



National Mental Health
Development Unit



**Commissioning Support
for London**

Mental Health World Class Commissioning.

A quick guide for mental health professionals

August 2009



Engagement in commissioning involves understanding and applying:

- the policy and strategic context of Mental Health World Class Commissioning (WCC)
- how to influence WCC and the decisions made by commissioners in your locality
- the public health and evidence base for WCC drivers.

Engaging in commissioning requires the mental health professional, clinician and practitioner to:

- focus on the relationships you have with commissioning colleagues and how to communicate clinical challenges
- understand how, when and where the above fit with the commissioning decision-making process.


Foreword

On behalf of the National Mental Health Delivery Unit and Commissioning Support for London, we are very pleased to introduce this short guide to World Class Commissioning for professionals, clinicians and other practitioners working in mental health. The aim of the guide is to demystify the commissioning process, and also to demonstrate the importance of the active involvement of professionals and clinicians, and explain how, when and where they can usefully contribute to it.

Written by a group of policy experts and clinical leaders, the guide arises from the need to ensure that commissioning decisions are based on good evidence, professional expertise and knowledge of the needs of local communities.

World Class Commissioning, as the national policy paper High Quality Care for All (Department of Health, 2008) explains, is intended to be 'the key vehicle for delivering a world-leading NHS equipped to tackle the challenges of the 21st century'. In particular it states that 'increased clinical and patient input, combined with a more accurate assessment of long-term local requirements, will ensure services are more closely designed to meet evolving patient needs'. Our aim, with this guide, is to help make this vision a reality.

We hope you will find this guide useful. By working together to create a shared understanding of local needs and priorities and a single vision for commissioning services, we believe we can achieve the World Class Commissioning aim of 'adding years to life and life to years'.



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Who is the guide for?

The guide is for clinicians and other mental health professionals working along the mental health care pathway who would like to learn more about the principles of World Class Commissioning (WCC) and how they could be involved in improving services for users. Mental health commissioning is relevant to many different stakeholders: people who use services, people who deliver services, those who monitor performance and effectiveness, and the wider public.

This guide has three objectives:

- 1 awareness** – to highlight the challenges faced by commissioners, clinicians, and other professionals who are working to implement strategic commissioning at local level
- 2 knowledge** – to improve understanding of the commissioning process
- 3 application** – to describe how mental health professionals can get involved in commissioning, and how commissioning colleagues can benefit from the involvement of mental health professionals.

Why read it?

Mental health professionals have an important role to play in influencing commissioning decisions.

The purpose of this guide is to describe the basics of WCC and encourage mental health professionals to get involved in the commissioning agenda and work with the health and social care commissioners in their area.

The guide explains how mental health professionals can:

- **influence decisions in partnership** with commissioners
- understand the **political and performance-related** incentives that guide the work of commissioners
- **improve services**, and
- build on opportunities to **improve outcomes and quality**.

What does it cover?

The guide starts with an overview of current mental health policies, setting the context for the World Class Commissioning agenda. It goes on to:

- *explain what World Class Commissioning is, and what it demands of those responsible for commissioning health services*
- *explain the 'commissioning cycle' whereby commissioners arrive at their decisions about what services to commission*
- *explain why and how mental health professionals can and should get involved in the commissioning process*
- *suggest some prompts that highlight what professionals can bring to the commissioning process*
- *explore barriers to professional involvement in commissioning, and*
- *suggest ways in which professionals and commissioners can work together to improve mental health services.*



Understanding mental health policy

Mental Health World Class Commissioning operates within the context of a number of key national policies and guidance.

National Service Framework for Mental Health (Department of Health, 1999)

The *National Service Framework (NSF) for Mental Health* (Department of Health, 1999) prioritised mental health as one of three key health issues requiring investment and development, alongside coronary heart disease and cancer. It set out seven standards, with milestones for achieving set objectives within its ten-year lifespan, within a national template of evidence-based services for working age adults with which local mental health services were required to comply. These services, covering mental health promotion, primary mental health care, services for people with severe mental illness, services for carers, and interventions to prevent suicide, were to be provided seamlessly between agencies and available around the clock. A review of the implementation of the *National Service Framework*, published in 2004, found that mental health services had been successfully reshaped according to the *NSF*, but there remained areas requiring further improvement – specifically, inpatient care, services for people with dual diagnosis, social exclusion of people with mental health problems, services for ethnic minorities, and access to psychological therapies.

New Horizons

A new Department of Health strategy, *New Horizons*, will replace the *NSF* towards the end of 2009. *New Horizons* is expected to give more weight than the *NSF* to the importance of promoting whole-population mental health and well-being across the

lifespan, while supporting continued improvement of specialist services for people with severe and enduring mental health problems. It will also address the inequalities that different groups in society experience, both in access to services and in levels of mental health. It will guide a programme of action for mental health services from 2010 and bring together agreed principles and priorities under one banner, aligning them with *High Quality Care for All* (the Darzi report, see below) and other government health and social care policies, such as *Putting People First* (see page 9).

At the time of going to press, *New Horizons* is out for consultation until 15th October 2009. For further information please go directly to the Department of Health website: www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm

Delivering Race Equality: an action plan for reform (Department of Health, 2005)

The *Delivering Race Equality* action plan was published in 2005. It draws on the report into the death of David 'Rocky' Bennett in a medium secure unit in Norwich in 1998, and a growing body of evidence that people from black and minority ethnic groups are disproportionately detained in psychiatric units, have a poorer experience of mental health services than their white British counterparts, and are more likely to be subject to compulsory treatment. *Delivering Race Equality* sets out a five year action plan for achieving equality and tackling discrimination in mental health services for all BME people, including people of Irish and Mediterranean origin and east European migrants. The action plan comprises three main 'building blocks':

- more appropriate and responsive services
- community engagement, via community development workers based in every PCT
- better information, including a new annual census of mental health patients.

Our Health, Our Care, Our Say: a new direction for community services (Department of Health, 2006)

This document emerged from an extensive consultation with the public and professionals. It builds on *Choosing Health*, the public health White Paper (Department of Health, 2004), which identified the improvement of mental well-being as a priority for health and social care services. *Our Health, Our Care, Our Say* sets out how NHS and social care services should work together to provide more individualised

“social care services should be more flexible and more personalised”

health and social care services that better meet people’s needs and are available closer to their homes. It states that health and social care services should be more flexible and more personalised to meet the health and social care needs of individuals, and should give patients and service users more control over the treatment they receive. It gives GPs, primary care trusts and local authorities more say in how best to plan and commission services for local communities, outlines the need for a shift in resources towards preventive services, and encourages greater partnership between statutory health and social services and the third sector.

Commissioning Framework for Health and Well-being (Department of Health, 2007)

This provides a framework and practical suggestions, including resources and sources for tools, for commissioning for health and well-being from 2008/09. It sets out a number of objectives to help people stay healthy and independent and to build stronger communities. These include giving people choice about care services, delivering services close to home, and tackling health inequalities.

Putting People First (Department of Health, 2007)

Putting People First is jointly endorsed by all government departments and many of the lead voluntary sector organisations concerned with adult social care. It outlines the government’s vision for a personalised adult social care system that is designed to maximise people’s independence, choice and control over their own lives and care. Its proposals include a ‘first stop shop’ to provide a universal information, advice and advocacy service for people needing social care services, and their carers, irrespective of their eligibility for public funding. It introduces the Joint Strategic Needs Assessment, to be conducted together by NHS providers, local authorities and PCTs, and combined with other local needs assessments (i.e. housing) to form a Sustainable Community Strategy for the area. It sets out how these agencies can identify and agree, with other stakeholder organisations, how best to meet local priority needs, and which agency will do so, through Local Area Agreements. It also introduces personalised budgets for all those eligible for state-funded social care services.

The Local Government and Public Involvement in Health Act 2007 (HMSO, 2007)

This Act enacts the 2006 Local Government White Paper. Among its provisions directly relating to health and social care, it replaces the Patient and Public Involvement Forums (PPIFs) with Local Involvement Networks (LINKs), to provide the patient and public voice in the planning and delivery of local health and social care services (PPIFs related only to health services), and clarifies and strengthens the existing duty on NHS bodies to involve and consult patients and the public in the planning and provision of services. It places a specific duty on local authorities to undertake Joint Strategic Needs Assessments and to consult with their local communities. It also requires PCTs, local authorities and other relevant bodies to co-operate with each other in the development and agreement of Local Area Agreements, which are also given statutory status.

Cross-cutting priorities

In addition, the government has identified a number of key, cross-cutting priorities to which all public services are expected to contribute. In mental health and social care, the most relevant are:

- personalisation
- social inclusion.

Personalisation

Personalisation embodies the government's aim to 'put people first' in public service delivery. The stated aim is that people should be able to live their own lives as they wish, and should receive high quality, safe health and social care services that support their own goals and promote their independence, well-being, and dignity.

This approach is set out in *Putting People First*, which states that every person who receives support, whether provided by statutory services or self-funded, will have choice and control over the shape of that support in all care settings. Direct payments and individual budgets are seen as the means to deliver this aspiration.

Social exclusion

Social exclusion in relation to adults with mental health problems is documented in the *Mental Health and Social Exclusion report*, published in 2004 by the Office of the Deputy Prime Minister. This highlighted the lack of employment opportunities, poverty, poor housing, social isolation, stigma and exclusion from community services experienced by people with severe mental health problems.

Government action to tackle social exclusion is set out in the Public Service Agreement (PSA) 16 (see overleaf for an explanation of PSAs). PSA 16 focuses specifically on the needs of four client groups who are seen as particularly vulnerable to poor life outcomes and multiple forms of disadvantage:

- young people leaving care
- offenders under probation supervision
- people receiving secondary mental health services
- people with moderate to severe learning disabilities.

PSA 16 has two key aims: to increase the numbers of people in these groups living in settled accommodation, and to increase employment, education and training rates in these groups. Government departments signed up to achieving these aims include

the Department for Work and Pensions, the Department of Communities and Local Government, the Ministry of Justice, the Department of Health, the Department for Innovation, Universities and Skills, and the Department for Children, Schools and Families. This partnership approach will be reflected at local authority and health service commissioning and delivery level.

Policy into practice

Public Service Agreements (PSAs)

The strategic framework governing the delivery of all government policy is provided by the Comprehensive Spending Review (CSR) and Public Service Agreements. The aim is to ensure the relevant government (national and local) departments work together to address areas of priority public service need, and that public spending and performance at local level is carefully monitored to ensure quality of service provision and value for money.

The CSR sets out the government's public spending plans. PSAs provide the performance management framework whereby the government sets out the outcomes expected to be delivered by public services at national and corresponding local levels.

PSAs for the current period (2008/09–2010/11) are set out in the Comprehensive Spending Review 2007. The PSAs are grouped under five main headings:

- help people and businesses come through the downturn sooner and stronger, supporting long-term economic growth and prosperity
- fairness and opportunity for all
- a better quality of life
- stronger communities

- a more secure, fair and environmentally sustainable world.

Those with specific relevance for mental health and social care are:

- Fairness and opportunity for all
 - Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief
 - Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.
- A better quality of life
 - Promote better health and well-being for all
 - Ensure better care for all.

Each PSA is underpinned by a single delivery agreement shared across all government departments concerned. Delivery agreements are expected to be developed in consultation with NHS trusts and other agencies who will be delivering the services, and with frontline workers.

At local level PSAs are reflected in Local Area Agreements (LAAs) and Local Public Service Agreements (LPSAs). Local Area Agreements may cover one or more local authority area and set out goals, agreed with all participating agencies, for service delivery across a range of public services.

Local Public Service Agreements provide a framework through which local authorities and other local organisations agree targets for service delivery and improvement with central government, and are financially rewarded for achieving these targets.

Commissioning for mental health

Commissioning is the process whereby PCTs and local authorities translate the aspirations and needs of their local populations into services that:

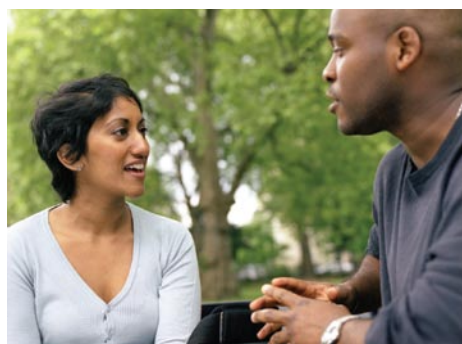
- deliver the best possible health and well-being outcomes
- reduce inequalities and promote equality
- provide the best possible health and local authority provision
- achieve the best use of available resources

Put simply, commissioning is the cyclical process of planning, developing, monitoring and reviewing health and social care services.

The role of the mental health commissioner

The mental health commissioner is the executive officer within a PCT responsible for taking a lead on assessing local mental health needs, reviewing service provision, developing strategic plans and commissioning services and service development for the population served by the PCT, the local authority, and third sector organisations.

It is important to remember that commissioners do not work in isolation. PCTs will have a number of commissioners with lead responsibility for each of the health specialisms.



World Class Commissioning

World Class Commissioning (WCC) was launched by the Department of Health in 2008. It is an ambitious programme, based on best practice in the UK and other health systems around the world, to transform the way in which PCTs fulfil their commissioning function. Its aim is to help PCTs deliver better services that are more closely matched to local needs, resulting in better quality of care, improved health and well-being and a reduction in health inequalities across the community.

WCC does this by creating a framework through which PCTs can focus on improving the health of local people.

There are four key elements to the World Class Commissioning framework.

- **Vision** - To achieve world class excellence in delivering health improvement through commissioning.
- **Assurance system** - To develop appropriate frameworks for implementing world class commissioning and ensuring improved health outcomes.
- **Competencies** - To define the knowledge, skills, behaviours and characteristics commissioners will need to reach world class status.
- **Support and development** - To develop tools for commissioners to deliver improvements, either by sharing services and costs across localities, remodelling and expanding internal resources, or buying in external expertise.

Outcome-based commissioning

Outcome-based commissioning focuses not on activities and processes but on results. It represents a shift away from previous practice whereby commissioning was based on providers meeting contractual requirements through outputs such as the number of hours or type of service to be provided. Outcome-based commissioning means that providers will have to demonstrate how their services will achieve real and tangible benefits for the local population.

The task for commissioners is to define what systems and services need to be in place in order to meet the outcomes required for their local populations and then support providers to improve services that are not working towards those outcomes. Improvements may be in:

- clinical and care outcomes
- health outcomes
- community outcomes

What are the World Class Commissioning competencies?

There are 11 'competencies' (or sets of skills) in which commissioners and PCTs are expected to demonstrate their proficiency.

Below are listed the WCC competencies with most relevance to mental health professionals, and a brief explanation of what they mean in practice.

- **Leading the continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and use of resources.**

Commissioners are explicitly required to involve and draw on the knowledge and experience of frontline practitioners when researching and making decisions about commissioning services.

- **Proactively seeking and building continuous and meaningful engagement with the public and patients, to shape services and improve health.**

Commissioners are explicitly required to consult with and involve service users and the wider public in reaching their decisions about local needs and how best to meet them.

- **Stimulating the market to meet demand and secure required clinical and health and well-being outcomes.**

Commissioners are expected to encourage innovation and look beyond their usual providers when inviting tenders from organisations to run services.

- **Promoting and specifying continuous improvements in quality and outcomes through clinical and provider innovation and configuration.**

Commissioners are expected to promote and support innovative approaches to clinical care and treatment and the organisation of services to deliver better quality and improved outcomes.

The full list of WCC competencies can be found at: www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Competencies/index.htm

Why does World Class Commissioning matter to mental health professionals?

Professional leadership and involvement should be an integral part of the commissioning process. Mental health professionals and clinicians work with their local communities and know about local needs and shortfalls in service provision. Their knowledge is of paramount importance for informing strategic plans and decision-making during commissioning.

Mental health professionals and clinicians are well placed to draw attention to and advise on issues relating to quality and effectiveness of services. They can also offer valuable insights on the effectiveness of care pathways and the points at which early interventions can be most successfully implemented.

“Clinicians have an important role to play in assessing local needs and shaping priorities”

(World Class Commissioning: vision. Department of Health, 2007)



Barriers to professional involvement in World Class Commissioning

There are a number of reasons why professionals may not be currently sufficiently involved in the commissioning process. These include pressure on time from their work commitments, incomplete understanding of the commissioning process and its relevance to their clinical and professional practice, and concerns that their contributions may not be valued.

Increased professional involvement in strategic planning and service design is a critical component of World Class Commissioning and essential in ensuring clinical excellence.

The commissioning cycle

The commissioning cycle is the annual process by which commissioners are expected to deliver improved health and well-being outcomes.

It describes the continuous process whereby commissioners collect, analyse and use data to make decisions about spending and service development. The commissioning cycle also helps commissioners think about the strategic plans they need to produce, and when.

Understanding the eight stages of the commissioning cycle is central to the successful influencing of commissioning decisions. Mental health professionals are well-placed to provide important information at a number of points in the cycle. Ultimately, professional involvement helps to ensure that commissioning decisions and resource allocation meet the needs of people with mental illness, address factors that negatively affect mental health, and support well-being.

In addition, the commissioning cycle includes the development, review and approval of three further key plans.

- 1 The Strategic Commissioning Plan (SCP)** is produced by every PCT and establishes its direction and priorities for at least the next five years. It is developed every three years and updated annually. The CSP should be available on your PCT's website.
- 2 The Operating Plan** sets out how the PCT plans to achieve the health outcomes and financial goals set out in the **Strategic Commissioning Plan (SCP)**. It includes targets, financial and activity schedules and action plans. It is developed annually.
- 3 The Organisational Development Plan** describes the organisational capabilities needed to deliver the **Strategic Commissioning Plan**, and any capability gaps and how they will be filled. It is developed every three years and updated annually. PCT boards are required to work with local stakeholders (these include mental health professionals) to ensure these plans are comprehensive and joined up with local delivery.

PCTs are expected to work with local stakeholders to ensure these plans are comprehensive and integrated into local delivery plans.

The role of the Strategic Health Authority (SHA)

Strategic Health Authorities (SHAs) have a regulatory role in that it is their responsibility to ensure that all three plans contain financially sound options that are regularly reviewed and lead to significant improvements in the health of local populations.

The commissioning cycle – stage by stage

This section describes the WCC cycle in more detail, and offers suggestions about where and how mental health professionals, clinicians and practitioners can maximise their impact at each stage.

The diagram below explains the commissioning cycle. It is just one example: approaches may differ from area to area.



Step 1 – Assessing Needs

Commissioners need to build an accurate picture of the health and health care needs of the local population. The PCT's website should include details of the standards, reviews and commissioning plans of which mental health professionals, clinicians and practitioners need to be aware. The PCT's annual review will show how well it is performing in its commissioning function against the WCC framework. Every PCT's progress and development needs are assessed through an annual 'assurance' check.

✓ Check your local PCT website for a copy of the World Class Commissioning Report 2009 that gives an outline of your PCT's progress to date and details for supporting strategic plans for improving health and well-being within the local community.

Step 2 – Reviewing services and gap analysis

Based on the known needs of each area within their remit, commissioners need to review existing services and the extent to which the services they commission meet those needs, and identify any areas of over-provision or gaps. All PCTs and local authorities are required by law to produce a Joint Strategic Needs Assessment (JSNA). This provides the evidence base for the health and well-being of the local population, including health, mental health, housing, education, deprivation levels, economic activity etc, which will allow decision makers to identify areas of need, and how these are likely to change in the future. By drawing together these needs in a single document, the JSNA enables local agencies to work together and co-ordinate planning to ensure their services meet current and future needs.



✓ Have you seen your local Joint Strategic Needs Assessment (JSNA)? Ask for a copy from your mental health commissioner. Does it match your understanding of the health needs of the communities with which you work? Are there areas of need that the needs assessment has missed?

Step 3 – Risk management

Commissioners need to identify the main health and health care risks (ie. unexpected need for a particular service, an ageing population that may need services in the future) anticipated in their local area, and contribute to a strategy that addresses and mitigates those risks.

✓ Through your work, identify any significant health and health care risks, both current and looking ahead to the future. What evidence do you have for their existence and what potential solutions can you suggest to commissioners?

Step 4 – Deciding priorities

Based on sound evidence and an ethical framework, commissioners need to be able to advise the PCT on the current health and health care priorities in their area.

✓ Is the evidence base comprehensive? Does it include the data and information you have collected from your services – how people access your services and the levels of uptake? Are you aware of planned investment/disinvestments plans that may affect your service next year? Do you know how mental health commissioning plans may affect your service in the next 12 months? Is the local Strategic Commissioning Plan (SCP) informed by the expertise of the people working in your service and the data you have collected?

Responsibility for some mental health commissioning is being transferred from PCTs to general practitioners (GPs) and other senior primary care clinicians through a process known as practice-based commissioning.

✓ Are local practice-based commissioners aware of your service? How can your specialist input improve their knowledge of local health needs and the decisions they make? Do they have plans for future investment/disinvestment that may affect your service?



Step 5 – Strategic options

By collating the evidence into a single Strategic Commissioning Plan, commissioners are able to take a strategic view on immediate, medium and long term commissioning objectives. The SCP also takes into account national and regional performance indicators and outcomes required by the SHA and the Department of Health.

✓ Read the Strategic Commissioning Plan for your area. Do the priorities outlined match your own views of the areas in most need of service development? Do you have the information necessary to influence the detail and delivery of the SCP's objectives? Do you have a good understanding of the local and national performance drivers that may affect the way you deliver and monitor the effectiveness of your service? Ask your commissioner for a list of national and regional priorities that are relevant to your service and for guidance on how you may be asked to meet performance indicators or targets.

Step 6 – Contract implementation

Commissioners then translate their strategic plans into contracts, setting out value for money, clinical and service use outcomes, service models and performance monitoring. These ensure that the PCT is meeting its obligations to procure high quality services that achieve health improvements for all sections of the community.

✓ Do you have a good understanding of the contract arrangements for your service? Are you aware of the new contracting arrangements proposed in the standard

mental health contract guidance issued by the Department of Health? The Department of Health has published two new standard contracts that will be used by primary care trusts (PCTs) to contract health and care services with any provider from April 2009. There is one for general community based services and another for specialist mental health/learning disability or substance misuse services. The contracts contain standard legal terms that cannot be changed and a service specification template for completion at a local level for each service. For further details, visit: www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Systemmanagement/DH_085048

Step 7 – Provider development

In addition, PCTs have a responsibility to support and resource providers to improve and develop their services and staff, and to encourage new providers to develop new and innovative service options.

✓ What are the outcomes expected from you individually and from your service as a whole? How can you contribute to these outcomes in your work, and how can you best demonstrate tangibly that you are doing so?

Step 8 – Managing provider performance

Commissioners are required to monitor and manage the performance of the providers they commission. How providers report on their performance should be set out in the contract, together with any key performance indicators that may have been set by the SHA.

✓ Have you seen the performance returns for your service or been involved in service monitoring visits? Knowing what your service specification says and what your service is expected to deliver are important as it will help you understand the strategic process whereby your service is commissioned and monitored.

Ask your local commissioner to add you to their circulation list for any consultations.

You need all this information to influence commissioning decisions in your locality.

Working better together

The introduction of World Class Commissioning requires new competencies for commissioners and professionals involved in the planning and procurement of mental health services. These changing roles have an impact on the commissioner-provider relationship, resulting in a different dynamic and new ways of working. As commissioners consolidate the WCC competencies and their role develops, so too must the knowledge and skill base of those who work with them.

World Class Commissioning requires commissioners and professionals to work constructively and positively together. So...

✓ Build a dialogue and share your perspective

Develop a good working relationship with your commissioners. Establishing regular dialogue will help them understand and appreciate the challenges professionals face, and ensure your perspectives contribute usefully to strategic planning, quality of care and service development. Your knowledge is crucial to the commissioning process.

✓ Establish a shared evidence-base

The main focus of commissioning is on monitoring quality of care, identifying unmet needs and improving outcomes. Establishing a common set of measures to evaluate these will facilitate decision making about service improvements and innovation. Clinicians are in a unique position to collect the necessary data (through audits, clinical effectiveness targets and the use of national guidance from the National Institute for Health and Clinical Excellence (NICE)) to inform commissioning decisions. For more information on NICE guidance, visit: www.nice.org.uk



Ask yourself...

- What skills and expertise can I contribute towards each of the commissioning cycle stages?
- What do I want commissioners to know about local services and local needs before they make commissioning decisions?
- What evidence have I/colleagues collected that could be used to argue for and inform the development of new services?
- What knowledge or data do I hold on local care pathways and current use of resources?

The example below shows how professional input can help drive strategic service improvement.

Invest to save

Professional engagement in the quality and cost agenda

In line with the World Class Commissioning expectation on commissioners to review and update established practices and care pathways, Sutton and Merton PCT, the London Borough of Sutton and South West London and St George's Mental Health Trust are working with local professionals to develop care pathways that are responsive to current need, reduce costs and improve service delivery.

Commissioners have established an 'Invest to Save' project to review all residential, nursing and forensic care placements to ensure they meet WCC standards and use evidence based practice and the recovery model.

The project is based on the premise that identifying savings and financial efficiencies in the commissioning process must be accompanied by an equal focus on the quality and outcomes of services.

Commissioners work with residential and nursing providers to set clear targets for quality and performance so that they are better informed about progress for each patient/client.

Professionals are given opportunity to comment on the most appropriate pathway for users and any challenges they encounter when co-ordinating care across agencies.

Monthly review meetings between commissioners and trust managers aim to make continuous improvement in both the management of placements and the commissioning requirements underpinning them.

Proactively seeking to involve and engage providers in the commissioning process and giving professionals an opportunity to exert real influence over the direction of change of services and to comment on the care pathway leads to improvements in services, enhances the patient's experience, boosts staff morale, and helps to achieve national policy objectives.

For further information contact Richard.Gorf@smpct.nhs.uk

Useful links

World Class Commissioning

[www.dh.gov.uk/en/
Managingyourorganisation/Commissioning/
Worldclasscommissioning/index.htm](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm)

Standard mental health contract

[www.dh.gov.uk/en/
Managingyourorganisation/Commissioning/
Systemmanagement/DH_085048](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Systemmanagement/DH_085048)

NICE clinical guidance

www.nice.org.uk

JSNA toolkit

www.nmhdu.org.uk

Commissioning and procurement – the mental health road map for commissioners

[www.pasa.nhs.uk/PASAWeb/PCTzone/
mentalhealthservices/](http://www.pasa.nhs.uk/PASAWeb/PCTzone/mentalhealthservices/)

Outcomes compendium: helping you select the right tools for best mental health care practice in your field

[www.dh.gov.uk/en/Publicationsandstatistics/
Publications/PublicationsPolicyAndGuidance/
DH_093316](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093316)

Public Health Observatories

www.apho.org.uk

Readers are advised that all of the above links were correct at the time of going to press. If you have problems accessing the documents through the direct links detailed above, they should be readily located via a search from the relevant site's home page.

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Comments and feedback

We value your feedback on this guide. Please let us know if you found it helpful.

If you are a mental health professional with examples of good practice in engagement with your local commissioners and are happy to share these with others, please send your comments/examples to:

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About the National Mental Health Delivery Unit

The National Mental Health Development Unit (NMHDU) is the agency charged by the Department of Health with supporting the implementation of mental health policy in England in collaboration with the NHS, local authorities and other major stakeholders.

The national mental health commissioning programme (MHCP) exists to support the development of innovative and ground-breaking concepts in mental health commissioning. It aims to support commissioner development through collaboration, information exchange and partnerships with national and local agencies. The programme is one of six NMHDU work areas and has been commissioned through the Department of Health to aid the achievement of World Class Commissioning (WCC) in Mental Health.

For further information on the NMHDU Mental Health Commissioning Programme, please visit www.nmhdu.org.uk

About Commissioning Support for London

Commissioning Support for London (CSL) was launched on 1 April 2009. The London Development Centre (LDC), where work on this guidance began, became one of the founding members of this new pan-London agency. CSL brings together several London organisations, including NHS London's commissioning support function, Healthcare for London and the London Health Observatory to provide support to London's 31 PCTs to enable them to strengthen their performance against the World Class Commissioning requirements.

The CSL Mental Health Commissioning Programme addresses issues specific to mental health commissioning in London by working directly with commissioners and partner agencies. The programme aims to aid the achievement of World Class Commissioning, through the development of knowledge, learning and tools for mental health commissioners by facilitating the sharing of good practice, interpreting Department of Health and other relevant policy guidance and the production of tools and products that respond to their needs and priorities.

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