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No Health Without Mental Health: A guide for Clinical Commissioning Groups

Mental health problems account for almost one quarter of the burden of ill health in the UK and their prevalence is rising (WHO 2008). Poor mental health affects people of all ages yet with effective early intervention its impact can be reduced dramatically, improving efficiency and patient outcomes.

Following the publication of the implementation framework for the Government's mental health strategy, this briefing sets out the crucial role of local NHS commissioners in improving mental health care, treatment and support. These actions will help CCGs deliver the NHS Mandate requirement to place mental health on a par with physical health.

What can CCGs do?

The recommendations below build on the Implementation Framework's actions for clinical commissioning groups, PCT clusters and commissioning support services:

- **Appoint a mental health lead at senior level, where possible a GP on the CCG board, to oversee mental health commissioning and ensure links to other key organisations locally.** This could include developing mental health elements of joint strategic needs assessments and joint health and wellbeing strategies, ensuring integration of primary and secondary care mental health services, developing CQUIN measures for mental health, developing expertise in the mental health aspects of QIPP (Quality Innovation, Productivity and Prevention), and keeping up with the latest developments in mental health practice.

- **Consider the mental health needs of the whole population.** This includes: people not registered with a GP, those in the criminal justice system, and those less likely to access mainstream services, including black and minority ethnic groups and vulnerable migrants.

- **Commission for effective transitions** - between Child and Adolescent Mental Health Services and adult services, and between working age adult services and services for older people.

- **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 mental health quality standards as they are published, as well as the guidance produced by the Joint Commissioning Panel for Mental Health.

- **Commission to intervene early**, including early in life, early in the onset of a condition, and early in a crisis episode. 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 with public health and children's services and

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to consider expanding options for self-help and self-referral into local services.

- **Develop robust systems and structures for the local community, service users and carers to influence and lead commissioning decisions**: Use a range of engagement mechanisms to strengthen relationships and joint working with local groups and a diverse range of service users both to assess the quality, performance and outcomes of services and to co-design new service models.

- **Ensure that commissioned acute and crisis care services are based on humanity, dignity and respect**: Human Rights in Healthcare, and initiatives like Star Wards can provide practical advice for this, and good practice examples are cited in Mind's report Listening to Experience. Commissioners should also ensure that recommendations from the Care Quality Commission's (CQC) Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards monitoring are acted upon by local providers.

- **Commission for choice from the full range of NICE-approved psychological therapies,** offering a range of treatment options and, where appropriate a choice of providers through the 'any qualified provider' (AQP) scheme.

- **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. This approach is strongly supported by service users and local authority commissioners. 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 (Centre for Mental Health 2009).

- **Utilise specific mechanisms to support choice in mental health.** These include Advance Directives, Independent Mental Health Advocacy and Independent Mental Capacity Advocacy – plus the rollout of personal health budgets. Commissioners can also build service user feedback and satisfaction measures into performance reviews.
- Use innovative service models to improve the mental health of people with long-term physical conditions. Examples include liaison mental health services, talking therapies for people with long term conditions and services for people with medically unexplained symptoms.

Facts and figures

Every year, at least one person in six experiences a mental health problem (McManus *et al.,* 2009). Depression and anxiety affect about half of the adult population at some point in their lives. Three-quarters never receive any treatment for their mental health condition (LSE 2012).

Mental ill health costs some £105 billion each year in England alone. This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health, 2010).

Half of all lifetime mental health problems emerge before the age of 14 (Kim-Cohen *et al.,* 2003).

People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang *et al.,* 2011). This is predominantly due to higher rates of poor physical health, for example related to smoking.

Objectives from the strategy

The Government's mental health strategy for England, No Health Without Mental Health, set out six key objectives for better mental health and improved mental health care. It can be found at: http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm.

The six objectives are:

More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health.

More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – including improved chances in education, better employment rates and a suitable and stable place to live.

More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

More people will have a positive experience of care and support

Care and support should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives.

Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will

Reviewing service provision

Cambridgeshire and Peterborough's shadow clinical commissioning group has undertaken a major review of mental health services in the county. As a result of this it has made a number of changes, including:

- Developing a 24/7 Advice and Brief Intervention Centre to provide a single point of access to a range of services and to provide information about mental health to GPs, nurses and other local health professionals.
- Transforming Child and Adolescent Mental Health Services, including a 'stepped care model' to ensure that the level of support a child receives relates to their level of need, and designated 'link workers' with local authority children's services and schools.
- Re-designing older people's mental health services with a focus on early identification of dementia and mental health problems, early signposting to effective help in primary care and improved partnership working with local voluntary sector organisations to create 'seamless' support.

The Joint Commissioning Panel for Mental Health (2012) recently reported that:

- Five per cent of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions are related to mental ill health.
- Self-harm accounts for between 150,000 and 170,000 A&E attendances per year in England.
- Two thirds of NHS beds are occupied by older people, up to 60% of whom have or will develop a mental disorder during their admission.

Liaison mental health services

Liasion mental health services provide mental health care to people being treated for physical health conditions in general hospitals. The liaison service based at Birmingham City Hospital, known as RAID, offers comprehensive, round-the-clock mental health support to all adult patients in the hospital.

Since expanding from a small liaison psychiatry team to its current form in 2009, RAID is estimated to have cut the costs of bed use within the hospital by some £3.5 million a year: far in excess of its cost (Centre for Mental Health 2011). Most of the savings come from shorter lengths of stay and reduced readmissions to the hospital among elderly patients.

Personalisation and Payment by Results

Clinical commissioning groups in Northamptonshire are encouraging greater uptake of personal health budgets (PHB) and it is hoped that in future mental health Payment by Results (PBR) clusters will be used to determine each person's budget. Through a pilot project, 19 people took up personal health budgets ranging from £1,800 to £29,000. Over twelve months, the total planned spend was £123,000, 62% of which was on 'traditional' mental health services and 38% on a range of other services including personal assistants, psychological therapies, education, exercise and IT equipment.

Interim evaluation of the pilot concluded that: "there is no significant difference in the cost of care...following PHB implementation... However, qualitative data gathered from patients in the

implementation group and their clinicians is showing an increase in the quality of care and all these patients are making progress or meeting their measurable health outcomes."

The use of personal health budgets can also align with social care budgets to enable integrated personal individual support for people in their recovery journeys.

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