

# **Outcomes Framework for Mental Health Services**



**National Social Inclusion Programme**

**2009**

## A. INTRODUCTION

### What this Framework is for

This framework is focused on adults of working age with mental health problems. It is a development of the outcomes framework for day services published in 2007 as part of the work of the National Social Inclusion Programme (NSIP) on day services modernisation and the programme's wider work on the life domains in which exclusion occurs. It sets out some suggested outcomes for inclusion as a resource to commissioners and providers looking to advance inclusion practice through locally established outcomes for monitoring and evaluating service effectiveness.

Many health and social care services are being refocused to promote social inclusion, including the role of work and gaining skills, in line with current policy and legislation. Changing the way services are delivered will improve lives and help achieve a range of objectives, including those laid out in the following policy documents and guidance:

- Mental Health and Social Exclusion (2004)
- Reaching Out: An action plan on social exclusion (2006)
- From Segregation to Inclusion: Commissioning guidance on day services for people with mental health problems (2006)
- Supporting Women into the Mainstream: Commissioning Women-only Community Day Services (2006)
- Vocational services for people with severe mental health problems: Commissioning guidance (2006)
- Direct Payments for people with mental health problems: A guide to action (2006)
- Our health, our care, our say: a new direction for community services (2006)
- Putting People First: A shared vision & commitment to the transformation of Adult Social Care (2007)
- Refocusing the Care Programme Approach (2008)
- Working for a healthier tomorrow (2008)

Monitoring and evaluating outcomes locally is key to ensuring the effectiveness and positive impact of redesigned or refocused services. Fundamental refocusing and redesign takes time, and impact should increase as services develop. It is important to set realistic local targets to clarify what is expected of services in the short and medium term.

The initial framework has been broadened to provide for possible application in mental health services more widely, specifically those seeking to support people to become more included such as outreach, employment and housing support services.

Outcome measurement is an increasingly important and valued tool in monitoring the effectiveness of health and social care services to improve lives and achieve targets. As such, it is important that commissioners and providers have resources that enable them to do this effectively.

## Definitions

When discussing monitoring and evaluation, terminology is very important as people often have differing understandings of how a term should be used.

The definitions used in this paper are taken from those developed by the Charities Evaluation Service (CES, 2004 & 2006; CES/BLF, 2004) and are summarised in Appendix 1. This paper is designed to include both quantitative and qualitative outcomes, which have been aggregated to demonstrate the impact of a service.

## How to Use the Framework

The framework is divided into categories to reflect the different life domains and functions of mental health services. All of the outcomes, with the exception of those under the heading 'Service Outcomes', (Service User Satisfaction, Service User Involvement and Diversity) relate to outcomes for individual service users.

Neither the outcomes nor the indicators listed are intended to be either definitive or prescriptive. The number of outcomes in each category has been limited to two, as has the small number of key indicators. These were selected as being those felt to be most suited to evidencing progress in each category and there will inevitably be additional intended and unintended outcomes and potential indicators.

Outcome Indicators in each category are divided into Key and Additional Indicators in order to support the application of the framework in different ways according to local circumstances. For example, commissioners may want a relatively small number of key indicators for providers to report against but providers may want to measure against a wider range of indicators in order to demonstrate the breadth of their work and to monitor the progress of an individual.

The indicators are mostly expressed in terms of the **number** of people to whom they apply (i.e. those who have chosen this life domain as a personal goal). However, commissioners may choose to request information based on the **proportion** of service users to whom the indicators apply.

There is more than one way of utilising this framework and its use will be locally determined. Possible approaches include:

1. Counting the number or proportion of service users who have achieved each outcome indicator through the support of a service in a given timeframe (e.g. quarterly, six monthly, annually) giving easily comparable data, and to supplement this with a small number of case examples (e.g. two for each outcome area), giving a more detailed sense of the work undertaken and change achieved.
2. Creating a table which, for each indicator, measures a baseline, people supported to achieve that outcome indicator and people supported to sustain that change or activity.
3. Discussing the categories and indicators with people using services as part of a needs assessment or support planning process. People using the service may want to add indicators that feel particularly relevant to them.

It is important to recognise that there is some necessary variation in the design of mental health services across the country and that various frameworks of outcome objectives will already be in place (see below). Expectations of services with regard to outcome monitoring may differ according to their design and the indicators that are monitored should be selected according to the aims and purpose of the service. For example, an employment service may major on most, if not all of the employment related indicators, but have fewer or no indicators relating to independent living.

Methods for monitoring outcomes and the selection of tools to support this are also a matter of local choice. Section D contains a list of possible tools that could be used to support outcome measurement. It also highlights possible sources of supporting evidence in demonstrating that the outcomes have been achieved. However, in recognition that some commissioners and providers would like an outcome measurement tool which links directly to this framework, a simple measurement tool is currently in development to accompany the framework and will be available on [www.socialinclusion.org.uk](http://www.socialinclusion.org.uk) by spring 2009.

### **Links to National and Regional Outcome Indicators**

Commissioners and providers will be aware of a range of regional and national outcome indicators against which they are expected to report and against which targets may be set. The outcomes in this framework are designed to incorporate information which contributes to this reporting, but some indicators may need to be adjusted to fit with the expectations in a particular region or locality. Information relating to the new NHS contracting arrangements, HealthCare Commission Standards and PSA targets can be found in Appendix 2.

## **Possible sources of supporting evidence**

The following may provide sources of evidence that socially inclusive working practices are in place and that social inclusion outcomes are being achieved:

- Individual, holistic assessments of needs
- Individualised person-centred recovery plans
- Working partnership agreements with mainstream services and organisations
- Operational plans and development plans for services
- Standardised outcome measures.



## B. INTENDED OUTCOMES & INDICATORS FOR INDIVIDUALS

### Important

It is suggested that services using this framework should only record outcomes against the indicators when the service has been involved in **successfully** supporting an individual to make the relevant change in their lives. Therefore an outcome for beginning voluntary work in a mainstream organisation should only be recorded when the service user has begun the work, rather than when they receive the support.

It should not be assumed that every indicator is appropriate to every individual as a measure of social inclusion. For example, an individual may have a high level of educational attainment and so would find this indicator irrelevant. Conversely, an individual may have low educational attainment but would prefer a vocational route to employment. Indicators should only be used where they relate to a personal goal set by an individual in discussion with their support/key worker or care co-ordinator.

Services should only record outcomes against the indicators when the outcome is, at least in part, attributable to the interventions or support of that service, and not when it was achieved independent of and coincidental to the service being provided.

Some of the indicators include value judgments (e.g. 'positive new relationships'). This is necessary to capture significant positive outcomes without inadvertently capturing negative outcomes. It is important that there is self-definition in deciding whether these indicators have been met (i.e. it is the service user who makes the value judgment).

### Community Participation

Community Participation	
<b>Intended Outcomes</b>	<b>Key Outcome Indicators</b>
<ul style="list-style-type: none"> <li>Increased number of people with mental health problems volunteering in mainstream settings</li> </ul>	<ul style="list-style-type: none"> <li>Number of people supported to begin volunteering in mainstream organisations</li> </ul>
	<ul style="list-style-type: none"> <li>Number of people supported to begin accessing mainstream sports, exercise, arts, cultural or other leisure groups or facilities</li> </ul>
<ul style="list-style-type: none"> <li>Increased number of</li> </ul>	<b>Additional Outcome Indicators</b>
	<ul style="list-style-type: none"> <li>Number of people supported to take up a new or develop an existing/dormant leisure pursuit</li> </ul>

people with mental health problems participating in or engaging with local community activities	<ul style="list-style-type: none"> <li>• Number of mainstream organisations supported to offer more welcoming access to people with mental health problems</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to begin voluntary work within a mental health service they are using</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to apply for voluntary work in a mainstream organisation</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to begin engaging with local civic organisations, for example, as members of local Foundation Trusts</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to sustain regular volunteering or access to leisure groups or facilities for six months</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to access chosen faith activities</li> </ul>

<b>Social Networks</b>	
<b>Intended Outcomes</b> <ul style="list-style-type: none"> <li>• Increase in the size and range of social networks for people with mental health problems</li> <li>• Increased number of people with mental health problems maintaining social and caring roles</li> </ul>	<b>Key Outcome Indicators</b> <ul style="list-style-type: none"> <li>• Number of people supported to develop positive new relationships/friendships</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to strengthen existing relationships with family or friends</li> </ul>
	<b>Additional Outcome Indicators</b> <ul style="list-style-type: none"> <li>• Number of people enabled to begin giving support to others</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to begin accessing peer support or self-help groups</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to access appropriate family interventions</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to maintain parenting and caring roles through a crisis period</li> </ul>

<b>Employment</b>	
<b>Intended Outcomes</b> <ul style="list-style-type: none"> <li>• Increased number of people with mental health problems preparing for employment by</li> </ul>	<b>Key Outcome Indicators</b> <ul style="list-style-type: none"> <li>• Number of people supported to begin paid employment: Full Time (over 16 hours a week) and Part Time (under 16 hours a week)</li> </ul>
	<ul style="list-style-type: none"> <li>• Number of people supported to access job broker or other employment support service</li> </ul>

building their work capacity and skills or looking for work  • Increased number of people with mental health problems entering and/or retaining paid employment	<b>Additional Outcome Indicators</b>
	• Number of people supported to access advice about employment issues
	• Number of people supported to develop CVs and/or interview skills
	• Number of people supported to develop skills which increase their employability
	• Number of people supported to apply for paid employment
	• Number of people supported to attend a job interview
	• Number of people supported to make reasonable adjustments or change to more suitable employment
	• Number of people supported to maintain/retain employment through a crisis period
	• Number of people supported to become self-employed
	• Number of people supported to begin work experience or work placement

<b>Education and Training</b>	
<b>Intended Outcomes</b>	<b>Key Outcome Indicators</b>
• Increased number of people with mental health problems accessing education and training opportunities  • Increased number of people with mental health problems attaining qualifications	• Number of people supported to begin a mainstream education or training course
	• Number of people supported to complete a mainstream education or training course
	<b>Additional Outcome Indicators</b>
	• Number of people supported to apply for a mainstream education or training course
	• Number of people supported to attend an interview or information session for a course
	• Number of people supported to identify funding for an education or training course
	• Number of people supported to obtain a qualification (state level)
	• Number of people supported to maintain/retain an education or training course through a crisis period
	• Number of people supported to begin a discrete (mental health only) education or training course

<b>Physical Health</b>	
<b>Intended Outcomes</b> <ul style="list-style-type: none"> <li>Improved physical health for people with mental health problems</li> <li>Increased number of people with mental health problems taking regular exercise</li> </ul>	<b>Key Outcome Indicators</b> <ul style="list-style-type: none"> <li>Number of people supported to begin regular physical activity/exercise</li> <li>Number of people supported to begin accessing support relating to their physical health</li> </ul>
	<b>Additional Outcome Indicators</b> <ul style="list-style-type: none"> <li>Number of people supported to access health promotion activities such as smoking cessation</li> <li>Number of people supported to make positive changes to their diet or lifestyle leading to sustained health benefit</li> <li>Number of people with mental health problems taking regular exercise</li> <li>Number of people supported to make changes leading to a reduction in physical health symptoms</li> <li>Number of people supported to address substance misuse issues</li> </ul>

<b>Mental Wellbeing</b>	
<b>Intended Outcomes</b> <ul style="list-style-type: none"> <li>Improved quality of life, confidence and self-esteem for people with mental health problems</li> <li>Increased ability to manage own mental distress for people with mental health problems</li> </ul>	<b>Key Outcome Indicators</b> <ul style="list-style-type: none"> <li>Number of people supported to develop and begin using new coping strategies</li> <li>Number of people supported to decrease their reliance on mental health services</li> </ul>
	<b>Additional Outcome Indicators</b> <ul style="list-style-type: none"> <li>Number of people supported to make changes leading to enhanced confidence and self-esteem</li> <li>Number of people supported to make changes leading to a reduction in mental distress</li> <li>Number of people supported to be positively involved in decisions about their medication or treatment</li> <li>Number of people supported to develop a Wellness Recovery Action Plan (WRAP) or similar recovery plan</li> <li>Number of people supported to train as Peer Support specialists</li> <li>Number of people supported to avoid the need for a hospital admission</li> </ul>

<b>Independent Living</b>	
<b>Intended Outcomes</b>	<b>Key Outcome Indicators</b>
<ul style="list-style-type: none"> <li>Increased number of people with mental health problems living in independent accommodation</li> <li>Increased number of people with mental health problems receiving appropriate benefits/ financial advice</li> </ul>	<ul style="list-style-type: none"> <li>Number of people supported to move to more independent accommodation</li> <li>Number of people supported to effectively manage their own finances</li> </ul>
	<b>Additional Outcome Indicators</b>
	<ul style="list-style-type: none"> <li>Number of people supported to move to more suitable (but not more independent) housing</li> <li>Number of people supported to address and reduce a debt problem</li> <li>Number of people supported to open a bank account or savings scheme</li> <li>Number of people supported to develop new skills for independent living (e.g. cooking, shopping)</li> <li>Number of people supported to access advice regarding their finances, benefits or debts</li> <li>Number of people supported to begin leaving the house and/or using public transport independently</li> <li>Number of people supported to manage relationships with neighbours</li> <li>Number of people supported to resolve issues with their landlord</li> </ul>

<b>Personalisation &amp; Choice</b>	
<b>Intended Outcomes</b>	<b>Key Outcome Indicators</b>
<ul style="list-style-type: none"> <li>Increased number of people with mental health problems controlling their own support</li> <li>Increased number of people with mental health problems in receipt of direct payments or individual budgets</li> </ul>	<ul style="list-style-type: none"> <li>Number of people supported to begin accessing direct payments or individual budgets</li> <li>Number of people supported to become more actively involved in decision making regarding their support</li> </ul>
	<b>Additional Outcome Indicators</b>
	<ul style="list-style-type: none"> <li>Number of people supported to begin using direct payments to fund daytime activity or community participation</li> <li>Number of people supported to assert their needs with a health or social care provider</li> <li>Number of people supported to access exercise, arts or books on prescription</li> </ul>

## C. SERVICE OUTCOME INDICATORS

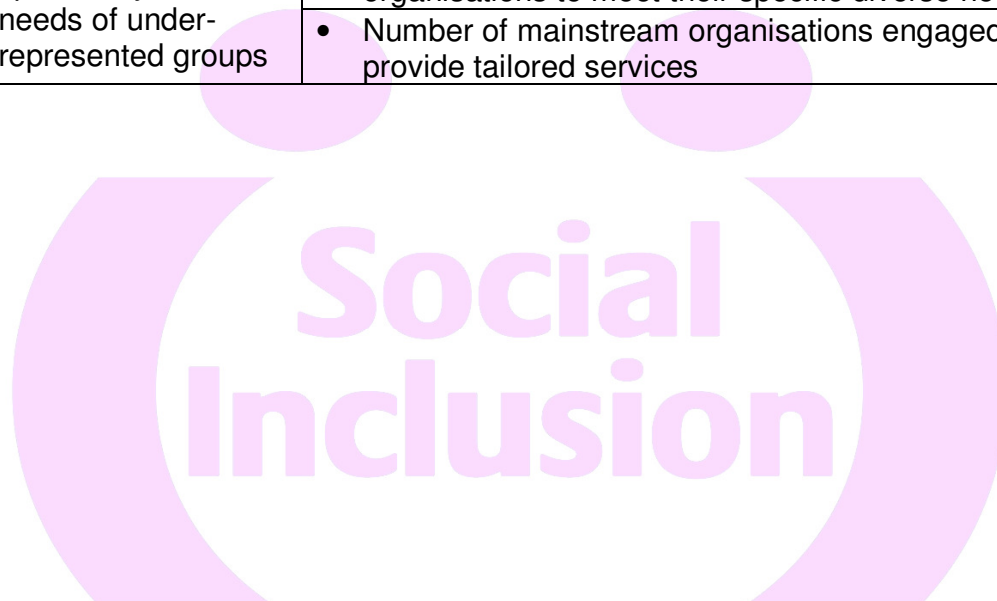
These Indicators refer not to outcomes for the individual, but to outcomes for mental health and related services. They can be used to help identify service gaps and improvements required.

<b>Service User Satisfaction</b>	
NOTE: Achievement against these indicators can be measured using a service user questionnaire incorporating questions directly relating to the indicators	
<b>Intended Outcomes</b>	<b>Key Outcome Indicators</b>
<ul style="list-style-type: none"> <li>Increased levels of satisfaction of service users with the delivery and outcomes of the service</li> <li>Increased proportion of service users reporting that they have achieved their goals</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of service users expressing that the service helps them engage with their local community</li> <li>Proportion of service users expressing that the service enables them to achieve their personal goals</li> </ul>
	<b>Additional Outcome Indicators</b>
	<ul style="list-style-type: none"> <li>Proportion of service users expressing that the service helps them manage their mental health needs</li> <li>Proportion of service users expressing that the support they receive is responsive to their needs</li> <li>Proportion of service users expressing that the support they receive assisted them to achieve their life goals</li> <li>Proportion of service users expressing that the support they receive meets their cultural needs</li> </ul>

<b>Service User Involvement</b>	
<b>Intended Outcomes</b>	<b>Key Outcome Indicators</b>
<ul style="list-style-type: none"> <li>Increased levels of involvement of service users in the design, delivery, management, review and development of services</li> <li>Increased number of people with mental health problems involved in delivering</li> </ul>	<ul style="list-style-type: none"> <li>Number of user run activities taking place within the service</li> <li>Number of service users involved in service design, delivery, management, review &amp; development</li> </ul>
	<b>Additional Outcome Indicators</b>
	<ul style="list-style-type: none"> <li>Number of service user representatives on the organisation's Board (or equivalent)</li> <li>Number of user led evaluations of services</li> <li>Proportion of staff recruitment panels that include service users</li> <li>Proportion of people employed in the service who have mental health problems</li> </ul>

services and/or activities	<ul style="list-style-type: none"> <li>Number of service users providing training for mental health service staff</li> </ul>
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<b>Diversity</b>	
<b>Intended Outcomes</b> <ul style="list-style-type: none"> <li>Equality of access to day services for all people with mental health problems</li> <li>Services which specifically meet the needs of under-represented groups</li> </ul>	<b>Key Outcome Indicators</b> <ul style="list-style-type: none"> <li>Balance of service users responds to the needs of local population in terms of: age, ethnicity, gender, disability, sexuality and faith</li> <li>Number of specific services or arrangements to meet the needs of under-represented groups</li> </ul>
	<b>Additional Outcome Indicators</b> <ul style="list-style-type: none"> <li>Number of people supported to use mainstream organisations to meet their specific diverse needs</li> <li>Number of mainstream organisations engaged to provide tailored services</li> </ul>



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## D. OUTCOME MEASUREMENT

### Approaches to Outcome Measurement

Some of the most commonly used approaches to data collection are:

- Questionnaires
- Interviews
- Observation
- Record Keeping
- Case note review

People who might contribute to making an assessment regarding outcomes include:

- Service Users (self-assessment)
- Carers and significant others
- Staff

It is often helpful to incorporate more than one of these approaches and sources of assessment into an outcomes monitoring system in order to achieve as complete and accurate a picture as possible of the outcomes that have been achieved.

### Recognised Social Inclusion Outcome Measurement Tools

These tools may prove useful in helping to measure and monitor outcomes. This is not intended to be a comprehensive list and further tools will emerge over time.

#### **1. Recovery Star (Mental Health Providers Forum/Triangle Consulting)**

The Recovery Star has been developed by the Mental Health Providers Forum. It is a tool for supporting and measuring change when working with adults of working age who are accessing mental health support services. As an outcomes measurement tool it enables organisations to measure and summarise:

- the progress being made by service users
- the service being delivered through a project

The Recovery Star is also a key working tool and can be used to undertake a needs assessment, to support planning as well as for outcome measurement. It is designed to support individuals in understanding where they are in terms of recovery and the progress they are making, providing both the client and worker a shared language for discussion mental health and wellbeing.

## **Core dimensions of the Recovery Star**

The Recovery Star identifies and measures ten core areas of life:

Managing mental health	Relationships
Self-care	Addictive behaviour
Living skills	Responsibilities
Social networks	Identity and self-esteem
Work	Trust and hope

The Recovery Star helps to identify any difficulties people using service are experiencing in each of these areas and how far they are towards addressing them and moving on.

You can find out more about the Recovery Star on the Mental Health Providers Forum website: <http://www.mhpf.org.uk/recoveryStarApproach.asp>

## ***2. The Outcomes Star (London Housing Foundation/Triangle Consulting)***

The Outcomes Star (on which the Recovery Star was based) was developed for use in services for homeless people, and has a broader remit than just measuring social inclusion outcomes, although this forms an important element of the tool. It is a visual tool which looks to measure change on a 10 point scale in each of 10 areas of life:

- Motivation and Taking Responsibility
- Self Care and Living Skills
- Managing Money and Personal Administration
- Social Networks and Relationships
- Drug and Alcohol Misuse
- Physical Health
- Emotional and Mental Health
- Meaningful Use of Time
- Managing Tenancy and Accommodation
- Offending

As with the Recovery Star (and Inclusion Web), this is primarily a tool to promote individual planning, but data can be aggregated as a means of monitoring changes in a population over time.

The Outcomes Star and associated materials and guidance are available to download through a Creative Commons Licence from [www.homelessoutcomes.org.uk](http://www.homelessoutcomes.org.uk)

### ***3. Inclusion Web (National Development Team)***

The 'inclusion web' is a visual tool that can be used to enable service users to map significant people and places across life domains (employment, education, volunteering, arts & culture, faith communities, family & neighbourhood, physical activities & services). Whilst this is primarily a tool to promote individual planning, data can be aggregated as a means of monitoring changes in a population over time.

Further information about the web can be found at [www.ndt.org.uk](http://www.ndt.org.uk) or at: <http://uk.groups.yahoo.com/group/TheSocialInclusionWebGroup/>.



## E. REFERENCES

- A Prospectus for Arts and Health (DH & ACE, 2007)  
Advanced Evaluation and Monitoring (Training Pack) CES, 2006  
Guidance Paper 3: Key Terms and Definitions, CES, 2004,  
[www.ces-vol.org.uk](http://www.ces-vol.org.uk)  
Capabilities for Inclusive Practice (DH, 2007)  
CES/BLF, 2004, Your Project and Its Outcomes  
Supporting Women into the Mainstream (DH), 2006b,  
Commissioning Women-only Community Day Services  
Day Services Outcomes Framework (NSIP, 2007)  
Delivering Race Equality in Mental Health Care (DH, 2005)  
Developing a Framework for Vocational Rehabilitation (DWP,2004)  
Direct payments for people with mental health problems: A guide to action (DH,  
2006)  
Ending child poverty: everybody's business (DCFS & DWP, 2008)  
From Segregation to Inclusion: Commissioning Guidance on Day Services for  
People with Mental Health Problems (DH), 2006a,  
Health, work and wellbeing – caring for our future (DWP, DH, HSE, 2005)  
High Quality Health for All (DH, 2008)  
Independence, wellbeing and choice (DH, 2005)  
In work, better off; next steps to full employment (DWP, 2007)  
Mental Health and Social Exclusion (Office of the Deputy Prime Minister, 2004)  
Mental Health Social Inclusion and Arts: Developing the Evidence Base (DH),  
2007,  
Our health, our care, our say: a new direction for community services (DH, 2006)  
National Action Plan on Social Inclusion 2006- 2008 – Working together (2006)  
National Suicide Prevention Strategy for England (DH, 2002)  
No one written off, reforming welfare to reward responsibility - Welfare Reform  
Green Paper (2008)  
Putting People First: A shared vision & commitment to the transformation of Adult  
Social Care (DH, Dec 2007)  
Reaching Out: An action plan on Social Exclusion Report (Sep 2006)  
Ready for Work: full employment in our generation (DWP, 2007)  
Ready for Work, Skilled for work (DIUS & DWP, 2008)  
Refocusing the Care Programme Approach (Mar 2008)  
Report of the Review of the Arts and Health Working Group (DH, 2007)  
Supporting Women into the Mainstream (DH/NIMHE, 2006)  
Tackling Health Inequalities, A Programme for Action (DH, 2003)  
Vocational services for people with severe mental health problems:  
Commissioning guidance (DH & DWP, 2006)  
Working for a Healthier Tomorrow (DH & DWP, 2008)  
Working Neighbourhoods Fund (DCLG & DWP, 2007)

## F. ACKNOWLEDGEMENTS

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The 5 organisations who piloted the Day Services Framework during 2008 and fed back on their experiences:

- Bromley Mind
- Community Restart at Lancashire Care NHS Trust
- Huntingdon Recovery and Partnership Team at Cambridgeshire and Peterborough Mental Health Partnership Trust
- Quest Day Opportunities at Staffordshire Council
- Richmond Fellowship in Wigan

Plus the 22 mental health commissioners who commented on the framework.



## G. APPENDICES

### Appendix 1

#### Definitions (Adapted from the Charities Evaluation Service)

**Aims** Describes the changes you are trying to achieve

**Quantitative Measures** Those “where you count numbers of things that happen, such as the number of people who found jobs following some computer training” (CES/BLF, 2004)

**Qualitative Measures** Those “where you assess people’s views and experiences, such as how safe older people feel going out at night” (CES/BLF, 2004).

**Outcomes** The changes, benefits, learning or other effects that actually occur as a result of your activities.

**Outcome Indicators** The things you can use to assess whether the expected outcome is occurring. They assess progress towards meeting aims. They are a type of performance indicator and can be qualitative or quantitative.

**Objectives** Describes the mechanism/process and planned activities by which you are going to achieve your aims

**Outputs** The activities, services and products provided by an organisation.

**Output Indicators** The things you can use to assess whether you have achieved your outputs. They assess progress towards meeting objectives and are a type of performance indicator.

## Appendix 2

### NHS Contracting Arrangements

A new NHS standard contract, covering agreements between PCTs and providers for the delivery of NHS funded services for mental health, will be implemented from April 2009.

The outcome indicators framework can be used by commissioners to support development of each of the three key sections of the contract as appropriate – the mandatory elements (centrally set), mandatory elements to be defined by local agreement, and the additional elements to be defined by local agreement.

Visit [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091451](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091451) for more information.

### Regulation of national standards and targets

The Care Quality Commission will come into force in April 2009, and take over the functions of the Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission (MHAC). Its remit will cover both health and social care services.

The existing inspection bodies are responsible for providing assurance that NHS Trusts and adult social care services in England are meeting essential standards of quality and safety for everyone.

This is currently undertaken by the through a variety of methods including the Annual Health Check (HCC), national reviews (HCC & CSCI) and staff and patient surveys. Assessment of services in relation social inclusion domains can be found within each of these elements. For example, the community patient survey asks specific questions relating to employment, support groups and benefits advice.

The outcomes framework can be used to generate evidence for commissioners and providers that they are meeting relevant national standards.

### Summary of key PSA Targets which the refocusing of mental health services can contribute to:

- PSA 8 – Employment opportunity for all.
- PSA 15 – Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief.
- PSA 16 – Increase the proportion of socially excluded adults in settled

accommodation and employment, education or training  
employment and housing outcomes for socially excluded  
adults.

- PSA 17 – Tackle poverty and promote greater independence and wellbeing in later life.
- PSA 18 – Promote better health and wellbeing for all.
- PSA 19 – Ensure better care for all.
- PSA 21 – Build more cohesive, empowered and active communities.

