

World Class Mental Health Commissioning : Joint Commissioning

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Joint Commissioning – From NSF to WCC

- Review 10 years of working together in a NSF
- Review partnerships as “Joint”
- Consider how WCC can apply to mental health

Joint Commissioning and NSF

- ✓ Shift from acute to community care – huge reduction in acute beds – growth in CMHTs and outreach services
- ✓ Integrated services – mostly vertical and with social care
- ✓ Some integrated commissioning
- ✓ Investment
- ✓ Higher profile
- ✓ Foundation Trusts
- ✓ User involvement
- ✓ Psychological therapies

But, challenges remain

- Outcomes
- Complexity
 - Drugs and alcohol
 - Parents and families
 - Diversity and mobility
- Early intervention?
- “Cradle to grave” : CAMHS → dementia
Age barriers and “Cinderellas”
- Choice
- Stigma
- Work
- Carers

Partnerships

- From joint \longrightarrow integrated
 ↓
- Performance management of monopoly, secondary care, service provider
- Integrated: across public sector; whole Council/community and LAA partners + voluntary organisations
- Integrated : across whole health economy: primary, community and public health, GPs and PBC groups + secondary, tertiary

Commissioning the whole system

Context

- C40% GP consultations are mental health
- Mental health is biggest single spend in prescribing budgets, c30%
- 50% of people on Invalidity Benefit for mental health issues
- C25% over 85s with dementia – longevity – driver on health/care spend
- Unicef Study – UK last out of 18
- Mental health is a core public sector issue, is key to delivering health improvement targets:
 - Smoking
 - Obesity

More context

- Mental health services do not hold the key:
 - Education
 - Work
 - Exercise / leisure
 - Drugs and alcohol
 - Housing and environment
 - Diverse and mobile populations

—————→ “a safe place to live, work and thrive”

World Class Commissioning Mental Health

- Outcomes – clarity on better health for individuals and communities and how we measure it
- Leadership by commissioning
- Broader alliances within and without NHS to deliver health improvement
- Clinical engagement – GPs, PBC groups
- Patient and public engagement – wider shaping, not just those “in” the system – all ages / carers
- Evidence based – public health, JSNA, de-commissioning
- Early intervention – more resources along pathway
- Plurality of providers
- Choice and individual budgets



Southwark examples

- Housing - integration of “Supporting People” within joint commissioning
 - More mental health schemes
- Work – LAA stretch target for mental health with specialists within CMHTs
- GPs – local enhanced service for alcohol
- Children’s Development Centre – unified service across all agencies
- Community wardens – look out for vulnerable people
- Telecare – prompts for memory loss