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To: Adult Social Services and Public Health Policy Overview and Scrutiny Committee - 7 April 2011

Subject: **“NO HEALTH WITHOUT MENTAL HEALTH” – THE NEW GOVERNMENT STRATEGY FOR MENTAL HEALTH**

Classification: Unrestricted

Summary: To advise Members of the new Government strategy for mental health published on 2 February 2011; and the implications for local implementation.

Background

1. (1) Between 1999 and 2009 mental health services were driven by the National Service Framework for Mental Health. This was very much a target-driven approach, particularly in relation to delivering new crisis and home treatment teams and reducing the use of inpatient treatment. It brought much new investment into mental health.

(2) In 2009 “New Horizons” was published. This set out a direction for mental health services that was more aspirational, with the aim to “create flourishing and connected communities through the promotion of well-being and resilience and the reduction of inequalities”. It set out new ideas for delivering services, through primary care initiatives, personalisation and developing partnerships across statutory bodies. However it was difficult to quantify and measure the changes it said were desirable.

(3) The Government considered a revision of New Horizons was needed which would set out a simplified and clearer picture with identified outcomes. As a result, on 2 February 2011 the Government published “No Health without Mental Health”, its cross-government, all-age strategy for mental health.

No Health without Mental Health

2. (1) “No Health without Mental Health” is a strategy that has been actively coordinated across Government departments to ensure joint working and integration between health and social care, with outcomes that reflect this unified approach. It sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services.

(2) These objectives support the Government's aims of ensuring similar opportunities for choice and control about treatment for people in mental health as in physical health; safeguarding, keeping people from harm; and understanding the interconnections between mental health and accommodation, employment, and the criminal justice system. There will be increasing emphasis on improving access to talking therapies, especially in primary care, and greater focus on early intervention.

(3) However the strategy has been published at a time of great structural change and a pressured financial situation. The strategy also furthers the case for the extension of Payment by Results (PbR) into mental health. To deliver the key objectives effectively will require the combined use of current resources for mental health, working together across health, social care and voluntary and independent sectors.

The Six Key Objectives

3. (1) **More people will have good mental health** - more people of all ages and backgrounds will have better wellbeing and good mental health, and fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

(2) **More people with mental health problems will recover** - more people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, improved chances in education, better employment rates and a suitable and stable place to live.

(3) **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

(4) **More people will have a positive experience of care and support** -care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure people's human rights are protected

(5) **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.

(6) **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 decrease.

Measuring Outcomes

4. (1) Progress against the objectives above will be measured through indicators within the outcomes frameworks relating to the NHS, Public Health and Adult Social Care services. Many will be a shared responsibility between Health and Adult Social Care. The indicators are described in the following high level “domains”.

(i) **NHS Domains**

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions: employment for people with mental illness and quality of life for carers
- Helping people to recover from episodes of ill-health: emergency readmissions within 28 days of discharge from hospital
- Ensuring that people have a positive experience of care through patient experiences of community mental health services
- Treating and caring for people in a safe environment and protecting them from avoidable harm

(ii) **Public Health Domains**

- Health protection and resilience: protecting the population's health from major emergencies and remaining resilient to harm
- Tackling the wider determinants of ill-health: tackling factors that affect health and wellbeing
- Health improvement: helping people to live healthy lifestyles and make healthy choices
- Prevention of ill-health: reducing the number of people living with preventable ill-health
- Healthy life expectancy and preventable mortality: preventing people from dying prematurely

(iii) **Adult Social Care Domains**

- Promoting personalisation and enhancing quality of life for people with care and support needs
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment

(2) Each of these domains has outline performance indicators attached to them. Many are shared between Health and Social Care. Most will be captured through existing data collection, although there will be a need for close cooperation and information sharing between agencies.

Links to Local Strategy

5. (1) "Live it Well" – the strategy for improving the mental health and wellbeing of people in Kent and Medway 2010 to 2015 - was presented to Members at the Adult Social Services Policy Overview and Scrutiny Committee of 30 March 2010. It set out the strategy for delivering Kent's mental health services for the next 5 years as a more personalised approach which focuses on prevention, health and wellbeing and improving access and reducing discrimination and stigma.

(2) The Live it Well strategy is very compatible with the aims of "No Health without Mental Health". Indeed the same phrase "No Health without Mental Health" was used to set the tone of the Live it Well strategy in the public summary booklet which was distributed widely in Kent and Medway last year.

Implications for Kent

6. (1) In Kent we are well placed through our current commissioning relationships to deliver the key themes of “No Health without Mental Health”. The current performance management arrangements led by the PCT team, together with the social care performance monitored by the KCC Mental Health Commissioning and Contracting Team, mean that we are already collecting most of the indicators suggested by Government.

(2) The next two years will be challenging, particularly with the move to GP commissioning consortia in April 2013. It is important that Kent’s investment in mental health in the new arrangement remains committed to achieving Kent’s ambitions for early intervention; improved access to services through Gateways and primary care; and increased personalisation.

(3) “No Health without Mental Health” requires an integrated approach to commissioning mental health services which will result in seamless service provision. Kent is already in a joint strategy with Health in delivering the commissioning of mental health across health and social care outcomes, both for secondary care services and with the voluntary sector: this is a strength which should help with the transition to GP commissioning over the next two years.

(4) Kent has recently undertaken a review of the partnership agreement with the main mental health provider in Kent, the Kent and Medway NHS and Social Care Partnership Trust (KMPT), with the aim of re-aligning some elements of the partnership. The outcome of this review will be reported to Members in the near future. This is an opportunity to ensure that the resource Kent commits to this partnership is re-structured in a way which will ensure the social care elements of “No Health without Mental Health” are delivered effectively, in a seamless way with the rest of the local mental health economy.

Recommendation

7. (1) Members are asked to NOTE the new Government strategy for mental health and the implications for Kent: and to APPROVE the continuation of our joint commissioning strategy with Health.

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Background documents: None