Writing a business case for pathway or service development: points to consider

This document aims to provide practical guidance on what to include in your business case. This guidance has been complied using an example from NHS Lanarkshire, alongside learning from other business cases that have been used to commission services for people who experience complex mental health conditions.

Strategy/steering groups and clinical leadership

Before beginning any work on your business case, it will be useful to first bring together a group of individuals whose work will either impact or be impacted by your service and those who will influence the service you plan to develop.

This group will guide your work and ensure that you have a well-developed understanding of the current service landscape, including any interface points. This group can comprise a range of staff whose focus will be on reviewing current provision within the system; and developing coherent and updated pathways of care. A key consideration will be the involvement of clinical leaders and staff that support delivery of services. This group will be instrumental in serving as the link point between what is possible on the group and what is possible in terms of securing finance and setting strategy.

Having agreement on the frequency of meetings will also be helpful in the initial stages and having senior level commitment to ensure that the group can fulfil their intended aims is also important.

Understanding need

Within your business it will be useful to detail the current service provision for complex mental health, inclusive of any relevant and applicable guidance from professional bodies, wider service stakeholders, third sector organisations, professional bodies and research literature. This can include reports focused on mental health from:

- The Royal College of Psychiatrists
- Psychological Therapies Matrix
- The Mental Welfare Commission
- National Institute for Health and Care Excellence

You can also include any other relevant reports from other third sector organisations that focus on services and interventions for people who experience complex mental health conditions.

Prevalence estimates

Understanding the needs of your local population will be integral to designing and delivering pathways of care. The Scottish Index of Multiple Deprivation will be a useful tool to understand areas of deprivation and assist in ensuring that you reach groups who experience difficulties in accessing services. Other useful sources include National Records of Scotland and Scotland's Census. Locally and nationally available data, as well as any research literature pertinent to the Scottish context should be used to define what is needed in terms of:

- diagnostic estimates of the complex mental health condition your pathway will support
- clinical capacity
- staffing numbers
- available training for interventions to support complex mental health

Cost estimates

Business intelligence data in your local area will help illustrate areas of high resource use. for (e.g., the proportion of service users that have a diagnosis of a complex mental health condition who have multiple presentations to services, or who use acute hospital beds frequently). If local data is unavailable, national data or research from similar areas may be used instead. Sometimes a snapshot of a local scenario of service use can be generated manually and be presented as an example of prevalence and cost.

Factoring in the costs of setting up a new service or pathway can also be done in conjunction with cost avoidance/reductions. This could be illustrated by reduction of service use such as crisis or unscheduled care; acute hospital use and use of out of area placements.

The Early Intervention in Psychosis Implementation Guide has detailed guidance and advice around designing and delivering a new service that will be relevant when considering costing of a new service.

Reputational

Ensuring that provision of mental health care is matched to the level of need in your locality is important in safeguarding the reputational integrity of the health board. Within Scotland there is a lack of dedicated pathways and services for people who experience complex mental health conditions. For example the 2021 Benchmarking Report for all 53 Mental Health Trusts in NHS England highlighted that a majority of trusts offer both dedicated (75%) and generic community services (91%) for people with a diagnosis of personality disorder.

It may also be useful to examine serious adverse event reports to understand where diagnosis of complex mental health conditions are indicated.

Workforce expertise – developing appropriate competency

Available outcomes from any previous evaluations of staff training needs in your area will be useful to include, alongside the training needs/requirements necessary to deliver your pathway. Costings associated with training can be documented as part of the wider costings of the service.

Highlighting how training will be strategically linked to the needs of the service, the needs of service users and to the competencies and confidence of staff will also support commissioning. Approaches to regularly reviewing training needs and how this will support the service can also be documented and will support continued monitoring of:

- the number staff have trained in the selected model of intervention and proportion of staff trained in low intensity and specialist interventions
- training gaps
- provision of training available in your area, as well as training available nationally

Informal approaches can be utilised alongside formal training avenues. This can involve shadowing more experienced members of staff, mentoring or upskilling. The Reform Resource library provides a case study detailing this approach in NHS Dumfries and Galloway's Structured Clinical Management pathway.

Taking this approach will allow a granular understanding of training needs.

Determining the models of intervention

It will be useful to consider the selected model of treatment against the Psychological Therapies Matrix, which recommends a range of evidenced based interventions for complex mental health conditions. As the Matrix is currently being reviewed, the information contained here is subject to change.

Interventions of personality disorder diagnosis
• Cognitive Behavioural Therapy (CBT) • Dialectical Behaviour Therapy (DBT) • General psychiatric management • Mentalisation Based Therapy (MBT) • Schema Focused CBT • Systems Training for Emotional Predictability and Problem Solving • Transference focused psychotherapy, and • Mentalisation based day hospital

Rationale for the selected intervention (such as models already invested in, number of staff who are already trained or motivated to train) will be important to document and can be supported using a range of evidential sources that illustrate clinical effectiveness, such as:

Psychological Therapies Matrix

Public Services Delivery Scotland

Cochrane reviews

Visualising the pathway: Including a diagram or visualisation that illustrates how your pathway will work in practice and how a patient will progress through the pathway, can provide additional support in the commissioning process. All major steps in the pathway (e.g. referral routes, points of transition, interface points, discharge) can be documented within this. The Reform Resource Library has examples of pathway visualisations that have been created with service design support.

Involving people with lived and living experience

Services should be person centred, with an emphasis on the individuals' needs and sense of self. The CHIME framework is a model of recovery that emphasises the importance of living a meaningful life and how recovery is defined by the person. Building the CHIME ethos into services will ensure that people feel involved in their recovery with a focus on what matters to them.

Your business case can also include considerations on how to meaningfully involve people with lived and living experience in addition to partnership work with the third sector. People who are directly impacted by services should be able to be involved in the design and where possible the delivery of care (e.g., peer support workers). Undertaking assertive engagement and outreach to patient groups and relevant third sector organisations will ensure a wide range of input to your business case. As an example of good practice, a report produced by the Scottish Recovery Network details their work with NHS Lanarkshire in the development of their personality disorder pathway. This report contains a range of good practice recommendations for involving people. The Early Intervention in Psychosis Implementation Guide also has guidance around initiating lived experience groups that can help guide and steer the development and implementation of services.

Data and Service Evaluation plan/framework

Highlighting your approach to outcome measures, data collection and service evaluation within your business case will be a valuable inclusion. Detailed considerations of data and measurement early in this process will help support implementation of your pathway/service.

The Reform Resource Library has useful guidance around clinical outcome measures used in areas supporting complexity, as well as examples of how data and evaluation have been used to improve and/or inform services. There is also guidance on the International Consortium for Health Outcome Measurement (ICHOM) recommendations for patient centred outcome measures in mental health.

Your measurement plans can include:

- Activity tracking – (e.g. data to understand the numbers of people that use your service or pathway, the number of people with a diagnosis that being supported by your service, etc.,)
- Treatment outcomes (pre and post intervention)
- Service use (e.g. whether this has changed after interventions such as through the use of inpatient, unscheduled care or crisis data)
- Experiences of people who use the service (e.g. patient experience maps or patient stories)

- How you will use data to support service improvement

If using or sharing confidential information, consulting the Caldicott Principles will be important. These eight principles will guide you in best use of confidential or patient level information.