

MENTAL HEALTH SERVICE FRAMEWORK

INTRODUCTION

DHSSPS are taking forward a programme to develop Service Frameworks for Northern Ireland and have asked the Southern Board to take forward the process of developing the Mental Health Service Framework.

In keeping with regional/DHSSPS guidance, the Mental Health Service Framework will provide standards of care that are underpinned by robust evidence (where available), regional/national Policy, the findings of regional Inquiries, the experience of service users and also relevant legislative requirements.

The Framework will clearly need to take full account of the Regional Bamford review. In this respect, the Framework will not seek to repeat the work of the previous review process but rather will seek out and distil potential key standards outlined within the findings and recommendations of the Bamford Review.

The Framework will set out performance standards and targets in respect of day-to-day service delivery across the HPSS. This will include reference to the desired clinical and social care outcomes and timeframes across a range of service sectors and settings. The Framework will therefore provide a potential vehicle against which the quality of services/service provision may be judged by members of the public, HSC Commissioners and other organisations which are required to report on the performance and quality of services and care.

Subsequent to developing the Mental Health Service Framework, it is anticipated that its eventual implementation across the HPSS is likely to lead to a more standardised, agreed region model of care being adopted across the region.

In seeking out evidence-based standards, the Framework will undoubtedly highlight specific gaps in current service provision and therefore highlight areas where investment is potentially required. However, the Framework cannot be viewed as a mechanism to address the range of mental health deficits identified by, for example, the Bamford Review. Rather, DHSSPS has advised that in first instance, the standards proposed within the Framework must by necessity be based upon what can be realistically achieved within existing HPSS infrastructure. However, taking a longer term 3-5yr perspective, the standards and associated performance indicators identified within the Framework should be progressive and therefore 'stretch' to reflect future investment in Mental Health services.

Aims & Objectives

As outlined above, the scope of the Framework will be wide ranging and include a focus upon not only enabling high quality mental health service provision but also mental health promotion and prevention. In addition, the Framework will encompass a full 'lifecycle' approach encompassing childhood, adulthood and older age services and issues.

Through its eventual implementation and integration within day-to-day practice across the HPSS, and in common with all proposed Frameworks, the Mental Health Framework will aim to improve the mental health and emotional wellbeing of the Northern Ireland population. This will be achieved through the Framework being used to guide:

1. the provision of targeted, population based, mental health promotion and emotional wellbeing initiatives and activities,
2. the provision of high quality mental health services across the HPSS and also the voluntary sector.
3. associated infrastructure: the design and provision of high quality mental health services requires not only full account to be taken of the specific service inputs required but also the range of associated 'indirect' service requirements including practitioner education, training and professional development and also wider 'human resources/recruitment' type issues.

In keeping with all regional Service Frameworks, the Mental Health Framework will encompass the need to:

- Improve the quality and safety of care provision across the HPSS reflected in a commitment to a Recovery ethos across all service sectors and partnership working with service users and carers: it is proposed that the overall Framework will reflect the 'Recovery' ethos (www.scie.org.uk/publications/positionpapers/pp08.asp).
- Promote multi-agency/multi-sector partnership working across relevant statutory and non statutory agencies and sectors
- Promote social inclusion and reduce inequalities
- Safeguard vulnerable individuals and groups

Reference to 'mental health services' should be taken to imply that the Framework will encompass the wider spectrum of treatment and care which encompasses initial referral, assessment, diagnosis, treatment, longer term care and support (where required) and eventual recovery.

Key Influences

Given the need for robust and evidence based approaches, the Framework will, wherever possible, seek out and adopt the best available evidence and consensus opinion. As already referenced, a particular major influence upon the Framework will therefore be the findings and recommendations of the Regional 'Bamford' Review of Mental Health (and also the anticipated Government response to the Bamford Review).

The emerging DHSSPS focus upon performance improvement also provides a further key influence given that the Framework, in terms of its eventual implementation, will need to take account of new DHSSPS performance improvement targets, for example, in terms of waiting times for initial assessment/treatment.

Additional influences will include the need to encompass key regional and national mental health policy documentation, legislation, the findings and recommendations of HPSS Service Reviews and Regional Inquiries.

The Framework, however, cannot only be driven by influences such as 'evidence' and 'policy'; it is essential that the Framework is shaped by the needs and views of service users and carers across the region. The Framework development process must therefore incorporate the views of service users and carers and thereafter provide a tool which assists in bringing about tangible benefits in terms of day-to-day care and service delivery for individual patients/clients.

As already referenced, taking account of influences such as increasing performance management and potentially regional commissioning, it is anticipated that full implementation of the Framework will inevitably lead to a more standardised approach regarding the provision of mental health care across Northern Ireland.

PROJECT STRUCTURE

General

The Framework development process will be led by co-Chairs Mrs Fionnuala McAndrew (Director Social Services, SHSSB) and Dr Stephen Bergin (Consultant in Public Health Medicine, SHSSB).

The Chair(s) are tasked with ensuring that the Framework development process proceeds in a timely fashion leading to the production of the required draft Service Framework document by April 2008. Thereafter, following a period of consultation, the subsequent final agreed Framework document is required by September 2008.

The Chairs are accountable to the DHSSPS Service Framework Project Programme Board, jointly chaired by the Chief Medical Officer and the Deputy Secretary of the Department. Regular liaison with the Department will be undertaken via the DHSSPS Service Framework Development Officer (Veronica Gillen) who is responsible for coordinating the wider programme of Service Frameworks across Northern Ireland. The Chair(s) are required to provide DHSSPS with regular progress reports on a monthly basis.

To ensure broad compatibility with the range of other Northern Ireland Service Frameworks, the Mental Health Framework will be developed using the agreed template developed by the Programme Board (Framework Template is set out in Appendix A).

The Chair(s) must ensure that the Framework development process actively incorporates the views of service users and carers throughout the timescale of the Framework project. In addition, the process must also include input from an appropriate range of clinical, social care and management expertise across both the primary and secondary care sectors.

- As mental health and emotional wellbeing clearly goes beyond the influence of the various HPSS inputs, it would be appropriate to consider the potential input of other government sectors and agencies/sectors into the Framework development process.

While a mechanism is still to be clarified, the Chair(s) will liaise, as required, with the new Ministerial Mental Health 'Advisory Group' – this requires further exploration.

To provide external quality assurance the Chairs will seek national level input from two recognised experts.

Project Team

Working through the Chairs, the Framework development process will be taken forward on a day-to-day basis by a Project Director who will be appointed by the SHSSB: The Project Director will address the range of tasks identified across the Framework Project areas (see below) and be responsible for the development and completion of tasks/reports/products which arise from the various work streams.

The project team will also include the proposed 3 Chairs of the three main Framework sub-groups: Child/Adolescent; General Adult; Psychiatry of Old Age (see below).

The Project Director will be supported by the SHSSB (mental health planning team). In addition, to help ensure that the Framework is shaped by service users and carers, the Project Director will also be supported by designated lead 'Service User' and 'Carer' representatives/stakeholders to be identify from within the region – working as part of the Project Team their specific role will be to facilitate the input of service users and carers from across Northern Ireland into the Framework development process.

Project Team

Dr Stephen Bergin	Co-Chair of Project
Fionnuala McAndrew	Co-Chair of Project
Clare Quigley	Principal Social Worker
Helen Armstrong	Planning Manager
Joanne McClean	Specialist Registrar Public Health
<i>Needs to be completed</i>	Service User
Anne Cunningham	Carer
Bernie Smyth	Advocate
Dr John Simpson	Chair Adult Sub Group
Dr Gerry Waldron	Chair Elderly Sub Group
Moira Davren	Chair CAMHS Sub Group

Regional Reference Group

A multi-disciplinary, multi-agency group will be established to provide an overall forum to discuss and review the Framework development process and products. The group, drawing membership from across the Region, will provide internal quality assurance to the process and, as appropriate, aim to influence and subsequently approve the draft and final Framework product(s) that will be eventually be put out for consultation.

Service user, carer and voluntary group input: membership will include service users and carers (or their nominated representatives) from across the region. As a broad guide, to provide meaningful representation, the Framework Chair(s) will ensure that the Project Board is comprised of at least one-third service user/carers and voluntary group membership.

Reference Group

Fionnuala McAndrew	Co-Chair of Project
Stephen Bergin	Co-Chair of Project
Maureen Ferris	Project Director
Moira Davren	Chair of CAMHS Sub Group
John Simpson	Chair of Adults Sub Group
Gerry Waldron	Chair of Elderly Sub Group
Dessie Bannon	South Eastern HSC Trust
Oscar Donnelly	Northern HSC Trust
	Belfast HSC Trust
Trevor Millar	Western HSC Trust
Francis Rice	Southern HSC Trust
	User
Anne Cunningham	Carer
Bernie Smith	Advocate
	General Practitioner X 2
	Allied Health Professional
Hugh Connor	Regional CAHMS Chair
	Voluntary Sector
Clare Quigley	Principal Social Worker MHPCG
Helen Armstrong	Planning Manager MHPCG

Working Methodology

The Framework development process will proceed in two broad stages:

Stage 1 - Generic Framework care pathway product: - In light of, for example, DHSSPS performance management requirements and also the Bamford Review, DHSSPS has indicated that there is a need to explore a more standardised approach to the provision of mental health services across the region. It is therefore proposed that the Framework will be based around a regional care pathway product encompassing prevention/promotion, initial referral, diagnosis/assessment and subsequent treatment/care inputs.

It is proposed that the regional care pathway would adopt a generic 'stepped care' model process (as per recent NICE guidance). This would set out, general principals and standards in terms of the expected care inputs and associated service response timescales. The model would reflect the patient/client journey within primary care (or other setting) and thereafter within secondary care and other service sectors as required. As identified above, it is proposed that the model would reflect the general 'Recovery' ethos.

While generic in nature, the Framework model would form the core/hub of the overall wider Framework around which a range of specialist inputs will be set, eg. Service Framework inputs such as Eating Disorders, Forensic services, Supporting People type inputs, etc.

The generic model will therefore form the key initial task of the Framework development process. Additional/related Stage 1 tasks will include, for example, a review of relevant epidemiology and evidence based practice, etc.

Stage 2 - Project Sub Groups: - Beyond, this first stage the Framework development process will subsequently proceed via the three age defined project sub groups, ie. (a) Child/Adolescent Mental Health (CAMH); (b) General Adult; (c) Psychiatry of Old(er) Age (POA).

Appropriate representation will be drawn from across the HPSS, service user & carer representatives and other agencies/sectors as deemed appropriate. A lead Chair will be identified for each project sub group.

<p>Project Sub Groups (<i>membership: general guide</i>)</p> <p>Chair Service Users – <i>or nominated representatives</i> Carers input – <i>or nominated representatives</i> HPSS Board representative DHSSPS (Mental Health directorate) Primary care Professional leads – Trust nominated</p> <ul style="list-style-type: none"> • Psychiatry / Social Work / Psychology / Nursing / AHP <p>Voluntary Groups</p>

Cross cutting themes/issues: As referenced earlier the Framework will encompass mental health promotion/prevention inputs. These key areas are obviously relevant to each Project sub group. There are, in addition, a number of other cross cutting themes/issues such as governance, transition issues, practitioner training, resources, etc. Taken together such themes will be incorporated into the terms of reference of each Project sub group:

- To facilitate a more efficient, common approach, it is proposed that the 3 project sub-group Chairs will identify the main themes/issues and thereafter work together in terms of the exploring the respective potential Framework inputs and standards.

Sub Group	Project Lead	MEMBERSHIP
• CAMHs		To be defined
• General Adult		To be defined
• Psychiatry of Old Age		To be defined
Cross cutting issues & themes		
• Mental Health promotion		<i>additional cross cutting themes and issues to be identified</i>
• Governance		
• Other		
• Other		

Each of the 3 project area will identify specific standards and requirements in terms of both generic services/provision and also a wider range of specialist service provision areas including:

Child and adolescent mental health:

- Attention Deficit Hyperactivity Disorder (ADHD);
- Conduct disorders;
- Emotional disorders;
- Eating disorders;
- Reduction of self harm/suicide; and,
- Drug / alcohol misuse.

Adult mental health:

- Impact of long term conditions on mental health and wellbeing;
- Anxiety disorders;
- Reduction of self harm/suicide;
- Depression;
- Severe mental illness;
- Drug / alcohol misuse;
- Eating disorders; and,
- Personality disorders.

Mental Health of Older People:

- Dementia (recognising that pre-senile dementia occurs);
- Anxiety disorders in older people; and,
- Depression in older people.

Evidence based practice

The process of developing the Framework and associated standards will primarily be through seeking out literature which includes evidence based and/or national level standards proposed or already in place elsewhere. This will largely be a table-top 'consensus' exercise undertaken within the three project sub-groups identified above and coordinated at an overall level by the Project Director. This process, in turn, will be complemented by consultative workshops seeking the views and input of service users & carers, voluntary service organisations and HPSS professionals – consultation will be undertaken across Trust localities and also regionally. The culmination of this process will be the production of the draft Framework document by April 2007.

Project Timeline

(table also presented in Gant chart format at end of document)

STAGE	PRODUCTS	TIME SCALE
Stage 1		
<ul style="list-style-type: none"> - Establish Reference grp & sub groups - Agree Process & Methodology - Communication Plan - Identify Health Promotion Prevention representatives (each group) - Identify ext Quality Assurance - Risk Assessment Commences 	<ul style="list-style-type: none"> Group Membership Action Plan Contract of responsibilities - group members 	<p>Dec 07</p> <p>1st wk of Jan</p>
Stage 2		
<ul style="list-style-type: none"> - Sub groups: agree clinical conditions to be included in Framework - Discuss and agreed methodology for each clinical condition 	<ul style="list-style-type: none"> - Clinical condition list - Identify HP/P input to each group - Agree methodology for standards for each clinical condition & HP? 	<p>Dec 07</p>
Stage 3		
<ul style="list-style-type: none"> - Pilot Workshop 	<p>Agreed Workshop Model (following Pilot): leads to</p> <ul style="list-style-type: none"> ▪ Depression standard 	<p>Jan 08</p>
Stage 4		
<ul style="list-style-type: none"> - Written standards for 	<p>Standards submitted</p>	<p>Jan/Feb 08</p>

Clinical conditions via Generic workshops - Established specialist clinical/network groups and - Small specialist groups eg. Eating disorders / Psychosexual / other		Jan/Feb 08
Stage 5		
- Collation of standards	Draft standards	Feb/Mar 08
Stage 6		
- Request for comments	Comments on standards	Early Mar 08
Stage 7		
- Final draft of standards following comments - Complete Equality Impact Assessment - Compliance with Human Rights Legislation - Risk Assessment to be finalised	Final draft of standards	End Mar 08
Stage 8		

Administrative Support

The specific requirements for administrative support and accommodation will be considered at an early stage by the Project Team.

LIST OF PROJECT PRODUCTS

➤ **Initial Draft Framework**

The initial Draft Framework will be prepared following a Project Team workshop in April 08 to consider the draft Framework sections and elimination of gaps or overlaps identified at the workshop. This will be issued for external QA.

➤ **Stakeholder consultative workshop reports**

Series of workshop events held at 2-3 monthly intervals over the Nov 07 to April 08 period to gain opinions/feedback on the draft Framework (Stakeholder Workshop Reports). Need to consider workshop design/methodology

➤ **Consultation Draft**

Document submitted to DHSSPS by end April 08

➤ **Agreed Mental Health Service Framework**

The agreed Framework will be issued by DHSSPS following consultation towards the end of 2008.

FRAMEWORK DOCUMENT – IMPLEMENTATION

Within the development of the Framework the identification of standards and the associated need to implement evidence based practice will undoubtedly highlight potential gaps in service provision regionally.

The Framework, in terms of subsequent implementation, will by necessity need to adopt a practical approach outlining (a) what can be achieved within existing and anticipated new resources within the near future (ie. within 2-3yrs) and (b) taking a more forward looking approach what could be achieved within a potential 5yr period. Realistically it is not possible to look beyond this timescale.

Given the subsequent implementation of the Framework and associated standards, the intention should therefore be to outline the minimum that can be achieved while also setting out aspirations in terms of potential improvement within the medium term. This should provide for a degree of stretch to accommodate improvement and any further investment in mental health services.

Overall therefore, it is anticipated that the eventual Framework will itself be potentially incorporated into a regional implementation / performance management process with the implied associated monitoring processes.

TEMPLATE FOR SERVICE FRAMEWORKS

All Service Frameworks will be developed using the attached template. Where appropriate, there will be areas of overlap between the different frameworks e.g. lifestyle factors and health promotion topics. In recognition of this and in acknowledgement of the considerable amount of information and guidance that is already available, it is proposed that the Department will develop a frameworks website. This will allow linkages and cross referencing between the frameworks and to other documents or websites. Such an approach will facilitate the regular updating of frameworks, and will provide the service user with easy access to further information.

The frameworks should contain sections relating to

- A.** Background / epidemiology / statistics / standards table;
- B.** Prevention / Health Promotion / Lifestyle Factors / risk and choice / rights and responsibilities;
- C.** Condition specific chapters e.g. CHD, asthma and care pathways;
- D.** End – of –life Care / Palliative Care / discharge; and
- E.** Process of review.

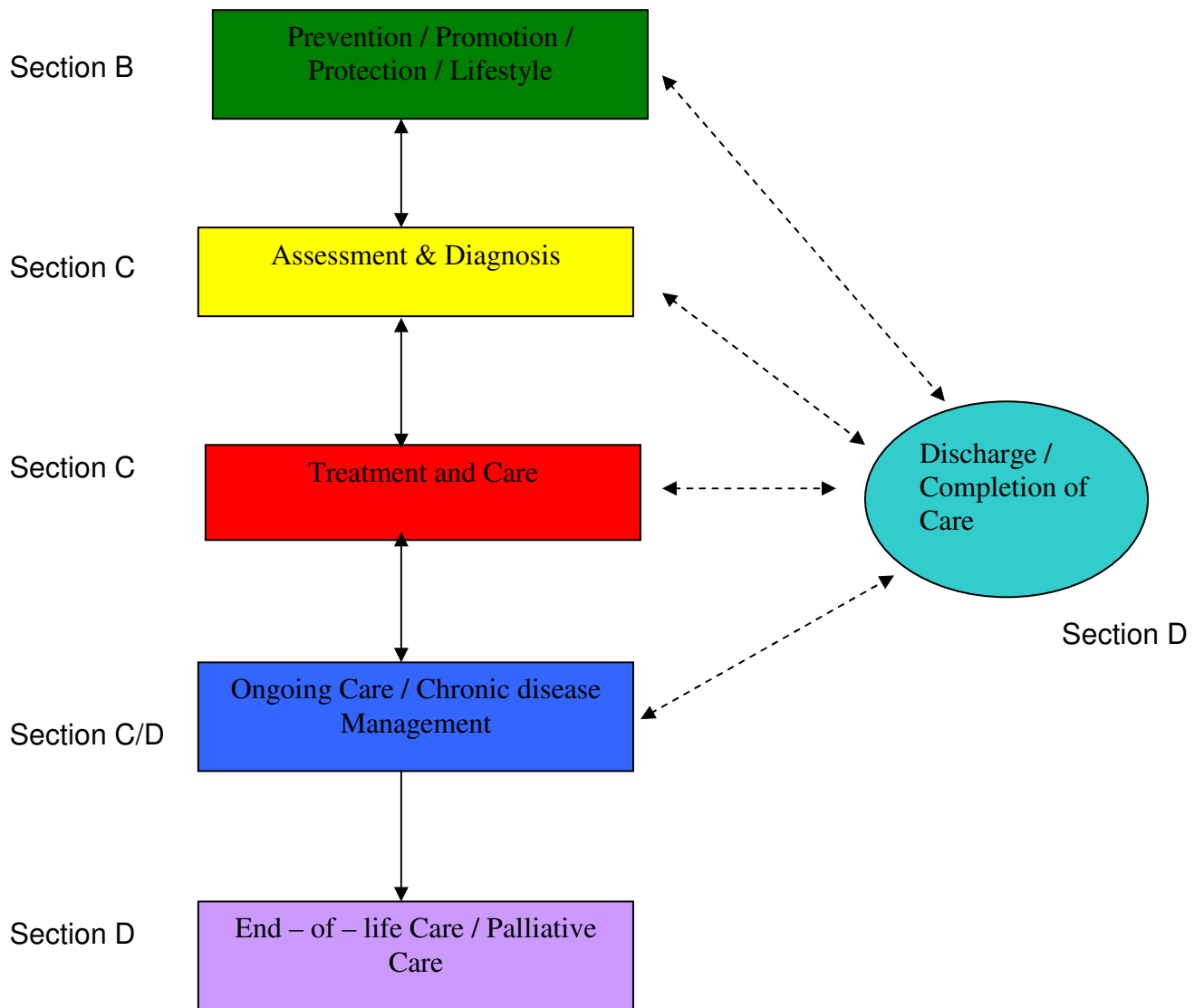
Sections **B** to **D** will follow the format of table 1 below. They will describe the evidence based standards and rationale, quality dimensions and performance indicators.

Table 1

Overarching Standard			
Rationale / evidence and reference to existing guidance e.g. NICE, CREST and SCIE			
Quality Dimensions		Responsibility for delivery / implementation	
Performance Indicator	Data Source for PI	Expected Performance Level	Date to be achieved by

As the frameworks will be available to the public, the Project Teams will develop them in line with flow chart 1 (below), using easily understandable language and terminology. It is anticipated that the health promotion / prevention / lifestyle factors (e.g. smoking, obesity etc) and end –of –life care/ palliative care /discharge, will be similar for most of the specific conditions identified within a single service framework and shared, where appropriate, between other relevant Service Frameworks e.g. cardiovascular and respiratory health and wellbeing, and cancer care. Hence, there will be general chapters (B and D) to address these issues, but any condition specific issues can also be addressed within the appropriate chapter. The aim of this approach is to avoid duplication of effort.

Flowchart 1 – Template for Development of Service Frameworks



The standards will be colour co-ordinated throughout the documents for ease of reference e.g. standards related to assessment and diagnosis will be yellow.

Appendix 1 Heart Failure

Overarching standard:

All patients should have an accurate diagnosis of heart failure and timely access to diagnostic tests.

Rationale:

Early detection of heart failure enables appropriate and clinically effective treatments to be commenced in a timely way, enabling support for patients to maintain as healthy a lifestyle as possible with minimum hospitalisation.

NICE Guidelines on the Management of Heart Failure were produced in 2003. CREST Guidelines on the management of Chronic Heart Failure In Northern Ireland were produced in 2005.

Both NICE and CREST guidelines represent best practice for the management of chronic heart failure. This is available on www.nice.org and www.crestni.org.uk

Quality Dimension		Responsibility for delivery / implementation	
Patients with a diagnosis of heart failure should have had an Echocardiography (ECHO).		GP HSSA / LCG Trusts	
Patients who are referred to ECHO should have had an abnormal BNP test or ECG		GP HSSA / LCG Trusts	
Performance Indicator:	Data source	Expected Performance Level	Date to be achieved by
Percentage of patients referred for ECHO for investigation of heart failure who have had an abnormal BNP* or abnormal ECG.	Heart failure minimum data set		
Percentage of patients with heart failure who have had an ECHO** to confirm the diagnosis.	Quality and Outcomes Framework (QOF)		
<u>Data Source for Performance Indicator</u>			
Heart Failure minimum data set QOF			

* B-type natriuretic peptide is a blood test that is helpful to determine the diagnosis of heart failure

** ECHO cardiogram is a ultrasonic scan of the heart used as part of the assessment and diagnosis of heart failure