



Department  
of Health &  
Social Care

**NHS**

England

# **Modern Service Framework– Severe Mental Illness**

**Background information and guidance on the Call for Proposals  
for the Modern Service Framework**

# 10 Year Health Plan and the role of Modern Service Frameworks

---

The government's 10 Year Health Plan for England commits to a Modern Service Framework for Severe Mental Illness (SMI MSF). This will set the long-term (10-year) outcomes the system should achieve and define what evidence-based, high-quality and equitable care looks like, aligned to the 10 Year Health Plan 'three shifts' to move from sickness to prevention, hospital to community, and analogue to digital.

## **Modern Service Frameworks should:**

- define an aspirational, long-term outcome goal
- identify the best evidenced interventions that would support progress towards this goal, with a focus on those with the best means to drive up value and equity
- set standards on how those interventions should be used, alongside a clear strategy to support and oversee uptake by clinicians and providers
- set out 'challenge areas', where we anticipate significant progress being possible, but where innovative ideas and products are needed, alongside a plan to partner with the wider eco-system, support the creation, adoption and spread of novel new ideas.



# Scope of the Modern Service Framework (MSF) on Severe Mental Illness (SMI)

---

The MSF applies to adults and older adults whose lives are severely impacted by mental health problems. This includes (but is not limited to) people with:

- Severe mental illnesses (SMI) such as schizophrenia, other psychosis or bipolar disorder
- Complex post-traumatic stress disorder, complex trauma and dissociation and severe mental health difficulties as a result of complex trauma
- People given a diagnosis of “personality disorder” and those who experience complex emotional needs
- All types of eating disorders
- Severe manifestations of common mental health problems, such as anxiety or depression
- Co-existing frailty (likely in older adults)
- Co-existing neurodevelopmental conditions
- Co-occurring drug or alcohol-use disorders, and other addiction problems, including gambling problems

**It is important to note that the MSF is distinct from NICE guidelines.** NICE guidelines define what good evidence-based care looks like, whereas the SMI MSF will set out how the system should organise, prioritise and deliver that care consistently at scale, and how progress will be driven and measured over a 10-year time period.



# Draft overarching outcome goal or ‘moonshot’ and underpinning objectives of the SMI MSF

All MSFs should have a **clear overarching outcome goal or ‘moonshot’**. The current ‘working’ moonshot is detailed below. This was developed in collaboration with stakeholders, including frontline mental health professionals and people with lived experience. It is **underpinned by the following objectives** that fall under the pillars of: 1) health and wellbeing, 2) high quality care, and 3) opportunities, independence and inclusion.

These objectives seek to respond to the **key problems** that we know exist such as a significant mortality and morbidity gap between people with SMI and those without, significant racial disparities around the use of compulsion, and poor-quality mental health care (see sources).

**Outcome goal/ Moonshot: "By 2035, people with severe mental illness will live longer, healthier and more fulfilling lives through high-quality, integrated and equitable care"**

## Pillar 1: Health and wellbeing

Improved physical and emotional wellness, stability and function

- Reduce premature mortality
- Reduce preventable illness
- Improve or stabilise symptoms (physical and mental health), reduce risk of reaching crisis, and improve health and support outcomes
- Improved health-related quality of life and achievement of personalised care goals
- Gains in health that are achieved equitably between groups

## Pillar 2: High-quality care

Care that is safe, evidence-based, coordinated and responsive

- Increase access to timely and appropriate clinical care
- Reduce harm, compulsion and restrictive practices
- Smooth transitions and continuity of care
- Integrated working across agencies
- Person-centred care planning and decision making
- Accessible care that meets the needs of all groups

## Pillar 3: Opportunities, independence and inclusion

Individuals empowered to pursue their goals, maintain independence and access social and economic opportunities

- Employment, education, volunteering
- Stable and appropriate housing
- Financial security
- Social connectedness
- Autonomy, choice and self-determination
- Opportunities and gains are shared fairly between groups

Sources: [Mental Health Act Statistics, Annual Figures - NHS England Digital](#); [Mental Health Services Monthly Statistics, Performance February 2026 - NHS England Digital](#); [Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK](#); [Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK](#); [Mental Health Act Statistics, Annual Figures - NHS England Digital](#)



# Call for interventions and areas of activity: guidance for respondents

---

## What do we need from you?

The MSF will set out a series of priority outcome-led interventions or areas of activity that show genuine promise in shifting the dial on the aforementioned outcome goal or moonshot. These interventions or activities should reflect key areas where transformation and innovation are most needed, e.g. across neighbourhood, crisis and inpatient care. **To identify what these interventions or areas of activity should be, we want to hear from you.**

**Please complete one template per intervention or area of activity.** A clear and concise response is more useful than a long one. You may submit as many as you wish although, where feasible, we **welcome internal efforts to prioritise and submit those proposals** that you think will have maximum impact and prove most effective.

## Who is involved in the call for evidence-based interventions?

We are interested in **hearing from a range of organisations**, such as those representing all clinical occupations, commissioners, lived experience representatives, VCSE partners, social care, justice, employment and housing partners, regulators, academia and research bodies, education, and wider health and social care networks.

Feel free to **disseminate this invite** and survey link to your networks, service leads, and other relevant local networks or partners.

## How long will it take to complete the survey and what do I need to provide?

To ensure that we gather all the information we need to make an assessment, the survey will take **approximately 1-2 hours.**

You'll be asked for brief background details about yourself and your organisation, to clearly describe the intervention, who it is for, the outcomes it aims to achieve (including impacts on health inequalities), and how it aligns with SMI MSF objectives and wider system shifts. We also ask at a high level about delivery requirements, costs and current maturity, what evidence or learning underpins the intervention (including practice-based or lived-experience evidence), and how its impact could be measured using existing or new data. A final optional section allows you to flag any additional context, risks or considerations you think are important.



# Call for interventions and areas of activity: guidance for respondents (continued)

---

## What kinds of interventions and areas of activity are we looking for?

We would like to hear about interventions and activities for which you can set out a **compelling case on why they are likely to have a positive and measurable impact on achieving our overarching outcome goal**. We are particularly interested in **system-wide interventions that have potential for wide and significant impact**. Interventions and activities may be **new/emerging or well established**.

Proposed interventions and activities **may apply to any care setting** (such as the community, crisis services, inpatient services and specialised services) and could cover areas like the delivery of NICE concordant treatments, peer support, physical health interventions, integrated cross-sector models of care, workforce approaches, and the use of digital innovation to enhance people's experiences of services. In this context, delivery may entail changes to national policy, service models, service activity, or specific mental health interventions and areas of activity for individuals, groups or families.

Interventions and activities may be **suitable for delivery by any part of the system**, such as government, the NHS, regulators, local government or VCSE organisations.

While interventions and activities **should in general relate to adults with severe mental illness**, we recognise that some severe mental illnesses can manifest in adolescence to early adulthood, therefore we have decided **not to narrowly define the adult age group and risk excluding services/ interventions/ activities that sit at the transition point between childhood and adulthood**.

Lastly, we **particularly welcome proposals for interventions and activities that are likely to target the significant inequalities that we know are experienced by people with severe mental illness**. In addition, we welcome proposals that aim to **target existing and/or avoidable harms** associated with current service delivery, interventions or approaches aimed at caring, treating, addressing inequalities, and supporting people whose lives are severely impacted by mental health problems.



# Call for interventions and areas of activity: guidance for respondents (continued)

---

## How can you best make the case for your proposed intervention or area of activity?

When setting out the case for your proposed interventions and activities, you should take account of NICE guidance and the wider evidence-base.

We are interested in a range of evidence. National Institute for Health and Care Excellence (NICE) is among the highest order of evidence, followed by Randomised Control Trials (RCT) evidence that has not (yet) led to a NICE recommendation, but we are also very interested in emerging evidence (pilots or early evaluation), practice-based evidence, lived-experience-led innovation, and those relating to digital tools that have [Medicines and Healthcare products Regulatory Agency \(MHRA\) and NICE](#) Early Valuation Assessment support.

## How will we be prioritising proposals?

The submissions you provide will be shortlisted by the programme team, Chairs and stakeholders involved in our core workstreams, which include a diverse range of members, such as people with lived experience, clinicians, service leads, commissioners, VCSE representatives.

We will be prioritising proposed interventions and activities based on a pre-determined criteria that will be centred around the extent to which the proposed intervention meets the overarching outcome goal and the objectives set out under the 3 pillars and how effectively it achieves these i.e. the size and scale of the impact, including whether it will positively impact existing inequalities, and its deliverability. We will also be considering the strength of the supporting evidence base.

