Service user involvement and commissioning impact

Fran Singer
NIP Team Leader and Co-ordinator:
Fran.Singer@nsun.org.uk

Emma Perry
NSUN Research Project Co-ordinator:
Emma.Perry@nsun.org.uk

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Involve
Influence
Improve

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### Network for Mental Health

**NSUN’s vision** is to bring mental health service users and survivors together to communicate, feel supported and have the power and the platform from which to have direct influence at every level.

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**Core business**

Strategic Governance ● Administration ● Finance ● Communications ● Public Relations

**Strategic themes**

Communications ● Membership ● Engagement & Capacity Building ● Partnership ● Involvement & Influence

**Values**

Solidarity ● Equality ● Integrity ● Diversity
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National Involvement Partnership

Service User Involvement Workers Group

Neurological Commissioning Support

Mental Healthwatch

Mind Community Engagement Project

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Healthwatch England

Local Authorities

Health & Wellbeing Boards

Local Healthwatch

Secretary State for Health

National Commissioning Board

Clinical Commissioning Groups
4PI: A FRAMEWORK FOR INVOLVEMENT STANDARDS

- **PRINCIPLES:** What are the shared principles & values of the involvement activity?
- **PURPOSE:** What is the involvement activity? Is there a clear & shared purpose for all those engaged?
- **PRESENCE:** Who is involved? Where is it taking place strategically in the organisational structure?
- **PROCESS:** How is the involvement activity made accessible to a wide range of service users & carers with different skills, abilities & preferences?
- **IMPACT:** How has involvement led to the improvement of services & the mental health & wellbeing of service users & carers?
What is Values-based Commissioning?

‘Values-based commissioning is a practice where everyone becomes equal partners. Service users, carers, clinicians and managers all become part of the commissioning model regarding mental health. There’s joint ownership and there’s no power issues. So, service users and carers have more of a say in what goes on in the services they receive’

(Sunita, service user)
The Review

• Evaluation of the West Midlands Mental Health Commissioning Modelling Group.

• Three group interviews were conducted with service users and carers at Birmingham University.

• One-to one-interviews were held with 11 service users, one of whom was also a carer.

• An online survey was also set up so that commissioners and Mental Health Leads could feed into this process.
Clarity and Definition

• The concept of ‘commissioning’ needs to be demystified.

• Awareness needs to be raised about the concept of VbC.

• VbC is non-hierarchical. It is underpinned by principles of collaboration, equitability and the empowerment of service users. It is not just about ‘participation’ or ‘involvement’.
‘I think it’s more jargon. But I think for me it’s less about the words that are used, which come and go, and more about the direction of travel if you like. We’ve moved from where we had to scream and shout to get heard at all, to where someone’s actually come along and asking. And that’s important’.

(Ruth, service user)
Influencing Service Development and Commissioning Priorities

Need to map service user involvement in the current commissioning process and how this will be affected by the new structures.

Further work is required in order to address how VbC can be embedded into the new structures of healthcare.

As a minimum, Clinical Commissioning Groups should set up a VbC infrastructure where possible and begin to actively collaborate with service users as equal partners.
Intelligent use of the Intelligence

- Further research is needed to address the ongoing tensions between ‘evidence-based’ and ‘values-based’ approaches.
- In the current financially driven landscape of the NHS, some will favour a purely evidence-based practice approach and may be sceptical of the qualitative and potentially ‘unscientific’ approach of values-based commissioning.
- But VbC complements and helps to deliver the QIIPP (Quality, Innovation, Productivity and Prevention) agenda, and can be cost effective and efficient.
Culture and Attitude

There is a need for:
• sensitivity with regard to issues of language, power and cultural diversity.
• clear communication - acronyms and concepts should be explained.
• critical reflection on what it means to share the label of ‘expert’ in this setting.
Diversity and Involvement

• There needs to be a greater diversity of service users and carers involved in mental health commissioning.
• Develop creative and inclusive ways to engage with service users and carers who are marginalised.
• Training programmes need to be developed with people who are marginalised and whose voices are seldom heard.
To Conclude

- Service users need to be involved at all stages and at all levels of the commissioning process.
- The recommendations of the review need to be taken forward by identifying practical ways in which service users can become more influential.
- The rhetoric of ‘service user involvement’ needs to be made a reality.
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Fran.Singer@nsun.org.uk

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Emma.Perry@nsun.org.uk

27-29 Vauxhall Grove, Vauxhall,
London, SW8 1SY
www.nsun.org.uk

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