New Horizons: the next phase of mental health policy

Key points

- New Horizons sets out the Government’s vision for improving mental well-being and improving adult mental health services in England.
- There are no new targets for public services or commitments on future funding.
- Public mental health initiatives include targeting young people, tackling stigma and improving employment and housing outcomes.
- Mental health services need to improve quality and efficiency, and focus on recovery.
- Improving access for vulnerable and hard-to-reach groups, such as veterans, is key.
- Improving transitions and intervening early are major themes.

New Horizons sets out the next phase of cross-government policy on mental health in England, following on from the 1999 National Service Framework for Mental Health.

A cross-government programme of action, New Horizons sets out the twin aims of improving the general mental health and well-being of the population, and improving the quality and accessibility of adult mental health services in England. A government response to the review of child and adolescent mental health services will be published separately. New Horizons is the first stage of a programme of action. Other initiatives related to the strategy will follow.

This Briefing summarises the key points of New Horizons, and focuses particularly on what the strategy means for the NHS. It details the actions relating to improving public mental health and well-being, and those relating to improving services.

Background

New Horizons is a government vision for how adult mental health services should develop, and how whole population mental well-being should be addressed. It does not set out any new specific targets for public services, nor does it make any commitments around future funding. It sets out a number of new and existing government initiatives to support delivery of the vision and highlights examples of good practice.

New Horizons incorporates actions for improving mental health across a wide number of government departments, including the Department of Health (DH), Cabinet Office, Department for Work and Pensions (DWP) and Ministry of
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Justice. Progress on the strategy will be monitored by a ministerial board and a ministerial advisory group on inequalities and mental health.

New Horizons envisages that existing system levers – such as public service agreements (PSAs), local area agreements (LAAs) and the NHS Operating Framework – will be used in support of local delivery, alongside encouraging greater clinical leadership and effective local partnership working. The introduction of Payment by Results will support driving up of quality, and the development of a national currency should help support consistent contracting throughout England. Plurality of provision is seen as a particular strength of the mental health sector, which will drive innovation and improve quality and value for money.

A skilled workforce is also crucial. New Horizons highlights a number of areas as priorities for training, including for GPs and teachers.

To support effective commissioning, developing better quality information, including outcome measures, will be key. Currently, there are wide variations in the sorts of indicator sets used nationally, which makes benchmarking and measuring performance problematic. New Horizons commits the DH and the Care Quality Commission (CQC) to achieving a greater degree of coherence across the indicators in use. For those with severe mental illness on the Care Programme Approach (CPA), Health of the Nation Outcome Scales (HoNOS) is the mandated outcome measure.

Tackling public mental health and well-being

New Horizons defines well-being as:

“a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the environment.”

There has been an increasing amount of interest in policies around public mental health and well-being from political parties and from organisations such as the Young Foundation and the New Economics Foundation.

The Labour Government has, over the past ten years, introduced policies aimed at improving well-being, through, for example, the ‘well-being power’ afforded to local authorities in the Local Government Act of 2000. In 2008, the Government’s Foresight report into mental capital and well-being highlighted the economic case for developing initiatives to support positive mental well-being. It is a focus shared by opposition parties too. In a 2006 speech, Conservative leader David Cameron argued: “It’s time we admitted that there’s more to life than money and it’s time we focused not just on GDP, but on ‘GWB’ – general well-being.” The Conservatives have pledged to establish a new Department of Public Health if they secure office. The Liberal Democrats have also talked about the importance of mental well-being in their policies.

New Horizons trails a number of future central government initiatives in this area:

- The Government will shortly publish a summary of the forthcoming public mental health framework – Flourishing people, connected communities – in the form of a guide for local strategic partnerships and other partners.
- In Spring 2010, a full framework and review of supporting evidence will be published, alongside An atlas for mental well-being in England, which will contain information to support commissioners at a local level.
- The DH is developing a cost calculator to support value-for-money approaches to well-being in urban and rural areas.
- The DH will publish a series of best practice briefings from Spring 2010.

Children and young people

In respect of promoting better emotional well-being for children, the Government’s imminent response to the Child and Adolescent Mental Health Services (CAMHS) review will be joined by guidance for children’s trusts and commissioners setting out a range of interventions from birth to adulthood to support emotional resilience and well-being.

Employment and housing

Initiatives around employment and housing are highlighted in New Horizons as areas for priority action.

Employment is good for individual well-being, for successful recovery from mental illness and for the wider economy. An estimated £77.4 billion is lost to the economy each year through sickness absence and unemployment associated with mental illness, as well as care costs and reduced quality of life.

New Horizons was launched alongside a suite of government reports on mental health and employment with major input from the DWP and the DH, namely:

- Realising ambitions: better employment support for people with a mental health condition – a review to government led by Dr Rachel Perkins, Paul Farmer and Paul Litchfield
• Work, recovery and inclusion: employment support for people in contact with secondary mental health services – the Government’s response to the above review

• Working our way to better mental health: a framework for action.

A forthcoming Mental Health Network Briefing will summarise the main themes coming out of those documents. Key actions include measures to encourage higher rates of employment and retention in work for people in contact with secondary mental health services (delivering against PSA 16) and promoting models for providing employment support (such as employment specialists in primary care trusts (PCTs) and mental health teams). The DWP will double in size the Access to Work programme delivered by Jobcentre Plus by 2013/14. The DH will also publish a strategy on volunteering in 2010.

Employment and housing are included as outcome indicators for mental health in the world-class commissioning assurance framework for year two. Employment and housing status are also included in the new performance framework for non-foundation trust mental health providers; and guidance for the standard mental health contract for 2010/11 for PCTs includes encouragement for employment and accommodation to be included as indicators routinely supplied by providers. There is also continued emphasis on employment support integrated into the Improving Access to Psychological Therapies (IAPT) programme.

Tackling stigma

The importance of tackling stigma is a cross-cutting theme throughout New Horizons, both in terms of changing attitudes in society as a whole and also within the NHS itself. A joint DH and Cabinet Office study of primary healthcare and social exclusion (due early in 2010) will highlight the stigma and discrimination service users can experience in primary and mental health services.

It is hoped that a wide variety of actions, from improving employment outcomes for people with mental health problems, teaching emotional skills in schools and providing mental health awareness training for front-line public sector workers will contribute to decreasing the stigma around mental illness. The DH will also fund SHIFT to the end of 2010/11 and will conduct two further public attitude surveys. The Department for Children, Schools and Families (DCSF) is involved in active mental health promotion and mental health awareness training programmes aimed at teachers. The Equality Bill, currently making its way through Parliament, will offer extra legal protection for many people with a mental health condition.

Improving mental health services

The second strand of New Horizons is about supporting continuous improvement in adult mental health services. Driving up quality and efficiency, a focus on recovery, and improving access and outcomes for vulnerable groups are all identified as key themes.

Improving quality and value for money

At a time of unprecedented pressure on public finances, the challenge for mental health providers and commissioners over the coming years will be to raise quality and efficiency simultaneously.

High-quality care is effective, safe and a good experience. High-quality mental health services should be organised around the principles of delivering evidence-based, NICE-recommended approaches, where:

• service users and carers are involved in decisions about their care and are offered choice

• physical and mental health are integrated

• there is a focus on recovery.

The CQC’s commitment to include the availability of NICE-recommended interventions as a key indicator is seen as a critical lever to improving local services.

In support of driving up the quality of inpatient units, New Horizons welcomes the Acute Care Declaration from the Mental Health Network and the National Mental Health Development Unit (NMHDU).

Prevention, early intervention and personalisation are all cited as ways to drive up quality and efficiency. The DH plans to make a greater amount of information available about known value-for-money interventions. New Horizons cites a number of examples, including:

• improving the care pathway to reduce admission through the involvement of community teams, including crisis and home treatment

• reducing the use of out-of-area treatments

• improving procurement of independent sector services

• improving access to early intervention and psychological therapies for people with long-term physical conditions

• interventions for early years
• improving discharge planning to reduce lengths of stay.

The strategy also emphasises the need to step up prevention and treatment of depression, and expand the availability of CBT and other therapies in line with recent NICE guidance.

Recovery and personalisation

Recovery is defined in New Horizons as:

“a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purposes in one’s life as one grows beyond the catastrophic effects of mental illness…” (Anthony, 1993)

Services need to develop measures and tools to ensure care is planned around user-defined goals and quality of life outcomes, such as through use of the Recovery Star. The NMHDU, the Mental Health Network and the Sainsbury Centre for Mental Health are working to pilot recovery-focused organisational development, which will demonstrate and evaluate the use of measures of quality and service level outcomes for providers and commissioners of recovery-focused services.

Personalisation is fundamental to recovery and is seen as one way of empowering service users and addressing inequalities. As one element of what personalisation might look like, the DH is planning 20 pilot evaluations of individual health budgets, eight of which have a mental health component. In early 2010, the DH and the Future Vision Coalition, of which the Mental Health Network is a founding member, will hold a summit on personalisation and mental health to address some key questions. The DH will continue to explore and cost options for extending choice in mental health.

The interface between physical and mental health

People with mental health problems often suffer from significantly higher rates of mortality and morbidity from physical illnesses such as cardiovascular disease and diabetes, and often engage in behaviours that are more risky for physical health, such as smoking. New Horizons reinforces the messages from 2006’s Choosing health: supporting the physical health needs of people with severe mental illness framework, which aims to help PCTs plan, design and commission services to deliver in this area.

Better partnership working between public health and physical and mental health services can help tackle the issue of medically unexplained symptoms (MUS) and provide better psychological care for people with long-term physical conditions. Fundamental to this is improving access to psychological assessment and interventions in primary and secondary care, including the development of liaison mental health services in acute hospitals. The IAPT programme will be publishing a ready reckoner for MUS in primary care to help practices identify prevalence and improve service planning. The standard NHS contract for mental health and learning disabilities also includes quality standards relating to access to liaison mental health services and physical health checks for those in long-term hospital care. In addition, the DH is supporting the development of a template service specification for liaison services.

Improving access

Improving access to services for socially excluded or high-risk groups is a major theme of New Horizons – including the homeless, people with learning difficulties, military veterans, rural communities, older people, black and minority ethnic communities and lesbian, gay, bisexual and transgender people. Local strategic partnerships and commissioners, through the joint strategic needs assessment (JSNA), will want to better understand the needs of these groups.

In 2009/10, strategic health authorities have required PCTs to address the needs of veterans in their regional IAPT delivery plans. New Horizons pays particular attention to addressing the needs of this group. The Ministry of Defence, the DH, the devolved administrations and the ex-service charities, notably Combat Stress, have worked together to develop a new model of community-based mental healthcare which is NHS-led and reflects NHS best practice. Six pilots are running across the UK for two years and are being evaluated. The findings (initial evaluation will be available before the end of 2010 and the final version in Spring 2011) will inform wider roll-out across the country of community mental health services for veterans. It is expected that all mental health services will make special provision for veterans during 2011/12.

Offenders constitute another group who warrant additional attention. This group experiences a wide range of mental health conditions, learning disabilities and drug and alcohol problems at much higher rates than the general population. Poor access to treatment can contribute to offending or re-offending. The Government’s delivery plan, Improving health, supporting justice, the subject of a separate NHS
Confederation Briefing, outlines actions the NHS and the criminal justice system will take to support work in this area.

Some ethnic groups continue to be subject to considerable inequalities in mental health. Making improvements in this area continues to be of the highest priority. New Horizons outlines two key challenges.

Firstly, commissioners have a duty to understand, respect and meet the needs of their BME population, including refugees and asylum seekers. Secondly, public health initiatives should ensure, as a priority, that activity supporting good mental health and well-being is targeted at, or is at least equally effective for, ethnically diverse populations. The five-year Delivering race equality in mental health care action plan comes to an end in January 2010 and a separate report outlines the lessons learnt and how future activity should be focused.

The Equality Bill, currently before Parliament, will outlaw age discrimination in public services’

Related to the theme of access is dual diagnosis. The DH recognises that service provision for people with a dual diagnosis poses a challenge. The DH intends to publish good practice guidance on the development of alcohol treatment pathways that includes specific guidance for those with co-existing alcohol and mental health problems. Current initiatives and training in this area will continue, including work on joint working, training in care of substance misuse for mental health staff, priority for dual diagnosis under the CPA and through drug and alcohol teams, improving diagnostic practices. Learning from the MIDAS (motivational intentions for drug and alcohol misuse in schizophrenia) trial will inform future policy.

Early intervention
Early intervention in severe mental illnesses can not only reduce the length and severity of the illness and disability but is also very cost-effective in the long term. The strategy singles out the need for earlier intervention in depression with young people and older adults in primary, acute and residential care. Government action in this area includes Cabinet Office work in early 2010 on potential third sector development of more personalised early interventions and tools. Other work includes the recent Healthy children, safer communities strategy targeting young people in touch with the criminal justice system, and a consultation led by DCSF on early intervention and children. The DH will also work with the royal colleges to identify training initiatives to improve identification and treatment of depression in older people.

Improving transitions
New Horizons also looks at the issue of improving transition arrangements between adolescent to adult services, and of transitions into services for older people. For young people, responsibility for developing and delivering these services is shared by adult and young people’s services and commissioners locally, but it is likely they will need to address similar themes such as including a youth voice in planning, focusing on particular vulnerable groups such as looked-after children, and promoting access – including early identification of risk factors that may contribute to mental health problems, such as experience of sexual abuse. Environments for services need to be accessible to young people, with simple referral routes.

The DH is developing resources with the Social Care Institute for Excellence to support local development of effective processes around transition. JSNAs should be used locally to determine commissioning priorities in this area. To further support commissioners, the standard NHS contract for mental health and learning disabilities, to be published in 2010, includes the need for locally audited transition protocols and exception reporting around age-inappropriate admissions to adult wards.

Innovation and research
As is widely acknowledged, there are considerable gaps in knowledge with regards to the costs and benefits of some mental health interventions, and of their long-term outcomes. In the context of a potential downturn in public spending, having better understanding and making informed decisions on commissioning becomes even more important.

New Horizons commits the DH to work in discussion with research funding bodies to focus their efforts more on identified gaps in knowledge and broaden the range and level of funding available. New Horizons also calls for an increase in the level of research on prevention. The DH will
also respond formally to the Medical Research Council’s consultation on the strategy for research in mental health.

As the Mental Health Network’s recent *Mental health and the economic downturn* report outlined, the potential reduction in public spending means providers must increasingly look to innovation to drive up quality and make the required efficiencies. New Horizons echoes that call. The DH is leading a short series of focused workshops “to ensure mental health partner organisations across agencies understand the innovation landscape and that key elements are joined together to support innovation.” The Office of the Third Sector is also supporting two programmes working in this area – Innovation Exchange, which acts as a broker between investors, commissioners and third sector organisations with innovative ideas, and Health Launchpad, run by the Young Foundation with support from NESTA, which aims to speed up the creation and development of social enterprises focused on long-term conditions.

**Confederation viewpoint**

The NHS Confederation, through the Mental Health Network, has been heavily involved in the formulation of the strategy, through chairing the Future Vision Coalition and as part of the New Horizons programme board.

The vision outlined in New Horizons reflects much of the work of the Mental Health Network. The test now for the whole of government, and for NHS organisations, is whether they can pull together to deliver the important promises made in the strategy. With public finances tight, there has never been a better time to improve the quality of mental healthcare and support and to do more to promote good mental health. The Mental Health Network has called for full implementation of recommendations from the Bradley and Perkins Reviews, the development of a robust public mental health strategy, and for improved links between mental and physical healthcare.

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

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**Further information**

*New Horizons: towards a shared vision for mental health*. DH, Oct 2009

*Improving health, supporting justice*, NHS Confederation Briefing 197

*A future vision for mental health*, The Future Vision Coalition, 2009

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**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.

The NHS Confederation is the only independent membership body for the full range of organisations that make up today’s NHS. Its ambition is a health system that delivers first-class services and improved health for all. As the national voice for NHS leadership, the NHS Confederation meets the collective needs of the whole NHS as well as the distinct needs of all of its parts through its family of networks and forums. The Mental Health Network is one of these.

To find out more about the Mental Health Network, visit [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn) or email mentalhealthnetwork@nhsconfed.org