

Commissioning Theme



To develop an understanding of what a good commissioning strategy looks like and of how local health and social care communities might go about developing such strategies.



Specific objectives

- Content – what goes in
- Process – what works in commissioning
- Policy context – what are the implications
- Situational – how do we get the ‘best fit’



Situation now: some links but overall quite separate mechanisms and processes



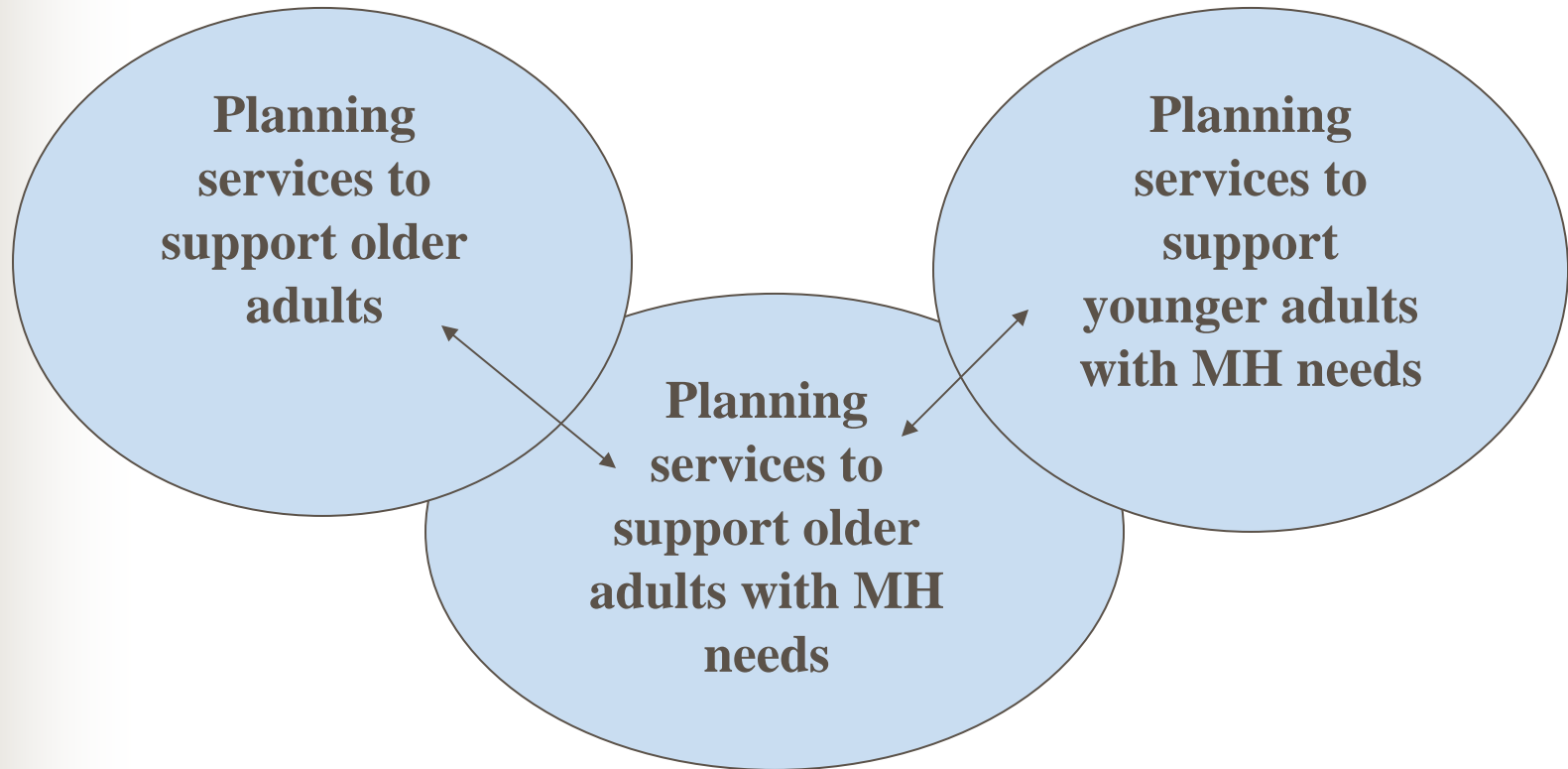
```
graph TD; A((Planning services to support older adults)) --- B((Planning services to support older adults with MH needs)); A --- C((Planning services to support younger adults with MH needs)); B --- C;
```

Planning services to support older adults

Planning services to support younger adults with MH needs

Planning services to support older adults with MH needs

Where we want to get to: robust links, with clearly understood overlaps and underpinned by connected mechanisms and processes





What we did next...

- Designed a questionnaire to identify what currently works and doesn't work by looking at:
 - Local commissioning culture
 - Mental health commissioning arrangements
 - Assessment of needs and services



So, how was it for you?

- Questionnaire proved useful in that it:
 - Facilitated reflection on how we do things
 - Highlighted areas for development in planning and / or commissioning
 - Prompted us to ‘think differently’
 - Helped to challenge stigma and age discrimination within the system



Some lessons learnt

- Getting the vision right is one of the best levers
- OPMH must sit within a robust accountability structure that includes user/carer engagement
- Extensive networks provide linkages into many and various strategies, which contribute to the OPMH agenda, such as housing, well-being etc
- This puts OPMH explicitly in the mainstream of development



The end of the road for ‘traditional’ commissioning?

- Although there are examples of strong and effective commissioning to improve health and well-being, practice remains highly variable and is often not focused on those interventions that would have the biggest impact.
- Many commissioners (whether NHS or local authority) may find it hard to bring together the capacity, capability and leadership necessary to commission health and well-being effectively.
- Many (commissioning development initiatives) are not joint initiatives, when they should be.



Can we ‘commission’ differently?

- Commissioning pathway that is ‘outcome focused’ and ‘needs-led’
- An approach that considers the ‘whole system’
- Cannot be done without our partners and key players



And so the story goes on...

- Much more than just a strategy document:
 - Building capacity, skills and working relationships
 - Achieving ‘buy-in from stakeholders
 - Changing relationships between commissioners and providers
 - Ensuring mental health becomes ‘mainstream’ through an outcome focused and needs-led approach to commissioning