Commissioning for better mental health AND care

... the challenges for commissioners
Commissioners’ risks

Financial austerity and deficits

Pressure from STP processes and outcomes

Not understanding full investment (CCG, LA, PH, NHE, PHE, 3rd sector, etc.)

Narrow focus on NHS without wider determinants

Being focussed on the short-term and finances

Failure to address the infrastructure costs

Failure to move to community asset based provision

Unhelpful focus on provider trusts only

Not embracing the wellbeing, prevention & recovery agenda

www.nhscc.org
A reminder ...

London mental health costs

LONDON MENTAL HEALTH The invisible costs of mental ill health
Greater London Authority January 2014
A person will be able to say ...

- My family and I all **have access to services** which enable us to **maintain** both our mental and physical wellbeing.

- If I become unwell I use services which **assess and treat mental health disorders or conditions on a par with physical health illnesses**.

And not from NHSE

- And **improve** my **mental and physical health** together
Delivering prevention

We cannot address this crisis by focusing on crisis

Physical health
• Quaternary prevention – minimising physical health consequences of mental health conditions and treatment, avoiding over-medicalisation

Crisis care
• Tertiary prevention - working with people with established mental health problems to ensure the earliest path to sustainable recovery and to reduce the social, economic and health losses often resulting from living with a mental health problem.

Crisis avoidance
• Secondary prevention – identifying the earliest signs that mental health is being undermined and ensuring early intervention is available to minimise progression into a more serious mental health problem.

• Prevention & recovery
• Primary prevention – stopping mental health problems from occurring in the first place by using ‘upstream’ approaches.
Delivering prevention

- Creating an atmosphere that **fosters peer support** to promote **integration into the community**

- **Reducing reliance** on acute medical services and **shifting focus** to prevention methods

- Achieving better outcomes for **crisis prevention** and **community engagement**
Peers and crisis

Peer usage in crisis care

- **Thrive NYC**
- ... the City will invest in the training of additional peer specialists ... will equip individuals who have lived experience ... to take on workforce positions in the health care system and obtain their NYS Peer Specialist Certification. The City will **graduate 200** peer specialists from this program **per year** beginning in Fiscal Year 2017.
Complexity
Do not underestimate it!
STPs

• The only show in town!
  – they will determine the must-dos over the next 5 years
  – take priority over any other wishes for delivery
  – so have we put in enough effort to get them right?

• They should have engaged the providers
  – mental health and acute trusts, third sector, primary care, etc.
  – is your contribution evident in the STP?

• The ‘S’ has been tough enough (heroic, even!)
  – have we remembered the ‘T’?
  – it will only be ‘S’ if we get the ‘T’ right!
  – it will mean divesting ourselves of organisational protectionism – trusts, primary care, CCGs and more

• Have we engaged the public sufficiently?
  – clearly not
  – nor the local authorities who are now publishing and be damned
Guidance

• **Parity of esteem**
  - it is NOT in your baselines
  - it is to deliver change, innovation and transformation
  - for some CCGs a real problem financially

• **Two-year contracts**
  - signed by 23rd December
  - in danger of binding ourselves to last year’s outturns, so likely to include in-year variation
  - gives trusts some guarantee of income and gives us a year off from contracting round to get our acts together (e.g. we still do not have costed activity from 15/16)

• **Blocks contracts not approved**
  - move to year of care, capitated and outcomes based contracts
  - likely include some kind of risk share that may look a bit like a block contract?

• **Implement the FYFV deliverables**
  - as a baseline!
  - early intervention making progress
  - IAPT needs investment to achieve penetration and trialling of extension to LTCs
  - perinatal bids awaited (what do areas do that do not get investment?)
  - liaison - variable
  - children and young people – needs investment
This does not include:

- LA funding
- PH funding
- NHSE funding
- PHE funding
- Primary care funding
- Prescribing funding
MENTAL HEALTH IN NEW MODELS OF CARE
New models of care

- **Still awaiting more details**
  - mental health not prominent in vanguards
  - London MH Clinical Network will produce a report on enhanced models of primary care mental health in March

- **Much being done despite this**
  - included in many developing integrated care systems
  - real gain is in collaborative community based working

- **Crisp report**
  - the solution is not more beds but more and better care in the community
  - ‘The report rightly says this is not just about beds but is about understanding why people are admitted and why it can be difficult to discharge some people. The real answer is to ensure people can get care when and where they need it most.’
    (Stephen Dalton, February 2016)
Primary care at the heart of mental health

- Liaison
- Perinatal MH
- Inpatient care
- Recovery
- Housing
- Specialised services
- Socialisation
- Crisis house
- Community MH Team / Home Treatment Team / etc.
- Crisis cafe
- Employment
- Dementia
- Section 136
- SMS
- iCope
- Sections
Co-commissioning

• We need clinicians to get together to solve some of the ‘wicked’ problems of health and care delivery
  – clearly the NHS is changing again and the role of commissioning and CCGs is being reviewed
  – we need to protect a clinically led service that works hand in glove with managers, local authorities, the third sector and the public to make a difference for our populations

• There are cultural issues here
  – some trusts are willing to get their clinicians to work with commissioners to design innovative solutions
  – others want to design services they try to sell to the commissioners
  – which is co-commissioning?
Commissioners’ risks

- Financial austerity and deficits
- Pressure from STP processes and outcomes
- Not understanding full investment (CCG, LA, PH, NHE, PHE, 3rd sector, etc.)
- Narrow focus on NHS without wider determinants
- Being focussed on the short-term and finances
  - Failure to address the infrastructure costs
  - Unhelpful focus on provider trusts only
  - Not embracing the wellbeing, prevention & recovery agenda
  - Failure to move to community asset based provision

www.nhscc.org
Thank you

Phil Moore
phil@philmoore.org