

Developing an outcomes-based approach in mental health

Key points

- A new Mental Health Network report explores the issue of outcome measurement in mental health.
- The report provides an overview of the policy context, including the development of national outcomes frameworks.
- A number of recommendations are made to the Department of Health, the emerging NHS Commissioning Board and clinical commissioning groups.
- This *Briefing* also highlights examples of ongoing work relating to outcome measurement.

The coalition Government have been clear about their desire to move away from centrally driven service targets, and argued for “a relentless focus on delivering the outcomes that matter most to people.”¹ This agenda raises important questions for government, public services and for NHS mental health services. How do we define and measure success? How do we ensure the new structures being developed enable government to give account to the public for progress? And how do we ensure new payment mechanisms are linking to the right outcomes?

The Department of Health commissioned the Mental Health Network to produce a report which would help set out a direction of travel for developing an outcomes-based approach to improving mental health. The report makes a number of recommendations for Government, the NHS Commissioning Board and emerging clinical commissioning groups. This *Briefing* sets out the policy context for outcomes in mental health and summarises the recommendations made in the report, including the need to develop an implementation framework in support of the mental health strategy, *No health without mental health*.

The policy context

No health without mental health

Published in February 2011, the Government’s strategy for improving mental health and wellbeing, *No health without mental health*, sets out six overarching objectives:

1. More people will have good mental health.
2. More people with mental health problems will recover.
3. More people with mental health problems will have good physical health.
4. More people will have a positive experience of care and support.
5. Fewer people will suffer avoidable harm.

6. Fewer people will experience stigma and discrimination.

The vision set out in the strategy is widely supported by stakeholder organisations and by the experts interviewed as part of compiling the report. The strategy states that indicators contained within the three national Outcomes Frameworks, for the NHS, public health and adult social care, will be a key way for measuring progress against the six objectives of the strategy. Other national measures, such as the Office for National Statistics' development of new indicators of population well-being, will also be important.

In establishing mechanisms by which government will in future hold public services to account in an increasingly devolved service, the Government has therefore made an important start in signalling the outcomes, rather than the processes, which should be the focus for assessing the effectiveness of services at a national level. The three national Outcomes

Frameworks provide a useful mechanism by which government can demonstrate to the public how progress is being made.

The NHS Outcomes Framework

The July 2010 white paper, *Transparency in outcomes*,² signalled a shift of focus from measuring processes to measuring outcomes.

The first NHS Outcomes Framework, published on 20 December 2010,³ measures outcomes across five domains: preventing people from dying prematurely; enhancing quality of life for people with long-term conditions; helping people recover from episodes of ill health or following injury; ensuring people have a positive experience of care; plus treating and caring for people in a safe environment and protecting them from avoidable harm.

The purpose of the NHS Outcomes Framework will be as a vehicle for the Secretary of State, in conjunction with the mandate,

to hold the NHS Commissioning Board to account. The Department of Health (DH) will refine the indicators annually and review the effectiveness of the framework in five years' time. A number of measures included in the NHS Outcomes Framework directly relate to the objectives of the mental health strategy. Examples include the under-75 mortality rate for people with serious mental illness, employment for people with mental illness, and patient experience of community mental health services. However, there are some significant gaps in the measures currently included if the NHS Outcomes Framework is to be fully exploited as a vehicle by which improvements in mental health services can be measured, in line with the objectives set out in the mental health strategy.

In particular, experts who were interviewed talked about the need to include broader indicators relating to recovery (for example, accommodation, Health of the Nation Outcome Scales (HoNOS) change scores), safety, suicide, and the need to include indicators with relevance to older people and children and young people. Some of these indicators, for example on suicide, are already collected at a national level and could, the report argues, easily be incorporated in future. Some indicators will require further research and development, for example measuring outcomes for children and young people.

The Adult Social Care Outcomes Framework

A consultation on the Adult Social Care Outcomes Framework was published in parallel with the vision for adult social care

No health without mental health: developing an outcomes-based approach

Published in December 2011, the Mental Health Network's report, commissioned by the Department of Health (DH), aims to assist the DH, with an eye to the emerging NHS Commissioning Board, take stock of previous and ongoing work relating to outcome measurement in mental health and the emerging policy framework, understand some of the challenges that need to be addressed, and recommend a direction of travel for moving forward. The report's conclusions and recommendations are based on interviews with civil servants, professionals, academics, service user representatives, chief executives of provider organisations, strategic health authority mental health leads, clinicians and professional representatives.

The report is available at www.nhsconfed.org/mhn

'It is clear there is scope for improvement in more clearly linking the objectives of the mental health strategy with the outcomes set in the framework'

in November 2010.⁴ It set out a number of proposed outcomes relevant to the mental health strategy, including measures of user and carer satisfaction with services and the proportion of people in contact with secondary mental health services in employment.

The DH will republish the Adult Social Care Outcomes Framework in March 2012, and thereafter annually. However, as with the NHS Outcomes Framework, it is clear there is scope for improvement to more clearly make links with the objectives of the mental health strategy.

The Public Health Outcomes Framework

The consultation on the Public Health Outcomes Framework⁵ describes the Government's vision for the future of public health in England, including the establishment of Public Health England.

Whilst no formal framework has yet been published, a large number of the indicators included in the consultation have a clear relevance to the objectives in the mental health strategy. For example, the proportion of people with mental illness and/or disability in settled accommodation, the number of first-time entrants to the

youth justice system, and the rate of smoking among people with serious mental illness are all included. The Mental Health Network (MHN) will be looking to the first published framework to ascertain its 'fit' with the objectives of the mental health strategy.

Measuring outcomes in the new NHS

The Commissioning Outcomes Framework

At the national level, ensuring appropriate indicators that relate to each of the six objectives of the mental health strategy are included in each of the three national Outcomes Frameworks will be crucial. However, in considering how progress can be driven at a local level, it is important to address how other levers in the system can be appropriately utilised.

The MHN's report makes a number of recommendations for the NHS Commissioning Board, established in shadow form in October 2011, as it begins to consider its early priorities.

The consultation document, *Liberating the NHS: commissioning for patients*, published in July 2010, proposed developing a Commissioning Outcomes Framework.⁶ Its purpose will be for the NHS Commissioning Board to hold clinical commissioning groups to account on the health outcomes and quality of care (including patient reported outcome measures and indicators of patient experience) they achieve. Subject to passage of the Health and Social Care Bill, the Commissioning Outcomes Framework will become operational from April 2013.

Case study: Priory Healthcare

The Priory has increased the level of information relating to outcomes in its Quality Accounts for 2010/11, and will seek to develop the measures used for future years. Each of the services within Priory has a Routine Outcome Measurement programme which is appropriate to the service. The information provided by Priory's outcome measurement systems aims to assist clinicians and patients in care planning, whilst helping services assess their own effectiveness and benchmarking between units. For example, for Priory's acute inpatient services, Health of the Nation Outcome Scales (HoNOS) were completed at admission and discharge for around 95 per cent of patients.

The Priory's published Quality Accounts provide information about average HoNOS change scores for patients using those services. For addiction services, progress is measured via the Priory Addiction Recovery Questionnaire (PARQ) – a set of questions administered at three-monthly intervals throughout the 12-month after-care period. PARQ is designed to establish the proportion of discharged patients who maintain abstinence, or improvement from their addiction, for 12 months following discharge. The first set of these results will be published in the quality accounts for 2011/12.

'The development of new payment mechanisms will be crucial to the future development of outcomes'

It will be for the NHS Commissioning Board to make decisions on the shape and content of the Commissioning Outcomes Framework. In preparation, given the long lead time for developing indicators, the DH has asked the National Institute for Health and Clinical Excellence (NICE) to begin developing indicators for the NHS Commissioning Board to consider, based on the nine NICE Quality Standards.

Other levers and mechanisms

Other national and local mechanisms for measuring outcomes include the National Patient Safety Agency's voluntary National Reporting and Learning System, the Mental Health Minimum Dataset and Hospital Episode Statistics. At a local level, Quality Accounts for individual providers can be a useful way of showing outcomes achieved for patients. Other levers provide opportunities for measuring progress and incentivising improvement, such as the NHS Operating Framework, the Quality and Outcomes Framework (QOF) for GPs, and the use of contractual incentives, such as Commissioning for Quality and Innovation (CQUIN) payments.

NICE Quality Standards

Quality Standards are intended to provide an authoritative definition of what high-quality care looks like for a particular care pathway

or service. They act as a bridge between the outcomes that the NHS, public health and adult social care aim to deliver, and the processes and structures that are needed to make delivery possible. A Quality Standard on depression in adults has already been published. NICE is currently running a pilot to develop social care Quality Standards on the care of people with dementia and the health and well-being of looked-after children. Quality Standards for drug use disorders and service user experience in adult mental health are currently being developed. Work to develop Quality Standards on bipolar disorder in adults, bipolar disorder in children and adolescents, and schizophrenia will begin shortly.

Providers could use Quality Standards to self assess and clinical commissioning groups could use them to assist their assessments. However, there is no formal requirement for Quality Standards to form part of the performance management regime.

Linking outcomes to payment

The development of new payment mechanisms will be crucial to the future development of outcomes. The Government has made a clear commitment to the extension of Payment by Results (PbR) into mental health within the next two years. In 2012/13 the use of care clusters will be mandated for contracting for adult mental health services.

Improving Access to Psychological Therapies (IAPT) services incorporate routine outcome measurements. Planned pilot work in 2012 will evaluate the potential

for basing a PbR system on outcomes. This should provide a good opportunity for wider lessons to be learnt.

It is envisioned that a PbR system, based on the existing 21 care clusters, will link payment with outcomes associated with each of the clusters. The MHN's report highlights that work to develop outcomes for PbR in mental health and work to develop Quality Standards by NICE appear to be running in parallel with each other, rather than being closely interlinked. It will be important to ensure that these important drivers are developed to complement each other, and as far as possible promote the importance of similar outcomes, in order to avoid future tension.

Gaps and challenges

The Government's ambition to create a comprehensive and integrated framework of information relating to outcomes across health, public health and social care was welcomed by all those the MHN interviewed. Interviewees were positive about the extent to which the three frameworks together could provide a comprehensive picture of outcomes, at a population level, from treatment and care services.

Whilst much progress had been made in gathering appropriate information relative to outcomes (for example, using HoNOS in routine clinical practice and using the Mental Health Minimum Data Set) there is still widespread scepticism about the purpose for which data may be sought, and concern about the likely future burden of data collection.

Many, particularly among the clinicians the MHN interviewed, felt that the bureaucracy of data capture already took too much of their time and impeded their ability to work productively. Whilst most experts acknowledged that there has been progress in the measurement of outcomes and key processes in mental health, they also indicated some very significant gaps. Few measures collated at a national level focus on mental health in old age or childhood, and there are insufficient indicators of safety relating to community mental health services, or for people treated in primary care. Many interviewees, particularly those from service user and carer organisations, commented on the concept of recovery and the paucity of relevant information collected in routine practice to help understand whether an episode of care is associated with improvement. Others were keen to stress that where we know a process helps achieve good outcomes, process measures remain extremely valuable.

'The failure to focus on recovery can be likened to evaluating a holiday on the basis of the hotel check-in'⁷

The analysis of gaps in current plans, coupled with feedback from experts, leads to the report to suggest that there is a need for progress in four broad areas:

- on content – what to measure at national and local level

Case study: University College London Partners

In the University College London Partners pilot, a series of measures relating to overall 'value' are being developed, to support measurement and transparency of outcomes on quality and costs.

Central to the design of this project, being undertaken in a partnership with five London mental health NHS providers, is Michael Porter's approach to defining value,^{8,9} which brings together information about patient outcomes, or user benefit, with information about costs. A governance structure including chief executives and medical directors of the trusts has been established. Qualitative as well as quantitative data will help the researchers answer questions about the perceived benefit of control by clinicians and service users, and understand the merits of incorporating information about team cost as well as impact.

Case study: NHS London

Developed at NHS London, by Dr Geraldine Strathdee and dementia project manager Jen Watt, the dementia needs assessment pack ('The Chapter') is now being used across the region. A public health physician was commissioned to assess the current prevalence of dementia for every borough, examine the demographic profile of the population and plot likely changes in demand, and establish from QOF registers the percentage of people already identified with dementia (which varied from 30 per cent to 75 per cent across different areas). The Chapter then supports an examination of models of care for people with dementia and, from that, how and where efficiency savings might be made. For example, it is possible to look at unplanned and emergency admissions and work out an appropriate level of preventable admissions for local service providers to aim for. Work has been started by Alastair Burns (National Clinical Director for Dementia) to develop an expert commissioning pack. Work has started to develop some outcome measures. It provides a model which could also be applied for common mental disorders, severe mental illness, drug and alcohol services and child and adolescent mental health services (CAMHS).

- on process – which data should be analysed and how should it be collected
- on utility – the purposes for data analysis
- on the burden of measurement – the volume of, and commitment to, data capture by local providers.

Who might have answers?

Building on the analysis of gaps and challenges, the MHN report highlights a number of projects and programmes that may inform future development of outcome indicators and measures at a national and local level. These include: the Implementing

Recovery Organisational Change (ImROC) project funded by the DH and delivered in partnership by the Centre for Mental Health and the MHN; the University College London Partners pilot (see above); work from NHS London (see above). The report also highlights examples of existing measures which could be drawn upon at a national and local level.

A way forward

Whilst there are some significant gaps in the measurement of outcomes, there are also some important opportunities to build on work already started.

With an eye to future priorities, the report makes a number of recommendations to the DH, NHS Commissioning Board and emerging clinical commissioning groups. These recommendations are outlined below.

Recommendations for the Department of Health

Firstly, the DH will be publishing an implementation framework in support of the mental health strategy, which will be an ideal opportunity to provide clarity on how outcomes relating to the six objectives of *No health without mental health* will

be incorporated in the three Outcomes Frameworks. Where reliable indicators are not currently available, it should also set out how work to develop appropriate measures will be taken forward for future years. An implementation framework also might helpfully include information on how outcomes relating to children (in relation to the Department for Education's exploration of a potential Children's Outcome Framework), older people, criminal justice and employment for people with mental health problems will be integrated into a coherent overall approach

Summary of our key recommendations

Recommendations for the Department of Health	Recommendations for the NHS Commissioning Board	Recommendations for clinical commissioning groups
An implementation framework, in support of the mental health strategy, should provide clarity on how mental health outcomes will be incorporated in the three Outcomes Frameworks.	The NHS Commissioning Board should provide clarity on the content of the Commissioning Outcomes Framework and show that the indicators contained within it support the objectives of the mental health strategy.	Emerging clinical commissioning groups will want to establish what outcomes data is available to them relating to their local providers and consider how far this fits with the objectives set out in the mental health strategy.
Recovery should be an early priority for development of better indicators.	The NHS Commissioning Board will ideally want to work with the sector to build on existing good practice in defining what 'good' looks like.	Local commissioners will want to consider how best to use the levers open to them to help drive improvement.
The DH should consider how separate reporting mechanisms across health, social care and public health could be better aligned to reduce any duplication, and ensure databases can be adequately connected.	It would be welcome if the NHS Commissioning Board examined the question of the overall burden of reporting requirements in more detail.	Clinical commissioning groups will want to urgently consider with providers how current information systems support requirements for data, and how they can help reduce any unnecessary burden on providers and clinicians.
The DH will need to urgently consider how outcomes relating to NICE Quality Standards and outcomes relating to PbR clusters are aligned, and whether they adequately link to the objectives of the mental health strategy.	It will be critical to make clear how other levers at their disposal will be used to drive improvement.	Clinical commissioning groups will want to consider how new services can help provide richer data to inform commissioning decisions.

to measuring progress on the objectives of the strategy.

Secondly, and building on the first recommendation, recovery should be an early priority for development of better indicators. There would also be value in (and support for) building on work already started with HoNOS to explore change scores as a measure of recovery.

Thirdly, and relating to the concerns we heard about reducing unnecessary burden, the DH should consider how separate reporting mechanisms across health, social care and public health could be better aligned to reduce any duplication, and ensure databases can be adequately connected, if not nationally then locally. This could build on best practice at local level.

Finally, the DH will need to urgently consider how outcomes relating to NICE Quality Standards and outcomes relating to PbR clusters are aligned, and whether they adequately link to the objectives of the mental health strategy.

Recommendations for the NHS Commissioning Board

It will be important for the NHS Commissioning Board to provide clarity on the content of the Commissioning Outcomes Framework and demonstrate the indicators contained within it support the objectives of the mental health strategy. It will also be critical to make clear, given the role of the NHS Commissioning Board in commissioning primary care services, how other levers at their disposal (for example, the QOF) will be used to drive

improvement in support of the mental health strategy.

The NHS Commissioning Board should work with the sector to build on existing good practice in defining what 'good' looks like and developing new measures where needed, which should include process measures where appropriate.

Finally, it would be welcome if the NHS Commissioning Board examined the question of the overall burden of reporting requirements in more detail.

Recommendations for clinical commissioning groups

Emerging clinical commissioning groups will want to establish what outcomes data is available to them relating to their local providers of NHS services (and other local public service providers, in conjunction with the Health and Wellbeing Board). They should then consider how far this fits with the objectives set out in the mental health strategy.

Local commissioners may then want to consider how best to use the levers open to them – such as contract levers like CQUIN – to help drive improvement.

Clinical commissioning groups will want to urgently consider with providers how current information systems support requirements for data, and how they can help reduce any unnecessary burden on providers and clinicians. Clinical commissioning groups will want to consider how other methods, such as those used by NHS London, can help

provide richer data to inform commissioning decisions.

Mental Health Network viewpoint

We strongly support the vision set out in *No health without mental health* and the objectives it sets for improving mental health and well-being. When the strategy was originally published, we stated that there would be much to do to ensure the objectives were translated into meaningful indicators for the NHS, public health and adult social care outcomes frameworks. The concept of an implementation framework, which we are pleased to see has gained support from other stakeholders and the DH, provides an important opportunity to take this work forward.

Beyond that, we will want to work closely with the NHS Commissioning Board as it starts to develop the Commissioning Outcomes Framework and its approach to outcome data collection more broadly. We must ensure that with the expansion of PbR into mental health services, the outcomes which providers are paid for fit with the objectives of the mental health strategy and are aligned with NICE's work on Quality Standards. We must also ensure that providers and commissioners are not subject to increased burdens around data collection. We would welcome the NHS Commissioning Board looking at this question in more detail when established.

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

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Further information

The full text of the MHN report, *No health without mental health: developing an outcomes-based approach*, can be downloaded from the NHS Confederation website.

Visit www.nhsconfed.org/Networks/MentalHealth/OurWork/Pages/Publications.aspx

The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers.

We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers. For further details about the work of the Mental Health Network, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

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