

About Time

Commissioning to transform day and vocational services

A Summary

Introduction

Research shows that having social contacts and being in work are good for mental health and wellbeing, and that they play an important role in recovery from mental ill health. Adults with mental health problems, however, are one of the most excluded groups in society. They suffer high rates of social isolation and unemployment that not only hinder their recovery, but also increase the risk of their mental health deteriorating and of suicide.

Fewer than two in ten people with severe mental health problems are in employment. This high worklessness rate cannot be attributed to a lack of interest or severity of illness, as research has consistently shown that between 60% and 90% of people who suffer from periods of mental ill health would like to work and that diagnosis or severity of illness are not predictors of employability.

The provision of services that are able to support access to and maintenance of social and employment opportunities is therefore crucial if people are going to have a realistic chance of achieving their hopes and aspirations and of participating fully in their communities. Furthermore, there is a need for services that intervene early, before people lose their social and work connections in the first place. The role of adult mental health day and vocational services in achieving these goals is crucial: they can make all the difference.

The most recent survey of national investment in mental health services estimates that £153 million was spent on adult day and vocational services in 2006 / 2007.

This investment is neither achieving desired outcomes, nor is it apportioned appropriately across day and vocational services. For example, even though many people with mental health problems want to work, there is under investment in vocational services in many localities. These investment decisions translate into limited opportunities to support people to find and keep employment. Even where there is investment, little of it is utilised to procure services that are based on proven research evidence.

Traditional services are also failing to meet the needs of the diverse populations that they serve. Some groups are often poorly represented within services, e.g. young people, women and those from black and minority ethnic communities. Individuals are required to choose from a menu of options, rather than services being responsive to their individual aspirations and needs. Pathways into and between services can be cumbersome.

Perhaps unsurprisingly, people with mental health problems are increasingly rejecting traditional day services and sheltered work projects. Despite the safe haven that these services have provided, many individuals want to take up mainstream social and cultural opportunities, and to build broader social networks. Traditional services have been less than effective in enabling these sorts of opportunities.

The commissioning guidance on day services suggests that current day services should be modernised to offer four kinds of opportunity:

- Social contact and support;
- Help to sustain existing new roles, relationships and social / leisure activities;
- Support to develop new roles, relationships and social / leisure activities in mainstream settings and to sustain them;
- Scope for service users to run day services and support each other.

In similar fashion, the commissioning guidance on vocational services recommends that evidence-based employment services and social enterprises / firms should be introduced. The former would work closely with mental health teams to provide individualised and ongoing support for individuals to find and keep ordinary jobs.

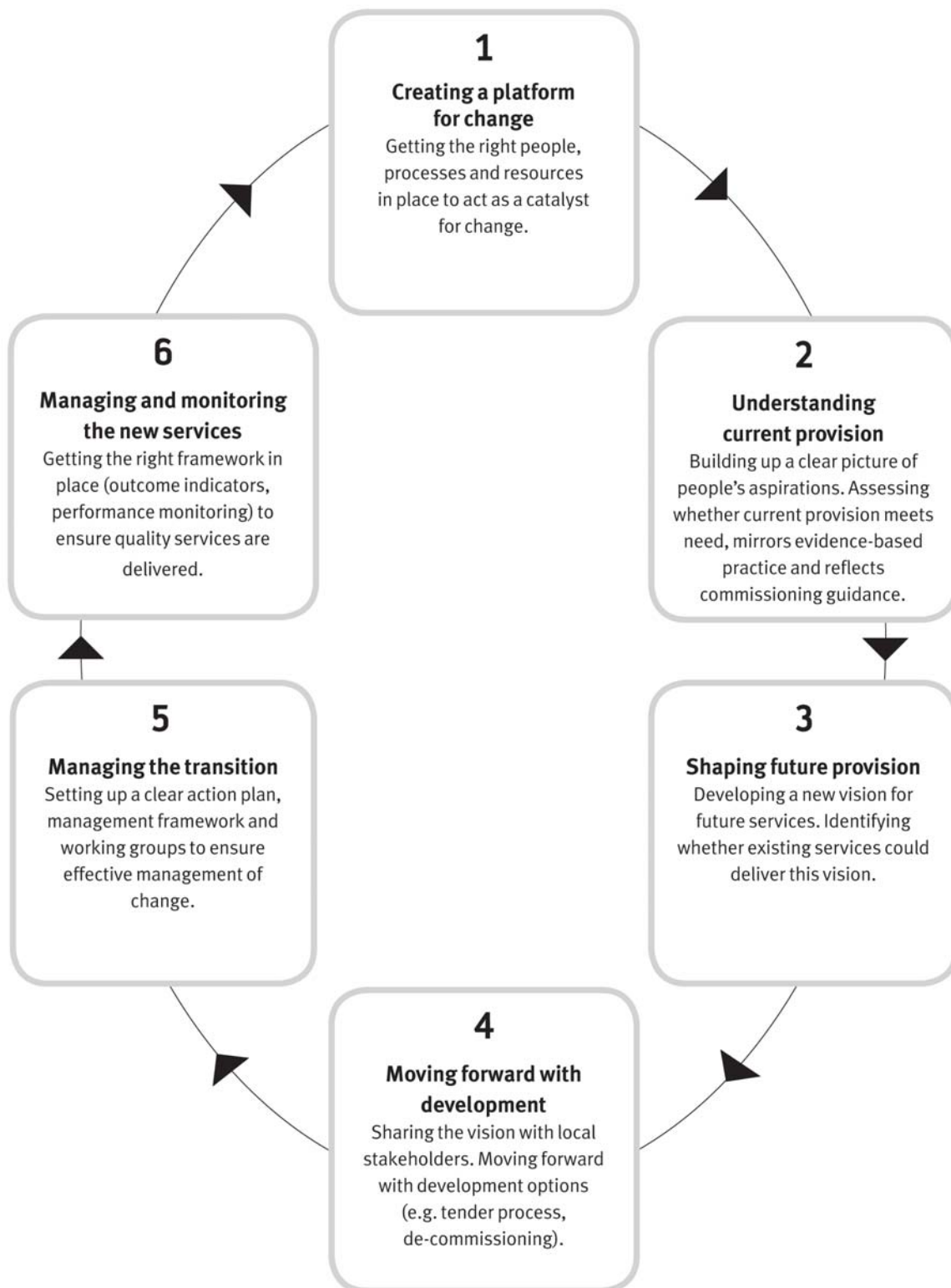
There is an expectation that service users will have an increasing role as purchasers of services through direct payments and individual budgets. In order to respond to these changing circumstances, service redesign should result in services that service users wish to buy, and a structure that enables individuals to purchase these services directly.

The modernisation of day and vocational services is a priority for all stakeholders (service users, carers, commissioners and providers) and there is now widespread acceptance of the need to change.

The policy and practice landscape within which commissioners will be making changes is in flux. Some of the critical influences are:

- government commissioning guidance;
- the changing role of the NHS;
- a growing base of research evidence on effective supported employment;
- and the increasing role of the third sector.

The six key stages of the commissioning process



1. Creating a platform for change

Modernising day and vocational services is in most cases a complex and challenging process, and as such will need careful planning and management. It is essential therefore that there is a solid platform in place before setting out to ensure change takes place in an effective and co-ordinated manner.

- The aims and objectives, scope, underpinning principles and timescales of the re-commissioning process should be agreed from the start.
- A key stakeholder and decision-making group (steering group) should be established to oversee and steer the process.
- A project manager should be appointed to drive the process forward.
- Service users should be involved on an equal basis at all stages of the process and clear mechanisms should be developed to achieve this from the outset.
- Service users should be provided with adequate support and training.

2. Understanding current provision

A major task in the re-commissioning process is to review existing provision. This includes assessing the extent to which it meets the current and anticipated future needs of local people with mental health problems, and looking at how day and vocational services interact with clinical mental health services. It will be important to find out the aspirations of local people, what kinds of services they would like, and what level of service is needed. A clear understanding of investment in services and how it could be better targeted will be essential. A range of information will be gathered and this should be fed into a joint strategic needs assessment (JSNA).

3. Shaping future provision

Having developed an understanding of levels of investment, current provision, and the extent to which it meets need, the next step will be to construct a clear vision for the shape and balance of future services. One key element will be the crafting of service specifications for proposed new services. Another will be an objective assessment of whether current provision will be able to deliver these new specifications or whether a tendering process is required. A final element will be the production of a coherent and well-evidenced commissioning strategy, laying out clear recommendations for future services with plans for their delivery and a timescale for change.

4. Moving forward with development

A coherent communication strategy should be developed so that key stakeholders can understand clearly what developments are planned. Stakeholders should also have an opportunity to comment on planned developments through a public consultation process.

After ratification of the commissioning strategy by public authorities, the next steps in reconfiguring services may include:

- undertaking a tender process to select new providers;
- negotiating new contracts with existing providers;
- de-commissioning services; and
- facilitating the transfer of services to independent status.

The full implications of any transfer of services from NHS trust or local authority to independent sector providers need to be carefully explored and agreements should be drawn up on how to share the impact.

Key elements of the new provision will need to be agreed with providers and embedded in new contracts.

5. Managing the transition

Once the preferred providers have been identified, it will be important to set up a framework to carefully manage the transition to a new configuration of services. This transition will often be complex – perhaps involving the closure of some services, the transformation of others and the start-up of entirely new ones. A clear action plan for service redevelopment will be important, as will the continued operation of a steering group or equivalent body to drive implementation forward. It can be helpful to set up a number of working groups to manage particular aspects of the change process.

6. Managing and monitoring the new services

As well as careful management of the change process, it will be equally important to set in place a robust framework for ensuring that future services deliver in line with the new service specifications. Key actions will include:

- Use outcome indicators to monitor delivery against evidence-based practice and encourage continuous service improvement.
- Set in place a performance management system.
- Establish an independent reference group to provide regular feedback on service provision as a whole.

A case study: Travel Matters

Based in Redhill, Surrey, Travel Matters is a fully bonded travel agency offering a wide range of travel and holiday deals at competitive prices. It operates identically to any other high street travel agent, but its origins are quite different.

Until recently, Travel Matters was one of several work rehabilitation services operated by an NHS trust in Eastern Surrey. Its role was to provide work experience and training opportunities for people recovering from mental health problems. It had gradually developed into a well-established social firm, but had been experiencing significant difficulties in developing the business further while still being part of the NHS.

Between 2001 and 2006, Travel Matters began working towards externalisation from the NHS trust, a process of moving away from NHS control towards fully independent status. The process was completed in June 2006 when Travel Matters Enterprises Ltd was established. The process of externalisation was by no means simple. It was only during the re-commissioning process between 2004 and 2006 that externalisation was actually achieved.

An important contributory factor was that the externalisation process was part of the wider review and transfer of services away from the NHS trust and out to other provider agencies. The wider review and transfer process had director level commitment and was approved by the board of the NHS trust and the PCT.

Another key factor was the availability of financial support from the local health and social care commissioners, through a service level agreement, in addition to the business income. This meant that the firm was seen to be financially viable. Externalisation gave Travel Matters the freedom to apply for further funding.

All parties involved in the externalisation process were clear on its objectives and many were prepared to think 'outside the box'.

The availability of the right kinds of skills and expertise was crucial. There was a dedicated and experienced external project manager. The Travel Matters manager and staff were all highly committed to the change process. The availability of expertise and support from Social Firms UK was also a key factor.

In addition, there was a clear strategy for managing cash flow in the early months of business start-up. This included having secondments to the firm in the first instance, and then transferring staff at a later stage.

Finally, all parties had perseverance and persistence.

This is a summary of About Time - the first step-by-step guide to re-commissioning day and vocational services.

It shows how to review the services commissioners are currently paying for. It sets out how to construct a vision of what new services might look like. And it shows how to develop a range of personalised services that will help people fulfil their hopes and ambitions.

About Time is based on the real experiences of commissioners who have recently re-designed their services. It is essential reading for commissioners in the NHS and local authorities.

About Time costs £25. To order, call 020 7716 6795 or visit our website at www.scmh.org.uk

