

THE DO's and DON'Ts of ADULT MENTAL HEALTH COMMISSIONING

These points about mental health commissioning have been distilled from the work HASCAS has done with 20 Primary Care Trusts and their local health and social care economies. They are not intended to be an exhaustive list, but a useful guide to what appears to be good practice and works, and the things to avoid as they are less likely to prove successful.

	DO	DON'T
1	Ensure that your lead mental health commissioner understands mental health issues.	Entrust mental health commissioning to someone who has little or no experience of mental health .
2	Involve all stakeholders in the commissioning process. This should start with contributing to the development of the strategy . These will include: <ul style="list-style-type: none"> • Service users and carers • Voluntary agencies • Social Services • Housing • Public Health • Mental Health Providers • Primary Care 	Start to develop a strategy on your own without reference to the range of local interested parties. Send out a document and solicit comments without the local stakeholders having helped to produce the strategy .
3	Get the assistance of Public Health in identifying the needs of the local population, and in particular looking at the needs of black and ethnic minority groups and any refugees and asylum seekers, plus any significant deprived communities. The voluntary sector can also provide information about the needs of specific sub-groups of the population.	Try to do all the needs assessment and analysis on your own.
4	Examine all elements of the current mental health services and determine with users and carers and other key stakeholders where changes are needed, and how comprehensive the services are in relation to policy requirements and in covering the total population - then identify any gaps and begin to draft a development plan.	Let the local specialist mental health trust determine the development agenda without first looking at the objectives you want to achieve.
5	Involve Primary Care and with all local partners develop a draft mental health strategy which addresses the needs of the local population at primary, secondary and tertiary levels.	Allow other commissioners within the PCT to develop a mental health strategy for Primary Care without reference to the other mental health work being undertaken within the PCT.



	DO	DON'T
6	Circulate the draft strategy to as wide a range of interests as possible to ensure as big an audience as possible - and hold stakeholder events to explain the strategy and gain comments and suggestions.	Keep the strategy under wraps without gaining ownership from all the main stakeholders .
7	Work closely with Social Services to agree a financial strategy and timetable to support the Mental Health Strategy. Working jointly, either informally or via Section 28/31 Agreements.	Publish a strategy without both a supporting financial strategy and a timetable for implementation.
8	Work closely with the provider Trust and agree a detailed Service Level Agreement describing the nature of the service to be provided, with some mutually useful outcome measures to show the key deliverables are actually being met.	Enter into a block contract for the whole service without any of the constituent elements being identified. Omit to include some locally useful outcome measures .
9	Agree with service users how they can be involved in monitoring the local mental health services - helping them to set standards and providing training in how to review the services against them through interviews with current service users and other means.	Fail to empower service users and carers in helping to monitor services .
10	Look at how the mental health system is working as a whole system , and at the care pathways within and between the various components of the service. Once all the NSF requirements are in place begin to examine the role of the Community Mental Health Teams to ensure the needs of all service users are being appropriately met, with support for those with continuing care needs. Be prepared to trouble-shoot to ensure services are working well.	Sit back with relief that the teams are all in place without ensuring that the overall system is working well.

Factors which lead to 'better' Commissioning

- Clarity of commissioning roles - and ensuring the strategies for other closely related client groups (especially CAMHS, Older People with Mental Health problems and Substance Misuse) reflect the criteria and procedures for transition between services.
- Partnership in commissioning
- Involvement of a wide range of stakeholders
- Public Health input - awareness of local population needs, history and circumstances
- Engagement with Primary Care
- Presence of an active voluntary sector
- Federalist attitude from NHS Provider Trust allowing local circumstances to be recognised
- Senior management endorsement and knowledge of mental health issues
- Underpinning financial strategy and timetable to support mental health strategy

