Paper 1:
Commissioning mental health services in the UK

MH4U supporting activities

1.1.5 Advise MoH and Center of MH on best practices in MH in the scope of current healthcare transformation process (such as developing minimum data set for MH, revising payment mechanisms for MH services and introducing e-health for mental health providers).

1.1.5.2: Advise and provide international expertise on financing mechanisms for MH services and on the MH services which will be included in basic guaranteed package (regarding both MH services provision and pharmaceuticals)

Specifically, Implemental to provide:

- An overview of the characteristics of a well structured system for the financing of mental health services, based on international examples.
- An overview of the process the NHS should undertake when developing the basic package of mental health services.
- An overview of the key documents to be developed when developing the financing mechanisms.

1. Introduction

The MH4U team have been asked for some guidance in relation to identifying the key characteristics of a system that could support the development and delivery of the packages of mental health care associated with the new NHS in Ukraine. This document should be read in conjunction with its 'sister' papers 'Intersectoral working to promote mental health in the UK' and 'Financial Systems in the NHS'.

2. Overview of how mental health services are commissioned in the UK

The concept of commissioning was introduced into the NHS in the early 1990s, when reforms separated the purchasing of services from their delivery, creating an 'internal market'. It was argued that making providers compete for resources would encourage greater efficiency, responsiveness, and innovation. These arrangements have evolved since their introduction, including through numerous changes to the structure and remit of the organisations that commission care. The current arrangements were introduced by the Health and Social Care Act 2012[1].

NHS England refers to commissioning as '**the continual process of planning, agreeing and monitoring services**'. It covers a wide range of activities including the health-needs assessment for a population, the design of clinical pathways, service specification and contract negotiation (or procurement), with continuous quality assessment. There is no single geography across which all services should

be commissioned: some local services can be designed and secured for a population of a few thousand, while for rare disorders, services need to be considered and secured nationally.

– Image courtesy of NHS England

In the UK Services are commissioned by **clinical commissioning groups** (CCGs) and **NHS England** on a local, regional and national basis. There are several overviews available of how the NHS is currently structured[2]. CCGs were established as part of the Health and Social Care Act in 2012 and are groups of general practices (GPs) which come together in each area to commission the best services for their patients and population. CCGs buy services for their local community from any service provider that meets NHS standards and costs. These could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. The aim is for better care for patients, designed with knowledge of local services and commissioned in response to their needs.

CCGs commission a wide range of services including mental health services, urgent and emergency care, elective hospital services, and community care. CCGs are responsible for about 60% of the NHS budget, they commission most secondary care services, and play a part in the commissioning of GP services.

NHS England and its partners set the overall commissioning strategy and clinical priorities for the NHS, for example through the 'NHS Five Year Forward View'[3] and the 'Shared Planning Guidance'[4]. NHS England commissions primary care services,

for example GPs, dentists and opticians. Although, for GPs (primary medical services) this is devolved to most CCGs through primary care co-commissioning. NHS England also directly commissions 'specialised' services (such as treatments for rare conditions and secure mental health care), military and veteran health services and health services for people in prisons (including youth offender institutions). Some public health services are also directly commissioned by NHS England.

The **Clinical Priorities Advisory Group**[3] (CPAG) makes recommendations on NHS England's approach to commissioning services, treatments and technologies, and considers which of these should be prioritised for investment. Its scope includes all specialised services of NHS England. CPAG assesses drugs, medical devices and treatments according to their clinical effectiveness, benefit for patients and value for money. It considers recommendations from **Clinical Reference Groups** (CRGs) and teams covering NHS England's specialised commissioning responsibilities and takes into account detailed information about the financial impact. It seeks to determine that commissioning approaches have:

- been developed with the engagement of clinicians from Clinical Reference Groups or bespoke Working Groups
- been developed with public and patient engagement to a level proportionate with the impact of the decision
- included consideration of the need to promote equity of access and tackle health inequalities
- been informed by the evidence base
- considered consistency with other commissioning policies of NHS England.

CPAG is not a decision-making body, rather it makes formal recommendations to NHS England about the commissioning of services in those circumstances where there could be a substantial change in service provision. With specialised services, the governance structure sees CPAG's recommendations considered by the Specialised Commissioning Oversight Group (SCOG) to determine the available resources and the commissioning implications of the service change. Ultimately, decisions are made and overseen by the Specialised Commissioning Committee (SCC), a subgroup of the NHS England Board.

Clinical commissioning groups (CCGs) were established in 2013 and are clinically-led organisations. NHS England has a statutory duty (under the Health and Social Care Act (2012) to conduct an annual assessment of every CCG. The **NHS Oversight Framework** informs assessment of CCGs[5]. It is intended as a focal point for joint work, support and dialogue between NHS England, NHS Improvement, CCGs, providers and sustainability and transformation partnerships and integrated care systems.

The NHS Oversight Framework for 2019/20 applies to all CCGs, NHS trusts and foundation trusts. It is supported by technical annexes for CCGs and providers. The technical annex (metrics) explains the rationale and detail of each of the indicators that will be used for the annual assessment.

NHS England supports the commissioning system through:

- A template **model Constitution**[6] which can be used to set out the arrangements made by the clinical commissioning group to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the group will establish to ensure probity and accountability in the day to day running of the clinical commissioning group.
- Funding an extensive **research programme**[7] providing the evidence needed to transform services and improve outcomes
- The **Lead Provider Framework**[8] (LPF) which offers a fast and simple way for commissioners to source some or all of their commissioning support needs
- The **Commissioning Capability Programme**[9] which provides bespoke and tailored support. The programme is designed to follow the needs of commissioning organisations and is co-designed with them.

Close working between NHS England and clinical commissioning groups (CCGs) benefits policy formulation, leads to more successful implementation and strengthens decision making. NHS England is committed to ensuring that CCG representatives who can speak on behalf of the CCG community are embedded in all areas of its work. NHS Clinical Commissioners (NHSCC) works with NHS England to lead this engagement function with CCGs to ensure they have every opportunity to be involved in its work at a national level through formal, systematic and representative ways of working. This process is managed internally by NHS England's Commissioning Policy Unit.

In the future, there will be a need for commissioners to continue to work closely together, aligning their objectives with providers and taking a more strategic, place-based approach to commissioning. **Sustainability and transformation partnerships** (STPs)[10], **integrated care systems**, **devolution and co-commissioning**[11] will all play key roles in ensuring that the value of resources spent in local areas is maximized.

Mental Health is one of six **National Programmes of Care** (NPoCs) overseeing the commissioning of **specialised services**[12]. The role of the NPoC is to provide leadership and oversight of the development and delivery of a comprehensive work programme that achieves demonstrable improvements in the quality, equity, value and outcomes of commissioned specialised services. The **Mental Health NPoC** consists of an NPoC Board and four **Clinical Reference Groups**[13] (CRGs): Specialised Mental Health, Adult Secure Services, Child and Adolescent Mental Health Services (CAMHS) and Perinatal Mental Health .

CRGs provide clinical advice and leadership on the specialised services in mental health. These groups of clinicians, commissioners, public health experts, patients and carers use their specific knowledge and expertise to advise NHS England on the best ways that specialised services should be provided. CRGs lead on the development of clinical commissioning policies, service specifications and quality standards. They also provide advice on innovation, horizon scanning, service reviews and guide work to reduce variation and deliver increased value. CRGs, through their Patient and Public Voice (PPV) members, also help ensure that any changes to the commissioning of specialised services involve patients and the public.

For example, the **Child and Adolescent Mental Health Services** (CAMHS), **Clinical Reference Group** (CRG) covers Tier 4 secure and non-secure CAMHS services, inclusive of eating disorders (male and female). The focus of the CRG is on:

- supporting the delivery of service procurement
- providing support and guidance for the secondary commissioning and new models of care agenda
- having a specific focus on the relationship with the secure pathways of care and transition arrangements.

A key part of the CRG's work is the delivery of the 'products' of commissioning. These are the tools used by the 10 Hub Commissioning Teams to contract services on an annual basis. Service specifications are important in clearly defining the standards of care expected from organisations funded by NHS England to provide specialised care. The specifications have been developed by specialised clinicians, commissioners, expert patients and public health representatives to describe both core and developmental service standards. Core standards are those that all funded providers should be able to demonstrate, with developmental standards being those which may require further changes in practice over time to provide excellence in the field.

The following service specifications fall within the scope of this CRG:Tier 4 CAMHS General Adolescent Services, Tier 4 CAMHS Children's Services, Tier 4 CAMHS Specialist Autism Spectrum Disorder, Community Forensic Child and Adolescent Mental Health Service, CAMHS Psychiatric Intensive Care Unit & CAMHS Low Secure

The **Mental Health Taskforce**[14] provided a fundamental platform to bring together a range of strategies and ambitions under one plan to improve the delivery of mental health services around the needs of the patients. The focus for specialised commissioning in supporting this is on developing national standards and information, while ensuring the integration of pathways of care with local services and commissioners to support people being treated close to home in clinically- and cost-effective services.

3. Commissioning at local level by CCGs

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process. CCGs must constantly respond and adapt to changing local circumstances. They are responsible

for the health of their entire population and measured by how much they improve outcomes.

CCGs are:

- membership bodies, with local GP practices as the members;
- Led by an elected governing body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;
- Responsible for approximately 2/3 of the total NHS England budget;
- Responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care;
- Independent, and accountable to the Secretary of State for Health and Social Care through NHS England;
- Responsible for the health of populations ranging from under 100,000 to over a million, although their average population is about a quarter of a million people.

CCGs work with closely with NHS England, which has three roles in relation to them:

- Assurance: with responsibility to assure themselves that CCGs are fit for purpose and improving health outcomes.
- Development: to help support the development of CCGs.
- Direct commissioning: to directly commission highly specialised services. In some cases they also commission primary care, though most CCGs have either full or joint responsibility alongside NHS England for this. As co-commissioners, CCGs work with NHS England's regional teams to ensure joined-up care.

Commissioning support units (CSUs) help provide support and services for CCGs such as finance, HR, data management, or contracting. CCGs can buy services from CSUs or to carry them out in-house, whichever they feel is most efficient and appropriate. CSUs are procured by CCGs via the NHS England Lead Provider Framework.

CSUs provide services for a range of organisations that include local authorities and hospitals as well as CCGs and NHS England, and they are increasing their support to whole systems rather than just individual organisations. *In the future they will focus more resource on supporting sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) in particular*

Local authorities are responsible for commissioning publicly funded social care services. This includes services provided to people in their own homes as well as residential care services. Since 2013, local authorities have been responsible for commissioning many **public health services** including sexual health services, health visitors, school nursing and addiction services. Funding allocated to local authorities for public health services has been ring-fenced (i.e.cannot be used for other purposes). **Health and Wellbeing Boards**, formal committees of local authorities that bring together local authority and NHS representatives, are responsible for carrying out a joint needs assessment with CCGs and developing a joint health and wellbeing strategy for their local population. So CCGs work through the Health and Wellbeing Boards to achieve the best possible outcomes for the local

community by developing the joint needs assessment and strategy for improving public health.

Since the 2012 Act came into force, there have been a number of changes to the way that commissioning is delivered in practice. There is a trend towards a **system-wide approach** in which tasks previously conducted by individual commissioning organisations are starting to be undertaken collaboratively. This more integrated approach to commissioning mirrors the more integrated approach to delivering health and care services that has been developing for some time. Local areas are being encouraged to develop arrangements that suit their local circumstances, rather than these being directed centrally. It is likely that as these models develop, more CCGs merge and the shift towards Integrated Care Systems in particular gathers pace, the way commissioning is delivered and the role of CCGs will continue to evolve.

Key changes to commissioning include the delegation of some responsibilities from national to local organisations and systems, and greater joint working between different commissioning organisations and between commissioners and providers. All these changes are intended to support the development of more **integrated systems of care**, where services are better coordinated across the NHS and social care; and an increasingly 'population--health'- based approach, that considers how best to use local resources to address the full range of factors that contribute to health.

4. Supporting commissioning of mental health services – historical approaches

'A review of the role and costs of clinical commissioning groups (2018)'[15] provides a historic overview of local commissioning procedures that have existed and continue to exist in the NHS in general.

'National Service Framework for Mental Health: Modern Standards & Service Models' (1999)[16] set out national standards for mental health, what they aim to achieve, how they should be developed and delivered and how to measure performance. The aim was to help drive up quality and remove the wide and unacceptable variations in provision.

The Framework:

- sets national standards and defines service models for promoting mental health and treating mental illness
- puts in place underpinning programmes to support local delivery
- establishes milestones and a specific group of high-level performance indicators against which progress within agreed time-scales will be measured.

It concentrated on the mental health needs of working age adults up to 65, and covered health promotion, assessment and diagnosis, treatment, rehabilitation and care, and encompassed primary and specialist care and the roles of partner agencies. The Framework also touched on the needs of children and young people,

highlighting areas where services for children and adults interact, for example the interface between services for 16 - 18 year olds, and the needs of children with a mentally ill parent. Other national service frameworks were developed for example the ***National Service Framework for Older People*** (2001) and the ***National service framework: children, young people and maternity services*** (2004).

Neither the NSF nor the NHS Plan contained detailed implementation guidance. This was set out in implementation guides for ***Local Implementation Teams*** (LITs). These documents aimed to set out clearly the expectations placed on LITs. It was expected that chief officers, members and chairs would need to satisfy themselves that their LIT has the membership, the support, the resources and the ability to deliver on these expectations.

The Mental Health Policy Implementation Guide (2001)[17] was designed to enable Local Implementation Teams (LITs) to create the changes to service configuration in their local area. The guide begins with a service specification for each of the three principal new service models: crisis resolution; assertive outreach and early intervention in psychosis. Sections summarise the policy for mental health in primary care and the framework for mental health promotion.

All the specifications identify:

- Who the service is for
- What it is intended to achieve
- What the service does
- How the service relates to other services
- Operational procedures
- Reference for further evidence

Colleagues involved in implementing service change in mental health asked for similar guidance on CMHTs as they evolved within a whole system which included functionalised teams. The ***Mental Health Policy Implementation Guide Community Mental Health Teams (2002)*** aimed to respond to those requests. The level of development of CMHTs varied markedly around the country, as did the level of development of the newer functional teams. The emphasis in this document was on identifying the functions which a CMHT in such a whole system will need to perform rather than on specifying the precise structure: local flexibility and close working relationships between all key stakeholders will enable the best arrangements to be developed in each locality.

Service and financial mapping

The new vision for services described in The National Service Framework for Mental Health was underpinned by an increased need for information about the extent to which central and local policy requirements were being met. The ***Mental Health Service Mapping*** (MHSM) programme was developed to address this alongside developments in electronic records and the minimum data set. The aim was to collect information from Local Implementation Teams (LITs) so that local data

describing the content and scale of mental health services could be brought together to provide a national picture of provision.

It particular it enabled:

- The emergent reconfiguration of services in the NSF to be tracked;
- The move towards equity in service provision to be measured;
- Trends in service capacity and staffing to be examined year on year; and
- Comparisons to be made in the way services are provided between localities with similar levels of need.

In each LIT area, data were returned on every mental health service for working age adults whether they are provided by public, for-profit or non-profit organisations. Every type of service was included, from NHS provision for treating people with acute psychiatric problems through to voluntary organisations running mental health promotion services.

To facilitate collation of all the data, 12 categories of services with similar functions were identified: Access Services (such as crisis resolution teams, emergency or walk-in clinics); Accommodation; Carers' Services; Clinical Services (inpatient wards and psychiatric liaison, for example); Community Mental Health Teams; Continuing Care Services; Day Services; Home Care Services; Services for Mentally Ill offenders; Secure Services; Support Services (such as advice, advocacy, self-help); and Therapy Services. Each category was carefully defined and accompanied by a list of service types covered. An "Other" category was used where innovative services do not fit sensibly in the pre-defined categories.

Standardised data collection forms for each service type were created. Data-entry was web based so relied heavily on the level of information technology in local areas. Almost all LITs returned useable data, albeit in some cases using home computers.

A ***financial mapping*** exercise complemented the Service Mapping data and aimed to:

- Identify baseline NHS and local authority investment in adult mental health services;
- Identify investment plans for achieving change in service delivery; and
- Track service developments that should be funded from development monies.

Each LIT was asked to provide costs information for the previous financial year and the current year's budget, for each service category identified above. The data entry sheets required levels of investment and dis-investment to be documented as well as revenue, capital and overhead costs.

This process was carried out through most of the lifetime of the NSF (from 1999) These data not only addressed the information needs of central government but also those of commissioners, providers and service users. They enabled the estimation of unit costs based on contemporary service descriptions, activity levels and financial data.

The service and financial mapping was also accompanied by a ***self assessment process*** whereby LITs scored themselves against a framework with descriptive statements for each of the lines of the return corresponding to standards within the NSF. LITs were asked to choose 'Red', 'Amber', or 'Green' as appropriate for the score which was the most suitable match for the local situation.

The annual '***Autumn Assessment***' included: finance mapping, the self assessment process, a themed review on a key topic and mapping of all adult mental health services. Information from LITs was analysed at local, regional and national level. The self assessment scores enabled all stakeholders to have a view about progress towards the NSF targets.

AUTUMN ASSESSMENT OF MENTAL HEALTH 2003 - SELF ASSESSMENT SCORES FOR SOUTH EAST LONDON SECTOR (INCLUDING CROYDON)

2002 Items	2003 Items	Star Rated	LDP	Self Assessment Item	BEXLEY		BROMLEY		GREENWICH		LAMBETH		LEWISHAM		SOUTHWARK		SOUTH EAST LONDON OVERVIEW RED		AMBER		GREEN		CROYDON	
					2002	Sep-03	2002	Sep-03	2002	Sep-03	2002	Sep-03	2002	Sep-03	2002	Sep-03	Mar 03 (LIP4)	Sep-03	Mar 03 (LIP4)	Sep-03	Mar 03 (LIP4)	Sep-03	2002	Sep-03
1	1	■	■	Assertive Outreach	G		A		A		A		A		A		0	0	5	0	1	0	A	
2	2	■	■	Crisis Resolution	A		R		A		A		A		G		1	0	4	0	1	0	G	
3	3		■	Early Intervention in Psychosis	R		R		R		G		R		R		5	0	0	0	1	0	A	
4	4		■	Secure Places	A		A		A		A		A		A		0	0	6	0	0	0	A	
5	5			Women's services	A		A		G		A		A		A		0	0	5	0	1	0	A	
6	6		■	Carers' Services	A		A		A		A		A		G		0	0	5	0	1	0	A	
7	7			Black and Minority Ethnic People's Services	A		A		A		G		G		G		0	0	3	0	3	0	G	
8	8		■	Gateway Workers	A		A		A		A		A		A		0	0	6	0	0	0	R	
9	9		■	New Graduate primary Care Workers	A		A		R		A		A		A		1	0	5	0	0	0	R	
10	10			Primary-Secondary Interface	A		A		A		A		A		A		0	0	6	0	0	0	A	
11	11			Acute Inpatient Services - Acute Inpatient Forum	G		A		A		G		G		A		0	0	3	0	3	0	G	
12	12			Acute Inpatient Services - Ward Organisation	A		G		G		G		G		G		0	0	1	0	5	0	G	
13	13		■	Prison (MH) Services	G		A		A		G		G		G		0	0	2	0	4	0	A	
14	14	■		Care Programme Approach - Access to Care Plans	A		A		G		G		G		G		0	0	2	0	4	0	G	
15	15			Care Programme Approach - Information Sharing Protocols	G		G		G		G		G		G		0	0	0	0	6	0	G	
16	16			Care Programme Approach - Comprehensive	G		A		A		A		A		A		0	0	5	0	1	0	A	
17	17			Care Programme Approach - Carers Plans	G		G		G		G		G		G		0	0	0	0	6	0	G	
18	18			NHS Direct	G		A		A		G		G		G		0	0	2	0	4	0	G	
19	19	■	■	Transition Protocols	A		G		A		G		G		G		0	0	2	0	4	0	G	
20	20			Planning Process	G		A		A		A		A		G		0	0	4	0	2	0	A	
21	21			Commissioning - Planning	G		A		A		A		G		G		0	0	3	0	3	0	G	
22	22			Commissioning - Health Act Flexibilities	G		A		A		A		A		A		0	0	5	0	1	0	A	
n/a	23			Governance													0	0	0	0	0	0		
23	24			Local Strategic Partnerships	G		A		A		A		A		A		0	0	5	0	1	0	A	
24	25	■		Provision - CMHT's	G		G		G		G		G		G		0	0	0	0	6	0	G	
25	26			User Led Services	A		A		A		A		A		A		0	0	6	0	0	0	A	
n/a	27			Service User Involvement													0	0	0	0	0	0		
26	28			Voluntary Sector	G		A		G		A		A		G		0	0	3	0	3	0	G	
27	29			Recruitment and Retention	G		A		A		A		A		A		0	0	5	0	1	0	A	
n/a	30			Agency and Locum Staff													0	0	0	0	0	0		
28	31			Workforce Planning	G		A		A		A		A		A		0	0	5	0	1	0	A	
29	32			Education and Training	G		A		A		G		G		G		0	0	2	0	4	0	A	
30	33			Representative Workforce	G		A		A		A		A		A		0	0	5	0	1	0	A	
31	34			Link to LIS	G		G		A		A		A		A		0	0	4	0	2	0	G	
32	35	■		Integrated MHER	A		A		A		A		A		A		0	0	6	0	0	0	A	
33	36			Local Directory	G		G		G		G		G		G		0	0	0	0	6	0	G	
34	37			Funding	A		R		A		A		A		A		1	0	5	0	0	0	A	
35	38	■		Safety, Privacy & Dignity in Mental Health Units - Single Sex Accom	G		G		R		G		G		G		1	0	0	0	5	0	G	
36	39			Mental Health Promotion	G		G		G		G		G		G		0	0	0	0	6	0	G	
n/a	40			Suicide Prevention													0	0	0	0	0	0		
37	41			Specialist Services	G		A		A		A		A		G		0	0	4	0	2	0	G	
38	42			Mental Health Act 1983 (Section 135/136/Places of safety)	G		A		A		G		G		G		0	0	2	0	4	0	G	
40	43			The Mental Health of People with Learning Disabilities	A		A		A		A		A		A		0	0	6	0	0	0	A	
41	44			Dual Diagnosis - LIT/DAT Interface	A		R		A		A		A		A		1	0	5	0	0	0	A	
n/a	45			Access Booking and Choice.													0	0	0	0	0	0		
39	n/a			MH Act 1983 Board Reps	A		A		A		G		G		G		0	0	3	0	3	0	G	
				TOTALS:RED	1	0	4	0	3	0	0	0	1	0	1	0	10	0					2	0
				TOTALS:AMBER	17	0	28	0	29	0	24	0	23	0	19	0			140	0			20	0
				TOTALS:GREEN	23	0	9	0	9	0	17	0	17	0	21	0					96	0	19	0

The **Joint Commissioning Panel for Mental Health**[18] (JCPMH) was established as a joint initiative between the Royal College of Psychiatrists and the Royal College of General Practitioners. It is a collaboration between seventeen leading organisations, inspiring commissioners to improve mental health and wellbeing, using a values based commissioning model. It aimed to develop practical guidance on what good services for mental illness, dementia and learning disabilities should look like, plus guidance on public mental health and values-based commissioning.

The JCPMH:

- publishes briefings on the key values and principles for effective mental health commissioning
- provides practical guidance and a framework for mental health commissioning

- supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
- develops guidance for best practice commissioning in areas where disparities in outcomes exist
- bring together patients, service users, clinicians, commissioners, managers and others to deliver the best possible commissioning for mental health and wellbeing.

Commissioning Guides
JCPMH produced a series of guides, which provide a description of what a 'good' service configuration should look like, supported by scientific evidence, service user and carer experience, and case studies of best practice. A list of published guides is included in the appendices.

NHS England (NHSE) aims to publish helpful resources for commissioners in relation to meeting agreed national standards. For example, NHSE, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence published '**Implementing the Early Intervention in Psychosis Access and Waiting Time Standard**' in 2016[19]. Resources included technical guidance on reporting for the standard, frequently asked questions and good practice examples. The guidance was designed to support local implementation of the standard by commissioners and mental health providers, working with service users and their families, carers and other partners. NHSE worked closely with Health Education England (HEE) in commissioning training places to support delivery of NICE recommended interventions, with a specific focus on cognitive behavioural therapy for psychosis and family interventions.

Public Health England (PHE) published '**Mental health services: cost-effective commissioning**[20]**.** Return on investment resources to support local commissioners in designing and implementing mental health and wellbeing support services' in 2017. The suite of four documents were designed to be used by local authorities, clinical commissioning groups, Health and Wellbeing Boards and their local partners (for example schools, employers, police) to improve the provision of mental health services.

The commissioning report summarized the evidence on promoting good mental health and reducing the impact of poor mental health, generated through a rapid evidence review. The return on investment (ROI) tool and user guide builds on the evidence in the commissioning report; can be adapted to local conditions; presents results showing the economic benefits of each intervention and demonstrates how to use the ROI tool. The barriers and facilitator report identified issues that can make the commissioning of mental health and wellbeing interventions easier or more difficult in a local area.

Public Health England (PHE) also published '**Mental health data and analysis: a guide for health professionals**[21]. Guidance for commissioners and health professionals to make decisions about mental health services and interventions based on data and analysis'. PHE brought together and analysed data on mental health conditions from across the health and care system and produced resources to help improve services and outcomes. This guidance is written for commissioners,

public health professionals and others involved in the local planning and provision of services that support people with mental health conditions. It should support them to use these resources to make or influence decisions about local services

This was published in 2017 and updated in 2019. Chapters include: Understanding mental health locally using profiling tools, Mental health and wellbeing: JSNA toolkit, Children and young people's mental health and wellbeing, Common mental health disorders, Crisis care. Perinatal mental health, Severe mental illness, Substance misuse and mental health issues, Suicide prevention and Older people's mental health.

'**The Community Mental Health Framework for Adults and Older Adults'**[22] published in September 2019. The Framework was commissioned by NHS England in 2017. It was developed by the National Collaborating Centre for Mental Health (NCCMH) in partnership with a large Expert Reference Group drawn from a range of disciplines and professions across health, social care, the VCSE sector, community groups, and users and carers. The NCCMH also benefited from the contributions of a team of National Advisors, and a service user and carer reference group.

This Framework describes how the model community mental health care will be transformed and modernised by moving away from siloed, hard-to-reach services towards joined up care and whole population approaches and establishing a revitalised purpose and identity for community mental health services. It supports the development of Primary Care Networks, Integrated Care Systems (ICSs) and personalised care, including how these developments will help to improve care for people with severe mental illnesses.

The full implementation guidance to The Community Mental Health Framework for Adults and Older Adults will be published soon by the Royal College of Psychiatrists.

'***Outcomes for mental health services What really matters***'[23] was also published in 2019 by the Kings Fund as a result of the increasing interest in the concept of ***value-based health care*** and how resources are allocated to improve outcomes. It noted that measuring outcomes in mental health services is often complex and fraught with difficulty, with professionals and service users often having very different perspectives on the nature of mental illness and the role of services in addressing it.

Through a series of over 100 conversations with people actively involved in mental health services in England including current and former service users, the report highlights how frameworks for measuring outcomes are often too narrowly focused on clinical outcomes. Whilst recovery-based frameworks are trying to widen this, neither fully captures what really matters to people.

The report challenges those in mental health to find a consensus on the outcomes that matter to people with mental health problems. Services should adopt a broader perspective on outcomes as a basis for collaborating with service users and a foundation for delivering more humane and effective care.

5. Reflecting on key lessons

The commissioning reforms in the UK were based on a key assumption that separating ‘commissioning’ from ‘providing’ responsibilities would introduce an element of tension in the system that would drive up efficiency. However, there is a counter argument that it also introduces an extra level of bureaucracy. There is now a return to a range of more collaborative models based on all key stakeholders working together to plan for, and meet, the health and social care needs for defined populations. This can best be done within a framework articulated by central government with reference to standards and outcomes to be met, but also with an appropriate level of flexibility on order to promote system development tailored to local needs.

Documentation drafted by Implemental Team
December 2019

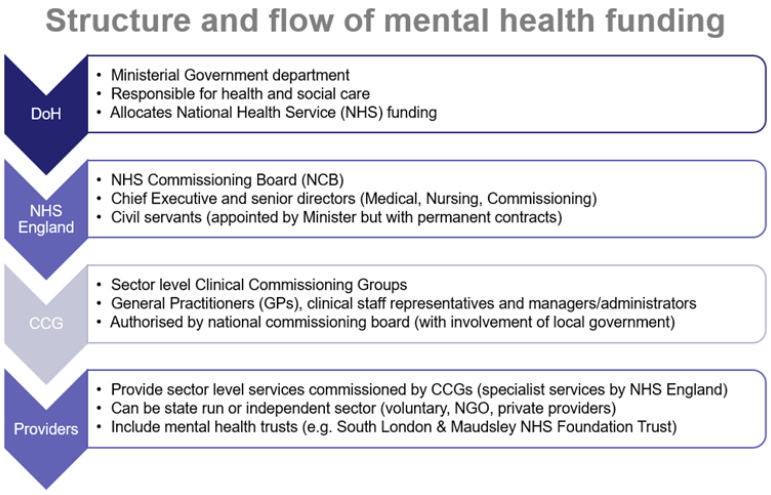
Appendix 1: Overview of Mental health policy in England

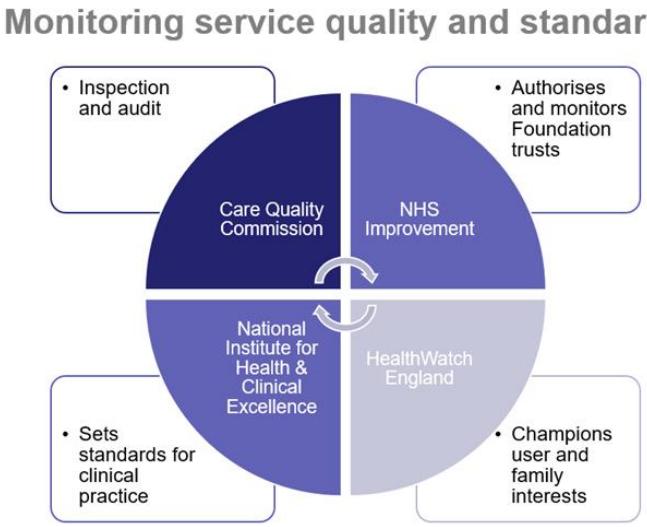
- Until 1999: there was no overall pattern of mental health services, variations in the standard of care, and dissatisfaction by service users and carers.
- This situation was transformed by the 1999 **National Service Framework for Mental Health**, which set centrally agreed standards, required a particular model of care and included strong and **financially incentivised performance management** methods.
- The NHS Plan included **specific targets** for numbers of new services, numbers of people who would be supported by such services, and deadlines for implementation
- **Mental Health Policy Implementation Guides** set out specifications for each service. A **National Institute for Mental Health** in England (NIMHE) was established to oversee implementation and was supported by eight regional development centres.
- Each local authority had a **local implementation team (LIT)**, with broad membership (including service users).
- Funding was allocated on the basis of targets for a defined geographical area and LITs were required to draw up **local implementation plans** and report against national and local milestones.
- In February 2011, the DoH published a revised **Mental health strategy** "No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages".
- The approach in the strategy is to: set out clear, shared objectives for mental health and stating what government departments will do to contribute to these objectives. It specifically explained how these objectives can be achieved **at both national and local levels** and across agencies at a time of financial challenge
- In July 2012, a new **Mental Health Implementation Framework** was launched "No health without mental health: implementation framework". This document set out concrete actions that a wide range of organisations can take so that the mental health strategy becomes a reality. The actions in the implementation framework are focused on action at a local level so organisations can work together to bring about change. It also advises on how to monitor and measure progress.
- The **Outcomes Frameworks** contain measures with specific relevance to mental health. They also contain more general measures, applying to all areas of health and care.
- Formed in March 2015, the independent **Mental Health Taskforce** brought together health and care leaders, people who use services and experts in the

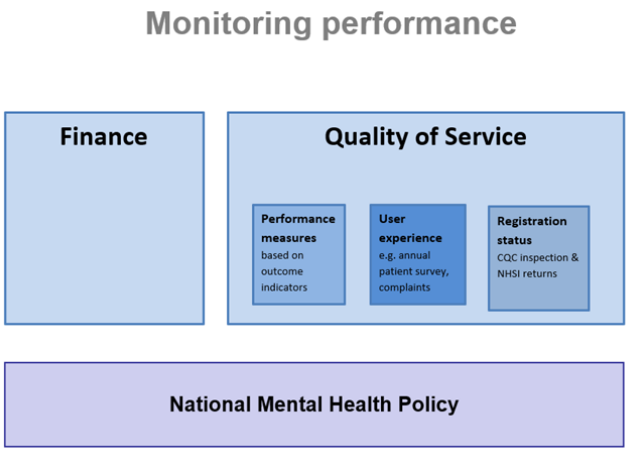
field to create a **Five Year Forward View for Mental Health for the NHS in England**.

- This national strategy, which covers care and support for all ages, was published in February 2016 and signifies the first time there has been a **strategic approach to improving mental health outcomes** across the health and care system, in partnership with the health arm's length bodies.
- In July 2016, NHS England published an **Implementation Plan** to set out the actions required to deliver the Five Year Forward View for Mental Health.
- The Implementation Plan brings together all the health delivery partners to ensure there is **cross-system working** to meet the recommendations made by the Taskforce.

Appendix 2: High level overview of how mental health services are commissioned







Appendix 3: Mental Health Clustering Tool & Payment by Results

- The 'Mental Health Clustering Tool'[24] (MHCT) was developed to support providers and commissioners in **measuring health and social care outcomes** in mental health
- MHCT is a means of **allocating service users to 'Care Clusters'** which in turn supports care planning and enables 'Payment by Results' (PbR) by allocating service users to one of a number of treatment clusters, each with a different price or tariff
- MHCT incorporates items from the '**Health of the Nations Outcome Scales**' (HoNOS) and the 'Summary of Assessments of Risk and Need' (SARN)
- HoNOS aimed to produce a brief measure capable of being completed routinely by clinicians and recorded as part of a **minimum mental health dataset**
- HoNOS is now the **most widely used outcome measure** in specialist mental health services and England, Australia, and New Zealand have mandated HoNOS for routine monitoring and outcome measurement across their mental health services at a national level
- The **clustering process makes demands** on clinicians' time, needs support from information systems and relies on bespoke training for clinicians.
- Guidance on the clustering process is set out in the '**Mental Health Clustering Booklet'** which is produced annually

Appendix 4: Examples of mental health performance measures

- proportion of people with serious and enduring mental health problems in settled accommodation
- receiving support in employment
- having a follow up within 7 days after discharge from hospital,
- having a review and HoNOS (outcome measure) assessment in the last 12 months
- inpatients having experienced a physical assault
- episodes of detained patients absent without leave (AWOL)
- new cases of psychosis served by early intervention team
- admissions to hospital screened by crisis resolution team
- admissions to adult wards by patients less than 16 years of age
- delayed transfers of care
- data quality on ethnicity
- data completeness for the National Mental Health Minimum Data Set.

Appendix 5: Joint Commissioning Panel Commissioning Guides

JCPMH produced a series of guides, which provide a description of what a 'good' service configuration should look like, supported by scientific evidence, service user and carer experience, and case studies of best practice[25]. The following is a list of published guides[26].

Guidance for commissioners of financially, environmentally, and socially sustainable mental health services
This guide supports commissioners, local health authorities and providers to think broadly, but practically, about building sustainable, resilient communities that have the potential, over time, to reduce mental ill health.

Guidance for commissioners of mental health services for people from black and minority ethnic communities
This guide describes what 'good' mental health services for people from Black and Minority Ethnic (BME) communities.

Guidance for commissioners of eating disorder services
This guide is about commissioning comprehensive mental health services for people with eating disorders that are therapeutic and promote independence and recovery.

Guidance on values-based commissioning in mental health
This guide is about Values-based Commissioning in Mental Health (VbC-MH), an approach where the commissioning process rests on three equal pillars: patient and carer perspective or values; clinical expertise; and knowledge derived from scientific or other systematic approaches

Guidance for commissioners of child and adolescent mental health services
This guide is about commissioning child and adolescent mental health services. It explains the purpose, characteristics and components of good quality services that are therapeutic, safe and support recovery.

Guidance for commissioners of acute care – inpatient and crisis home treatment
This guide is about commissioning services for people with acute mental health needs. It explains the purpose, characteristics and components of acute care so that commissioners can commission good quality services that are therapeutic, safe and support recovery.

Guidance for commissioners of community specialist mental health services
This guide is about the commissioning of specialist community mental health services. It explores the role of Community Mental Health Teams (CMHTs), Assertive Outreach Teams and Early Intervention Teams among others.

Guidance for commissioners of mental health services for people with learning disabilities

This guide is about the commissioning of mental health services for people with learning disabilities, enabling them to live full and rewarding lives as part of their local communities.

Guidance for commissioners of older people's mental health services
This guide is about the commissioning of mental health services which can improve the mental health and wellbeing of older people.

Guidance for commissioners of drug and alcohol services
This guide has been written to provide practical advice on developing and delivering local plans and strategies to commission the most effective and efficient drug and alcohol services for adults.

Guidance for commissioners of forensic mental health services
This guide is about the commissioning of high, medium, and low secure forensic mental health services for working-age adults.

Guidance for commissioning public mental health services
This guide is about the commissioning of public mental health interventions to reduce the burden of mental disorder, enhance mental wellbeing, and support the delivery of a broad range of outcomes relating to health, education and employment

Guidance for commissioners of rehabilitation services for people with complex mental health needs
This guide is about the commissioning of good quality mental health interventions and services for people with complex and longer term problems to support them in their recovery.

Guidance for commissioners for perinatal mental health services
This guide is about the commissioning of good quality perinatal mental health services.

Guidance for commissioners of primary care mental health services
This guide is about the commissioning of good quality, modern, primary mental health care services.

Guidance for commissioners of liaison mental health services to acute hospitals
This guide is about the commissioning of good quality liaison services for addressing mental health needs in acute care settings.

Guidance for commissioners of dementia services
This guide is about the commissioning of good quality care for people living with dementia, their carers and families.

Guidance for commissioners of mental health services for young people
This guide is about the commissioning of transitions services for young people making the transition from child and adolescent to adult services.

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