

"World Class" Mental Health Commissioning

A Perspective from the NHS Confederation Mental Health network and PCT network

Mental Health Network **Primary Care Trust Network**

These Perspectives were developed in a joint workshop with members from the Mental Health network and PCT network

Specifically the workshop focused on the system conditions that need to emerge if "World Class" Mental Health Commissioning is to flourish

In this presentation we present the system conditions and associated recommendations

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The features of "World Class" commissioning

Needs assessment and consumer engagement

- Systematic assessment of need
- Relationship development with individuals and groups gaining 'deep insight' into their individual and collective needs

Risk Stratification

- Prediction and stratification of high risk and high utilisation opportunities at the level of the individual to improve care

Driven by outcome metrics

- Well designed care pathways
- Clear choice and measurable benchmarks
- Consumer led

Information rich business processes

- System tracking and transaction management
- Demand management
- Contract development and procurement management
- Incentives and penalties

Highly skilled and engaged multidisciplinary workforce

- Data literate
- Commercially astute
- Consumer led

Sustainable effective partnerships

- Investing in leverage
- Developing markets
- Decommissioning

World Class Ambition

World Class organisations generally are "the best" for at least one business process and held up as models for other organisations to aspire to.

They consistently achieve the highest level of competitive performance borne out by dynamic empirical bench marking and the consistent use of best practise.

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An Integrated Programme Approach

Condition 1 - Invest in and pull together all the key strands of work that fall into one of the categories above and lead and manage a single program of integrated development.

Recommendation 1 - There are a range of separate Department of Health programmes impacting on Mental Health (e.g. Payment by results, development of the standard NHS contract, Mental Health policy, Public Health, Connecting for Health, Regulation) Whilst each is important in its own right they need to be better integrated and co-ordinated. The Department of Health should consider how these programs could be better co-ordinated (perhaps a Mental Health system reform board) which would provide a positive platform from which to develop Mental Health commissioning.

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Understanding the Fundamentals

Condition 2 - Recognise the importance of Commissioners having an understanding of Mental Health fundamentals and build an accelerated program of skills development across the whole system.

Recommendation 2 - To Commission Mental Health outcomes that make a real difference to peoples lives; Commissioners need to understand the fundamental of effective Mental Health systems. Accelerated learning programs need to be made available to PCTs to raise the baseline across all Commissioners. Whilst it may not be realistic or achievable to go beyond the fundamentals to develop Mental Health expertise in every PCT, it would be sensible to explore whether PCTs could share scarce expertise. For example a lead PCT taking the Mental Health Commissioning role on behalf of a group of neighbouring PCTs

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A One Vision Approach

Condition 3 - A one vision approach for Mental Health built on the three key policy themes, personalisation, outcomes, equality and inclusion.

Recommendation 3 - There is a need to put energy behind the creation of a New Vision for Mental Health which provides a policy framework from within which Mental Health Commissioning can develop.

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Partnership

Condition 4 - Shift the emphasis away from joint initiatives towards joint venture investment-mature the system in a way that enables it to (jointly) invest in the causes of poor Mental Health outcomes (not symptom)

Recommendation 4 - The key importance of a partnership approach to Mental Health Commissioning is clear. Here we go further to recommend support for a step change in our approach to partnership. We recommend the identification of a small number of sites where PCTs/Local Authorities are key intensive support and the flexing of existing "rules" and allowed to push at the boundaries of joint Commissioning to explore joint investment.

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Partnership Governance

Condition 5 - Develop a regulatory and performance management framework that assesses for and rewards good partnership governance.

Recommendation 5 - The PCT assurance framework should reward effective partnership governance. We also recommend that the model of lead Commissioning is properly explored and evaluated.

Information based Commissioning

Condition 6 - Take a fresh look at all of the current repositories for Mental Health data and develop a strategy for "warehousing" it into a more powerful and usable form.

Recommendation 6 - We recommend that a small set of key indicators are developed to support effective Commissioning. This must include linking public health benefit data to Commissioning in a more effective way.

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Needs Assessment

Condition 7 - Ensure that identification of Mental Health needs is a key part of the joint needs assessment Which PCTs and Local Authorities are required to take out.

Recommendation 7 - Whilst it was recognised that needs assessment generally require further development there was a feeling needs assessment for mental Health would benefit from a particular focus. We recommend the development of a Mental Health needs assessment framework which brings together the key components of needs assessment in Mental Health. This would form part of the wider joint strategic needs assessment. This could be developed through a series of learning events involving Directors of Public Health, Public Health Observatories, Providers and Commissioners.

Consumer Engagement

Condition 8 - Invest in the skills and competencies required to deliver effective service user engagement.

Recommendation 8 - Mental Health services have a positive history of working in partnership with service users. This track record provides the opportunity to take service user engagement on to a further level and associate commissioners with a commitment to engagement. We recommend a joint approach to service user engagement with the development of a service user engagement programs where Commissioners and service users learn together (these programs could include modules on self directed care). Similar programs (some university based) already exist in service redesign where clinical staff and service users learn techniques to improve service delivery together.

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