Payment by Results for Mental Health as a driver for personalised services – Joint ADASS and DH position paper

Issue

The Department of Health is leading work aimed at agreeing a currency for Payment by Results (PbR) for mental health services. A letter was issued on 8 January setting out their intention.[1]

To have the positive impact it desires, it is imperative that this work takes account of the latest policy promoting a whole systems approach to mental health needs. This includes the new CPA guidance, self directed care as championed by *Putting People First* and the recent announcement on personal health budgets [insert reference].[2] Otherwise, a positive development could unwittingly undermine some of the innovative partnerships, services and associated health and social care outcomes for people.

Background

The methodology being used in Mental Health PbR - Care Pathways and Packages - is an evidence based approach, developed initially from a healthcare perspective, which allocates people to 21 clusters (see annex) based on an assessment of the characteristics of their mental health condition, along with a range of responses that have been found to be most effective in meeting their needs.

Putting People First emphasises the importance of enabling people to self assess, identify what they want out of their lives and work out, with a professional if needed, what kind of solutions will help them to meet their outcomes. Solutions can be a mixture of professional interventions and other non-service based support. Up to now, much of the focus around personalisation has been on individual/personal budgets but it is much more than that; it is a massive change in the whole culture of how professionals engage with people who might wish to use services where power is shifted significantly towards the service user. The approach to personalisation is a shift from a consumerist to a co-production model to deliver public services that is aligned with a model of social capital.

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[1] The letter can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_092963

[2] Further information on personal health budgets is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093842

The Care Pathways and Packages approach provides a very helpful evidence base, built up over a number of years in Yorkshire and the North East, about what works for people with assessed mental health needs.

However, it is important that it encompasses the social care aspects of Mental Health practice and that it is not applied too mechanistically, or it could limit understanding of people and restrict their choices. At present, the model mainly focuses on clusters of health need and service response – further work needs to be done to identify social care needs and outcomes. It is also focussed on specialist mental health services and further refinement is needed to ensure it supports the commissioning of a wide range of services.

The Policy Context.

The DH is currently considering a successor document to the National Service Framework for Mental Health. Without pre-empting that work, the ADASS view is that Mental Health commissioning and provision should be built around the four principles of *A New Vision for Mental Health* published by the Future Vision Coalition.[3] These are:

- Integration

Services should be integrated, bringing together health and social care models and acknowledging that many parts of the community contribute to people's mental health

- Public Mental health

Achieving higher levels of mental health requires a focus on the whole population

- Recovery

People should be supported to recover a good life in a way which they define and service should be built around the achievement of this

- Self Determination

People and their families should have real control over their lives and should be enabled to build the support system that works for them within effective safeguards.

It follows that a PbR funding approach for mental health methodology should reflect these four principles.

[3] http://www.newvisionformentalhealth.org.uk/index.html

Moving forward together

DH and ADASS have been working together to ensure that this is the case. At a DH organised workshop in October 2008 involving a range of social care and health commissioners, the following principles emerged:

1. It is vital that local authority partners and commissioners are involved in any currency development work being driven by mental health trusts and foundation trusts.
2. In line with meeting an individual's whole needs, the costs of social care and other provision should be identified and factored into the PbR work.
3. Consideration should be given as to how to make the initial assessment into specialist mental health services comprehensive (including social care and other assessment needs) and user-led (some element of self-assessment). This needs to include the potential for all mental health assessments to be based in primary care,
4. Mental Health PbR must support the personalization of care, by focussing on the needs and characteristics of individuals. This means that care plans agreed following assessment should:
    - be created with and by the individual
    - consider the needs of carers
    - identify the expected outcomes
    - take into account best practice guidance where relevant
5. Some elements of care will not be negotiable (e.g. where a service user is sectioned, requires specific drugs). However the whole-system approach to delivering recovery needs to be factored in.

These principles present an important opportunity because they reflect the importance of embedding personalisation into PbR and provide a useful foundation for moving forward.

In November 2008, there was a workshop involving South West Yorkshire Mental Health Trust – a pioneer in developing the Care Pathways and Packages approach – along with the 3 partner Local Councils and commissioning PCTs. The purpose of this was to resolve some local organisational challenges and to consider the Payment by Results work.

The workshop concluded that the Care Pathways and Packages approach has a useful contribution to make as long as it is the basis of self assessment and personalised dialogue between professional and service user and not a formula for allocating people to set predetermined responses.

It also identified that paying for mental health services using the Care Pathways and Packages methodology solely in its current form would not lead to the kind of mental health system that is reflected in the New Vision,

because at present it tends to focus on the health interventions provided to those people with more severe needs requiring specialist mental health input..

A Wider Approach

Mental health services are made up four components that can each be specified for separately. These are:

Preventative work

Identifying the activity an organisation will undertake to avoid people escalating through the system and to help people preserve their mental health and personal resilience. This could include employment support, educational activity and so on. Outcomes would need to specified relevant to the local area. This will help to make clear the role that a Mental health Trust (and other service providers) would play in this element of the system. Part of this function is to ensure that processes are in place to ensure that only those who will benefit from the secondary mental health system are referred to access points with others being supported in the wider community.

Access

It is well known that effective access can greatly improve peoples' outcomes if they receive a rapid response from a mental health system they can understand. With the increasing emphasis on single point of access approaches then partnership solutions must be commissioned, again with suitable outcome measures. There is a clear cost to this and it needs identifying separately so that commissioners can be confident it is being delivered. This is also important in order to identify efficiencies from different approaches to access.

Assessment

With new CPA and *Putting People First*, the shift to self assessment and empowerment will need incentivising in its own right if culture change is to be secured and sustained and services to people improved. It is in this area that professional responses are often indivisible and commissioning needs to be done in a way that supports flexible person centred approaches

Intervention and Treatment

This component should use and develop the Care Pathways and Packages approach with an additional component to build in outcomes, but examine how this could be extended from a focus on specialist services to the full mental health pathway. It provides a valuable evidence base and a useful framework for having a conversation with people and sharing with them the collective experience of mental health services so that users can make more

informed decisions about their support system. It would sit within CPA as part of the integrated whole and ensure all potential elements of the support package have been considered – social care, social inclusion and health issues.

At present, the Care Pathways and Packages approach is focused on this fourth component of intervention and treatment. It needs further development to consider the issues of joint, personalised, health and social care assessment and treatment. It is probably not the most appropriate method for reimbursing preventative services, which can sensibly be commissioned and paid for on a population basis.

Conclusion and Recommendations

The Care Pathways and Packages approach that is being used for mental health Payment by results has the potential for embedding personalisation into mental health services. By focussing on individual needs it potentially lends itself to commissioning for outcomes and this will be developed further. The "Results" should ultimately be more personalised services and improved outcomes.

It is vital that we avoid a PbR system for mental health which does not focus on the whole system, leading to a distorted approach to paying for the whole health and social care economy, and introducing significant barriers to both the commissioning and provision of social care

To avoid this situation, DH and ADASS recommend that as joint work on mental health PbR continues:

- The principles of *Putting People First* and the *New Vision for Mental Health* should be the framework for identifying the system outcomes for the mental health system

- The five principles provide a key steer for progressing work

- The four components of the system are viewed as the high level activities to be commissioned

- The outcomes set out in the *Our health, our care, our say* White Paper (and now being further developed by DH and ADASS) will form the basis of a personal outcome framework to be placed alongside mental health PbR.

Mental Health PbR will then be a powerful tool to support better services, improved outcomes and greater personalisation for mental health service users.

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Annex - The Clusters

Number (existing)	Number (new)	Description
1a*	1	Common Mental Health Problems (Low Severity)
1b*	2	Common Mental Health problems (Low Severity with Greater Need)
2a*	3	Non-Psychotic (Moderate Severity)
2b*	4	Non-Psychotic (Severe)
3	5	Non-Psychotic (Very Severe)
4a*	6	Non-Psychotic Disorders of Overvalued Ideas
4b*	7	Enduring Non-Psychotic Disorders (High Disability)
5	8	Non-Psychotic Chaotic and Challenging Disorders
6	9	Substance Misuse
7	10	First Episode in Psychosis
8a*	11	Recurrent Psychosis (Low Symptoms)
8b*	12	Ongoing or Recurrent Psychosis (High Disability)
9	13	Ongoing or Recurrent Psychosis (High Symptom and Disability)
10	14	Psychotic Crisis
11	15	Severe Psychotic Depression
12	16	Dual Diagnosis
13	17	Psychosis and Affective Disorder Difficult to Engage
14**	18	Cognitive Impairment (Low need)
15**	19	Cognitive Impairment (Moderate Need)
16a**	20	Cognitive Impairment (High need with functional complications)
16b**	21	Cognitive Impairment (High need with physical complications)