

Commissioning for Recovery, Well-being and a Whole Life

by Perry Marshall

Commissioners of mental health services now have an emerging range of policy and commissioning guidance not previously available to them. Strengthening Recovery and social inclusion approaches in mental health offer an opportunity for commissioners to shape effective, person-centred services for the future. It is incumbent on them to deliver, wherever possible, services that people need, where and when they want, that facilitate individual Recovery and provide a Whole Life mental health system.

What is commissioning in mental health?

“Commissioning is the process of translating aspirations and need into timely and quality services for users which meet their needs, promote their independence, provide choice, are cost-effective and support the whole community.”

Relentless Optimism

Commissioning is distinct from contracting and procurement, which are more concerned with the formal arrangements for purchasing and monitoring of services. It consists of a cycle of strategic activity that is constantly responding to the needs of a local population. This cycle normally includes four stages: analyse, plan, do and review.

“Managing the market to ensure the right mix and pattern of services to meet statutory guidelines and local objectives within the resources available is the holy grail of commissioners.”

Commissioning E-book

If this market is to be effective then it needs to provide a range of ‘products’ based on personally expressed needs related to an individual’s Whole Life, not on a historical legacy of what others think they need.



Commissioning has historically tended to focus on specifying inputs (the activities and functions that are expected from a service) and outputs (number of service users, number of particular activities, number of referrals etc). The challenge for commissioning in the future will be to shift the focus towards the positive changes there have been for people using services.

Commissioners will need to specify how we achieve these aims and outcomes and be able to measure the difference it has made to individual service users in reducing stigma and social exclusion.

What does Whole Life and Recovery mean for commissioners?

We live with a historical legacy of mental health services dominated by clinical outcomes and an understanding of mental distress firmly embedded in a psychiatric/medical discourse. For many, an option to use medication and/or hospital has been much needed and effective, but, for those who choose not to use hospital or medication, there have been limited alternatives.

The last few years have seen a wide-ranging and heated debate as to what counts as evidence of effectiveness in mental health. Mental health services are moving from a paradigm of clinical Recovery from mental health problems to one of facilitating and empowering services users to direct their own Recovery journey.

This may mean support to reduce the symptoms of mental health problems but, just as importantly, it means providing the mechanisms to ensure citizenship and full participation in society.

Commissioners therefore face a real challenge in addressing the tension between ‘clinically effective’ treatments based on medical and psychological models and an increasing need to provide effective services based on a socially inclusive Whole Life agenda.

How do we reconcile these competing needs given there are finite resources? Commissioners need to develop a clear understanding of a wide spectrum of mental health needs of their local population. This will need to be used in conjunction with national service user evidence as well as clinical evidence.

Whole Life outcomes in mental health services

Historically, commissioners and contracts departments have been more interested in outputs and budgets. That is, that the specified numbers of service users or hours of activities are taking place and that organisations are managing to balance the books. These are no doubt important considerations but a much greater emphasis is needed on outcomes for people using services. By this we mean ‘what changes has this service made to an individual’s Recovery and quality of life?’.

There are a number of personal outcomes provided in ‘Our Health, Our Care, Our Say’ which have a close affinity with a Whole Life approach in mental health. These include: economic wellbeing, choice and control, personal dignity, etc.

Evaluation of services will need to incorporate measurements that

can capture the differences made to people's lives from a range of outcomes similar to those above. Tools are currently being developed which should help commissioners and services to measure effectiveness in providing a Whole Life, socially inclusive approach to mental health problems (e.g. National Social Inclusion Programme, National Development Team).

Workforce planning

Evidence has shown that it is simply not enough to brand teams as 'Recovery' teams or to introduce Whole Life principles without real opportunity to embed this approach in organisations and with staff through a cycle of training, practice development and reflection. This is probably true for all organisations across the spectrum of statutory, voluntary and independent provision.

Recovery has been defined as: *"a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles."* SCIE (2007)

This is as relevant to staff and organisations as it is for clients of our services. Without a change in attitude, in thinking and in the relationships we have with our clients, we will not be able to effectively achieve the Whole Life

changes that people have said they need.

By specifying functions and outcomes related to a Whole Life, whole systems approach, commissioners can support organisations to develop the relevant competencies and skills needed to work from a client-centred, Recovery approach.

Partnership working

There is a pressing need to work across the primary care/secondary care divide and also between health and social care organisations. Primary Care Trusts have been tasked with improving the health and wellbeing of their local populations and this includes mental wellbeing.

"Too often services fail to recognise the interconnected nature of people's needs...many services tend to focus on problems in isolation from the rest of their life. Rather than experiencing a single targeted intervention to meet their whole needs, they receive multiple interventions that lead them on an unpredictable journey around different agencies."

Haselgrove, S. & Tibbles, I (2005)

Service users, as a rule, are not interested in funding sources, interfaces or demarcations

between different types of services. They are, however, concerned in being handed off from one person to another and in delays in receiving the treatments or interventions that they need.

Pathways through services will need to be carefully analysed to ensure that more choice does not correspond to more complexity for clients. This can only be achieved by building strong links between health and social care commissioners and, in turn, with service providers and the community at large.

Resourcing Whole Life mental health services

Choice is central to the development of more modern services. Offering more choice can help to improve outcomes, support social inclusion and support system reform. It gives power to shape a tailored pathway and create personalised services organised around people's whole lives.

Current policy and legislation is creating an opportunity to move away from a one-size-fits-all approach to services. Our Health, Our Care, Our Say sets out clear guidelines for a move to effectively integrating services and giving individuals more personalised care.

The introduction of direct payments and individual budgets create opportunities for service users to genuinely direct, choose and purchase their own services.

The purpose of these mechanisms is to give recipients control over their own life by providing an alternative to social care services provided by a local council (and in the case of individual budgets to incorporate funding for housing support and employment services).

The implications of this approach are far reaching and for commissioners the challenge will be to continue to advocate for the choice and control this approach to resourcing brings, but also to be sensitive to the effects on current provision and the local mental health system.

Hope for the future

This paper has touched on some of the challenges facing commissioners if there is to be genuine movement towards a Whole Life approach in mental health services. Without imagination and risk-taking we will continue to tinker around the edges and will not achieve the paradigmatic change that is necessary to support a Whole Life approach.

Commissioners have an opportunity and a responsibility to listen, plan and change services to reflect principles of hope and personal Recovery.

A recent Commission for Social Care Inspection paper noted in a seminar they held that:

'... the group that included people who use services came up with the most radical solutions, proposing that services be redesigned from scratch'. Another service user spoke of 'giving people the right to dream.'

The introduction of 'Recovery' and Whole Life in mental health services in England is akin to the process of Recovery for an individual. Change will bring anxiety and even pain and distress. Mistakes will be made and, hopefully, lessons learnt. Clear communication and effective relationships will be crucial. Let us hope then, that we can learn and gain from our experiences to transform and provide services that will inspire hope for the future of all involved.

