

# ANTONY SHEEHAN

*Professor of Health and Social Care Strategy  
Director General – Health and Care Partnerships  
The Department of Health  
England*

## Washington 2007

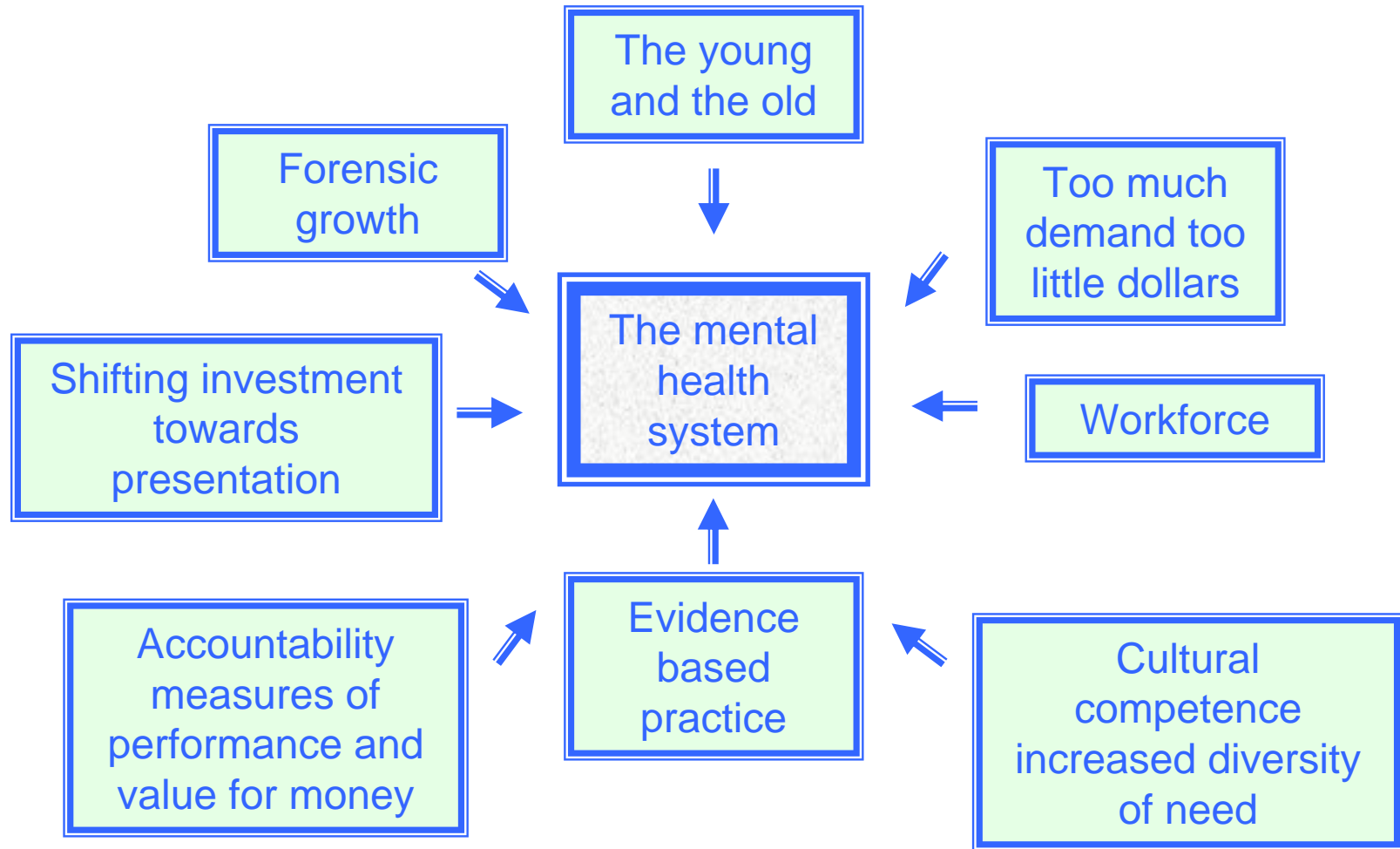
*“Mental Health Care – personalised,  
accountable and relevant for the future”*

*The power of words*

# Agenda

- The first phase of reform – progress and missed opportunity
- The next phase – policy context – a new performance and accountability framework
- Personalisation, consumer insight, the test of relevance for the future of mental health

# Environmental scan ... shared challenges



# Travelling companion, friend and adviser...and some vital statistics



- England population = 55m
- 12% of National Health Service expenditure on mental health services
- Mental health cost to the economy = \$60b

**“I don’t know what people have got  
against the government – they’ve done nothing!”**

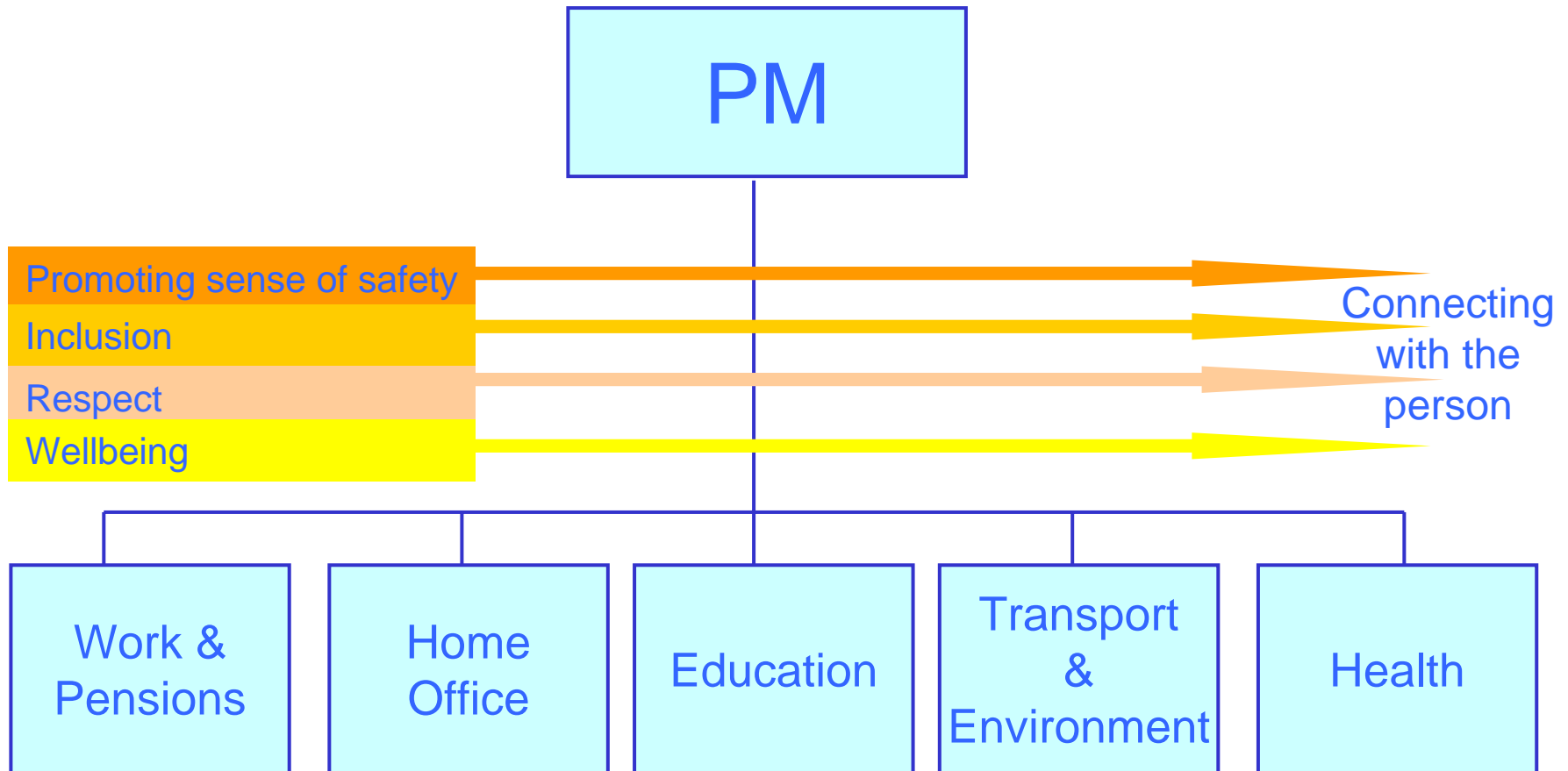


My context –  
“first political  
memory”

***“Integration a theme”***



# Emphasis upon Public Service Delivery Departments .....cross cutting system reform



... Amongst others

Working together to achieve.....

## ...a convergence of policy ideas...

“A better quality of life for all local citizens based on health, independence and wellbeing in sustainable inclusive communities.”

Gerald Wistow  
Visiting Professor LSE

- Lucille Ball

# First phase reform characterised by...

- “Top down” – central leadership
- Target (performance) driven
- Heavy investment
- Little local flexibility
- To little focus on outcomes

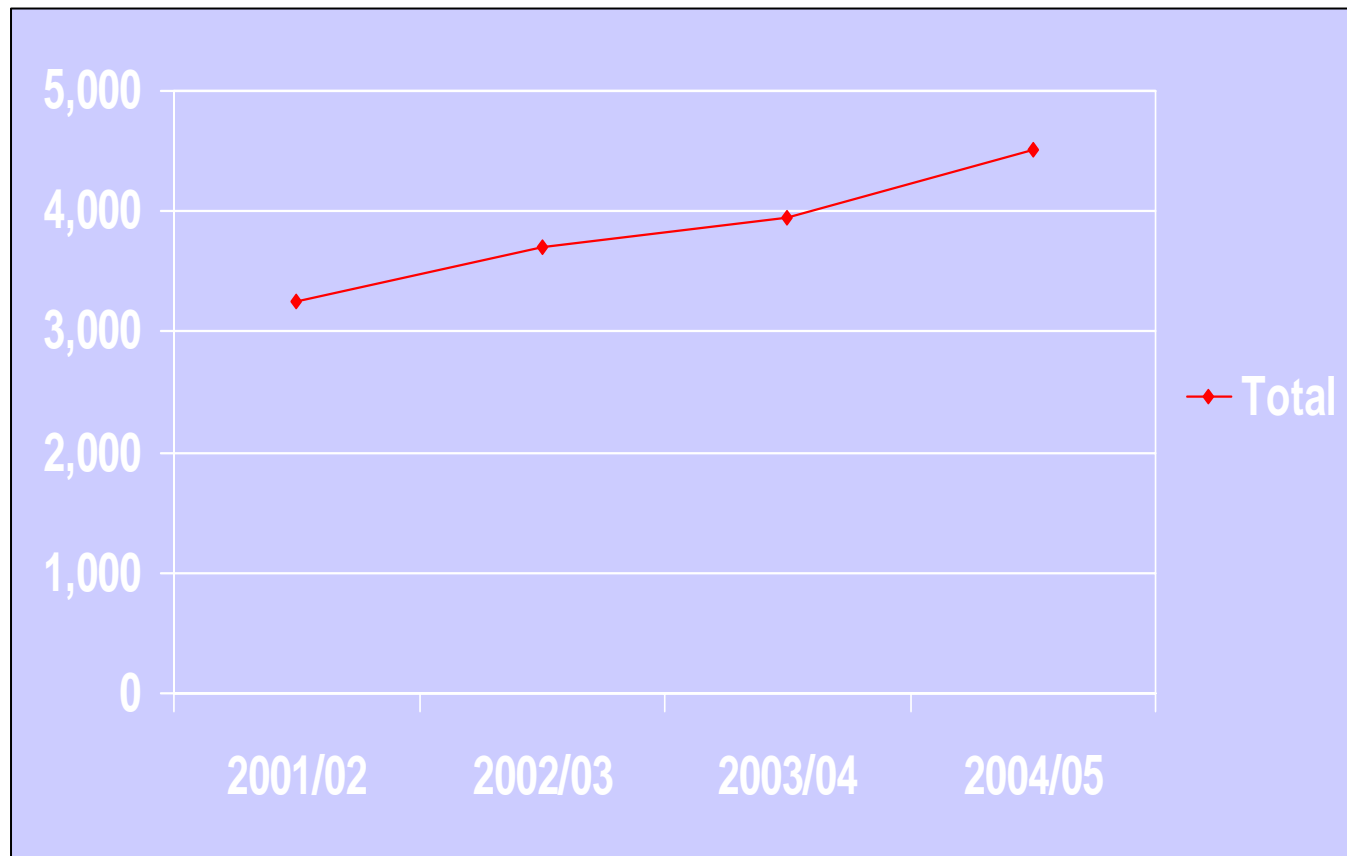
# For the Department of Health a first phase of reform characterised by:

- Service Development – National Service Framework for Mental Health
- Saving Lives – Reducing Suicide
- Access to a better range of community services

*....with some significant success...*

**... Emphasis on serious mental illness**

# Total investment in adult mental health services (at 2004/05 prices)



+ children, elders, forensic and private sector

# Over the last 5 years – system held to account for delivery of:

- More community teams – eg. early intervention (services?)
- More staff (better paid)
- More (and better) prescribing
- Less suicide

*= \$3bn investment (approx)*

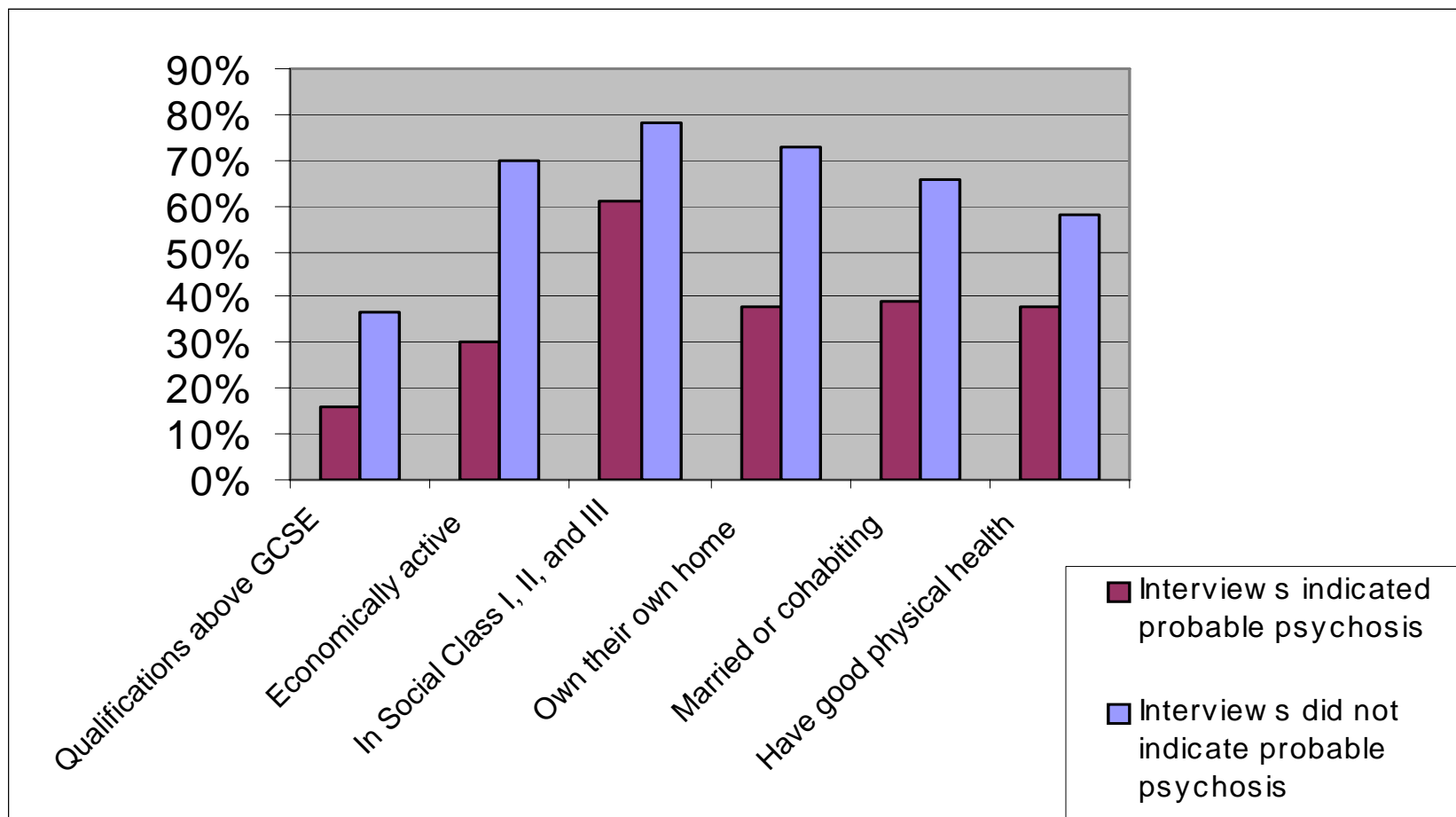
... But there something more we could have looked to do

**“Love is the answer – but  
while you’re waiting for the  
answer sex raises some  
pretty good questions”**

**... Woody Allen**

- Inputs and outputs but what about outcome?

# Social Outcomes



*... perhaps the biggest challenge of all  
...for the US as well?*

# The next phase of public service reform

- Combine some specific **top-down approaches** of inspection, regulation and targets
- With **horizontal pressure** from competition and contestability (something you are more familiar with in the US)
- And **bottom up incentives** of choice and voice, user and carer direction
- Supported by improvements in capability and capacity
  - ... to create a “**Self improving system**”

# High level focus on...

- Health inequalities
- Safe care
- Access
- Independence
- Wellbeing

***“Remaining top down priorities”***

# The Government has said that it wants to see...

- Public service values, governance and accountability (free at the point of delivery)
- Commercial discipline and customer focus of the private sector
- Unique strengths of the not for profit sector

# Cont...

- Ownership of provision matters less
- Assurance (accountability) of quality through review, inspection and survey of user experience
- Challenging barriers between organisations
- Information for the public
- Competition (contestability – tension)

.. *personalisation...*

# “Independence, Wellbeing and Choice” ... An Outcomes Based Approach – across Government

- Improved health
- Improved quality of life
- A positive contribution
- Exercise of choice and control
- Freedom from discrimination
- Economic wellbeing
- Personal dignity

*... A key framework in terms of holding the system to account*

*... Looking for local evidence of achievement*

*“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness.”*

*...They really had something*

# Accountability (3 examples) – interesting pieces of work

- Economic relevance
- Payment by results
- Single outcomes framework

*Something to work on/develop together?*

# Balancing Economic and Clinical Development – improving access to psychological therapies

- **Costs.** Envisaged that approximately 200 new Psychological Therapy Teams delivered by a new workforce of around 8,000 working in local teams.
- **Benefits.** The key benefit of the new service will be the health-gain for 800,000 people per annum who suffer from anxiety and depression. (90,000 people with mental health problems could be removed from benefits by 2013/14). Across the Exchequer the new service will pay for itself over time.

# Emerging key issues

- Improved coordination in system delivery: health and employment systems.
- The role of Primary Care: The GP is usually first point of contact for a person developing a mental health problem.
- Role of employers: Employers have a key role to play in supporting their employees and providing a healthy environment in which to work.
- Developing flexible interventions: Not all people will respond in the same way to the same intervention.

# Accountability

## Efficient use of public resources

### Paying for/by Results (PBR)

- Work on a system of payment by results for mental health is still very much at a developmental stage. Unlikely that full national PBR system for mental health will be introduced before 2009.
- Current work is focused on the development of currencies for adult mental health. A currency is essentially a unit of measurement to which a tariff can be applied.

# Two approaches under development.

- A group of 7 Trusts in the North of England have been working on a "Care Pathways" approach. Service users grouped into distinct clusters according to their needs - for example one cluster is "First episode psychosis (excluding a major substance abuse problem)", another is "Dual Diagnosis which involves serious substance abuse with moderate to severe psychotic symptoms".
- The results so far indicate that 90% or more of patients can be allocated to one of 13 clusters. The concept is that for each cluster there should be one or more standard care packages - early intervention is an obvious example in the case of first episode psychosis.

- Group of around 20 providers have been participating in a data gathering exercise in which patient level data mainly sourced from the MHMDS have been collected over a period of six months. Statistical techniques have been used to classify patients into resource groups mainly on the cost of professional contact time for community care and the cost of an occupied bed day for inpatient care..

# A single vision and outcomes framework for mental health and social care

## Vision

**Mental health and social care services that are centred around the person and use available resources as effectively and fairly as possible to promote health and well-being, support independence, reduce inequalities and offer the best and safest possible care.**

## Outcomes/ Domains



# And mapping against high level outcome and discussed earlier

## Very much draft Accountability framework

<b>Improved health and well being</b>	a. Good individual health and well-being b. Health prevention and promotion	% of people saying they are in good health % of people saying they are capable of/confident in, looking after their own and their family's health % of people saying they can do their things they want to in their life healthy life expectancy [at age 60] Adult and child obesity rate Smoking rate Basket of indicators of future health problems (e.g. immunisation rates, appropriate screening, drug usage, school attendance, independent living) for different groups – children, adults, older people		
<b>Responsive and accessible services</b>	c. Timely (Access) d. Patient-Centred	Average wait from referral to treatment Average wait in A&E Average wait for primary care access Avg. ambulance response time Average waiting time for needs assessment Avg. waiting time for care packages Other patient experience indicators, e.g. % saying feel progress through different services was smooth, total		
<b>Safe and effective services</b>	e. Safe f. Effective g. Sustainable	Emergency readmissions Adverse incidents [staff indicator – something like % of staff saying that they believe they are able to deliver safe, high-quality care Tackling service access inequity ie. no. of women with LD getting cervical screening Carbon footprint		
<b>Efficient and affordable services</b>	h. Efficient i. Affordable	No. of emergency admissions Patient days during last six months of life Average spend per capita on Health and Social Care [esp. ref. international benchmarks] [user affordability, e.g. % people saying can afford to access the services they need – for both Health and SC] Overall surplus/(deficit) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">               Ratio of branded to generic drugs [primary care]                Like-for-like cost per unit of activity             </td> <td style="width: 50%; vertical-align: top;">               No. of people in receipt of direct payments             </td> </tr> </table>	Ratio of branded to generic drugs [primary care] Like-for-like cost per unit of activity	No. of people in receipt of direct payments
Ratio of branded to generic drugs [primary care] Like-for-like cost per unit of activity	No. of people in receipt of direct payments			
<b>Equitable</b>	[spans all of above objectives]	<ul style="list-style-type: none"> <li>[for each of the above, a metric that relates to equity]</li> </ul>		

# No blinding insights... Modest hopes... Constant across divisions

*“Anybody willing to work should be able to find a job with a living wage.”*

*“Every child should have a genuinely good education”.*

*“Safety, clean air, clean water.”*

*“Time with the kids.”*

*And...*

*“When they get old, a retirement with dignity and respect.”*

Barack Obama – The Audacity of Hope

**Part of the fabric of society**

# Personalisation – placing people at the heart of public service objectives

*“Many people’s experience of being a consumer is that they are put on hold, kept at arm’s length, not told the whole story, tricked by the fine print, redirected to a website, treated like a number.*

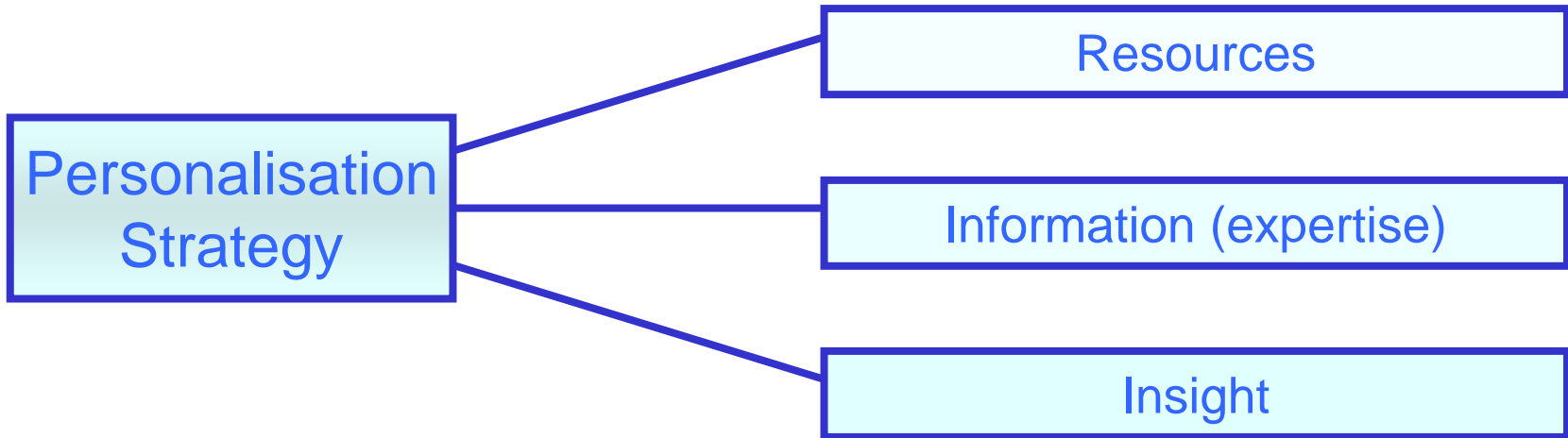
*... The chasm between people and institutions is central to the future of the public sector. People may feel closely connected to and well serviced by their teacher, doctor or postman. But they often feel distant from the school, the health system or the Post Office, which they see as bureaucratic and impersonal”.*

*Charles Leadbetter*

*Once you start personalising public services, people will get an appetite for it. They will want more. The genie will be out of the bottle. Rather than contain personalisation, the aim should be to take it further and deeper. The aim should not be to sustain existing, often outmoded, forms of provision. The aim should be to disrupt those models and find new, more adaptive solutions.*

*Charles Leadbetter*

# Personalising services



**Health literacy is the ability to  
make sound health decisions in  
the context of everyday life.**

*Harry Cayton,  
Director of Patient and Public Involvement*

# Health literacy

- Health literacy is the strongest predictor of an individual's health status<sup>2</sup>
- 7 million adults in the UK have literacy and numeracy skills below that expected of an average 11 year old<sup>3</sup>
- 1.5 million people living in the UK lack English language skills required to function in society and employment<sup>4</sup>

<sup>2</sup> Source – Partnership for Clear Health Communication 2004

<sup>3</sup> Source – Sihota, Lennard, 'Health Literacy' National Consumer Council 2004

<sup>4</sup> Source – Department for Education and Employment, Research Brief 2001

# Expert Patient Programme

## Reductions in use of care services

- GP consultations 7%
- Outpatient visits 10%
- A&E attendance 16%
- Physiotherapy use 9%

*Reductions are statistically significant*

*Source – EPP internal monitoring report Jan 2005*



# Accountability – Consumer Insight

- **Delivery** – the service delivers the outcomes it promises and manages to deal with any problems that arise;
- **Timeliness** – the service responds immediately to the initial customer contact and deals with the issue at the heart of it quickly and without passing it on between staff;
- **Professionalism** – staff are competent and treat customers fairly;
- **Information** – the information given out to customers is accurate and comprehensive and they are kept informed about progress;
- **Staff attitudes** – staff are friendly, polite and sympathetic to their customers and their needs.

*Mori Report for Office of Public Service Reform*

**“The voters have spoken – bastards”**

# The importance of critical moments

McKinsey research (The McKinsey Quarterly, November 2005) has identified the benefits to organisations of responding appropriately to **emotionally charged, critical moments** for customers – often occurring when they have a serious problem. Research shows that transactions conducted at such moments are likely to **make a far grater impact on customers' perceptions** of the service they receive than unlimited numbers of more mundane dealings. American Express, for example, realised through direct contact with customers that its handling of critical situations had a major impact on their perception of its service, and designed its approach accordingly.

**How do mental health services deal with critical incidents?  
A very performance question.**

## Barclaycard – Lost card call

Barclaycard: Good morning, Barclaycard. How can I help?

Consumer: Yes, I'd like to report a stolen card.

Barclaycard: Ok, can I have your number please?

Consumer: I haven't got it. I've just had my bag stolen.

Barclaycard: Oh, I see. Haven't you got it written down somewhere?

Consumer: I had it in my diary, which was in my bag.

Barclaycard: Ok, can I have your name please?

## American Express – Lost card call

AMEX: Good morning, American Express. How can I help?

Consumer: Yes, I'd like to report a stolen card.

AMEX: Ok, can I take your name please

Consumer: Jane Granger

AMEX: Thank you, Mrs Granger, my name is Sue. Now, firstly, are you ok?

Consumer: Yes, I am okay. They stole my bag. I am away on business, so it has everything in it.

AMEX: Right, don't worry. We'll do everything we can to help you. Where are you?

Consumer: Paris

AMEX: Do you need me to call you back?

Consumer: No, that's ok, thank you.

AMEX: Now, we can get you a replacement card within 48 hours. In the meantime, will you need some money or a place to stay?

In many instances, public services do not respond well to critical moments. In too many cases they operate as “**data factories**”, where the **primary goal is to ensure that correct procedures** are followed, rather than to serve the customer.

### **Citizens Advice Bureau (CAB) Case Study**

The client (a homeless male with literacy needs and a recovering drug addict) had been robbed of all his possessions while sleeping rough. With the help of a CAB adviser he completed form SF400 to apply for a crisis loan. He was however refused the loan by Jobcentre Plus because the food and goods he required were itemised on the same form rather than two separate forms. He was told to go back to CAB with two forms and return to Jobcentre Plus the following day. The fact that he was hungry, dispirited and in desperate need of money was ignored.

*Quoted from SEU Report: Improving Services, Improving Lives October 2005*

# England's Sunday Times

*“Mornings are often terrible - I can wake up crying for no reason. But I still get up and like to look smart. I put on my Versace shirt, my silk tie, my jet cuff links and my navy suit. I even had a Christian Dior cosy - all handouts. I put them on a hanger on a tree. After I've brushed my teeth and polished my shoes, I roll up my sleeping bag and groundsheet and stick them and my pyjamas into a holdall. I also have a briefcase for all my paperwork.*”

*Living this way has its restrictions, not least being the lack of a handy loo to run to. But, hey, you adapt. I live day to day by using the services that are either free, like public lavatories and libraries, or that cater for homeless people. The day centres and drop-ins are run by churches and charities and, on one level, provide everything: breakfast, showers, haircuts, razors, shampoo, clothes, pedicures, doctors and free transport. I even have an “office”, because the places also provide access to computers, printers, discs, the internet... I’m on one e-mail and I’ve set up my own website!*

*It was this day centre network that enabled me to write my book.”*

Francois Greeff, Sunday Times 14.09.03

# Future test of the relevant of mental health services – what we want to held the system to account for:

- Contribution to society eg.
  - cohesion
  - economic
- Acting on consumer insight eg.
  - attitudinal shift
  - resources (information and money) in people's hands
- Transparency and accountability eg.
  - delivery of outcomes – particularly inclusion
  - cost effectiveness (payment by results)
  - evidence based
- Being seen to be accountable and equitable
  - Governance
  - Regulation
  - User views
  - Tackling disadvantage
- The least intrusive intervention possible

# LEADERSHIP

- Courage, conviction and energy
- Conciliator, persuader and negotiator
- More of an ambassador, less of a general
- Leading the debate into the full glare of public awareness

Kingsley Manning  
Newchurch 2006

# He really listens!



Respect, humility

# For further contact and connection...

Antony Sheehan

Email: [antony.sheehan@dh.gsi.gov.uk](mailto:antony.sheehan@dh.gsi.gov.uk)