver quality care and value for money rather than lowest cost.

It is difficult to demonstrate that efficiency savings represent efficiency rather than reduction if there is no agreed contract currency to measure inputs and outputs. In the physical healthcare sector innovative schemes are now developing to reward quality delivery as a “top up” to the basic payment by results tariff. Mental health services will not be able to take advantage of such opportunities to firmly link quality to payment until a baseline currency has been established

RECOMMENDATIONS

1. The development of a currency and tariff system for mental health in England which supports care pathways through a stepped care approach, incentivises quality, and promotes meaningful outcomes for service users through a recovery focus.
2. If a contract provider is showing persistent and serious quality issues on external benchmarking, then commissioners and providers should be equally required to identify causes of failure and explain these to the public they serve. The commissioner would be required to explain to the public no less than annually what reasons they had for continuing the contract with that provider.

5D) INNOVATION

Many examples of innovation and good practice exist. Many of these are about redesign to deliver services better, e.g. early intervention in services beyond psychosis, and non-age related services for crisis home treatment.

Mental health services are seen as low technology, with an emphasis on face to face delivery of services. This has created a perception that technological innovation is not relevant to mental health. In fact mental health service commissioning and provision requires accurate, timely and extensive information. There is clear evidence that increased use of technology, e.g. 24 hour access to electronic care plans and up to date clinical information, improves decision making especially in emergency or transfer situations.

The sharing of such developments is fragmented at present, and the competitive market is starting to act as a disincentive to progress in this area.

RECOMMENDATIONS

1. Develop a system to support, collate and disseminate best practice in mental health innovation, including those using improved technologies, and ensure that this system has access to and/or influence on research and development.

5E) WORKFORCE, EDUCATION AND TRAINING

Mental health care now and in the foreseeable future will involve significant face to face contact between patients and staff. At present too many staff lack the skills and up to date training to deliver the most effective interventions and care.

RECOMMENDATIONS

1. Commissioning of pathways of care delivered by staff with the relevant skills in evidenced based interventions.
2. This will require a combination of general skills for frontline practitioners and a stepped care approach to more specialised competences. For example, appropriate competencies in liaison psychiatry are required to back up the generalist knowledge of clinical staff working in any acute physical health care service.
3. Commissioners, providers and regulators should work together to ensure that contracts encourage high quality staff into mental health commissioning and service provision.
4. Develop and maintain staff skills to deliver improved outcomes and reduce the stigma of mental health services by promoting the field as an important career choice for the long term emotional, social and economic well-being of the country.
5. Training and continuing professional development should be driven by service design based on effective care pathways to address local need, rather than existing skill sets driving service design.

5F) ACCOUNTABILITY – LOCAL AND NATIONAL

Promoting and maintaining mental health and well-being requires whole community approaches and cannot simply be left to health and social care organisations. Joint accountability between health and social care is necessary, and information should be produced to emphasise the need for community responsibility.

Many different types of partnerships, meetings and contractual relationships exist currently, but it is not easily demonstrable that current arrangements are efficient and effective and give best value to local communities. Cross organisational governance in such arrangements needs to be explicit and proportionate, and to be able to provide evidence that the added value and improving quality from such arrangements outweighs their costs.

It is important that health and social care commissioners work jointly to support and promote the development of care pathways based on local need, and that they are explicit about what they are commissioning including expected outcomes and how these are determined.

RECOMMENDATIONS

1. Locally accountable structures and organisations including Local Authorities should ensure that community initiatives such as Local Area Agreements demonstrate active commitment to improving mental health and well-being in local communities.
2. Local and national regulatory systems should apply the same quality and governance standards to all services, regardless of the type or sector of provider.
3. Further promotion is required of service user and carer involvement in accountability structures and commissioning, in order to develop meaningful measures for outcomes.
4. Accountability systems should address discrimination, specifically towards those with mental health problems.



5G) LEADERSHIP WITHIN ORGANISATIONS

Despite many good examples of leadership within and across organisations, leadership is patchy and must be strengthened.

RECOMMENDATIONS

1. Effective clinical engagement and leadership is essential for the continued development of the NHS, and to achieve implementation of the outcomes of the NHS Next Stage Review.
2. Strategic leadership across health and social care should be strengthened as it is critical for joint commissioning of mental health services.
3. Management systems in health and social care commissioning and provider organisations must value, promote and encourage input from those with clinical as well as those with non-clinical expertise and backgrounds.
4. Service user and carer inputs and representation must be embedded in key decision making groups within health and social care commissioning organisations.
5. The NHS must invest more in leadership development, including appropriate multidisciplinary and interagency leadership development programmes to meet the needs of the wider health and social care system.

6. CONCLUSION

This report sets out those issues where the regional care pathway groups agreed that further work at national level is necessary to support and complement the regional work. The combination of national level work with regionally tailored work, as set out in the CPG reports, will drive up quality through development of effective care pathways. In turn, this will reduce health inequalities through promoting real choice based on meaningful outcomes.

To build on, maintain and develop the expertise, enthusiasm and clinical engagement demonstrated in the regional groups it is essential that in moving the Next Stage Review process to implementation the regional SHAs support and facilitate ongoing Clinical Pathway Groups in an appropriate guise. For example, the CPGs could form the basis for development of mental health networks tasked with advising SHA and PCTs on clinical and commissioning issues. These will be a vital part of the SHA processes to support and strengthen local implementation, which will differ in timing and priorities based on local circumstances and need. The principles of provision through pathways will only deliver if commissioners adopt commissioning strategies which reflect evidence based responses to local need.

The mental health CPG work to date has generated a platform and a springboard to radically improve the mental health of the nation at regional and national levels. It is up to everyone working in health and social care to ensure the opportunity for continued improvement is seized not squandered.

ACKNOWLEDGMENTS

This report has been produced by the clinical chairs of the 10 English regions' Mental Health Care Pathway Groups assembled under the Our NHS Our Future programme. The contents of the report therefore represent the summary views of the chairs and as such are not purporting to be the views of any SHA or the Department of Health or any other body. This report is based on the deliberations and cross-learning from the 10 regional groups and the national events, and is published to help stimulate the debate about national level opportunities to complement the regional Mental Health reports and regional and national summary documents.

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Full lists of members of the Care Pathway Groups and the regional Care Pathway and summary reports can be accessed via the national website

www.ournhs.nhs.uk

by linking through to the relevant region.