

Development and policy

Commissioning and opportunities for re-engineering

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There is no doubt that major improvements have been made in many areas of mental health support in recent years, particularly since the publication of the National Service Framework (NSF).¹ Yet a wide range of sources suggests that there is still a significant gap between what services do and what people find effective for better mental health.^{2–4} Key messages include demands for access to a greater range of treatments, particularly talking therapies, and a need for much greater practical and emotional support in managing and overcoming the impact of mental distress or illness on occupation, home and social relationships. High-quality commissioning should serve an important function in delivering the changes that make the most difference to patients or users, yet it is well recognised that in reality this function has often been weak, particularly in mental health.

This paper describes an approach to commissioning and re-engineering developed by the Sainsbury Centre for Mental Health (SCMH) over a period of years. It is rooted in evolving national policy, and based on a number of capacity-planning projects commissioned by a range of mental health providers and commissioners who have tailored the methodology to meet a variety of different needs and drivers.

Policy context

The current policy agenda presents an opportunity to develop new approaches to commissioning in mental health. National Director of Mental Health, Professor Louis Appleby, has suggested that there is a need to plan for the future in a way that recasts the NSF in line with the direction that the NHS is taking

as a whole.⁵ On this basis there are a number of themes in the current national policy agenda that give some clear messages about future direction:

- closer integration between health, social care and the broader range of partners relating to social inclusion
- closing the gap between primary and secondary healthcare
- recognition of the importance of prevention and health promotion
- an increasing focus on quality and outcomes for service users
- choice
- contestability
- increasing focus on long-term conditions.

Understanding your current system

A key insight of quality improvement is that every system is perfectly designed to achieve the results it gets. The way a system operates is a direct product of the implicit 'rules' and design principles that underpin it.⁶ Real change requires recognition of these existing principles in order that they can be tested for usefulness and replaced by new ones if necessary.

Mental health and solutions to people's mental health problems are characterised by individual differences and complexity. But policy makers, commissioners, service managers and even practitioners often overlook this diversity.⁷ Consequently, health and social care services work according to design principles or rules that subdivide needs into different categories. The joining up of medical, social and

emotional needs that defines mental health thus becomes impossible to achieve in practice. Associated with this fragmentation is the historic dominance of 'the medical model' where problems have been understood through a diagnostic and treatment approach.

Alongside these design rules there is a need, in approaching the re-engineering of services in a local system, to understand a range of baseline information including total funding, how that money is being spent, referral patterns from primary to specialist services and consequent outcomes. Such information, though seemingly fundamental to performance management and future planning, can be extraordinarily difficult to extract from a complex health and social care system. It is also important to understand current market forces and the extent to which existing service providers drive or constrain service development.

The rise in independent sector bed use and continuing high occupancy rates in acute inpatient beds, despite NSF targets to the contrary, illustrate the limitations of current approaches to commissioning and care management in developing effective earlier interventions.⁸

Capacity planning and understanding financial value

Capacity planning offers an approach to re-evaluate the effectiveness of any current service model. It also provides a mechanism to plan how that model can be deconstructed and release resources to fund new developments.

It quantifies in some detail the total level of resource available, what that resource represents in terms of range and capacity of service, and, crucially, how those services are utilised. The basic approach involves collection of a range of information which, when benchmarked with national data sets and selected comparator sites, indicates areas of resourcing and activity that are out of synch with the norm and/or with local expectations. Further analysis through more detailed internal benchmarking helps identify variance in clinical practice and known good practice.

Having identified potential poor resource utilisation within the current service model it is possible to supplement this with a modelling exercise that maps out expected impacts of new service development that can provide an alternative to traditional service interventions such as acute inpatient admissions. This highlights areas of potential overprovision

or outdated service interventions, which in turn provides re-engineering possibilities.

Combined analysis of current usage and projected impacts of new services affords a mechanism to identify resources within the current system that can be used differently either to fund new development and service targets or achieve financial balance. It is important to establish a financial framework and costing formula that puts a realistic financial value to any service that is to be decommissioned. This is essential as the interdependence of services and the complex apportionment of costs often leads to different perspectives on how much can be re-invested from any re-engineering exercise.

Visioning: a whole systems model

In order for this work to have credibility and wider ownership across a local system, especially with clinicians, it is important to establish an inclusive approach to agreeing a vision of modern mental healthcare and designing the supporting new model. The early identification of shared values and principles is a useful platform for joint working across disciplines and organisations. It provides a mechanism for supporting decisions about service delivery and development and establishing a shared understanding of expected outcomes.

Integral to a visioning exercise are fundamental shifts in thinking which underpin current national policy and will correspond with the required shifts in service model and reinvestment. Without explicit attention to these shifts in thinking, there is a real risk of 'emperor's new clothes' – that is a new service under a new name that in practice recreates the old service and associated outcomes. Features of traditional and modern approaches to thinking about mental healthcare are outlined in Table 1, together with a vision of future service attributes.⁹

Implications for changing the pattern of service

The ambition of making a real change to existing patterns of service in mental health represents a significant development agenda. It requires a change in the way a diverse set of partner organisations make funding decisions. It necessitates a change in the hearts and minds of a workforce often too

consumed in fire fighting to embrace in a sustainable way, new thinking and practice. It needs to be underpinned by a more appropriate understanding of risk taking that shifts the balance of responsibility for decision making back towards service users in partnership with clinicians. This shift is inherent in the concept of extending choices, and challenges both professionals and organisations to become less risk averse. Real change fundamentally challenges commissioning activity that has focused on isolated service developments as opposed to commissioning comprehensive care pathways. This in turn will necessitate a more proactive approach to managing markets and the environment in which new partnerships are formed and new roles and responsibilities forged.

There are a number of implications in this agenda for mental health commissioners:

- in responding to financial pressures commissioners should ensure that, in respect of efficiencies reflected in commissioning intentions, the same modernisation principles are demanded of mental health services as of the rest of the health system. Examples include implementation of the 10 High Impact Changes, demand management processes, outcome measures, review of follow-up of outpatient practices
- future funding for mental healthcare must be protected and effectively targeted by local decision makers according to locality needs. Primary care trust (PCT) boards in their new configurations, and local authority elected members need to be well briefed about the vision for mental healthcare, the scale of demand and supply issues and the opportunities for radical redesign within the current policy agenda
- practice evidence to support specific elements of service redesign in mental health remains scarce, but findings are emerging from pioneering localities which can usefully inform service planning elsewhere (personal communication W Norfolk)¹⁰
- practice-based commissioning and extended roles in primary care provide opportunities to design an improved range of local care pathways and interventions outside hospital, particularly for people who may have complex social and health needs but do not otherwise require a specialist service
- both high-level and locality-based commissioning arrangements need to reflect the range of partnerships and associated resources that will be required to 'mainstream' and integrate mental healthcare
- service specifications could reflect a less risk-averse approach, for example by requiring active relapse prevention/ recovery as outcomes
- voluntary sector services have an important role both in hospital and community provision but remain patchy and under-resourced. The importance of this sector needs to be understood by decision makers for its capacity both to extend choices to service users and to extend the resource and expertise available to service systems.

Conclusion

The degree of change required if opportunities for re-engineering are to be grasped and used to address the emerging policy agenda and a revised NSF, are very significant. Experience of health and social care organisations delivering on such an ambitious change programme is limited. The authors are currently discussing with possible partner organisations the potential for developing a fast-track radical change project. This could support a number of pilot sites over a two-year period to design, implement and evaluate a new model of care that delivered against the future vision described in above paradigm.

The significance of the work described here and its potential contribution to a fast-track change project is twofold. It empowers the commissioning function, providing an evidence base for dis-investing in traditional service models and activity, thereby freeing up resources to pursue recovery-based socially inclusive new approaches to care. It also empowers the mental health workforce to develop sustainable new partnerships and clinical interventions with both primary care and wider social and community services, to better meet the diverse needs of people with mental health problems.

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Table 1 Features of traditional and modern approaches to thinking about mental healthcare

Traditional	Modern	Future
Medically dominated within fragmented, discipline approach	Multi-agency co-ordinated care	Mental healthcare integrated into universal services
Illness model	Social disability model	User-specified model
Symptom centred	Person centred	Person centred – focus on strengths/abilities
All care and support within mental health system	People remain in or regain contact with ordinary community system	Range of options – people helped to make informed choices about optimum care and treatment
Reactive crisis-driven responses	Emphasis on prevention and self-help	Emphasis on mental wellbeing and early intervention. Crisis a thing of the past