National Mental Health Development Unit

NHS Commissioning Support for London

The Commissioning Friend for Mental Health Services.

A guide for health and social care commissioners

Revised December 2009

Providing clinical and business support to London's NHS

The National Mental Health Development Unit (NMHDU) has been commissioned to support the achievement of World Class Commissioning (WCC) in mental health. The programme is jointly owned and supported by the Department of Health Commissioning Directorate and the Director General of Social Care and works in partnership with ADASS, the NHS Confederation and others. The programme is aligned with and complementary to achieving World Class Commissioning for mental health services.

This updated and revised version of the Commissioning Friend for Mental Health Services has been developed by the Commissioning Support for London (CSL) Mental Health Commissioning Programme in collaboration with NMHDU.

Foreword

Welcome to *The Commissioning Friend for Mental Health Services*.

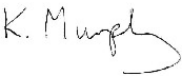
On behalf of the National Mental Health Development Unit (NMHDU) and Commissioning Support for London (CSL), we are pleased to introduce this revised and updated version of *The Commissioning Friend for Mental Health Services*.

This guide is written mainly for commissioners in primary care trusts and local authorities to assist them in developing their mental health commissioning practice, but it may also be a useful resource for others involved in commissioning and the provision of mental health services.

It provides commissioners with a framework to navigate the changing legislation and policy landscape as well as guidance to ensure mental health commissioners contribute to their organisations' achievement of the World Class Commissioning competencies.

Our aim, with this guide, is to provide a tool to help commissioners to navigate the complexities of modern mental health commissioning and provide a resource that is informative and reliable – a "friend" for commissioners of mental health services.

We hope you will find this guide useful.



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Introduction and purpose

The *Commissioning Friend for Mental Health Services* was first published in 2005 as part of a range of guidance documents produced by the National Primary and Care Trust Development Programme (NatPaCT). The guide was developed in partnership with the National Institute for Mental Health in England (NIMHE) and was intended to assist Primary Care Trusts (PCTs) and Local Authorities (LAs) to develop their skills, expertise and knowledge in relation to commissioning mental health services. Since its publication there have been a number of legislative, policy, guidance and organisational changes, both in the NHS and social care system.

The role of the Commissioning Friend has not changed: it is still there to support commissioners; but the landscape in which commissioners are operating has altered significantly since The Commissioning Friend for Mental Health Services was first published and consequently this guide aims to provide commissioners with an overview of recent legislative and policy developments and some tools to help navigate them.

The focus of commissioning has broadened, reflecting the need to view mental health as a whole population issue. This includes moving towards a more holistic approach to service delivery and through such an approach enabling service users to experience positive mental health and well-being.

"...a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community".[1]

World Health Organisation (WHO)

This guide provides a route map for commissioners rather than being a detailed encyclopaedia of all research and practice relevant to mental health services. Specifically it provides commissioners with a framework for thinking about commissioning issues.

It covers a range of mental health and related priorities and takes account of existing and emerging policy and guidance. It does not include detailed reference to specialist services such as eating disorders or forensic services.

The guide assumes a level of knowledge of mental health and commissioning and is intended to provide an up to date reference on some of the key issues as well as information that should assist commissioners in carrying out their day to day functions. It has been designed to support PCTs and Local Authorities in understanding how to use policy levers and their commissioning activities as a key part of improving the mental health of the communities they serve.

1 www.who.int/features/factfiles/mental_health/en/index.html

Using this guide

This guide has also highlighted key points of information in text boxes throughout the chapters. The key for these is below:

Key points for commissioners

Case examples or quotations

World Class Commissioning competencies

World Class Commissioning competencies that relate to this aspect of commissioning.

Navigating your way around the electronic PDF

If you are viewing this guide electronically, all text displayed as: *See Section 3.2* is a hyperlink to that place in the document.

The header The Commissioning Friend for Mental Health is a hyperlink back to the contents page.

The guide is available on disc and to download from www.nmhdu.org.uk and www.csl.nhs.uk

Structure

The revised guide has been structured to reflect the key areas commissioners need to focus on when considering mental health services.

Section 1 highlights the key challenges facing commissioners.

Section 2 provides a summary of the relevant policy and legislative framework that sets the context for mental health commissioning.

Section 3 highlights the impact of personalisation on future commissioning processes. With clear drivers in both heath and social care policy, the impact of personalisation will involve a shift in commissioning.

Section 4 explores in more detail the commissioning context including the financial and resource challenges in the commissioning process.

Section 5 explores the role of partnership in mental health commissioning, including the importance of co-production.

Section 6 provides detail about the factors that contribute to effective mental health commissioning, within the context of the World Class Commissioning (WCC) commissioning competency framework, and provides practical guidance for commissioners.

Section 7 examines how to measure the effectiveness of mental health commissioning.

These sections are supported by appendices providing links to relevant resources and publications. Sections three, four and five also identify how implementing the specific polices, imperatives or actions outlined may support the evidence of achievement of WCC competencies.

Section 1
Key challenges for commissioners

This section provides a broad overview of the challenges commissioners face to place mental health at the heart of their commissioning priorities and align it with other strategic priorities. Subsequent chapters will explore key legislative and policy drivers in detail.

One of the most significant challenges for commissioners is achieving the balance of efficiency and effectiveness while focusing on improvements in quality. The range of targets and deliverables for PCTs and local authorities remain considerable. Keeping mental health at the centre of the commissioning agenda, linking it to wider public health initiatives, and embracing the WHO's vision of "no health without mental health" requires commissioners to think both strategically and pragmatically.

Mental health commissioning is a joint activity for heath and social services and this brings together differing organisational cultures and presents particular challenges for commissioners. This includes the extent to which each has recognised how to work effectively with the other's cultures and established ways of working.[2] Overcoming the different priorities and competing targets that sometimes conspire to create boundaries to effective partnership at a commissioning level remains high on the agenda.

The range of partnership agreements, targets and policy imperatives creates an extensive and sometimes complex map for commissioners to navigate. There is a need to ensure appropriate recognition and representation of mental health issues within the Joint Strategic Needs Assessment (JSNA), Local Area Agreements, Local Strategic Partnerships, Joint Commissioning Boards and Practice Based Commissioning (PBC) consortia.

The wide ranging policy framework requires commissioners to have a clear understanding of a range of different policy and legislative drivers and how these relate to each other to inform the commissioning process.

The broader challenge to commissioners is set out in the **Next Stage Review** and the local strategies for health services that are now being implemented as a result. The review has clearly signalled the direction of travel for health care services in broad terms.

More detail can be found at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

Health inequality remains a challenge for commissioners. The Government has recognised that addressing health inequalities must be a major part of local commissioning strategies.

More detail can be found at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307

The emergence of the personalisation agenda in health and social care also

2 The Commissioning Friend for Mental Health Services, NatPACT/NIMHE 2005

brings challenges for commissioners. Personalisation requires commissioners to think about care and support services in a different way. It means starting with the person as an individual with strengths, preferences and aspirations. It is about putting people at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of health and social care so that all systems, processes, staff and services are geared up to put people first.[3]

The need to improve the quality of services will require commissioners to make use of a number of levers for change. Among these will be plurality in provision and greater choice. The importance of a diverse range of providers, more effective market management and the stimulation of competition has also grown in recent years. As part of this process, commissioners will need to develop specifications for contracts around care pathways and place greater emphasis on effective contract management.

Commissioners will require a range of commercial skills to enable them to make the best use of those levers. The Department of Health is establishing Commercial Support Units (CSUs) to provide commercial support to local commissioners and help to stimulate and manage local markets.[4] The principle factor in managing the local market will be for commissioners to commission services from providers who are best placed to deliver the needs of patients.[5]

Reduced budget allocations, the focus on savings and the need to prioritise investment all remain high on the agenda of all commissioners. The requirement to commission the most clinically effective and cost effective services will be greatly intensified. New developments will be scrutinised even more closely to ensure that they are evidence based and will be of direct benefit to users of services and the wider community.

In addition, there are a number of areas of policy and guidance that are related to the financial elements of commissioning including:

- Practice Based Commissioning (PBC) (see section 4.3)
- Payment by Results (PbR) (see section 4.4)
- Commissioning for Quality and Innovation (CQUIN) (see section 4.5)

The challenge of achieving effective, meaningful and productive engagement with service users and the wider public is significant. Commissioners will need to employ new approaches and create opportunities to engage experts by experience. Co-production will provide a means by which commissioners can develop ways of involving service users in the planning, design, commissioning and evaluation of services. (Co-production is covered in more detail in section 5.1)

3 Personalisation briefing for commissioners, Social Care Institute for Excellence, June 2009 | **4** Necessity not nicety – A new commercial operating model for the NHS, DH, May 2009 | **5** Market Operating Guidance – NHS South Central 2009

Section 2
Understanding the policy and legislative framework

The range of legislation, policies and guidance that impact on both commissioning and service delivery continues to widen. This section summarises the key relevant legislation and policy guidance that informs or impacts on mental health commissioning, in both NHS and local authorities. It is not intended to be exhaustive, but provides a resource for commissioners to refer to when considering their priorities. Commissioners will need to understand the relationship between these different legislative and policy drivers and how they influence the commissioning agenda.

Those commissioners with a background in mental health will find much that is familiar. Those without such a background, or who want to have a useful summary of relevant policy and guidance in one place, will find this section of particular use.

2.1 Policy and guidance

2.1.1 World Class Commissioning

World Class Commissioning (WCC)[6] is a Department of Health led programme designed to improve the standard of commissioning of NHS services. It sets out an assurance framework, supported by a number of competencies that are intended to create a shift in the culture and standard of commissioning. The key philosophy of the approach is the intention to 'add life to years and years to life' by taking a more strategic and long term approach to commissioning. In common with the Next Stage Review, WCC emphasises the need for the commissioning of services which shift the focus of care from diagnosis and reactive intervention to prevention and the promotion of well-being and to improve the quality of commissioning.

More detail can be found at:
www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm

2.1.2 New Horizons

The Department of Health, under the title *New Horizons*[7], has been developing plans for the future of mental health, building on the progress made through the National Service Framework in the last ten years. It is expected that this new phase of reform will bring together key areas of policy, increasingly addressing the mental well-being of communities as a whole and strengthening the progress made to date across all age groups, and to more marginal ones, such as offenders. Broader priorities will also help shape services, with themes such as health inequalities, the value of carers and dignity in care all contributing to an ever improving service.

New Horizons[8] will enable commissioners to be creative in the development and design of services, encouraging them to look beyond traditional mental health services. It will challenge commissioners and providers to work in different settings to deliver services that focus not only on secondary care, but also primary care and the voluntary sector. Services will need to be more based around models of recovery and seek to promote positive mental health and well-being in a broader public health context.

6 World Class Commissioning: vision, DH, December 2007 | **7** New Horizons: towards a shared vision for mental health, DH, July 2009
8 New Horizons: towards a shared vision for mental health, a consultation, DH July 2009

The final document is expected to be published before the end of 2009.

More detail can be found at: www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm

2.1.3 The Next Stage Review

Published to coincide with the 60th anniversary of the NHS, *High Quality Care for All* [9] describes how healthcare will be personalised and fair, will include the most effective treatments within a safe system, and will help patients to stay healthy.[10]

The review has set out the direction of travel for health care services in broad terms and can be characterised by a renewed focus on primary care and prevention rather than just curative and reactive interventions. It states that for the NHS to be sustainable it must concentrate on improving health as well as treating sickness. It recognises that this will involve working in partnership with other agencies.

Every PCT will commission comprehensive well-being and prevention services in partnership with local authorities and services will be personalised to meet the needs of the local population. The review urges NHS bodies to focus their efforts on a range of areas including the improvement of mental health.

Commissioners will need to take account of their regional Next Stage Review vision documents and understand their relevance and impact on local strategies and priorities.

More detail can be found at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

2.1.4 Personalisation

The emergence of the personalisation agenda in health and social care brings challenges for commissioners. *Putting People First*[11] requires local authorities to transform their adult social care systems by March 2011. Much of the focus is on personalisation; giving more choice over services and control over decision making to individual service users.[12] Through *Putting People First,* councils and joint commissioning teams must ensure:

- a system of personal budgets allocated to users on the basis of need, from which they will fund care services
- a strategic shift from reaction to prevention, promoting independence for older and vulnerable people
- an information and advice service available to all users and carers, including those who self fund
- greater self-assessment by users.

Many recent health policies mirror these themes, giving a clear indication that personalisation is a key feature of both health and social care commissioning. Commissioners based in the NHS can learn much from their colleagues in local authorities about the challenges of implementing this approach and the ways of overcoming them.

9 High Quality Care for All – The report of the NHS Next Stage Review DH 2008 | **10** ibid
11 Putting People First – a shared vision & commitment to the transformation of adult social care Dept. Health December 2007 | **12** ibid

More detail can be found at:
www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm

2.2 National Service Frameworks and Strategies

2.2.1 The National Service Framework for Mental Health (NSF)

The National Service Framework for Mental Health was published in October 1999 as a ten year plan for the modernisation of mental health services. It covers mental health services for adults of working age. Local Implementation Teams (LITs) have been working to implement the seven standards set out in the NSF.

Although it may be argued that subsequent legislation and guidance has reduced the central role of the NSF, it still represents the key guidance that has influenced those delivering mental health services at a local level, and is the basis upon which their work has been evaluated.

The implementation period of the NSF ends in 2009 and a new phase of mental health development will begin with the publication of New Horizons. (see 2.1.2)

More detail can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

2.2.2 The National Service Framework for Older People

The National Service Framework for Older People was published in March 2001 and set new national standards and service models of care across older people's health and social care services. It is a ten year programme of reform which seeks to promote social inclusion and control for older people of their lives, ensuring respect and choice. It aims to help older people to live independently for as long as possible, benefit from tailored care and support, and experience an enhanced quality of life. It contains eight standards, the seventh of which relates specifically to older people's mental health.

Standard 7
Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

More detail can be found at:
www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NSFforOlderPeopleandsystemreform/index.htm

2.2.3 The National Dementia Strategy

Living Well with Dementia: A National Dementia Strategy[13] was published in February 2009. It sets out 17 objectives that are designed to make the lives of people with dementia, their carers and families better and more fulfilled. The strategy is also intended to increase awareness of dementia, ensure early diagnosis and intervention and radically improve the quality of care that people with the condition receive. The strategy is supported by a national implementation plan and a National Dementia Strategy joint commissioning framework.[14] This provides best practice guidance for commissioning dementia services. It includes a Joint Strategic Needs Assessment template,

13 Living Well with Dementia: A National Dementia Strategy, DH, February 2009
14 Joint Commissioning Framework for Dementia, DH, June 2009

summary of NICE and SCIE evidence for dementia services and commissioning levers against each of the strategy's objectives.

More detail can be found at:
www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH_083362

2.2.4 The National Service Framework for Children, Young People & Maternity Services

The Children's National Service Framework (NSF) is a ten year programme intended to drive forward improvement in children's health. Published in 2004 it sets out eleven standards for health and social services for children, young people and pregnant women. It aims to ensure fair, high quality and integrated health and social care. Standard nine focuses on the mental health and psychological well-being of children and young people.

More detail can be found at:
www.dh.gov.uk/en/Healthcare/Children/NationalServiceFrameworkdocuments/index.htm

2.2.5 Child & Adolescent Mental Health Service (CAMHS) National Review

The independent CAMHS review, *Children and young people in mind*[15] was commissioned to look at how mainstream and universal services are meeting the educational, care and support of children and young people at risk of and experiencing emerging emotional, behavioural, psychological and mental health problems.

The review examined how CAMHS are meeting the needs of some of the most vulnerable children with complex and challenging needs to ensure that they are delivered in a more integrated way. It has considered how to deliver better outcomes for children with mental health problems and identified practical solutions to how those delivering, managing and commissioning services can address the challenges they face.

More detail can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090399

2.2.6 Our Choices in Mental Health Framework

Patient choice is a central part of the Government's reform of health and social care services. It aims to reduce inequalities in access and improve outcomes.

Our Choices in Mental Health Framework[16] was published by the DH in November 2006. It describes four "choice points", i.e. areas in which people said that they wanted more choice. They are:

1. promoting and supporting life choices
2. choice in relation to accessing and engaging with services
3. choice in assessment
4. choice of care pathway and treatment options.

These areas remain relevant as domains within which opportunities for choice in mental health may be evaluated, promoted and extended.[17] The Government has committed to extend free choice to mental health[18], but currently mental health along with maternity services are not subject to this requirement. A new right to choice is included in revisions to the NHS Constitution and covers rights to choose treatment and providers and to receive

15 Children and young people in mind: the final report of the National CAMHS Review, DH, November 2008
16 www.merseycare.nhs.uk/Library/Services/Corporate_Services/Service_Development_Team/CSIP%20Our%20Choices%20in%20Mental%20Health.pdf
17 www.nhs.uk/Pages/HomePage.aspx
18 Departmental Review, Dept. of Health May 2007

information on quality. This builds on the work done to date on the choice agenda.

Commissioners should be open to the opportunities presented within the choice and personalisation agenda as well as the associated transformational change within social care services.[19]

More detail can be found at:
www.dh.gov.uk/en/Healthcare/PatientChoice/index.htm

2.2.7 Transforming Adult Social Care

Outlined in the Local Authority Circular LAC (DH) (2009) 1
The challenge of transforming adult social care is to provide services that will treat people with dignity and implement strategies to support them to make informed choices. These choices should help them *employ* the most beneficial help and support to meet their specific needs.This might include a focus on specific outcomes such as hospital discharge, transition to adulthood and co-location of services.

An integrated approach to working with the NHS and wider local government partners will require the gathering of resources from across the whole system, with a strategic shift from reactive intervention at the point of crisis to a preventative model centred on improved well-being.

More detail can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719

Achieving this shift requires partners to develop commissioning strategies which include incentives to stimulate development of high quality services.[20]

2.2.8 Joint Strategic Needs Assessment (JSNA)

Since 1 April 2008, local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA).[21]

The JSNA:

- informs Local Area Agreements and the Sustainable Communities Strategy
- informs the PCT Operational Plans
- underpins a number of the World Class Commissioning competencies in particular: *working collaboratively with community partners* and *engaging with the public and patients*
- feeds into Public Service Agreements (PSA)
- contributes to the prioritisation of the top 30 of the 198 indicators that all local areas must deliver on. One specific example is PSA 16 (Socially Excluded Adults)[22] and National Indicator 150 on employment for people who have been in contact with secondary mental health services.

The process of conducting and updating a JSNA will establish the current and future health and well-being needs of a population, leading to improved outcomes and reductions in health inequalities. This is a partnership duty which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

19 www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DH_080573
20 www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719
21 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097
22 www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/psa/guidance_psa_indicators_032808.pdf

Note:
NMHDU has produced guidance about conducting JSNAs for mental health, entitled *Joint Strategic Needs Assessment and Mental Health Commissioning Toolkit - A practical guide*. It can be found at: www.nmhdu.org.uk

Further detail about JSNA can also be found at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

2.3 Legislation

2.3.1 The Mental Health Act 1983

The Mental Health Act is largely concerned with the circumstances in which a person with a mental disorder can be detained for treatment for that disorder without his or her consent. It also sets out the processes that must be followed and the safeguards for patients, to ensure that they are not inappropriately detained or treated without their consent. The main purpose of the legislation is to ensure that people with serious mental disorders which threaten their health or safety or the safety of the public can be treated irrespective of their consent where it is necessary to prevent them from harming themselves or others.

The Mental Health Act 1983 was amended in the Mental Health Act 2007, which introduced a number of key changes.

More detail can be found at: www.dh.gov.uk/en/Healthcare/Mentalhealth/DH_089882

2.3.2 The Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA 2005) was implemented on 1 October 2007. It provides the legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The main provisions of the MCA 2005 apply to individuals aged 16 or over. Section One of the MCA 2005 incorporates five principles.

More detail can be found at: www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/index.htm

2.3.3 The Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS)

MCA DOLS legislation came into force on 1 April 2009. It provides for the lawful deprivation of liberty of those people who lack capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

PCTs and local authorities (known as 'supervisory bodies') have a statutory responsibility for operating and overseeing the MCA DOLS. Hospitals and care homes (known as 'managing authorities') have responsibility for applying to the relevant PCT or local authority for a DOLs authorisation.

PCT and local authority commissioners need to:

- establish and maintain robust contractual arrangements to ensure compliance with the legislation from managing authorities

- ensure they have sufficient numbers of trained assessors ready to conduct assessments
- establish and maintain systems for administering the co-ordination of assessments, issuing and reviewing authorisations.

More detail can be found at:
http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm

2.3.4 The National Health Service Act 2006 - Section 75

The National Health Service Act 2006 supersedes the Health Act 1999 and provides an enabling framework so that money can be pooled between health bodies and health-related local authority services, functions can be delegated, and resources and management structures can be integrated:[23]

(Section 5.3 also has detail on formal partnership arrangements)

More detail can be found at:
www.dh.gov.uk/en/Healthcare/IntegratedCare/HealthAct1999partnershiparrangements/index.htm

2.3.5 Social Care Green Paper

Following the publication of its consultation document, *The Case for Change*[24], the Government launched a Green Paper on the future shape of the care and support system in England in July 2009. *Shaping the Future of Care Together*[25] suggests ways to improve the system, both in terms of funding and delivery of services. It describes six things that the Government thinks every adult should be able to expect, and that would be at the heart of building a National Care Service.

- **Prevention services** - The right support to help people stay independent and well for as long as possible and to stop care needs getting worse.
- **National assessment** - Wherever someone lives, their care and support needs will be assessed in the same way and they will have the same proportion of their care paid for.
- **Joined-up services** - All the services that people need will work together smoothly, particularly when assessed.
- **Information and advice** - People should be able to understand and find their way through the care and support system easily.
- **Personalised care and support** -The services people use will be based on their circumstances, need, preferences and desired outcomes.
- **Fair funding** - Money will be spent wisely and everyone who qualifies for support will get some help meeting the cost of care and support needs.[26]

More detail can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102338

23 www.dh.gov.uk/en/Healthcare/IntegratedCare/HealthAct1999partnershiparrangements/index.htm
24 http://careandsupport.direct.gov.uk/wp-content/uploads/2009/03/the-case-for-change-e28093-why-england-needs-a-new-care-and-support-system.pdf | **25** Shaping the Future of Care Together Green Paper, The Stationery Office July 2009

2.3.6 The Sex Discrimination Act 1975 and the Gender Equality Duty

The Sex Discrimination Act 1975 prohibits sex discrimination against individuals in employment, education, and the provision of goods, facilities and services. The gender equality duty came into force in April 2007. It is an amendment to the 1975 Act by the Equality Act 2006. It places a statutory general duty on public authorities (which include NHS bodies) that when carrying out their functions, to have due regard to the need to:

- eliminate unlawful discrimination and harassment
- promote equality of opportunity between men and women (the legislation also includes transgender people).

Specified public organisations, which include NHS bodies, have specific duties including to develop and publish a Gender Equality Scheme which identifies gender equality goals and proposed actions to achieve the goals, in consultation with employees and stakeholders.

2.3.7 The Race Relation (Amendment) Act 2000

This amendment placed a general statutory duty on a wide range of public authorities which includes NHS bodies to promote race equality. This means that listed bodies must have due regard to the need to:

- eliminate unlawful racial discrimination
- promote equality of opportunity
- promote good relations between people of different racial groups.

2.3.8 The Disability Discrimination Act 2005

This Act makes substantial amendments to the Disability Discrimination Act 1995. The 2005 Act places a general duty on public authorities, which include NHS bodies to:

- promote equality of opportunity between disabled people and other people
- eliminate unlawful discrimination under DDA
- eliminate harassment of disabled people that relates to their disability
- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life
- take steps to meet disabled people's need, even if it requires more favourable treatment.

2.3.9 Single Equality Bill 2009

The Government published the Single Equality Bill in 2009, the creation of a new Equality Act will see a modern, single legal framework, providing clearer, streamlined law that is more effective in tackling disadvantage and discrimination.

2.3.10 Equality Impact Assessment (EqIA)

All public bodies have a legal duty to promote equality and eliminate discrimination. Equality Impact Assessment (EqIA) is the process by which organisations examine their activities in order to minimise the potential for discrimination and identify possible and real inequalities that people may experience. Assessing the positive or adverse impact of policies, practices and services is a core component of several pieces of Equalities Legislation including Statutory Public Duties in the Race Relations (Amendment)

26 ibid, pp.47

Act 2000, the Disability Discrimination Act (2005) and the Gender Equality Duty (2006), which requires all public bodies to monitor the impact of their functions, policies and procedures by carrying out impact assessments and publishing these.[27]

EqIAs must be carried out for all new policies, functions and procedures to ensure that there is no risk of direct or indirect discrimination, and wherever possible, to include positive action measures[28]

To meet legal requirements in conjunction with their Single Equality Schemes, commissioners must ensure that those they commission services from screen all new (and eventually, all existing) policies, practices and services for their impact on people from a range of groups including:

- people from different ethnic backgrounds
- people with disabilities
- men and women (including transgendered people)
- people with different sexual orientations
- people in different age groups
- people with different religions or beliefs.[29]

More detail about EqIAs and a toolkit developed by the Department of Health can be found at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090396

2.4 Relevant reviews, reports and policy

2.4.1 The Bradley Report[30]

This independent review was commissioned by the Secretary of State for Justice in December 2007. It examines the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases, be diverted from prison to other services and the barriers to such diversion. The recommendations include the establishment of criminal justice mental health teams in every locality and improvements in the delivery and effectiveness of court diversion for offenders with mental health problems.

More detail can be found at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

Note:
The Sainsbury Centre for Mental Health has produced *Commissioning mental health services for offenders: 10 top tips for PCT Boards.* It provides guidance and advice on how to respond to some of the commissioning challenges posed by The Bradley Report. The document is available to download from: www.scmh.org.uk

27 www.idea.gov.uk | **28** ibid
29 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090396
30 Lord Bradley's review of people with mental illness or learning disabilities in the criminal justice system, DH, 2009

2.4.2 Delivering Race Equality in Mental Healthcare Programme (DRE) – A Framework for Action

There have long been concerns that people from black and ethnic minority communities are over represented in mental services and that those services do not always adequately or appropriately meet their needs. This framework sets out what those planning, delivering and monitoring local primary care and mental health services need to do to improve access, experience and outcomes for users, relatives and carers from black and minority ethnic communities. It applies to both health and social care organisations.

In 2005 the Government launched a five year action plan for achieving equality and tackling discrimination in mental health services in England to support the Government's 2010 targets of measurable services. It draws on three other publications:

- *Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England*
- *Delivering Race Equality: A Framework for Action:* A Consultation Document -Oct 2003
- *The Independent Inquiry into the death of David Bennett* -Dec 2003 (although DRE itself is not a direct response to the inquiry's report).

The programme is based on three 'building blocks', first proposed in the consultation version of DRE:

1. More appropriate and responsive services - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children.
2. Community engagement – delivered through healthier communities and by action to engage communities in planning services, supported by recruitment of 500 new Community Development Workers.
3. Better information - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This will include a new regular census of mental health patients.

2.4.3 Tacking Health Inequality

Commissioning is increasingly focused in trying to address health inequalities. *Health inequalities: progress and next steps* outlines the Government's approach to tacking health inequalities through Public Service Agreement (PSA) targets, and setting the direction of travel.

The Marmot Review will help to shape future actions across health and social care.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307

Section 3
Personalisation

3.1 Personalisation

As outlined in section 1, the *Putting People First* programme requires the transformation of adult social care systems by March 2011. Much of the focus is on personalisation; giving more choice over services and control over decision making to individual service users.[31]

Personalisation is implemented in local authorities and this supports the impetus to redesign services in a more personalised way. Recent health policies have also stressed the need for this approach and for commissioners in mental health this will be an important agenda going forward.

Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.[32]

www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DH_079373

Within the framework of personalisation, in local authorities, the implementation of direct payments and individual budgets creates greater flexibility in the use of social care budgets (*see below*), giving greater control to people who use services. This enables them to determine the nature and provision of their care. For NHS services, work is currently underway to pilot Individual health budgets.

3.1.1 Personal health budgets

Plans to implement the use of personal health budgets in the NHS were set out in *High Quality Care for All*. The implementation will build on the experience of individual budgets in social care, and test personal health budgets as a way of giving people greater control over the services they use.

More detail can be found at:
http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall/DH_090018

Individual budgets
Individual budgets are an alternative way of paying for social care. Instead of local authorities buying services on behalf of individuals, they are given control of their own budget and can direct how it is spent, allowing the care package to be self tailored.

31 Putting People First - a shared vision & commitment to the transformation of adult social care Dept. Health December 2007
32 Personalisation briefing for commissioners, Social Care Institute for Excellence, June 2009

Direct payments
Direct payments are intended to create greater flexibility in the use of social care budgets, giving greater control to people who use services and enabling them to determine the nature and provision of their care. Direct payments are cash payments to people who have been assessed as needing services.

Commissioners will need to respond to the challenge of authentic partnership, working across a wide range of stakeholders as the traditional balance of power shifts towards users of services to determine their own care.

World Class Commissioning competencies

WCC competency 3
Engage with public and patients
WCC competency 7
Stimulate the market
WCC competency 10
Manage the local health system

More detail can be found at:
www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm

3.2 The impact of personalisation

Previous sections of this document have outlined the nature of the personalisation agenda. In order to commission to improve mental health services, a shift in approach will be needed to take account of the implications of personalisation.

The Social Care Institute for Excellence (SCIE) has developed a personalisation briefing for commissioners. It draws particular attention to the need to find ways of working in partnership with providers to ensure a good range of choices and the right types of support for personal budget holders and self-funders. As larger proportions of investments are given to individuals to make their own purchasing decisions, commissioners will need to ensure that a range of innovative services is in place which can better respond to individuals' purchasing decisions.[33]

SCIE have highlighted key implications that commissioners should be aware of to respond effectively to personalisation. These include:

- ensuring the right balance of investment between different services
- shaping the market so that high quality, flexible and responsive services are available for personal budget holders and self-funders
- ensuring that people have access to information and advice to make good decisions about their care and support
- using co-production as means to support and actively engage people in the design, delivery and evaluation of services
- developing local partnerships to produce a range of services for people to choose from
- providing opportunities for social inclusion and community development.[34]

Personalisation will facilitate a move away from traditional models of social care and embed a set of values that enable the empowerment of individuals. It provides the chance for commissioners to reshape their approach to both the commissioning and delivery of care services.

33 Personalisation briefing for commissioners, Social Care Institute for Excellence, June 2009
34 ibid

One impact of personalisation for commissioners may be a disaggregation of resources, so that they no longer control the entirety of local finances. Additionally, it will require them to develop ways of influencing and informing providers about the kind of services that will be needed.

Commissioners will need to manage arrangements both within and across local authorities and PCTs to deliver long-term and sustained changes in their relationships with individuals managing their own support.[35]

35 Commissioning and personalisation – Briefing Paper, CSIP/ADASS South West Commissioning Network

Section 4
The Commissioning Context

4.1 Introduction

Given the finite resources to meet local needs, it is in the interests of commissioners to invest in early interventions to support people experiencing mental health problems. It is therefore important for commissioners to take a broad view on mental health issues.

It is a view that must go beyond the high profile specialist and acute services that are traditionally labelled 'mental health' and commissioned primarily from mental health trusts. Commissioners in the NHS and local authorities need to give increasing attention to the well-being agenda that can enable prevention and earlier intervention.

The clear message for commissioners is that investment in improving the life chances and circumstances for all the communities they serve (including vulnerable individuals) will enable them to successfully meet a range of challenges.

It is important that commissioners align their inputs with broader strategies for community well-being, devised and delivered through local partnership activity. Investment in supporting community outreach and voluntary sector groups with a prevention and promotion focus will enable the overall needs of vulnerable people to be addressed and may thereby reduce the likelihood of their needing support from specialist mental health services.

Ensuring that an appropriate range of services and treatment options are in place or are being developed will be central to improving mental health and well-being across localities.

The aims of commissioning are simple ones: to identify the needs of the local population, commission a range of effective services within defined financial parameters and monitor the effectiveness of those services to ensure improvements in health and well-being are achieved. Beneath those words lies a more complex agenda that is influenced by a range of factors. Among those factors are:

- the World Class Commissioning framework
- the broader policy context
- the challenge of finite resources
- the performance requirements for local authorities and NHS organisations
- the development of a skilled workforce
- the impact of personalisation (as outlined in Section 3)
- the need to tackle stigma and discrimination
- the importance of choice
- the importance of service user and carer involvement.

This section sets out the impact of those factors and describes some of the tools that may help commissioners to meet the challenges.

4.2 Financing mental health services and the resource challenge

Mental health services must compete for their share of the resources available at local level. When financial resources are limited and must be prioritised to maximise efficiency and productivity, commissioners will need to find new ways of creating innovative services that can harness the opportunities created by new financial models.

The central challenge for all commissioners, whether in PCTs or social care, remains the balancing of effective and efficient service delivery, improved outcomes for users of services, higher quality and cost effectiveness.

World Class Commissioning competencies

6 – Prioritise investment
11 – Make sound financial investments

4.3 Practice Based Commissioning (PBC)

PBC is about engaging general practices and other primary care professionals in the commissioning of services which is currently the sole responsibility of PCTs. As a consequence it devolves more commissioning responsibility to primary care. The Department of Health intends that GPs, nurses and other primary care professionals should be empowered to become local decision makers and use their knowledge to develop and commission services that reflect the needs of their local population. In many parts of the country, general practices have joined together in PBC consortia to maximise their commissioning expertise. This will help them develop an efficient and effective approach, providing greater opportunities to develop locally based and responsive services.

World Class Commissioning competencies

4 – Collaborate with clinicians
6 – Prioritise investment
10 – Manage the local health system
11 – Make sound financial investments

4.4 Payment by Results (PbR)

Payment by Results (PbR) was first introduced in the NHS in 2003/04 to improve the fairness and transparency of hospital payments and to stimulate provider activity and efficiency. PbR means that providers are paid for the number and type of patients treated, in accordance with a set of national rules and a national tariff for acute services.

Whilst PbR has now been largely mainstreamed by the NHS acute services, it has not yet been introduced for mental health services. Work continues on developing currencies for use in the commissioning of mental health services.

The ultimate goal is the creation of tariffs for these currencies. The national project team are seeking to ensure That mental health PbR work is aligned with other policy developments.

The Department of Health has published two documents:

- *A Practical Guide to Preparing for Mental Health PbR* DH June 2009, which sets out 10 actions that can be taken locally
- *A Clustering Booklet for use in Mental Health Payment by Results Evaluation work* (July-Dec 2009): containing the assessment tool (currently under evaluation) and the 21 clusters devised by the Care Pathways and Packages Project.

www.dh.gov.uk/en/Managingyour organisation/Financeandplanning/ NHSFinancialReforms/DH_4137762

4.5 Commissioning for Quality and Innovation (CQUIN)

As part of the drive for improvements in quality, and the implementation of the visions contained in *High Quality Care for All*[36], the NHS is to move rapidly towards paying providers on the basis of quality of outcomes. The new commissioning for quality and innovation (CQUIN)[37] scheme aims to ensure that quality improvement and innovation form part of commissioning discussions and delivery.

CQUIN works alongside other financial levers which when used together reinforce an overall approach to improving quality and encouraging innovation. CQUIN is intended to encourage ambition and continuous improvement beyond the minimum. It may assist improvements in quality of care, better outcomes and innovation and fulfils a different role to the financial penalties within contracts linked to failure to achieve fundamental levels of quality and safety.

> The CQUIN framework is intended to encourage stretch and should be about the continuous improvement beyond the minimum, helping ensure that improved quality of care, better outcomes and innovation form part of the discussions between commissioners and providers (using the Commissioning for Quality and Innovation (CQUIN) payment framework – DH December 2008)

The introduction of a CQUIN scheme with specific quality goals linked to a proportion of contract value will be a requirement in mental health for 2010/11.

www.institute.nhs.uk/world_class_ commissioning/pct_portal/pct_portal.html

36 High Quality Care for All – The report of the NHS Next Stage Review DH 2008
37 Using the Commissioning for Quality & Innovation Payment Framework, DH, December 2008

CQUIN will be a useful incentive that commissioners can use to stimulate improvements in quality from local NHS providers and many commissioners have already used it in mental health. They should continue to draw on its potential to drive up quality in mental health services.

World Class Commissioning competencies

6 – Prioritise investment
8 – Promote improvement and innovation
11 – Make sound financial investments

4.6 Standard contract for mental health (and learning disability)

The NHS standard contract for mental health (and learning disability) covers agreements between PCTs and providers for the delivery of NHS funded services. All PCTs are required to use the contract, introduced in 2009/10 with a revised version in place from 2010/11 onwards. The contract will apply to agreements from 2009/10 for:

- NHS Trusts
- new Foundation Trusts and FTs whose existing contracts have expired
- new agreements between PCTs and independent sector providers
- new agreements between PCTs and third sector providers.

The aim of the standard contract is to end the need for block contracts, introduce greater flexibility and improve the quality of mental health commissioning by defining clear and specific outcomes. One of the key benefits is that the standard contract is exactly that: it is 'standard', and this provides one approach across the country. The legal sections are not negotiable and as such provide a fair and standard approach to all providers. For commissioners, having the standard legal sections reduces duplication of effort. It also provides consistency of contract structure and clarity about the required content, for example, service specifications, quality, finance, review, performance management.

The standard contract provides scope for 'collaborative commissioning' with one PCT leading on behalf of other PCTs; reducing duplication and bringing together PCTs in potential readiness for future structures. PCTs can also lead on behalf of their local authority counterparts in one overarching mental health contract instead of both partners holding separate contracts with the provider. The standard contract will also help in the move towards performance management that is related to outcomes (both organisationally and for individuals).

For commissioners the standard contract provides levers to improve the quality of data reporting which will improve long term planning.

World Class Commissioning competencies

10 – Manage the local health system

4.7 The performance imperatives

Over the past decade the performance imperatives in mental health have concentrated on the creation of a set of community services (described in this Section) and the monitoring of their work. Much of this information has been collected through the annual assessment of progress against the targets in the mental health NSF. 2009 marks the end of that period of implementation and a new approach to the monitoring of performance will be required.

In addition, mental health targets have become more integrated into other parts of health and social care monitoring. From a commissioning perspective, the need to deliver the NHS Operating Framework has assumed a central part of local planning and mental health contributes to those plans.

The *Comprehensive Area Assessment (CAA) - Measuring the effectiveness of partnerships* was introduced in 2009/10. It examines how well local services are working together to improve the quality of life for local people. Led by the Audit Commission and combining the perspectives of different national inspectorates, it makes a joint assessment of outcomes for people in an area and provides a forward look at prospects for sustainable improvement. Local public services are held collectively to account for their impact on better outcomes and increasingly expected to work in partnership to tackle the challenges facing their communities.[38]

The PCT targets are reflected in their Local Area Agreements and the PCT Commissioning strategy in addition to various national frameworks some of which are:

- World Class Commissioning assurance framework
- Public service agreement (PSA) targets
- NHS Operating Framework and regional planning guidance
- Comprehensive area assessments
- Care Quality Commission Periodic reviews
- Standards for Better Health.

Details of other target areas in mental health can be found in Appendix 1.

World Class Commissioning competencies

5 – Manage knowledge and assess needs
10 – Manage the local health system

4.8 Combating stigma and discrimination

People who use mental health services often identify the stigma and discrimination linked with their condition to be one of the most, if not the most, debilitating part of being diagnosed with a mental health problem. Conventionally, stigma has been understood as a relationship between characteristics of a person and socially constructed negative stereotypes. The active discrimination that often accompanies mental health has been identified as one part of the problem. Programmes to tackle mental health stigma now place a greater emphasis on discrimination than stigma. This approach redirects the focus of programmes to the people responsible for stigmatising behaviour and away from its victims.

There are several national programmes including *SHIFT* which is a national Government funded five year programme,

38 www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/comprehensiveareaassessmentcaa.cfm

working in a number of areas to reduce and remove the stigma and discrimination directed towards people with experience of mental health problems. Another national programme *'Time to Change'* is England's most ambitious programme to end discrimination faced by people who experience mental health problems. Funded by the National Lottery and Comic Relief, it is aimed at co-ordinating public awareness raising and challenging out-dated views of mental illness.

Health and social care commissioners have, with their partners, a significant opportunity to adopt a holistic approach to community development and well-being. These can create both the strategic vision and operational mechanisms to enhance the lives of all the people they serve. This should include those who are suffering from long-and-short-term mental health problems.

World Class Commissioning competencies

2 – Work with community partners
3 – Engage with public and patients
8 – Promote improvement and innovation

4.9 Developing a skilled workforce

Building and maintaining an appropriately skilled and experienced workforce remains an important part of ensuring effective and safe services. The NHS Operating Framework places particular emphasis on the development of workforce plans. These plans will enable commissioners to target resources to ensure the right numbers of staff, with the appropriate skills, knowledge and experience, are working in local mental health services.

PCTs are required to submit a workforce plan each year to their Strategic Health Authorities (SHAs), which set out what changes are required to deliver local service developments. The plans are collated by SHAs to inform the regional workforce development and education commissioning plans. Mental health commissioners need to ensure that their local workforce plan reflects the impact of their commissioning intentions on the local mental health workforce.

In 2004 NIMHE produced the National Mental Health Workforce Strategy which contained six key aims – commissioners may find these useful to help in workforce plans. (See Appendix 2.)

Section 5
Co-production, partnership and integration

Commissioners have a central role to play in defining the shape of local services. They are also key players in negotiating and influencing partners across health and social care systems. Determining the nature of local provision through effective provider development and market management are now important components of the commissioners' skill set. WCC recognises this need to influence within its competency framework.

5.1 Co-production and the role of service users in commissioning

The emergence of co-production as a key component in planning and delivering services has gained increasing significance. Co-production is a way of working together to maximise the potential of mental health services by actively engaging service users and the local community as partners in the design and delivery of those services.[39] Placing service users at the centre of decision making when planning, commissioning and reviewing services is important if commissioners and providers are to respond appropriately to local needs.

There are four core values at the centre of co-production:

- **Assets:** everyone can be a contributor to the mental well-being of others in their community.
- **Redefining work:** work must include whatever it takes to bring up healthy children, preserve families, make neighbourhoods safe and vibrant, care for the frail and vulnerable, redress injustice and make democracy work.
- **Reciprocity:** wherever possible people must replace one-way acts with two-way transactions between individuals as well as between people and institutions.
- **Social networks:** social networks require ongoing investments of social capital generated by trust, reciprocity and civic engagement.[40]

These core values span the health and social well-being agenda. They call on commissioners and providers to work in ways that can break down professional and organisational barriers. At the heart of these core values is a shift towards an inclusive approach to the planning, commissioning and delivery of services.

The concept of co-production is included in the WCC framework. It requires commissioners to engage in proactive, continuous and meaningful patient and public engagement to inform commissioning decisions. This requirement recognises that service users have significant knowledge about the development and delivery of services that adds value. These formal imperatives are only one reason why commissioners should seek to engage with service users more effectively and use co-production methods in the development of commissioning strategies.

39 Getting Real: co-production, time banking and mental health, 2007
40 Hidden Work: co-production by people outside paid employment, New Economics Foundation/Joseph Rowntree Foundation, 2006

> Systematically and rigorously finding out what people want and need from their services is a fundamental duty of both the commissioners and the providers of services. It is particularly important to reach out to those whose needs are greatest but whose voices are often least heard.[41]
>
> *Our health, Our care, Our say*

The more important imperative is the benefit that co-production will bring at a local level for both commissioners and service users.

It can help to develop and strengthen partnerships and provides a framework for two-way engagement that will help to create more appropriate and responsive services. For service users it can also help build and extend their social networks and increase their confidence. It enables them to make a full and meaningful contribution to their own health and social well-being as well as that of the wider community in which they live.

The Picker Institute report, *Patient and public engagement: the early impact of World Class Commissioning* published in June 2009 stated that PCTs have reported significant changes to the way they organise patient and public engagement in commissioning, amounting to the beginnings of a cultural shift.[42] The shift will need to be accelerated and maintained to embed co-production as a way of working.

The challenges for commissioners are varied. They include how to ensure an effective representation of the local service user population and utilising different approaches to engagement and co-production that go beyond traditional consultation meetings.

Some suggested alternatives on how to approach this are:

- Provide people using services with full and clear information about the processes used to identify and develop services and how these work.
- Be open with service users about any limitations faced (resource/capacity/finance, etc)
- Service users can assist commissioners if they can easily locate timely and accessible information.
- Try to understand the challenges that some service users face in becoming involved in the commissioning process.
- Devise ways of communicating that enable reasonable involvement of service users.[43]
- There is a need to provide support, possibly in the form of 'training', to strengthen and facilitate mental health service users' contribution to shaping future services and involvement in meetings. This should include familiarisation with organisational processes and systems and should promote confidence building to support individuals in their involvement[44]

41 Department of Health (2006). Our Health, Our Care, Our Say | **42** Patient and public engagement: the early impact of World Class Commissioning, Picker Institute, June 2009 | **43** Commissioning eBook, Chapter Three, Involving people who use services in the commissioning process, Walker, N Integrated Care Network/DH 2008 | **44** http://kc.csip.org.uk/viewdocument.php?action=viewdox&pid=0&doc=36729&grp=1.

An example of the issues raised in developing co-production approaches

User involvement in commissioning

The Mental Health WCC conference held in 2008 featured a user led workshop focusing on user involvement in commissioning. In particular the workshop highlighted the ways in which service users could help organisations to undertake "mentally healthy" commissioning.

It also demonstrated that service users add value because:
- they are creative problem solvers
- they have good networks and peer support
- they provide local leadership and learning
- they act as advocates and ambassadors for services.

It suggested that their engagement can help to:
- challenge prejudice and stigma from the outset
- improve inclusivity and reduce inequalities
- develop credible standards and criteria
- enable others to engage.[45]

In order to achieve sustained and meaningful engagement, co-production should be at the centre of how commissioners work.

It requires them to:
- invest in strategies that develop the emotional and experiential intelligence of people who use or have used mental health services
- allow mental health service users to become catalysts and facilitators of change and service development
- devolve real responsibility, leadership and authority to service users
- promote co-production as an approach to commissioning that can harness service users' ability to influence local development to meet their needs appropriately and build strong and effective relationships that will be of mutual benefit.[46]

World Class Commissioning competencies

2 – Work with community partners
8 – Promote improvement and innovation

5.2 Partnership working

Partnership working can offer the opportunity for health and social care to operate equally, breaking down traditional barriers and creating seamless services. In particular it provides the chance for the role of social care to be enhanced and recognised as a key contributor to the planning and

45 www.commissioning-circle.co.uk
46 Getting Real: co-production, time banking and mental health, 2007

delivery of services. Additionally, the role of the third sector as an increasingly important partner in the planning and delivery of services creates a powerful triumvirate for local health and social care economies. Local authorities have a significant part to play and should be regarded as both stakeholder and partner. *Creating Strong, Safe and Prosperous Communities*[47] states that local authorities will generally be better able to meet their best value duty by adopting a commissioning role where they seek to secure the best outcomes for their local communities by making use of all available resources, without regard for whether services are provided in-house, externally or through various forms of partnership.[48]

Crucial to this process is the effective involvement of service users and carers who are often in the best position to clarify what would best help them as well as how current approaches may need changing. Increasingly there is also a recognition that third sector organisations have a major part to play both as advocates and as providers of services.

Commissioners will have a wider audience to consult in respect of engagement, and a more dynamic local map of provision with which to work. This will make partnership working increasingly complex and commissioners will need to invest time in developing and sustaining a broader network of partners in decision making, implementation and review.

This cultural shift has been underway for some time and mental health services have been at the forefront of the engagement agenda. Nevertheless, the additional requirements for improved and increased engagement with the membership, the wider public and those who use services mean that decision making and planning are likely to become increasingly rigorous.

5.3 Formal partnership arrangements

The National Health Service Act 2006 provides an enabling framework so that money can be pooled between health bodies and health-related local authority services. Functions can be delegated and resources and management structures can be integrated[49]:

- Both NHS and social care agencies place money in a single pot to be spent on agreed services with clear aims and outcomes.
- There is no differentiation between health and social care expenditure.
- Money can be spent flexibly on any of the services that have been designated.
- One agency hosts the pooled fund and reports monthly on expenditure and activity.
- Under- or overspends are shared by each agency in proportion to their share of the pool.

The arrangements for England are now covered by Section 75 of the National Health Service Act 2006, which has consolidated the previous NHS legislation. The Next Stage Review has highlighted the need for increased integration between health and social care services as part of the drive to improve access to and quality of care.

47 www.communities.gov.uk/publications/localgovernment/strongsafeprosperous | **48** www.idea.gov.uk/idk/core/page.do?pageId=7973582
49 www.dh.gov.uk/en/Healthcare/IntegratedCare/HealthAct1999partnershiparrangements/index.htm

5.4 The role of the provider

Providers of services have an important role to play if partnerships are to be effective. Commissioning should be a two way process, something that is done *with* rather than *to* the provider. Providers have particular knowledge and expertise that can help to inform commissioners when deciding strategies and setting priorities.

For example commissioners should look to providers for consultant psychiatrists, senior nurses and social workers who are all in a good position to influence the provision of resources.[50] The Next Stage Review process has also shown how strong clinical engagement can deliver not only more informed strategies, but increased levels of support and more effective delivery.

NMHDU and CSL have published a guide to support clinical engagement. *Mental Health World Class Commissioning. A quick guide for mental health professionals* (August 2009). It promotes greater understanding and involvement of clinicians across disciplines in the commissioning process and builds on the momentum achieved in this area through the mental health component of the NHS Next Stage Review in the English regions.

More detail can be found at: www.nmhdu.org.uk

World Class Commissioning competencies

1 – Locally lead the NHS
4 – Collaborate with clinicians
7 – Stimulate the market
10 – Manage the local health system
11 – Make sound financial investments

5.5 Working with stakeholders

Stakeholders are internal or external organisations, groups or individuals upon whom commissioning decisions have a direct or indirect impact. In order to work with stakeholders, it is important for commissioners to be able to identify who they are and understand the effects their decisions may have on those stakeholders.

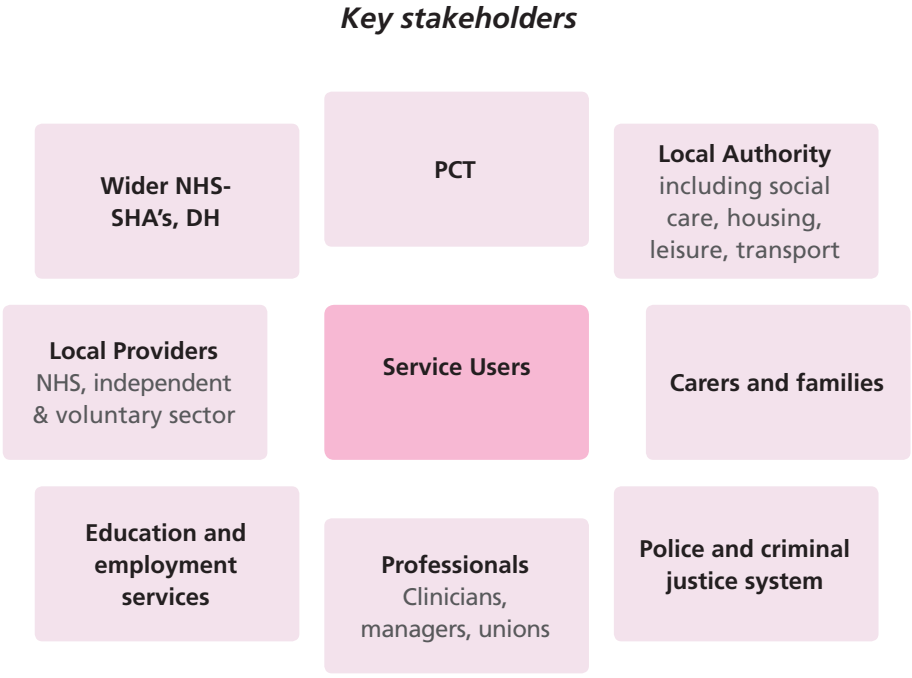
There are a number of stakeholders with whom commissioners will need to engage. The diagram below highlights some of those which may be important as part of local involvement and consultation on commissioning plans and priorities.

Most importantly, this diagram highlights that service users should be at the centre of stakeholder engagement. All other categories of stakeholder overlap or interlink with them and the meeting of their needs.

World Class Commissioning competencies

1 – Locally lead the NHS
2 – Work with community partners
3 – Engage with public and patients
4 – Collaborate with clinicians

50 ibid



Commissioners will need to manage local relationships to maintain and sustain improved provision. They need to recognise the advocacy and expert patient experience role that service providers can play, understand those roles and work with the motivations of providers to create an environment of shared responsibility. They should signal their future priorities and aspirations to current and potential providers to enable the influencing of innovative and effective services.[51]

5.6 Communication

Communicating the aims and purpose of commissioning relies on the involvement of key stakeholders, partners, patients and the public, the voluntary sector, local LINks and patient support groups. NHS organisations now have a legal duty to involve all of the above in their actions, plans and proposals, and communications is the mechanism by which the organisations can demonstrate and evidence that they have involved key people appropriately. The duty is set out in Section 242 of the NHS Act 2006 and applies across all clinical areas, in addition to mental health.

51 World Class Commissioning: Competencies, DH 2007 Gateway ref: 8754

Information regarding commissioning and its impact on patient care should be shared openly and widely. Feedback and comment should be facilitated and encouraged. The use of accessible, everyday language rather than NHS or social care jargon is paramount in effective communication.

A strategy for effective communication about what commissioning is and why it matters may embrace the following:

- a high level aims and vision document which sets out what commissioning means
- information on trust, PCT and local authority websites which is easily accessible about how it works in practice, and who are the accountable teams
- a Frequently Asked Questions document or library which lists the most common questions of stakeholders and answers them
- provision of a feedback mechanism (i.e. a dedicated email address and/or Freepost address) to enable trusts to file and consider the views of stakeholders
- a glossary of terminology (provider/ commissioners/PBC/PbR, etc) to demystify the health and social care jargon.

Effective media may include:

- information in newsletters, annual reports and NHS magazines
- web and online information which can be easily kept up to date at low cost
- inclusion of information and updates at open meetings, Board meetings and Annual General Meetings to enable people to contribute.

Section 6
Effective mental health commissioning

Effective mental health commissioning must be a shared activity which is driven by a partnership approach involving all partners. There is a general consensus, reflected in the previous edition of this document, that in some cases mental health issues are not as prominent at Board or senior management level in PCTs and local authorities as other aspects of health and social care. It is also recognised that mental health commissioning has sometimes not been given priority in terms of skills development for those doing the commissioning. As consequence, its quality has been variable.

In its simplest form, commissioning can be thought of as a series of activities that can be grouped under the four key performance management elements of **analyse, plan, do** and **review** – which are sequential and of equal importance.[52] All four should be used to maximise effectiveness.

This section sets out some of the key factors that can improve the effectiveness of commissioning. In particular it focuses on the usefulness of needs assessment and the importance of the application of the WCC competencies in improving the quality of commissioning. It also sets out some guidance about the commissioning cycle, developing local commissioning plans, and provides some practical tips which may aid local success.

6.1 World Class Commissioning (WCC)

World Class Commissioning will ensure world class clinical services are procured by world class NHS staff. PCTs and practice based commissioners will need to demonstrate better outcomes, narrowing health inequalities, adding life to years and years to life. This will have a significant impact on commissioning mental health services.

Delivery of world class commissioning takes place within a commissioning assurance system, managed by SHAs, and PCTs are assessed across three domains:

- Better outcomes – have they improved their key outcome priorities?
- Competencies – how far have they developed best practice?
- Governance – has the board taken ownership of and developed a meaningful strategy supported by a robust financial plan?

The PCT is assessed against each of the competency areas each year. WCC sets out the following competencies in the World class commissioning assurance handbook Year 2.

52 North West Commissioning Roadmap - http://www.northwestroadmap.org.uk/index.php?pageNo=369

1. Locally lead the NHS
Are recognised as the local leader of the NHS.

- PCTs should lead and steer the local health agenda in their community. PCTs will be the natural point of contact for local political and community leaders. Through partnership, they seek and stimulate discussion on NHS and wider community health and well-being matters.

2. Work with community partners
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities and deliver increased productivity.

- PCTs should not commission services in isolation. In addition to commissioning healthcare services, they will need to consider the wider determinants of health and the role of other partners in improving the health outcomes of their local population. PCTs also share responsibility for undertaking a Joint Strategic Needs Assessment (JSNA) with local authorities. Partners include local government, Children's Trusts, healthcare providers, third sector organisations and clinical partners, such as practice based commissioners (PBCs) and specialist consortia. Working collaboratively with partners, PCTs will stimulate innovation, improvements in quality, efficiency and service design, increasing the impact of the services they commission to optimise health gains and reductions in health inequalities.

3. Engage with public and patients
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health.

- PCTs are responsible through the commissioning process for investing public funds on behalf of their patients and communities. In order to make commissioning decisions that reflect the needs, priorities and aspirations of the public and patients, PCTs will have to engage the public in a variety of ways (e.g. through EIAs) openly and honestly. They will need to be proactive in seeking out and using the views and experiences of the public, patients, their carers, other stakeholders, and in particular, seldom heard and equality target groups.

4. Collaborate with clinicians
Lead continuous and meaningful engagement of a broad range of clinicians to inform strategy and drive quality, service design, and efficient and effective use of resources.

- Clinicians are best placed to advise and lead on transformational change relating to clinical quality and effectiveness. They are the local care pathway experts who work closely with local people understanding clinical needs. PCTs should ensure that through the involvement of clinicians in strategic planning and service design, for example, in meeting the expectations of Transforming Community Services (TCS), services commissioned build on the current evidence base, maximise local care pathways and utilise resources effectively. Professional executive committees (PECs) have a crucial role to play in building and strengthening clinical leadership in the strategic commissioning process. Practice-based commissioning (PBC) is the key formal route for driving innovative and transformational change and the PCT demonstrates fulfilment of the roles set out in *Clinical commissioning: our vision for practice-based commissioning*.

5. Manage knowledge and assess needs
Manage knowledge and undertake robust and regular needs assessment that establish a full understanding of current and future local health needs and requirements.

- Commissioning decisions should be based on sound knowledge and evidence. By identifying current needs and anticipating future trends, PCTs will be able to ensure that current and future commissioned services address and respond to the needs of the whole population, especially those whose needs are the greatest. The Joint Strategic Needs Assessment (JSNA) will form one part of this assessment but when operated at world class levels will require more and richer data, knowledge and intelligence than the minimum laid out within the proposed duty of a JSNA. Fulfilling this competency will require a high level of knowledge management with associated actuarial and analytical skill.

6. Prioritise investment
Prioritise investment of all spend in line with different financial scenarios and according to local needs, service requirements and the values of the NHS.

- By having a clear understanding of the needs of different sections of the local population, PCTs, with their partners, will set strategic priorities and make investment and disinvestment decisions focused on the achievement of key clinical and other outcomes. This will include investment and disinvestment plans to achieve health gains and address areas of greatest health inequality. Financial scenarios are considered and their impact reflected in the investment and disinvestment decisions proposed.

7. Stimulate the market
Effectively stimulate the market to meet demand and secure required clinical and health and well-being outcomes.

- PCTs will need to have in place a range of responsive providers that they can choose from. They must understand the current and future market and provider requirements. Employing their knowledge of future priorities, needs and community aspirations, PCTs will use their investment power to influence improvement, choice and service design (including through TCS) through new or existing providers to secure the desired outcomes and quality, effectively shaping their market and increasing local choice of provision. This will include building upon local social capital and encouraging provision via third sector organisations. Where adequate provider choice does not exist, PCTs will need clear strategies to address this need, especially in areas of relatively poor health experience, access or outcome.

8. Promote improvement and innovation
Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration.

- PCTs are the driver of a continually improving NHS. They must ensure that they develop the necessary capabilities and capacity to drive continuing improvements in quality. PCTs seek innovation, knowledge and best practice, applying this locally to demonstrate the improvements in the quality and outcomes of commissioned services. In partnership with local clinicians (e.g. PBCs), and providers, they will specify required quality and outcomes, facilitating supplier and contractor innovation that delivers at best value. Through open and effective commissioning and decommissioning decisions, PCTs transform clinical and service configuration, meeting local needs and securing world class improvements in outcomes and quality.

9. Secure procurement skills
Secure procurement skills that ensure robust and viable contracts.

- Procurement and contracting processes ensure that agreements with all sectors of providers (acute, primary, community, mental health, third sector, independent sector, etc) are set out clearly and accurately with both commissioner and provider clear about what is expected. By putting in place excellent procurement and contracting processes, PCTs can specify quality requirements and outcomes (e.g. CQUIN, PROMs), incentivise development of innovative new service models and ensure good working relationships with their providers, ensuring quality for service users, and value for money.

10. Manage the local health system
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money.

- Commissioners will need to manage their relationships and contracts with providers in order to ensure that they deliver the highest possible quality of service and value for money. This will involve working closely with providers to sustain and improve provision, and engaging in constructive performance discussions to ensure continuous improvement. Commissioners will need to ensure that their providers understand and promote the values of the NHS.

11. Efficiency and effectiveness of spend
Ensuring efficiency and effectiveness of spend.

- A core purpose of commissioners is to make sustainable trade-off decisions and sound investments across all spend, to deliver the highest level of health benefit and quality of care for a given level of spend along each care pathway. Robust analysis of spend and its impact on health benefit enables PCTs to make well-informed investment decisions. By identifying and unlocking efficiency and productivity improvements across all commissioned activity, PCTs will deliver both better health outcomes and greater value for money. PCTs manage change to maintain appropriate stability of the local health economy (LHE).

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_105117

The Department of Health has produced a support and development framework that is intended to give commissioners access to the tools they need to deliver the improvements required by WCC. It also expects commissioners to share good practice, develop internal resources, or buy in external expertise, for example through the Framework for Securing External Support for Commissioners (FESC).

WCC should be seen in the context of a need to strengthen commissioning and focus on what should be delivered in local areas. It will help PCTs to commission in a more structured and responsive way, paying greater attention to the needs of the local population. It will assist in reducing health inequalities and help to develop better access to services.

In terms of mental health this means that commissioners will need to ensure that mental health priorities are reflected in the overall response of the PCT when providing evidence for the assessment against the competencies.

6.2 The Operating Framework for the NHS

The Operating Framework for the NHS in England is published annually and sets out the national priorities for the NHS in the year ahead. It is accompanied by annexes (some in the document and some web-based only) which provide more detail on the priorities, how they are measured and how the arrangements for managing the system will work.

In particular the Operating Framework sets out:

- The health and service priorities for the year ahead
- Ensuring a system designed to deliver quality
- The financial regime
- The business processes
- The commissioning timetable.

The Operating Framework's ongoing challenges to commissioners and providers are to:

- continue to deliver on national priorities that matter most to patients and the public
- invest resources wisely in order to prepare for the need to make substantial efficiency savings in the future
- begin putting in place the strategic enablers that will help deliver the regional visions, putting quality at the centre
- develop new ways of working and leading that reflect the evidence base and principles for driving large scale transformational change.

The Operating Framework distinguishes the national "must do's" from those areas where local organisations set their priorities based on local needs by establishing the Vital Signs framework.

Vital Signs sets out three tiers of indicators:

- **Tier One** – a small number of national must-do's, with national requirements for what needs to be achieved and by when, subject to performance management from the centre.
- **Tier Two** – a small number of national priorities for local delivery, providing local organisations with some flexibility on delivery and strongly performing organisations deliver without intervention from the centre.
- **Tier Three** – a range of indicators available to PCTs, which, following consultation with communities and partner organisations, they can choose areas they wish to target for local action and improvement. This tier is free from central management.

The Operating Framework demonstrates that PCT commissioning activity going forward can be split down by nationally mandated activity, activity that can be locally negotiated or bought into and some which could be described as "good to have" but which may not fit with the PCTs existing strategic framework.

In terms of mental health this means that commissioners will need to ensure that mental health priorities are included in the Operating Plans that are developed and that local strategic aims can be aligned to the requirement of the Operating Framework and the Vital Signs.

6.3 Understanding local need

The Local Government and Public Involvement in Health Act (2007)
The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007), and described in the draft statutory guidance *Creating Strong, Safe and Prosperous Communities,* currently out for consultation. The statutory guidance emphasises that JSNA should be taken into account by the local authority and its partners in preparing the Sustainable Community Strategy, as part of a strengthened commitment to local priorities. The issues identified by JSNA will inform the priorities and targets set by the Local Area Agreement, the delivery agreement for the Sustainable Community Strategy.

Since 1 April 2008, local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA).[53] The JSNA provides the opportunity for integrated working and planning. The process of conducting a JSNA should establish the current and future health and well-being needs of a population, leading to improved outcomes and reductions in health inequalities.

The importance of understanding the needs of the local population cannot be underestimated and should be the starting point in any commissioning process. The JSNA provides a specific framework that can engage many stakeholders and partners in a co-ordinated process.

Section 2.2.8 provided detail of the NMHDU resources that can assist commissioners in conducting mental health JSNAs.

World Class Commissioning competencies

5 – Manage knowledge and assess needs

6.4 The commissioning cycle

Most definitions of commissioning paint a picture of a cycle of activities at a strategic level including:

- assessing the needs of a population
- setting priorities and developing commissioning strategies to meet them in line with local and national targets including those set out in the Operating Framework
- securing services from providers to meet those needs and targets
- monitoring and evaluating outcomes
- the above combined with an explicit requirement to consult and involve a range of stakeholders, patients/service users and carers in the process.[54]

The commissioning cycle is an ongoing process covering planning, execution and management which includes assessing needs, reviewing services and gap analysis, risk management, deciding priorities, strategic options, contract implementation, provider development and mapping provider performance.[55]

The commissioning cycle should include the development, review and approval of three plans:

- **The strategic commissioning plan**
  This should establish the direction and priorities for at least the next five years for the PCT. It is developed every three years and updated annually. It should include specific reference to the commissioning of an appropriate and effective range of mental health services.

53 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097
54 North West Commissioning Roadmap - http://www.northwestroadmap.org.uk/index.php?pageNo=369
55 NHS South Central commissioning cycle - http://www.southcentral.nhs.uk/page.php?id=235

- **The financial plan**
  This sets out how the PCT plans to achieve the health outcomes and financial goals set out in the strategic commissioning plan. It includes targets, financial and activity schedules and action plans. It is developed annually in response to the Operating Framework for the NHS in England. (see section 6.2)
- **The organisational development plan**
  This describes the organisational capabilities needed to deliver the strategic commissioning plan, the capability gaps and how they will be filled. It is developed every three years and updated annually.

Although these plans will be developed to cover all areas of commissioned services, mental health should have a central place within them.

6.4.1 Development of local commissioning strategies for mental health

The Institute for Public Care (IPC) has defined a commissioning strategy as "a formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors".[56]

An effective strategy will set out how commissioners will ensure the provision of a range of services to meet the needs of the local population. In their work on commissioning strategies, the IPC suggest they should contain the following elements:

- a statement about the purpose and the commitments of the commissioning agencies in relation to meeting the needs of the relevant population.
- an analysis of relevant legislation and national guidance on services to meet the needs of the relevant population.
- an analysis of the needs of the relevant population, and how these are likely to change in future.
- an analysis of current and potential services and resources, and the extent to which they are likely to meet future needs.
- a review of relevant research and good practice on services to meet the needs of the relevant population.
- a statement about the strengths and limitations of current services, the changes needed, and some detail about the types of services which will be commissioned, and the types which will not be commissioned in future.
- plans to monitor and review the impact of the strategy upon the range and quality of services delivered, and upon the outcomes for the population.[57]

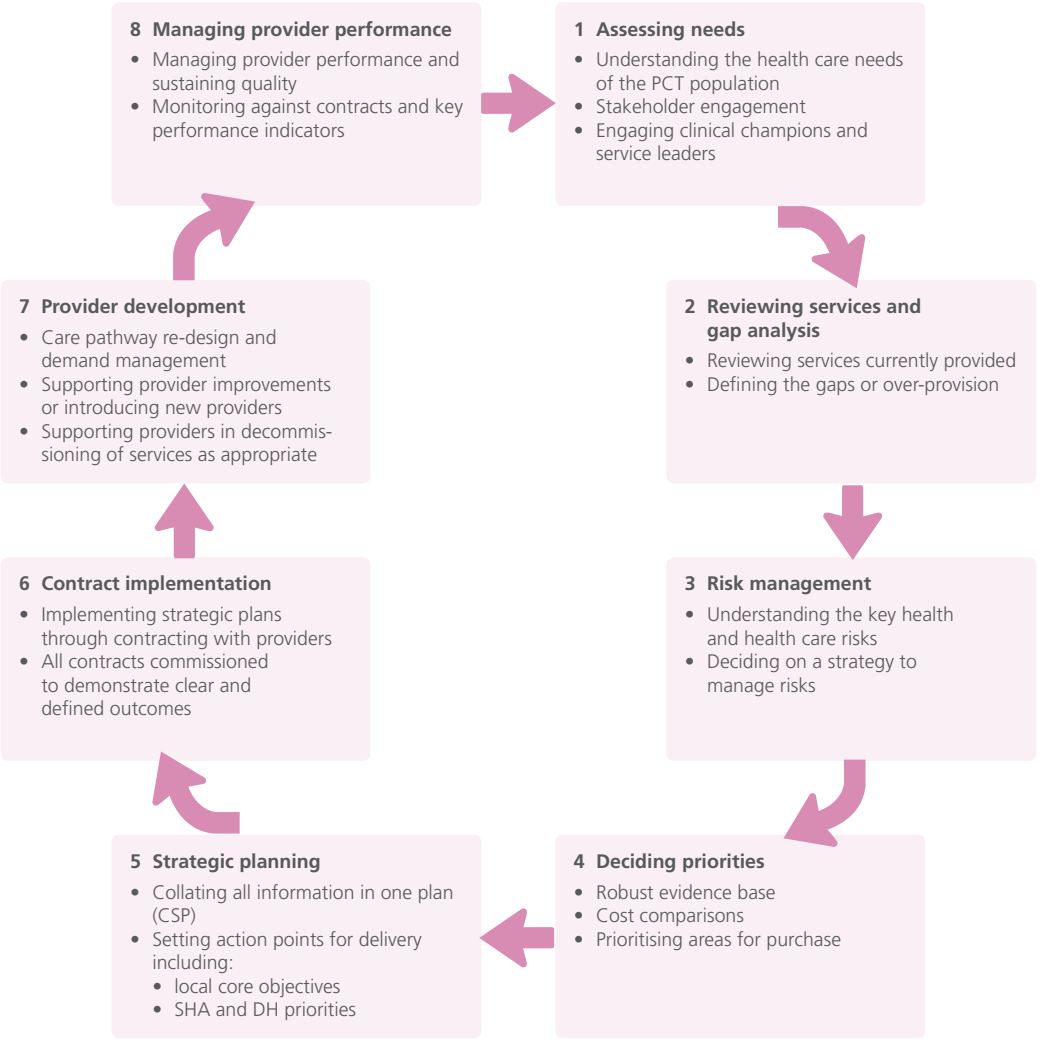
As in any form of commissioning, the strategy should not be an end in itself. Rather it should be the framework from which the services are developed, delivered and monitored with agreed performance targets.

Commissioners in health and social care should seek to design strategies that will create and maintain services of high quality that deliver the best outcomes for users of those services and ensure the best value to the taxpayer. Strategies should also contribute to meeting PCT corporate objectives and those of partner organisations. These might include local authority key performance indicators and Local Area Agreement targets.

56 Developing a commissioning strategy in public care, Moultrie, K. Commissioning eBook, Chapter Five, pp. 2 Integrated Care Network/DH
57 Developing a commissioning strategy in public care, Moultrie, K. Commissioning eBook, Chapter Five, pp. 3 Integrated Care Network/DH

6.4.2 The commissioning cycle

An example of the commissioning cycle is set out below. This particular example is drawn from *Mental Health World Class Commissioning – A Guide for Mental Health Professionals,* a guide produced by CSL and NMHDU. This is one example but approaches may vary from area to area.



Useful links to toolkits and relevant documents to support commissioners at stages of the commissioning cycle can be found in Appendix 5.

6.5 Commissioning Specialised Mental Health Services

Specialised services are provided in relatively few specialist centres to catchment populations of more than one million people. They are not provided by every hospital in every town, but are more usually provided by larger trusts.

In England specialised services are either commissioned regionally by ten Specialised Commissioning Groups (SCGs), or nationally by the National Commissioning Group (NCG). Where services fit in terms of local versus national status usually depends on the rarity of the condition or treatment.

The key purpose of the current arrangements for commissioning specialised services is to ensure fair access to clinically effective, high quality, specialised services. The risk to an individual PCT of having to fund expensive, unpredictable activity is also reduced by PCTs collaborating to commission such services collectively and share the financial risk.

In mental health, secure services are the most common example of specialised commissioning. Some personality disorder and eating disorder services might also be included. Those services that should be commissioned by SCGs are set out in the Specialised Services National Definition Set.

www.dh.gov.uk/en/Managingyour organisation/Commissioning/ Commissioningspecialisedservices/ Specialisedservicesdefinition/index.htm

Particular challenges for specialised services include training specialist staff, supporting high quality research programmes, and making the best use of scarce resources.[58]

Effective commissioning of specialised services ensures:

- the right patient (clear patient selection criteria and referral guidelines) is offered the right treatment (evidence based, clinically and cost effective interventions)
- the right provider (monitored against agreed service/clinical quality standards)
- the right place (optimising geographical access but avoiding unnecessary duplication of provision)
- the right cost (robust costing and information systems and demonstrable value for money)
- with the full involvement of the patient (adequate information to enable supported choice).[59]

6.6 Practical tips

This section builds on the previous edition of the *Commissioning Friend for Mental Health Services*, which set out a number of "tips" to help guide commissioners in their development of local visions, strategies and implementation. Those tips have been updated and are intended to provide a practical guide for commissioners to help them most effectively undertake all their commissioning activities.

Given the complexity of mental health services, undertaking a systematic process that takes full account of gathering and using evidence to underpin decision making is all the more important.

58 http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Commissioningspecialisedservices/index.htm
59 http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Commissioningspecialisedservices/Backgroundtospecialisedservices/index.htm

Learning from local experience

- What has happened locally
  - Gather data on what has happened over the last year in the areas for which commissioners are responsible.
  - Review of WCC framework.
  - Evaluate outcomes against contracts and performance imperatives.
  - Identify what has worked well and where there have been problems.
  - Engage in reflective dialogue with providers and service users.
  - Review best practice, what has worked well and what hasn't and what the outcomes were.

Integrate your planning with local partners

- Review the competing organisational priorities.
- Place stakeholder engagement at the centre of planning.
- Agree what needs to change to promote more effective joint working and sustainable integration.

Stock take

- Examine the current services, statutory, independent and voluntary sector
  - Look at costs and effectiveness.
  - Identify any deficits in provision and unmet need.
  - Identify workforce development needs.
- Use the national benchmarks as a guide for quality and standards
  - National Service Frameworks
  - NICE guidance
  - Care Quality Commission standards
  - Other relevant quality and performance data.
- Use JSNA to establish local patterns of need
  - Agree local priorities for investment and development.
  - Understand where appropriate decommissioning may be needed in order to develop new services.

Stakeholder involvement (see section 5)

- Identify who they are.
- Understand what they want.
- Plan how to work with them effectively and engage with them in a meaningful way.
- Keep regular channels of communication open.
- Use appropriate influence to shape the agenda and drive forward development and innovation.

Develop the local strategy (see section 6.3)

- Ensure it is informed by national policy and performance imperatives.
- It should include and take account of local needs analysis.
- It must reflect best practice.
- Take account of service re-design, changing trends in practice and the need to have an appropriately skilled and experienced workforce.
- It must be accessible to other organisations, service users and the wider public.

Manage the local market

- Decide which provider(s) will best meet the local needs
  - Secure the most clinically effective services that strike an appropriate balance with the need to deliver a financially efficient health and social care system.
  - Consider the need for tendering.
  - Ensure an appropriate choice of provision both in terms of service options but also of providers.
  - Draw up clear service specifications.

Review

- Monitor effectiveness
  - Pay particular attention to quality and standards.
  - Input review findings into future planning, development and commissioning.

Governance

- Ensure linkage to clinical and corporate governance requirements ensuring appropriate:
  - reporting lines
  - monitoring and evaluation
  - accountability
  - safety
  - complaints
  - training and development.

Section 7
Measuring effectiveness

Mental health services differ from many other care services because of their complexity, the variety of settings in which they are delivered and the number of stakeholders who are involved. Whilst the most visible part of the system is the delivery of acute services, often from a local mental health trust, the vast majority of mental health care is provided in primary care itself. From a commissioning perspective, knowing what works, whether it has been effective in improving quality and outcomes is an essential part of the commissioning process.

Reviewing what has been commissioned can inform future decisions about levels of investment and where that investment should be targeted. In addition, to commission in a world class way also requires world class decommissioning, removing those services that are no longer effective or of sufficient quality.

'Not everything that counts can be counted and not everything that can be counted counts.'

Einstein

The following questions are intended to provide prompts for commissioners to assist them in reviewing local effectiveness.

1. How much did you invest in mental health services last year?

- At the practice level
  - In primary care settings generally
  - From the third sector
  - From mental health trust(s)
  - From local authority social care departments
  - From within the local PCT
  - From other sources
- What was the cost of drugs?
- What was the cost of talking therapies?

2. What proportion of the overall commissioning budget did this represent?

3. How was the clinical and cost effectiveness of the various forms of investment measured?

4. What outcomes were these investments intended to achieve and what progress has been made in achieving them?

5. How much was spent on public awareness and mental health promotion and how was effectiveness evaluated?

6. What progress has been made in the meeting of national and local targets and policy imperatives?

7. How are users of services and their carers involved in the commissioning process and local decision making?

8. What mechanisms are there to ensure that the views of all parts of the community are heard and what changes have occurred as a result?

9. What training and development is provided on mental health issues and for whom?

These key questions are not intended to be exhaustive but provide a useful pointer to the type of issues that commissioners should be considering when thinking about local effectiveness.

Conclusion

Mental health and well-being is one part of a wider health and social care agenda. The effects of mental illness are wide ranging and have a significant impact on society as a whole. Commissioning has a crucial part to play in shaping the delivery of local services and should be at the forefront of health and social care priorities.

Improvement in the quality of mental health commissioning is critical to longer term success in reducing the negative impact of mental ill health. Research has suggested that focusing on the commissioning function alone will not produce good outcomes. The Health Service Management Centre of the University of Birmingham report published in December 2007 recommends that all parts of the healthcare system need to adopt appropriate competencies and behaviours for the system as a whole to work. The report notes that competency depends not just on knowledge and skills, but also on values.[60] These must be at the heart of commissioning priorities. World Class Commissioning provides a framework within which to deliver these values.

Engagement with service users and the wider public must form a central part of commissioners' planning, development and evaluation processes. The use of co-production as a tool to facilitate that engagement should be considered as vital to ensuring service users' views are heard, understood and acted upon.

Finally, it is suggested that commissioners in health and social care consider the following five key points as they strive to improve quality and effectiveness:

- Review outcomes not just activity.
- Make decisions based on quality not just cost.
- Engage users of services as well as clinicians.
- Partnership is central to success.
- High quality commissioning leads to high quality services.

By the nature of their role, commissioners are often a step away from services. Bridging the gap between themselves and the services they commission and creating a bond of understanding and engagement will better enable strategy to respond to reality.

Applying some of the levers and tools described in this document should help to move towards more effective and co-ordinated commissioning. In turn this should lead to better outcomes.

Commissioning must be strategic, but its impact must have a positive and direct effect on service users. Striving to be world class as commissioners should help to achieve the aim of creating world class services that demonstrably improve the health and well-being of those using them.

60 Towards World Class Commissioning Competency - Woodin & Wade, HSMC University of Birmingham December 2007

Appendix 1
NHS Targets in 2009/2010

Most of the NHS Plan targets related to mental health have now been worked through and delivered. There is no longer an emphasis on old style "input" targets like team numbers and workforce.

Actual targets that remain priorities for 2009/10 are:

- **7,500 new cases of psychosis served by Early Intervention teams each year (maintaining length of care required)**
- **100,000 Crisis Resolution and Home Treatment episodes each year**
- **A reduction of the age standardised suicide rate by one fifth by 2010 (based on a three year average - 2009 through 2011)**

The key priorities set in the 2009/10 operating framework were to deliver on national requirements (Tier 1) national priorities (Tier 2) and Local Actions (Tier 3) as set in Vital Signs. Mental Health indicators are as listed below:

- **Tier 1**
  Suicide and injury of undetermined intent mortality rate
- **Tier 2**
  IAPT (proportion of people with depression and/or anxiety disorders who are offered psychological therapy
- **Tier 3**
  Social Inclusion (supporting people in vulnerable circumstances)

1. Proportion of adults in contact with secondary mental health services in settled accommodation
2. Proportion of adults in contact with secondary mental health services in employment

Appendix 2
National Mental Health Workforce Strategy

In 2004 NIMHE produced the *National Mental Health Workforce Strategy*. It set out plans and guidance for commissioners and providers to develop a workforce with the competencies to provide person-centred, socially inclusive and recovery-oriented services, primarily in a multi-disciplinary setting.[61] It contained six key aims:

1. To improve **workforce design and planning** so as to root it in local services planning and make it understandable and meaningful to people in local services and other key organisations.

2. To identify and use creative means to **recruit and retain people** in the workforce in order to increase the overall numbers in successive years.

3. To facilitate **new ways of working** across professional boundaries. To make the best use of specialist staff to meet the needs of service users and carers.

4. To create **new roles** to tap into a new recruitment pool and complement existing staff groups.

5. To develop the workforce through revised **education, training and development** at pre and post qualification levels and for continuing professional and practitioner development, increasingly focusing on the shared and distinct capabilities required to meet both staff and user needs.

6. To develop **leadership** and change management skills within professional and managerial staff in all stakeholder organisations and multidisciplinary settings.[62]

Although the targets contained in the strategy were to be met by 2006, the six key aims remain relevant. They should form the basis of commissioners' workforce planning. This will help to ensure the maintenance and development of an appropriately skilled and experienced mental health workforce.

61 National Mental Health Workforce Strategy, NIMHE, 2004
62 ibid

Appendix 3
The Ten Essential Shared Capabilties

The original *Commissioning Friend for Mental Health Services*[63] highlighted ten key areas that commissioners should measure themselves against when addressing mental health issues. They were originally included in *The ten essential shared capabilities for mental health practice*[64] *published in 2004.* The capabilities remain valid and are set out here for commissioners to consider in the context of improving the quality of commissioning and local service delivery.

1. Working in partnership: Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Work positively to resolve tensions created by conflicts of interest or aspiration that may arise between the partners in care.

2. Respecting diversity: Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

3. Practising ethically: Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

4. Challenging inequality: Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

5. Promoting recovery: Working in partnership to provide care and treatment that enable service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.

6. Identifying people's needs and strengths: Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users, their families, carers and friends.

63 The Commissioning Friend for Mental Health Services, NATPACT/NIMHE, 2005
64 The ten essential shared capabilities for mental health practice: A framework for the whole of the mental health workforce, DH/NIMHE August 2004

7. Providing service user centred care: Negotiating achievable and meaningful goals, primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

8. Making a difference: Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users, their families and carers.

9. Promoting safety and positive risk taking: Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

10. Personal development and learning: Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

Appendix 4
Useful Links: Meeting the needs of particular groups

Meeting the needs of particular groups

The range of needs within mental health services is varied and complex. The following summaries highlight some of the key groups with web links to more information about services and policy guidance for commissioners looking to develop specific services for those groups.

Specialist Commissioning

Children and Young People

The policy imperatives and key service developments are set out in the NSF and can be found at:
www.dh.gov.uk/en/Healthcare/Children/NationalServiceFrameworkdocuments/index.htm

Healthy lives, brighter futures – The strategy for children and young people's health
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400

Children and young people in mind: the final report of the National CAMHS Review
www.dcsf.gov.uk/CAMHSreview/downloads/CAMHSReview-Bookmark.pdf

Child and Adolescent Mental Heath Services Dataset development
www.ic.nhs.uk/services/datasets/dataset-list/camhs

Age Appropriate Briefing: Guide for Commissioners
www.nmhdu.org.uk/silo/files/publication-working-together-to-provide-ageappropriate-environments-and-sces-.pdf

NMHDU, Children and Young People's workstreams, various resources
http://nmhdu.org.uk/our-work/improving-mental-health-care-pathways/mental-health-act-2007-implementation-programme-children-and-young-peoples-workstream/

A Legal Guide to the Care and Treatment of Young People with Mental Disorder (NIMHE 2009)
http://www.nmhdu.org.uk/silo/files/the-legal-aspects-of-the-care-and-treatment-of-children-and-young--people.pdf

Older People

The policy imperatives and key service developments are set out in the NSF and can be found at:
www.dh.gov.uk/en/socialcare/deliveringadultsocialcare/olderpeople/index.htm

National Dementia Strategy
www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH_083362

Dementia Services Guide (Healthcare for London/ Commissioning Support for London, October 2009)
www.healthcareforlondon.nhs.uk/assets/Mental-health/HealthcareforLondon_Dementia-services-guide.pdf

Mental Health Minimum Dataset: Inpatient, Outpatient, Day hospital & Contact datasets
www.mhmdsonline.ic.nhs.uk/

Learning disabilities
Valuing people now: a new three-year strategy for people with learning disabilities
www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/index.htm

People with Learning Disabilities in England: Report on the number of people with a learning disability in England
www.mencap.org.uk/document.asp?id=3160

Black and ethnic minority communities – the policy imperatives are set out in the *Delivering Race Equality* guidance and can be found at:
www.mentalhealthequalities.org.uk/our-work/delivering-race-equality/

Health services for offenders are now a PCT responsibility. Details about current policy and service development can be found at:
www.dh.gov.uk/en/Healthcare/Offenderhealth/index.htm

The Bradley Report makes specific recommendations for the development of court diversion services and mental health services for offenders. It can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

Social inclusion is part of the wider agenda of improving access to services for people with mental health problems. More detail about policy and service development can be found at:
www.socialinclusion.org.uk/home/index.php

Adults Facing Chronic Exclusion (ACE) is a three year pilot programme to tackle long term social exclusion. More detail can be found at:
www.cabinetoffice.gov.uk/social_exclusion_task_force/adults.aspx

People with personality disorder – the policy and guidance for delivering services for people with personality disorder can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009546

Substance misuse – the details of current policy, performance and service development can be found at:
www.nta.nhs.uk

Appendix 5
Useful Links: The Commissioning Process

The following websites provide useful information and resources for commissioners. The list is not intended to be exhaustive but gives a starting point and adds to those links set out in the main document.

Commissioning Guidance

Advocacy
IMHA Guidance for Commissioners
http://www.nmhdu.org.uk/silo/files/independent-mental-health-advocacy-guidance.pdf

Carers
Publication: *Commissioning for Carers* (September 2009)
www.idea.gov.uk/idk/core/page.do?pageId=13255730

Children and Young People
Briefing for Commissioner's on providing Age Appropriate Services (June 2009)
http://nmhdu.org.uk/resources/

Older People
Joint Commissioning Framework Dementia
www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH_083362

Personality Disorder
Commissioner's Guide – *Commissioning for Personality Disorder* (June 2009)
www.personalitydisorder.org.uk/resources/commissioning/index.php

Joint Strategic Needs Assessment (JSNA)

Department of Health Joint strategic needs assessment official guidance
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

NMHDU (2009) - Joint Strategic Needs Assessment and Mental Health Commissioning Toolkit - A practical guide
www.nmhdu.org.uk/silo/files/joint-strategic-needs-assessment-and-mental-health-commissioning-toolkit-2009.doc

Better Commissioning Learning and Improvement Network – joint strategic needs assessment resource.
http://networks.csip.org.uk/BetterCommissioning/Commissioningpolicy/jsna/

Stakeholder Involvement

Public and Patient Involvement Toolkit
www.commissioning-circle.co.uk/knowledge_library/documents/1PatientandPublicEngagementToolkit.pdf

Communities in Control: Real People, Real Power (2008)
www.communities.gov.uk/publications/communities/communitiesincontrol

Mental Health World Class Commissioning: A guide for professionals (NMHDU 2009).
http://www.nmhdu.org.uk/silo/files/world-class-commissioning-a-guide-for-professionals.pdf

Together UK: A good pratice guide for valuing and respecting service user involvement
www.together-uk.org/uploads/pdf/SUID/togethergoodpracticeguide.pdf

Official guidance for Local Involvement Networks (LINks)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_077266

Procurement

PCT Roadmap for Mental Health Services.
Roadmap that aligns commissioning process procurement skills with world class commissioning competencies.
www.pasa.nhs.uk/PASAWeb/PCTzone/Yourroadmap/mentalhealthservices/

North West Commissioning Roadmap: A good site for signposting.
www.northwestroadmap.org.uk/index.php?pageNo=503

Outcomes

Outcomes
Department of Health (2009) 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

Commissioning for Quality and Innovation (CQUIN)

Using the Commissioning for Quality and Innovation (CQUIN) payment framework.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

NHS Institute PCT portal – CQUIN
www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

Payment by Results

Department of Health link to all the latest on Mental Health PbR.
www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSFinancialReforms/DH_4137762

Mental Health Contract

Contract
NHS Mental Health Contract
www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Systemmanagement/DH_085048

General Commissioning and Mental Health

The Commissioning Circle – Resource Library
This resource lists documents according to their fit with the World Class Commissioning Competency framework.
www.commissioning-circle.co.uk/knowledge_library/additional_links.php

NHS Evidence - Mental Health Library
This is a resource that pulls together all the latest news and publications in mental health, as well as producing a regular newsletter.
www.library.nhs.uk/mentalHealth/

Integrated Care Network
– details of integration policy, guidance and development and associated commissioning guidance.
www.dhcarenetworks.org.uk/icn/

New Horizons
Department of Health (2009): New Horizons
www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm

Department of Health
Department of Health (2007) *Commissioning framework for health and well-being.* London: Department of Health
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

Department of Health (1999) *National service framework for mental health.* London: Department of Health
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

Department of Health (2004) *The national service framework for mental health – five years on*. London: Department of Health
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4099120

Department of Health (2008) High quality care for all: NHS next stage review – final report (the Darzi report). London: Department of Health
/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

Department of Health:
World Class Commissioning Site.
World Class Commissioning: Supports delivery of a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes.
www.dh.gov.uk/en/managingyourorganisation/commissioning/worldclasscommissioning/index.htm

National Mental Health Development Unit: hosts a national Mental Health Commissioning programme.
www.nmhdu.org.uk/

Personalisation

Department of Health: Personalisation website, including access to a toolkit, subscription to a newsletter.
www.dhcarenetworks.org.uk/personalisation/

SCIE Publication:
Commissioners and personalisation
www.scie.org.uk/publications/ataglance/ataglance06.asp

Personalisation The Rough Guide
(Social Care Institute of Excellence 2008)
www.scie.org.uk/publications/reports/report20.asp

In Control (2008) *Smart commissioning: exploring the impact of personalisation on commissioning,*
www.in-control.org.uk/site/INCO/Templates/Library.aspx?pageid=386&cc=GB

Comprehensive Area Assessments

Comprehensive Area Assessments
www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/comprehensiveareaassessmentcaa.cfm

Audit Commission Page on Comprehensive Area Assessments
www.audit-commission.gov.uk/localgov/audit/caa/Pages/default.aspx

Practice Based Commissioning (PBC)

Department of Health link to all the latest on PBC.
www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Practice-basedcommissioning/index.htm

Publication: *Reinvigorate, Replace or Abandon* (Kings Fund 2008)
www.kingsfund.org.uk/research/projects/practicebased_commissioning/index.html

Appendix 6
Useful Links

Social Care

DH Green Paper. *Shaping the future of care together.* The consultation will run from 14 July 2009 to 13 November 2009.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102338

Putting People First (DH 2007) outlines Government's vision for a personalised adult social care system.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Department of Health: *Our Health, Our Care, Our Say: a new direction for community services* (DH 2006)
www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/DH_065882

Legislation

Legislation
The Local Government and Public Involvement in Health Act 2007
www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1

Health and Social Care Act 2008
www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill/index.htm

Mental Health Act 1983
(as amended by Mental Health Act 2007)
Mental Health Act 2007: key documents
www.dh.gov.uk/en/Healthcare/Mentalhealth/DH_089882

Code of Practice to Mental Health Act 1983 (revised 2008)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

Mental Capacity Act 2005
Mental Capacity Act 2005: Key documents
www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityAct2005/index.htm

Data Sources and Data Collection

Data
Mental Health Minimum Dataset : Inpatient, Outpatient, Day hospital & Contact datasets and rates of access to services by PCT area
www.mhmdsonline.ic.nhs.uk/

National Statistics: Data on admissions, spending, benefit claimants
www.statistics.gov.uk/cci/nscl.asp?id=6437

Working for Health: Dame Carol Black review
www.workingforhealth.gov.uk/Carol-Blacks-Review/

Adult Psychiatric Morbidity Survey
– for prevalence and unmet need
www.ic.nhs.uk/pubs/psychiatricmorbidity07

Existing data around population and geography; mapping information
www.ic.nhs.uk/statistics-and-data-collections/population-and-geography

Count Me In 2008: Results of the 2008 national census of inpatients in mental health and learning disability services in England and Wales.
www.cqc.org.uk/_db/_documents/Count_me_in_census_2008_Results_of_the_national_census_of_inpatients_in_mental_health_and_learning_disability_services.pdf

Mental Health Observatory
www.nepho.org.uk/mho/

The Marmot Review

www.dh.gov.uk/en/Publichealth/healthinequalities/DH_094770

www.ucl.ac.uk/gheg/marmotreview

Equalities

Government Equalities Office
www.equalities.gov.uk/equality_bill.aspx

Delivering Race Equality
Delivering Race Equality: an action plan for reform (DH 2005).
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773

Gender
Mainstreaming gender and women's mental health: implementation guidance.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4072067

The Equality Act (2006)
www.opsi.gov.uk/Acts/acts2006/ukpga_20060003_en_1.htm

Single Equality Bill
www.equalities.gov.uk/equality_bill.aspx

The Race Relation (Amendment) Act 2000
www.opsi.gov.uk/acts/acts2000/ukpga_20000034_en_1

The Disability Discrimination Act 2005
www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1

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

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Portland House
Stag Place
London SW1E 7RS

Telephone switchboard:
020 8433 6868

www.csl.nhs.uk

National Mental Health
Development Unit

NHS

Commissioning Support
for London

Providing clinical and business support to London's NHS