Principles for effective mental health commissioning

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• Nothing to declare
What am I going to cover?

• Describe the commissioning framework - Values based Commissioning (VbC)

• Show how the VbC framework can support commissioners

• Describe the relevance of the VbC framework to public mental health needs

• Discuss the Joint Commissioning Panel for Mental Health (JCP-MH) and future working
Objectives

• More familiar with the principles, values and ‘how to do’ VbC.

• Better able to use VbC to support service user participation and leadership in all mental health commissioning activity.

• Understand how VbC can contribute to achieving recovery outcomes and improvements in individual health and wellbeing.

• Understand how VbC can make it possible to involve and empower service users to work in partnership with commissioners.

• Understand how VbC can support commissioning for best value in the NHS.
VbC and the Joint Commissioning Panel for Mental Health (JCP-MH)?

- JCP-MH underpinned by VbC model
- Commissioned to support the implementation of ‘No health without mental health.’
- Supported by the Department of Health.
- Co-chaired by the Royal College of Psychiatrists and the Royal College of General Practitioners.
- Collaboration between seventeen leading organisations.
What are the aims and objectives of the JCP-MH?

• Publish briefings for effective mental health commissioning

• Provides practical guidance for mental health commissioning

• Support mental healthcare commissioners

• Develop guidance for best practice commissioning

• Create partnerships and networks to support commissioning.

• Practically model VbC
What is Values based Commissioning?

Patient and carer perspective or values

Network and negotiation

Clinical and commissioner expertise

Knowledge derived from scientific or other systematic approaches (evidence).
How has VbC developed?

- Values-based practice
- Evidence based commissioning
- Evidence based practice
- Co-production
- Reflects Government guidance and policy.
Equity and excellence: liberating the NHS (2010)

‘GP consortia will have a duty of public and service user involvement, and will need to engage service users and the public in their neighbourhoods in the commissioning process.’
The Mental health Strategy ‘No Health Without Mental Health’ 2011:

‘Putting individuals at the heart of services is a key driver of the Government’s Equity and Excellence: Liberating the NHS reforms. This means that people can, as far as possible, control and manage their own support so that it matches their needs and aspirations. People feel they are respected as equal partners, and know what choices are available to them and who to contact when they need help,’
How is VbC different?

• Service user and carer engagement
Commissioning cycle - How is VbC different?

1. **Assessing needs**: through a systematic process, understanding of the health and healthcare needs of the PCT’s resident population.

2. **Reviewing services and gap analysis**: reviewing the services currently provided and based on the needs, defining the gaps (or over provision).

3. **Risk management**: understanding the key health and healthcare risks facing the PCT and deciding on a strategy to manage it.

4. **Deciding priorities**: given a list of desirable actions, using available evidence of cost effectiveness and based on a robust and defensible ethical framework, prioritise areas for purchase.

5. **Strategic options**: bring together all the available information into a single strategic commissioning plan that outlines how the PCTs will deliver its core objectives (including those of the SHA and DH).

6. **Contract implementation**: put those strategic plans into action through contracting.

7. **Provider development** (including care pathway re-design and demand management): support provider improvements or introduce new providers to deliver the services required (including setting up demand management systems and designing new care pathways). This includes supporting providers in decommissioning of services where appropriate.

8. **Managing provider performance**: monitor and manage the performance of providers against their contracts, especially against KPIs.
How is VbC different?

- Co-production
- Shared decision making
Benefits of Shared Decision Making

• Service users are more likely to be satisfied with their healthcare experience

• Service users are more likely to adhere to their chosen treatment

• Clinical outcomes and safety are improved

• Given informed choice, many service users choose less ‘radical’ treatment, which may result in savings
How is VbC different?

• Facilitation, collaboration, networks and leadership

• Outcome focused

• Holism
No health without mental health.

Mental health is everyone’s business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential (Section 1.1, DH 2011)
How can VbC help deliver better outcomes in health and wellbeing?

Radical aspirations - participants bring fresh thinking

Engagement - active patient and carer participation,

Community contribution to the commissioning agenda

Marginalised groups – can participate through the network approach

Informed service development
Can this actually be done in practice?

- West Midlands Mental Health Commissioning Modelling Group (WMMHCG)

- Service specification development with a CCG
West Midlands Mental Health Commissioning Modeling Group

- Senior mental health lead
- Peer networks and expertise
- Formal support and capacity building
- Listen, engage and feedback
- Ensure VbC underpins all of the commissioning process
Service specification work

- Overarching vision- aims and objectives
- Co-production not consultation
- Evidence of population need
- Outcomes, outputs and indicators of performance
- Holism
VbC and public mental health commissioning?

Public mental health is fundamental to public health and health improvement.

As the title of the Government mental health strategy declares, there is “no health without mental health.”

Good mental health provides the bedrock for good physical health and for a range of other important life skills, capacities and capabilities.
Improved mental wellbeing and reduced mental disorder are associated with:

- better physical health
- longer life expectancy
- reduced inequalities
- healthier lifestyles
- improved social functioning
- better quality of life
The Future and the JCP

• Engaging and supporting CCGs and H&WBBs

• Developing collaborations and partnerships

• Leadership development
Summary

• Described VBC

• Showed VbC can support commissioners

• Showed how VbC is relevant to public health

• Discussed the JCPMH and future working
‘NO HEALTH WITHOUT MENTAL HEALTH AND WELLBEING’

• Co-commissioning

• Make the right connections and partnerships

• Think about early intervention and ‘holism’

• Be able to demonstrate outcomes

• Be publically mentally health aware