Commissioning Brief (11/1024)
Call for proposals: Innovations in secondary mental health services
Closing date: 1.00pm on 15 December 2011

1. Introduction

The subject for this call is services for people with severe acute and chronic mental health problems who require inpatient or equivalent care. The main purpose of the call is the generation of primary research and evidence syntheses on innovations in service delivery in secondary care settings. For this call these settings are understood to be hospitals or alternative specialist mental health residential services provided or commissioned by the NHS. This commissioning brief builds on the findings of recent NHS and social care research which have highlighted both a shortfall in proposals for hospital based studies and four specific types of innovation which require further evaluation. These four specific topics provide the sub themes for the remit of this call, as set out in detail at Section 3 below, where the importance of generalisable learning is emphasised. The findings of the commissioned research should inform decision-making by the NHS, and in particular by mental health trusts as they assume increased service delivery responsibilities.

Section 4 of this call for proposals offers general guidance to applicants on what makes a successful application to the SDO programme, while section 5 sets out our expectations in relation to research outputs and knowledge mobilisation, and section 6 explains how applications are assessed. Please note that sections 4 and 5 of this call for proposals providing the SDO programme's general guidance on research applications and knowledge mobilisation have been extensively revised and researchers are advised to note the changes.

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers from Scotland and Northern Ireland should contact NETSCC to discuss their eligibility to apply.

The NIHR SDO programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and

- Building research capability and capacity amongst those who manage organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for SDO commissioned research is decision makers in the NHS in England and Wales – particularly managers and leaders in health and social care. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of care services.

Further information on the NIHR SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website: www.sdo.nihr.ac.uk

2. Background to this call

2.1 Overview

One in four people experience a mental health problem during their lives and these problems not only have a human and social cost, but also an economic one (1;2). The overall cost to the UK has been estimated at more than £110 billion a year (3) and during times of economic pressures the nation's mental health service occupies an especially important position. Many studies have linked unemployment and other economic constraints with deteriorating mental health (4). Severe mental health problems are also a concern for children with around one in ten children and young people believed to experience behavioural, emotional and mental health problems (5)

Over the past two decades mental health services have undergone major changes and investments following the closure of long stay hospitals and the shift to care in the community. As the Department of Health's strategy on *No Health without Mental Health (*2011) (6) indicated primary care services have a vital role in ensuring that effective prevention and support are provided, with ninety per cent of mental health referrals to the NHS being responded to by GPs and their colleagues in community based teams (7). Some local voluntary and community organisations have experience of helping people to manage their own mental health through peer support services, user-led self-help groups, mentoring and befriending, which enable service users to be both providers and recipients of support. However the development of peer support workers in mental health services raises many questions and challenges for all concerned (8) .

NIHR/SDO reports have illustrated the long term trends towards a wider range of independent and voluntary sector provision in community settings (9), to more IT based self care/management and more informal style 'talking' therapies across service delivery models (10;11). Independent and voluntary sector organisations have also been shown to provide alternative residential service models and a different organisational culture that may facilitate service innovation and recovery-oriented support (12). These trends are apparent in the profile of recent research digests from the Social Care Institute for Excellence, where community mental health needs for evidence based practice have become increasingly prominent (13;14).

The trends are also clearly evident in the profile of the 95 applications to the SDO programme for research funding on mental health subjects during 2010-2011, and the list of funded projects below for the period 2003-2011[1]. Integration of community based teams and

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A selection of SDO projects funded from the period 2003-2011
- 08/1803/225: A pilot electronic multi-agency information sharing system for mentally disordered offenders http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1803-225
- 08/1715/165 The barriers and facilitators of supporting self care in Mental Health NHS Trusts http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1715-165
- 08/1711/160 The development of an online training resource for mental health professionals to involve carers in information sharing http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1711-160
- 08/1604/141 Systematic review and mapping study of alternatives to inpatient care for children and adolescents with complex mental health needs http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1604-141
- 08/1504/109: Developing evidence based and acceptable stepped care systems in mental health care. An operational research project http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1504-109
- 08/1304/075 In-patient alternatives to traditional mental health acute in-patient care http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1304-075
- 08/1819/215 Effectiveness of Multi-Professional Team Working (MPTW) in mental health care (MPTW) http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1819-215
- 09/1801/1069: Improving community health networks for people with severe mental illness: a case study investigation http://www.sdo.nihr.ac.uk/projdetails.php?ref=09-1801-1069
- 09/1001/51: An investigation of therapeutic alliance and its relationship to service user satisfaction in acute psychiatric wards and crisis residential alternatives http://www.sdo.nihr.ac.uk/projdetails.php?ref=09-1001-51
- 08/1713/210 Care for Offenders: Continuity of Access (COCOA) http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1713-210

agencies is the most prominent theme in the applications, 15 of which relate directly to avoidable hospital admissions with nine specifically addressing the contribution of interdisciplinary Child and Adolescent Mental Health Services (CAMHS). Such widespread local service development initiatives as the Mental Health Improvement Partnership and Choice and Partnership Approach may also be viewed as expressions of trends that together constitute community based prevention (15;16).

2.2 Management and Research Priorities

This focus and the CAMHS bids, in particular, correspond to the recommendations for future research in the most recent relevant literature review commissioned by the NIHR SDO programme (17). This report also pointed to the need for more evidence based secondary care service delivery models, especially for younger people with severe mental health problems, a need which was more broadly confirmed by a 2010 clinical literature review published by the Medical Research Council (18).

There is a gap in the research evidence base required for the modern organisation of inpatient care and its equivalents. Of the 95 SDO applications referred to above, only four addressed this subject, with a further three concentrating on the organisational arrangements for hospital discharge. There have been no dedicated NIHR SDO programme calls specifically on this subject since 2006[2]. The relatively high cost of service interventions, and the increased complexity of continuity of care across new boundaries have been suggested in recent overseas studies as reasons why health care management has been reluctant to devote more attention to the organisation of secondary care for people with severe mental health problems (19;20). The shortfall in evidence for management in relation to severe mental health care issues has become more significant with the transfer of provider roles to NHS mental health trusts by a fifth of primary care trusts in 2011/2012 and the rapid recent increase in Deprivation of Liberty safeguards (21). Beyond individual local case studies of stepped care and the nurse led Productive Health Ward initiative (10;22), recent health services research journals have contained very few articles evaluating the organisation and management of secondary mental health care in the UK (23) . With NHS performance management frameworks expected to increasingly incorporate mental health service activity, costs and outcomes there is a clear current and long term priority for research which points to improvements in secondary care effectiveness and efficiencies.

3. Remit of this call: main topic areas identified

The scale of activity and pace of change in relation to service delivery, point to a particular need for both evidence synthesis and primary research on innovations in service delivery in secondary care settings. These settings are those of hospitals or alternative specialist residential services provided or commissioned by the NHS. Their effective management requires a more informed understanding of the implications of secondary care service models and this need is most apparent in respect of the clinical care of in patients with severe mental health problems across all age groups. Specifically, for this call, four types of innovation are the focus:

- 08/1809/229 The transition from cognitive impairment to dementia: older people's experiences
  http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1809-229
- 08/1809/227 Better mental health care for older people in general hospitals
  http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1809-227

[2] SDO commissioned a project which was an extension of some work from the call organisation and delivery of inpatient care for mental health problems. 08/1604/163: The city 128 extension: locked doors in acute psychiatry, outcome and acceptability.

- Innovations arising from new workforce developments
- Innovations arising from new communication technologies
- Innovations arising from new forms of provider
- Innovations arising from new approaches to managing risk and the threshold for intervention

For each of these kinds of innovation there is an identified common shortfall in 'knowledge intermediation' in mental health service management (24). Proposals which contain detailed plans to address this deficit will be especially welcomed.

3.1 Innovations arising from new workforce developments

The recent developments in the mental health workforce reflect an increased diversity of both roles and agencies. These innovations have significant implications for skill mix and staff development in specialist mental health service providers. For NHS health care commissioners there is the growing challenge of identifying and defining the most effective and efficient contractual options, especially for those requiring long term care and interventions. For both the following are examples of the kinds of research question which now require robust empirical data. These questions are illustrative only.

- Where and how can peer workers for people with acute mental illnesses be effectively deployed in secondary care?
- How can clinical commissioning groups develop appropriate staff resources and support for in patients with chronic mental illnesses at multi practice levels?

3.2 Innovations arising from new communication technologies

Innovations in communication technologies offer the prospect of extending the scale of supportive relationships for people with severe mental health problems and delivering enhanced therapeutic interventions. The focus has been on community based approaches, but as the following illustrative research questions indicate the contribution of hospitals and other inpatient secondary care providers also merits attention.

- Which institutionally based innovations in communications for patients with serious mental illnesses are cost effective for the wider health system?
- How can communication innovations influence pre and post discharge teamwork and organisational processes for people on Deprivation of Liberty orders?

3.3 Innovations arising from new forms of provider

Alongside developments in advocacy several voluntary and independent organisations have now become major providers of residential services for people with severe mental health problems and partners for specialist NHS hospitals and commissioners. Research is required to appreciate the impact of the different organisational cultures and boundaries upon innovations, particularly as private enterprises emerge in this service sector. The following are again simply illustrations of possible research questions.

- What are receptive organisational contexts for innovations in secondary health care?
- How do inter-agency mental health service teams and functions relate to innovation implementation and assimilation in and across different sectors and secondary care organisations?

3.4 Innovations arising from new definitions of thresholds for intervention

Recent legislative and practice changes have altered the frameworks for mental health admissions. The growing emphasis on preventive strategies has highlighted the severity of conditions in the residual inpatient populations and their management challenge particularly in relation to issues of risk, rehabilitation, the most efficient use of high cost residential resources, and both individual and community safety. Each of these is a sensitive and potentially high profile issue which requires a more secure knowledge base for NHS decision making on such questions as:

- How are high risk inpatients for the community identified by secondary care providers and managed to reduce risk?
- Can intensive care management reduce rehospitalisation for those with recurring severe mental health conditions?

It is important to emphasise that while the questions above relate to recent research recommendations they are not intended to be prescriptive and are illustrative only. The subject area exclusions that do apply to this call are secondary care services provided outside of hospitals or alternative residential accommodation provided or commissioned by the NHS and dementia. The last was the subject of a separate NIHR commissioning call in May 2011.It is essential that applicants demonstrate how their proposed research would contribute to one or more of the above types of innovation through the narrative sections of outline proposals. Research proposals which are not directly related to one or more of the four types will be regarded as out of remit for this call, and will not be considered by the panel.

The SDO programme expects to receive proposals for both large scale studies and rapid evidence synthesis. Whilst no specific financial limit applies, proposals will be assessed for their justification of costs and value for money. No methodologies are excluded within the terms of primary research or evidence synthesis.

4. General guidance for applicants

NB: This is general guidance and not all the sections will apply to the specific call

Our main concern is to commission research which is well designed; will be effectively carried out by the research team; will provide findings which meet the needs of the NIHR SDO programme and the management and leadership community it serves; and will be used to improve health services. With these aims in mind, we offer the following general guidance to applicants. We do not prescribe or prohibit particular approaches to research, but we encourage applicants to take account of this guidance in their project proposals, and point out that the Panels and Commissioning Board will take account of this guidance when they assess and select proposals.

Research team makeup and expertise
Our key concern is that projects should have a research team with the right skills to undertake the research. It is important that the team has the necessary expertise, but is not so large that project management will be difficult. Projects are likely to use a team with significant input from diverse disciplines appropriate to the content and methods of the project. All applicants need to show that they will commit appropriate time and effort to the project, and the use of large teams of applicants with little or no apparent time commitment to the project is discouraged. Full proposals should make it clear what responsibilities and roles will be fulfilled within the project by each team member.
The chief investigator or principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will

take lead responsibility for its implementation. This is not necessarily the most senior investigator in the research team. Where the principal applicant has a limited past track record in holding grants, we will look for evidence that they will be supported and mentored by more experienced co-applicants.

NHS management engagement

Our key concern is that relevant health and social care managers should be directly engaged or involved with SDO research projects because this will produce research that is more closely grounded in and reflective of their concerns and makes the subsequent uptake and application of research findings more likely.

We particularly welcome project proposals in which there is an appropriate management membership of the project team including as co-applicant(s), and in which they play a significant part in the project. Their contribution may be to facilitate or enable research access to organisations, to be directly involved in research fieldwork, to comment on and contribute to emerging findings, and to be involved in knowledge mobilisation (see below). The time of NHS manager(s) as co-applicants can be costed into the proposal, as part of the NHS Support Costs.

There are other ways in which management support for the proposed research can be demonstrated, such as co-opting managers to project advisory or steering groups, and , in this case, the inclusion with full proposals of a letter or statement of support from senior leaders in relevant NHS and independent sector organisations.

Gains for the service

Not all research will individually result in potential savings or direct gains for the service. However it may lead to a better understanding of organisations, systems or services and contribute to that body of knowledge. Where it is appropriate, studies should include a cost-effectiveness component with a view to helping managers and service providers make decisions and identify potential for savings. As a publicly funded programme in a time of restraint, researchers should look to demonstrate potential savings and gains for the service, where appropriate. This includes setting out in broad terms the likely impact and implications of this work for the wider service at outline stage.

Research methods

Our key concern is that the research proposed is well designed, will be well conducted, and will add to knowledge in the area. It is not our intention here to specify particular research methods, but to highlight areas where we have found common weaknesses in the past.

Proposals need to make proper use of relevant theory and of the findings in the existing literature to frame their research questions. Although at outline stage, comprehensive referencing is not required, illustrative sources and indication of the grounding in a body of literature should be given. Theoretical, descriptive evaluations, proposals which appear not to be informed by the existing literature and projects which appear to replicate rather than add to existing research are unlikely to be funded. Research questions need to be very clearly stated and framed – in terms which are sufficiently detailed and specific. This includes a clear description of the intervention which is being assessed (where relevant) and articulating the objectives and aims of the research.

The research methods proposed must be appropriate to the nature of the research questions and to the theoretical framework for the project. It is important that the proposal makes a clear link between the research questions and the intended empirical approach and fieldwork, showing what data will be gathered and how it will be used. The approach to data analysis must be clearly explained. The proposal needs to show that the research

team has considered and addressed the logistics and practical realities of undertaking the research – gaining ethical and research governance approval, securing access, recruitment, data collection and management, etc. Studies should be realistically costed to take account of these activities.

Researchers should be mindful of the need for generaliseability of results and the relevance of the outputs for the service as a whole. This may affect the study design – for instance, single case studies are only likely to be supported only exceptionally.

The plan of investigation should set out clearly and in some detail the proposed methodology. It should include a Gantt chart or project timetable showing clearly the planned dates of different project phases and of project outputs.

Public involvement
It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of all relevant stakeholders (including local communities, lay people, service users, carers and minority ethnic communities as well as healthcare practitioners and managers) during the design, execution and communication of the research. Proposed projects should be explicit in describing their arrangements for public and patient involvement and in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement. The application includes a section for the non-expert and care should be given to `pitching' the proposal at a lay audience, avoiding jargon and explaining clearly the expected benefits of the research.

Research governance
Applicants should show that they understand and that their proposal complies with the Research Governance Framework for the NHS. Successful applicants will be required to provide proof of research ethics committee approval for their project, if it is required, before funding commences. The project plan should take realistic account of the time required to secure ethics and governance approval.

Costs and value for money
Project costs will be carefully scrutinised and must always be well justified and demonstrate value for money. NIHR programmes currently fund Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NIHR may fund 100% of costs. However, the NIHR SDO programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

5. Research outputs and knowledge mobilisation

Our key concern is to ensure that projects funded by the SDO programme are designed from the outset to produce useful, timely and relevant research findings which are then used.   Experience suggests that this is most likely if researchers collaborate with managers throughout the life of a project, and aim to produce a variety of research outputs – not just final report and one or more papers for academic peer reviewed journals.

All full proposals submitted to the SDO programme must include a detailed section on research outputs and knowledge mobilisation in the full plan of investigation which is attached to the proposal when it is submitted. We would expect to see that section and the project plan detailing the outputs and knowledge mobilisation activities which are planned across the life of the project and the resources section of the proposal showing that sufficient resources have been allocated within the project budget to undertake these knowledge

mobilisation activities. Projects which are longer than 12 months are expected to produce some interim outputs during the life of the project as well as those at the end of the project.

The outputs and knowledge mobilisation activities shown in the project proposal are likely to include some or all of the following:

- A final and full research report detailing all the work undertaken and supporting technical appendices (up to a maximum 50,000 words), an abstract and an executive summary (up to 2000 words). This is a required output. The executive summary must be focused on results/findings and suitable for use separately from the report as a briefing for NHS managers.   Care should be given to using appropriate language and tone, so that results are compelling and clear. The report must use the layout template provided. Following scientific peer review and editing/revision, the report will be made available on the SDO programme website. This is a required output from all projects.

- A set of Powerpoint slides (up to 10 maximum) which present the main findings from the research and are designed for use by the research team or others in disseminating the research findings to the NHS. The slides must use the template provided. They will be made available alongside the report on the SDO programme website. This is a required output from all projects.

- Journal papers for appropriate academic peer reviewed journals, designed to ensure the research forms part of the scientific literature and is available to other researchers.

- Articles for professional journals which are read by the NHS management community and which will be helpful in raising wider awareness of the research findings.

- Seminars, workshops, conferences or other interactive events at which the research team will present and discuss the research and its findings with NHS managers

- Guidelines, toolkits, measurement instruments or other practical methods or systems designed to enable NHS managers to use the research findings in practice. We are looking for practical, innovative ideas – such as questions arising from the research that non-executive directors could raise at Board meetings or similar.

This list is illustrative rather than comprehensive, and we will welcome project proposals which include other forms of output and knowledge mobilisation activities. All projects are encouraged to collaborate in knowledge mobilisation with the SDO Network, which is hosted by the NHS Confederation and exists to enable managers to improve and develop the services they manage by facilitating their access to and use of the latest health services research. (http://www.nhsconfed.org/networks/sdonet/Pages/SDONetwork.aspx).

6. Process for proposal selection

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers from Scotland and Northern Ireland should contact NETSCC to discuss their eligibility to apply.

Whilst we have not set a maximum duration or cost for projects, value for money will be scrutinised and all costs must be justified. Applicants should be aware that changes of costs between outline and full proposal will have to be fully explained, and we therefore encourage applicants to be as realistic as possible when costing their outline proposals. Realistic costs are also very important at commissioning as the SDO programme does not

normally accept requests for variations to contracts for additional time or funding once projects have been contracted.

Merger of SDO/HSR programme – Health Services and Delivery Research (HS&DR) programme

Although the SDO programme will merge with the HSR programme from 1 January 2012 to become the Health Services and Deliver Research (HS&DR) programme, the remit and oversight of applications to this call will remain unchanged

Applications for this call will be assessed in two stages. Firstly, outline proposals will be sought. Once remit and competitiveness checks[3] have been made, they will then be reviewed by the HS&DR Healthcare Delivery Research (HDR) Panel. The primary criterion against which the Panel assesses outline proposals is that of **NHS need for the research** – in other words, whether the proposed research will be useful to research users in the NHS, and is likely to contribute to improving decision making. It will use four main criteria to make this judgement:

- Relevance of the proposed research to the themes set out in this call for proposals
- Relevance of the proposed research to the needs, interests and current and future challenges for the management community in the NHS.
- Likelihood that the proposed research will produce findings which are timely, useful to and capable of application by the management community in the NHS
- Likelihood that the proposed research will promote the greater engagement between the academic research community and the health management community in the NHS, and will encourage development of links between academic institutions and NHS organisations.

Applicants whose proposals are shortlisted will be asked to develop a full proposal for assessment by the HS&DR HDR Commissioning Board. This board's primary concern will be the **quality of the proposed research**. It will use two main criteria to make this judgement:

- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.

- Value for money of the proposed research, taking into account the overall cost and the scale, scope and duration of the work involved.

7. Application process and timetable

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at http:\\www.sdo.nihr.ac.uk/faqsnetscc.html, if the answer to your question cannot be found please email your query to sdofund@southampton.ac.uk with the reference number (11/1024) and title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

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[3] '***Non-Competitive***' means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the SDO programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.

The process of commissioning will be in **two stages** and applicants should submit **outline proposals** via the SDO website by **1pm** on the 15 December 2011. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their outline application in February 2012. Shortlisted applicants will be invited to submit a full proposal via the SDO website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their full proposal application in August 2012. Please note that these dates may be subject to change.

Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

http://transparency.number10.gov.uk/
http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp
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