



Mental Health and Housing: **Resources for Commissioners and Providers**

QIPP

Quality, Innovation, Productivity and
Prevention

Briefing

1.0 INTRODUCTION

1.1 This paper is part of a series of papers that have been commissioned by the National Mental Health Development Unit to encourage greater cooperation and integration across housing, health and social care. As part of this programme of work, a seminar was held with commissioners of mental health services – some of whom were joint appointments with local authorities. It became clear as NHS colleagues talked about QIPP that local authority colleagues said that they would welcome a briefing about QIPP. This is what follows below.

CONTEXT

- 1.2 Since 1997 spending on the NHS in England has tripled from £35 billion in 1997-98 to £102 billion in 2009-2010¹. The Coalition Government has undertaken to maintain levels of funding to the NHS in real terms over the next five years. In October 2010 the Chancellor announced that funding will rise by £10bn to £114bn over the next four years - the equivalent of a 0.1% a year increase in real terms. However, it is important to place this undertaking in context. Real increases in funding of up to 2% per year for the NHS, much lower than those experienced in recent years might cover the implications of demographic change but not the increased costs of new technologies and pharmaceuticals².
- 1.3 Given the condition of public finances any enhancement in quality of service will need to be delivered with fewer resources. The challenge facing all public service funders requires a transformation in the way that agencies work, particularly across health, housing and social care, to prevent demand for institutional services. The downturn presents an impetus within the system to ensure that there is consistent implementation of existing best practice, the early adoption of innovation, the implementation of known productivity improvements and a more mutual relationship with the customer to help them make good choices about their health.
- 1.4 To achieve this the NHS has adopted an approach to implementing **Quality Innovation, Productivity and Prevention** or QIPP. The programme seeks to realise savings in the NHS of £20bn, almost a fifth of its annual expenditure. QIPP is embedded through a process of seeking out best practice and promoting a more consistent approach to performance. Only by capitalising on these examples of good practice, such as those provided by housing related support providers, can the NHS hope to achieve the necessary savings whilst continuing to deliver improvements in service quality.

1 House of Commons Health Select Committee (2010) Public Expenditure on Health and Personal Social Service 2009.

2 Appleby J et al (2009) How Cold Will It Be ? Prospects for NHS Funding 2011 – 2017 Kings' Fund : London

1.5 QIPP is an approach that supports the NHS in delivering its quality and efficiency commitments through a greater focus on quality, innovation, productivity and prevention (QIPP). This will allow the NHS to drive up quality whilst improving productivity - a challenge which means harnessing and spreading innovation and new ideas. The key principles of the QIPP programme, set out in Inspiring Change in the NHS³ are:

- Effective engagement with clinicians and other stakeholders through the adoption of the principles of co-production
- The challenge of established thinking and current practice
- The application of knowledge of national and international best practice
- A drive to transfer knowledge and share learning
- Clear and honest communication at all stages of change
- A focus on performance measurement and benefits realisation

This will also involve the application of robust programme management and assurance frameworks.

1.6 This approach, echoed in the Programme for Government, requires GP Commissioners to focus on strategies based on 'predict and prevent' rather than 'diagnose and treat' with a matching shift in resources. The starting point here will be to ensure that risk is being profiled effectively within the population and that those identified through this process are helped to make good choices about their health, given easy access to diagnostics and the most effective types of care. Early indications are that these predict and prevent approaches can result in a wholesale shift of resources across the healthcare system, improved quality of care and a reduction in healthcare costs⁴ primarily by providing more care in the home and in the community rather than in a high cost hospital setting.

1.7 Nationally, mental health QIPP work is focussed on three workstreams that feed into the broader programme. These workstreams are:

- the acute care pathway;
- physical and mental health co-morbidity;
- out of area treatments.

These workstreams have tended to focus on opportunities to improve quality and productivity in health care settings whether they be in hospital or in the community. There is a recognition that the links between mental health, learning disability and other services are not well developed, despite of the lack of a similar framework for local authorities, there has been some good work in pursuit of similar outcomes.

3 DH (2009) Inspiring Change in the NHS : Institute for Innovation and Improvement. SO : London

4 System transformation in the NHS : QIPP the Tribal Approach, 2010.

- 1.8 Housing and housing related support has featured strongly in the work in mental health on QIPP. There is an increasing recognition of how housing can play an important role in improving productivity, maximising recovery outcomes and reducing their need for in-patient services, residential care and out of area placements. This is based on the belief that placing people in appropriate and sustainable accommodation will deliver better recover outcomes at lower cost.
- 1.9 In the Acute Care Pathway, the role of housing and housing support is seen as key to reducing delayed discharge and diverting people away from hospital admission. In addressing costly out of area placements, housing and housing support is seen as a key route to providing improved independent living options. Reducing the use of expensive residential care and promoting recovery based services. Promoting local innovation and new recovery based alternatives can reduce costs to both health and social care and deliver improved outcomes for individuals.
- 1.10 However, to realise the full potential of the QIPP agenda, greater integration is needed between the efficiency agendas in both the NHS and in Local Authorities.
- 1.11 A range of agencies are involved in supporting local NHS commissioners and providers to deliver the QIPP agenda. Further information and resources can be found on the Department of Health website: www.dh.gov.uk and the NMHDU website.



National Mental Health
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The National Mental Health Development Unit (NMHDU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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