NHS Bournemouth and Poole

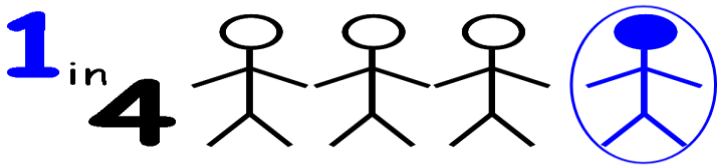
NHS Dorset

Bournemouth Borough Council

DORSET County Council

boroughofpoole.com

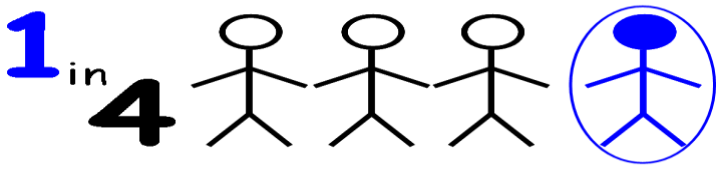
time to change
let's end mental health discrimination



ONE IN FOUR

JOINT COMMISSIONING STRATEGY FOR MENTAL HEALTH SERVICES IN BOURNEMOUTH, DORSET AND POOLE

2010 – 2015



One in four

CONTENTS

1. INTRODUCTION

1.1 This document sets out the Joint Mental Health Commissioning Strategy for all ages in Bournemouth Dorset and Poole for the financial years of 2010-2015.

1.2 The local vision for mental health services has been considered and identified through the Strengthening Mental Health listening and participation event held in Dorset on 6 February 2008, individual stakeholder events in the Autumn 2009 and during the consultation period on the draft commissioning strategy. This was launched on 27 November 2009 and closed on 5 March 2010.

1.3 This strategy will:

- provide the commissioners, from health and social care with a clear vision and shared understanding of our aims and intentions;
- identify opportunities for providers to work with us to achieve those aims;
- reinforce the importance and value of recovery, empowerment, peer support, participation and leadership by people with a lived experience, and
- establish mechanisms for our local community to understand and contribute to the process and implementation of our 5 year plan and beyond.

1.4 Our vision and strategy will include:

- The overall case for change both from a National, Regional and Local context
- An overview of the proposed changes and plans and the framework we will work within through what will be a period of continual change;
- Proposals and commissioning initiatives that can be developed within the potential financial framework available to us; and
- How we intend to implement the strategy.

1.5 This strategy is underpinned by local and national strategies and programmes and these are summarised below.

1.6 The NHS Bournemouth and Poole strategic plan for 2010-15:

- sets out a vision for a healthy population, with informed individuals who are living independent, healthy lives, supported appropriately to take care of themselves. When they do need treatment or additional support, we expect local people to be able to access a range of integrated high quality services, at a time and place to suit them;
- is committed to providing value for money for all its services and is working to ensure that all local services meet the needs of local people. This means that the most appropriate treatment and services are available for people based on evidence, experience and need whilst ensuring that local people

can access these services, when they need them, confident that they will be treated with kindness, dignity and respect;

- has five broad strategic initiatives:
  - improving health and reducing health inequalities;
  - integrating and improving services for children, young people and their families;
  - improving care for adults and older people;
  - improving mental health services; and
  - reshaping acute services, while maintaining swift access.

As the programme for these initiatives is taken forward, it may be necessary to realign our activity and ensure that our resources are allocated to where they are most needed. This will be done by:

- a greater focus on prevention and keeping people in good health;
- reducing procedures with limited clinical benefit;
- providing alternative urgent care services to reduce unnecessary hospital admissions;
- more proactive care for people with long term conditions to avoid crises;
- more integrated work to avoid duplication of services and confusion;
- more care in peoples homes;
- improving prescribing and reducing wasted medicines;
- delivering shared standards for care; and
- reducing lengths of stay in hospital.

- Confirms that the strategic direction will inevitably be influenced by the changing economic climate. The NHS in Bournemouth and Poole has seen significant growth in recent years which has enabled many improvements in local services, but we need to ensure now that these fit together in a streamlined pattern of service, which is organised around the needs of individuals and their carers

1.7 The NHS Dorset strategic plan for a Healthier Dorset 2010-14:

has a clear vision for a healthier Dorset with a key aim to help people to stay healthy and provide care as close to home as possible with four strategic goals to:

- help people to live a longer and healthier life;
- deliver care where and when it is needed;
- to deliver care to in a way that people would expect; and
- to achieve best value for money.

Engagement with patients, public, clinicians and local partners has highlighted the following core themes;

- integrated joined up commissioning;
- access;
- coordination of service delivery;
- equity; and
- education and self care.

The goals in the strategy that are based on six programmes and will be delivered through robust commissioning and they are;

- staying healthy;
- maternity, newborn children and young people;
- planned care and long term conditions;
- emergency care and urgent care;
- end of life care; and
- mental health
    - Through 6 work programmes:
        - promoting well being;
        - tackling stigma, discrimination and inequalities;
        - promoting independence and choice;
        - providing primary mental health care;
        - promoting recovery and social inclusion; and
        - implementing Improving Access to Psychological Therapies.

1.8 Equity and Excellence: Liberating the NHS, the NHS White Paper was published in July 2010 and sets out the Government's long-term vision for the future of the NHS. This vision builds on the core values and principles of the NHS- a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how:

- patients will be put at the heart of everything the NHS does;
- there will be a focus on continuously improving those things that really matter to patients- the outcome of their healthcare; and
- clinicians will be empowered and liberated to innovate with a freedom to focus on improving healthcare services.

The aspirations for mental health are:

- the commissioning of services will be transferred to groups of GPs under the GP consortia with the exception of specialised services that will be the responsibility of the National Commissioning Board;
- choice- the White Paper states that choice of both treatment and provider of care will be extended in to some mental health services from April 2011. The importance of this decision to enable effective patient choice is particularly acknowledged for mental health and community services;
- a set of payment by results currencies for adult mental health services will be introduced from 2012/13. Payment mechanisms to support the commissioning of talking therapies will also be formulated; and
- mental health outcomes will be included in the NHS Outcomes framework.

Other key points that will in turn support our local strategy will be:

- further exploration of the potential to use personal health budgets;
- incentives for quality improvements, and
- closer working between health and social care.

It is recognised that the implementation of this 5 year strategy will be influenced by the NHS Bill when it is statute.

1.9 Putting People First- Transforming Adult Social care, sets out the direction for 10 years and more for adult social care. It describes the sort of society "Putting People First" envisages, where people can have choice and control in their lives, whether they need support from others now or in the future.

To do this there will need to be a big change in the way communities, organisations and individuals work to support people.

There are four areas on which local authorities and their partners will focus to help make sure serviced become more personalised and to get the right results for people. They are:

- Universal Services
  - is about general support and services available to everyone, including transport, leisure, education, health, housing, community safety and access to information and advice;
- Early intervention and prevention
  - is about support, available to assist people who need a little more help, at an early stage to stay independent for as long as possible. The may include support to recover from the effects of illness and help to manage long term conditions;
- Choice and control

- is about self directed support that means having services available to meet people's needs rather than people having to fit in with the services on offer.; and

- Social capital
  - Is about how society works to make sure everyone has the opportunity to be part of a community and experience the friendships and care that can come from families, friends and neighbours

The direction is clear; to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services. In social care this means every person across the spectrum of need, having choice and control over the shape of his or her support in the most appropriate setting.

This is a challenging agenda, which cannot be delivered by social care alone. To achieve this sort of transformation across Bournemouth, Dorset and Poole it will mean working across boundaries of social care such as housing, benefits, leisure, transport and health. Major programmes of work are in progress in all 3 authorities and this includes working across the sector with partners from independent voluntary and community organisations to ensure a strategic balance of investment in local services.

2. BACKGROUND

2.1 This strategy builds on the comprehensive work programme that has taken place over the past 10 years.

2.2 The National Context

The National Service Framework for Mental Health- (NSF) first published in 1999 reached the end of its 10 year implementation timetable in December 2009. During this time a number of key changes, leading to significant improvements in care, have taken place. These include:

- creation of crisis resolution/ home treatment teams that have enabled people with acute mental health problems to stay at home, instead of an admission to hospital;
- creation of assertive outreach teams, supporting people with the most complex mental health and social problems;
- delivery of early intervention in psychosis services, working to reduce the risk of young people developing more serious and long-term problems;
- improving access to psychological therapies to treat common mental health problems such as depression and anxiety;
- increasing and focussing support on supporting people with mental health problems into mainstream community life, such as vocational

and employment opportunities, education, social activities and healthier lifestyles

- modernisation in inpatient care settings;
- increased investment in mental health services and staffing levels;
- improvement in suicide prevention activities; and
- improving service user and carer satisfaction.

New Horizons published by the Department of Health in December 2009 builds on the last decade and draws together the very best of new thinking and identifies areas of the NSF that are as yet unmet and which are worthy of pursuing from 2010 onwards.

The document recognised that mental health is not just a healthcare issue, but rather one that requires a strategy including; the wider health services, local authorities, employers education and criminal justice agencies.

This shift is described in the document as “a comprehensive programme for action for improving mental well-being for the population and the services that care for people with poor mental health by 2020”

Our local strategy will describe how we will aim to influence organisations that are statutory, voluntary or independent as well as local communities and individuals that work towards “a society that values mental well-being as much as physical health” and outline the benefits of reducing the burden of mental illness and unlocking the benefits of well-being in terms of physical health, educational attainment, employment and reduced crime”

Personalised care will be an important aspect to our strategy and we will describe how this is being rolled out in this document in the first instance in social care and perhaps in due course in health settings. NHS Dorset are currently piloting “personal health budgets “.

2.3 Regional Context

Development of the mental health care pathway

The pathways we would want to see are pathways built around the person. Each pathway would be personal to that individual, their family and what their mental health needs are.

This approach focuses on the personalisation agenda, self directed support, recovery services and enhances the choice of interventions of the person into their recovery plan.

It builds on the belief that people who have a mental health breakdown can manage the effect their condition has on their life, with support from services. It is the task of services

to be responsive to people's individual choices and aspirations. This will require greater flexibility and jointed working with many different services from professionals.

We want people to have open access to primary care mental health services and that these services will work in practice based commissioning localities with colleagues from primary and social care. These professional can refer on to their colleagues in specialist services when the need arises for ongoing specialist treatment under the requirements of the Care Programme Approach (CPA).

Quality, Innovation, Prevention and Productivity (QIPP) programme

The QIPP programme is a national requirement that requires NHS Dorset and NHS Bournemouth and Poole, to identify initiatives that will improve quality within mental health services and increase productivity. Service initiatives must be developed within existing budgets. Within Bournemouth, Dorset and Poole, emphasis will be placed on reviewing:

- the numbers and location of inpatient beds;
- primary care, community and specialist care pathways;
- care plans, including out of area placements, continuing healthcare and Section 117 (1983 Mental Health Act) aftercare;
- mental health liaison in acute hospitals; and
- psychological support for people with medically unexplained symptoms and long term conditions.

Mental Health Ambitions- South West New Horizons development of strategy

The strategic framework for improving health in the South West 2009/09 to 2010/11 was published in November 2008. The strategy cited ambitious plans for the delivery of regional and local mental health services. The South West has significantly higher rates of hospital admissions for self harm, depression and anxiety disorder than the England average. The strategy cited that the following improvements should be delivered:

- improved access to specialist mental health services, with routine multi-disciplinary assessments started within four weeks by 31 March 2011;
- improved access for carers;
- adults with mild to moderate depression and anxiety have access to psychological therapies by March 2011. This has been achieved across Bournemouth, Dorset and Poole;
- community based eating disorder services are available by March 2011. This has been achieved across Dorset, Bournemouth and Poole;
- people diagnosed with a dementia have an agreed care plan within four weeks of their diagnosis by 31 March 2010;

- people receiving acute hospital care for physical conditions have access to a full range of mental health liaison services. This has been achieved in Bournemouth and Poole;
- people who are experiencing a serious mental illness have a named primary care worker, when discharged back to their GP; and
- primary care trusts should use at least three best practice pathways and incorporate service user- led outcomes in their commissioning requirements by 31 March 2010.

2.4 **Local context**-

- This strategy will encompass the localities of Bournemouth, Dorset and Poole
- The joint commissioners responsible for this strategy come from five separate organisations working together. They are:
  - NHS Bournemouth and Poole, who are responsible for commissioning health services for those patients registered with a General Practitioner within those localities;
  - NHS Dorset, who are responsible for commissioning health services for those patients registered with a General Practitioner within Dorset;
  - Bournemouth Borough Council, who are responsible for the social care of the residents of Bournemouth;
  - Dorset County Council, who are responsible for the social care of the residents of Dorset;
  - Borough of Poole, who are responsible for the social care of the residents of Poole.

All health and social care organisations, both statutory and non statutory, in Bournemouth, Dorset and Poole have a history of successfully working closely in partnership over the past ten years and have reaped the rewards this has brought. Service user and carer groups have had an integral role. It is anticipated that this will strengthen further during the life of this five year strategy. Equity and excellence: Liberating the NHS, proposes significant changes to NHS commissioning over the next two years. The strategic direction set out in “1 in 4” will provide an underpinning framework for commissioning excellence in mental health across Bournemouth, Dorset and Poole.

Careful attention was given to the development and publication of the consultation paper for this strategy and the involvement of service users, carers and staff was at the forefront.

The responses to the consultation of the national ” **New Horizons**” strategy expressed a real hunger for change, whether for building a society that promotes and openly

discusses well-being and mental health, to winning stronger rights against discrimination or assuring timely access to high-quality care a treatment from respectful, caring and skilled staff.

The main issues identified were:

- mental health is “Everybody Business”;
- public mental health;
- schools;
- work;
- families, carers, friends and informal networks;
- access to quality services;
- access, equality and complex needs;
- involvement and empowerment;
- a more effective system; and
- stigma and discrimination.

The responses received from the consultation to our local strategy “**1 in 4**” reflected similar issues and aspirations and these are summarised in Appendix 2 to this document. The main issues have been identified, as this gives a more representative overview than organising responses around the 9 consultation questions.

Statement

The commissioners of mental health services for Dorset, Bournemouth and Poole have stated their intention to put people who use mental health services, and those who care for them, at the heart of this strategy. In support of this aim, we have worked with the commissioners on their strategic priorities and in the writing of this document. However, the document itself is only the beginning of a five-year plan to turn words into actions that improve the lives of everybody affected by mental health problems. We will continue working alongside the commissioners and providers of mental health services, over the five years of this strategy, to ensure that people with lived experience are at the forefront of the actions that are necessary to turn this strategy into reality.

Dorset Mental Health Forum
Poole Mental Health Forum
Bournemouth Service User
East Dorset Mental Health Carers Forum

As this strategy has developed from it’s initial stages in the summer of 2009 until its publication in the autumn of 2010 it needs to be noted that the economic and political climate has changed. The forums who have been closely involved in all stages want to say that they have concerns about how the statutory and third sector providers will be able to deliver the intentions with anticipated substantial cuts in spending at the Autumn 2010 spending review.

We will use the following local information to support our strategy:

- Understanding the needs of our population- Appendix 1
- The experiences and aspirations of a wider range of people understanding the views of our population- Appendix 2

3. CASE FOR CHANGE

3.1 Feedback given by the NHS Southwest over this period has demonstrated our success in implementing the requirements of the National Service Framework. We now need to look at our local models of service.

3.2 The New Horizons Document published in December 2009 laid out the next steps in continuing to improve services to those with mental health problems and illness.

3.3 It highlighted the role that health services must play in partnership with local authorities and others to deliver quality services that are accessible, integrated and safe, and that agencies need to work together to keep people safe from harm.

3.4 It also recognised that mental health does not exist in isolation: “good mental health is linked to good physical health, and is fundamental to achieving improved educational attainment, increased employment opportunities, reduced criminality and social exclusion and reduced health inequalities”.

3.5 There is a growing impetus of recovery, peer support and peer specialist workers together with a changing expectation of people using mental health services.

3.6 We will adopt a public mental health approach, (that is, the prevention of mental ill health and the promotion of good mental health) within our strategy to address the broader agenda of improving whole population well-being and mental health together with prevention, early intervention and treatment and recovery from mental illness.

3.7 We would wish to work with the three local strategic partnerships across Bournemouth, Dorset and Poole and use a systemic evidence-based approach to guide the actions of local partners, and commissioners.

3.8 Well-being as defined in the Public Mental Health Framework is;

- “A positive state of mind and body, feeling safe and able to cope with a sense of connection with people, communities and the wider environment”
- Well-being is therefore distinct from mental illness. Someone can have symptoms of mental-illness and still experience well-being and emotional

resilience just as a person with a physical illness or long-term disability can. In the same way someone can have poor mental well-being, but have no clinically identifiable mental illness.

3.9 The NHS Quality, Innovation, Productivity and Prevention (QIPP)Challenge (Department of Health 2010) sets out a clear imperative for commissioners and providers to provide high quality care in a tough economic environment. It is an opportunity to re-invest in to those services we, as a health and social care community, have identified as being essential to maintaining/improving good mental health.

3.10 There is a need to develop services to meet changing aspirations of people who experience mental ill health and to ensure services provided offer value for money. This is a continuing and ongoing process with both national and local drivers.

3.11 Whilst acknowledging our achievements to date based on the NSF implementation programme we recognise that:

- we have more inpatient beds including, NHS rehabilitation beds, than evidence suggests we need;
- the role of rehabilitation services should more clearly focus on actively promoting recovery, independence and the regaining of skills than is possible within relatively institutional service models;
- the introduction of new types of community teams (early intervention, crisis resolution and home treatment and assertive outreach) has led to a need for the future role of community mental health teams to be redefined;
- we need to look significantly at a care pathway for mental health that ensures care is provided in an integrated health and social care model both at primary and specialist levels;
- the personalisation programme and the change towards recovery-orientated approaches to mental health means we need to give service users and their carers more control over their lives and what support they need;
- we need to significantly improve mental health services in primary care to support more people accessing specialist help, and to ensure that support is available when they leave specialist services. e.g. through the development of peer support groups and other forms of self-help and mutual support;
- we need to make more robust primary and social care systems work, to include vocational programmes, which offer a range of employment including job retention) training and volunteering opportunities, and further education support all of which have preventative benefits;

- we need to provide a range of accommodation which meets the more complex needs of people with a severe and enduring mental health problem as well as those who require assistance in their recovery journey;
- there is a changing population with increasing diverse needs and we need to ensure we have services in place to meet the individuals or groups needs;
- we need to develop a personality disorder strategy. The south west strategy is currently being developed which will form the basis of the Bournemouth, Dorset and Poole proposal;
- we need to develop services to effectively meet the needs of those people who present with co-morbidity;
- we need to ensure services are in place to comply with the requirements of the National Autistic Strategy;
- we need to build on and stimulate the local voluntary and third sector providers which will promote more user-led service provision;
- we need to identify how mental well-being impacts on people who have a long term condition which could be alleviated through psychological support;
- we need to work with primary and secondary care services to identify at an early stage those people who frequently present with medically unexplained conditions and again determine whether these conditions can be alleviated through psychological support ; and
- it must be recognised that future service delivery and improvement can only take place utilising existing budgets and resources. This will inevitably mean the loss of some services with savings being re-invested in new or improved opportunities.

4. OUR PROPOSALS & COMMISSIONING INITIATIVES

4.1 "New Horizons" set out the next stage in the National Strategy for improving mental health in England and the case for major changes in the way mental health and social care services are considered and delivered.

4.2 Actions are grouped under a number of key themes:

- prevention of mental-ill health and promoting mental health;
- early intervention;
- tackling stigma;
- strengthening transitions and services for young people;
- personalised care; and
- innovations.

4.3 Effective strategies to tackle these themes are identified as:

- multi-agency commissioning and collaboration; and
- achieving value for money.

4.4 Cost effectiveness of interventions has become critical. Service improvements will need to be self-financing, soundly evidence based and clearly related to our :

- local proposals and commissioning initiatives with agreed outcomes; and
- these will be complemented by the national mental health strategy we anticipate to receive in Autumn 2010 but we do not believe that our local direction will require much adjustment, as a consequence.

4.5 Our overall aims are that:

- we will commission services only where there is an assessed need and only if the person is deemed to be a risk to themselves or others, should inpatient care be considered;
- services should deliver evidence-base, preventative interventions, with speedy and flexible access for our population who experience mental ill health;
- services should be planned around pathways of care, with defined roles for specialist mental health expertise, from primary and community care to inpatient care;
- integrated health and social care services will focus on prevention, independence, recovery; and
- service user and carer engagement will be key.

4.6 We intend that our strategy to improve mental health care in Bournemouth, Dorset and Poole will:

- improve access, prevention and treatment in primary care;
- develop reconfigured pathways of care for people with severe, longstanding and complex needs;
- reduce inpatient use;
- offer personalised care;
- focus on public mental health initiatives;
- strengthen the transition and services for young people so that theyhave seamless pathways of care;
- improve and recognise the importance of the Mental Well-being within families;
- recognise equality and diversity;
- link closely to the local Children and Young People strategies;

- re-enforce the need for robust services for older people with mental health problems; and
- link closely to the local strategies for Dementia .

4.7 We will deliver these intentions by defining:

- The local case for change
- The pathways we want to see
- How we intend to make the changes happen

4.8 We will implement our intentions as follows:

- **Improve access, prevention and treatment in Primary Care**
  - Local case for change: people are more likely to recover more quickly and stay well if the treatment they receive is timely, effective and accessible.
  - The pathway we want to see will deliver appropriate mental health services within primary care and therefore care closer to home.
  - We will make this change happen by working with local GPs and mental health secondary care providers and through the mental health QIPP programme.
- **Develop reconfigured pathways of care for people with severe, longstanding and complex needs**
  - Local case for change: People with severe, longstanding and complex needs, can fall out of mainstream services, due to the complexity of their illness. This cannot continue to happen.
  - The pathway we want to see will be determined through the mental health QIPP programme and we will work with providers in both the statutory and voluntary sectors.
  - The change we want to see will be that people receive the right treatment the first time and are not passed between services in a complex system of care services.
- **Reducing inpatient beds**
  - Local case for change: to deliver treatments as close to the patients home as possible. Evidence is that people recover more effectively within their own support environment, not in hospital.
  - The pathway we want to see defines that only people who present with a condition that cannot be effectively treated within the community are admitted to hospital. For those who are admitted their stay is as short as possible.

- We will make this change happen by working with primary care, secondary mental health providers and the local authorities to ensure appropriate services are in place to offer early interventions and appropriate support to facilitate early discharge and early treatment.

- **Offer personalised care**

  - Local case for change: People will be entitled to a greater choice in the way they receive services to meet their assessed/diagnosed needs. People should therefore be offered personalised budgets to purchase services/treatments of their choice.
  - A coherent and consistent pathway will be developed across health and social care providers.
  - Change will happen through ensuring robust processes are in place that all people who meet the eligibility criteria, are offered self directed support

- **Focus on Public Mental Health Initiatives**

  - Local case for change: to plan for the development of initiatives as contained within the publication of the national document "Better Communities, Brighter Futures".
  - Local pathways will be developed as the local public mental health strategy is developed and delivered.
  - Change will happen through greater involvement of public health services in designing and delivering services around the preventative mental health agenda.

- **Strengthen transition and services for young people so that they have seamless pathways of care**

  - Local case for change: Young people who are receiving mental health support should continue to receive appropriate assessed services as they enter adulthood.
  - The pathway we want to see will ensure adult and children's services (including child and adolescent mental health service), will have agreed processes to ensure a smooth transition for the young person as they enter adulthood.
  - The required change will be addressed by the development of improved working between children and adult services.

- **Improve and recognise the importance of the Mental Well-being within families**

  - Local case for change: Evidence has shown that greater resilience is experienced within families, where appropriate support is

provided to family members who have either a severe or common mental illness

- A pathway will be developed to ensure that timely support is provided to families, particularly where, as a consequence of a family member's mental ill health, there are potential safeguarding concerns within the family.
- Change will happen through the development of continued and improved working with local Children's Services.

- **Recognise equality and diversity**
  - Local case for change: Commissioners must be assured that all services are delivered in a non-discriminatory way and that no individual or group is prevented from accessing services by way of age, gender, sexual orientation or race.
  - Local pathways must ensure total accessibility for all residents of Bournemouth, Dorset and Poole
  - Change will happen through the contract monitoring process to ensure that quality impact assessments are an intrinsic part of the commissioning process.

- **Reinforce the need for robust services for older people with mental health problems**
  - Local case for change: Older people will receive appropriate treatments, based on their diagnosis, not their age.
  - All local mental health pathways must be accessible to people of all ages.
  - Change will happen through contract monitoring and commissioning, ensuring that services are appropriate and effective to everybody who requires them.

5. IMPLEMENTATION-

At the time of writing this strategy and its publication it is acknowledged that future commissioning arrangements through the GP consortia will be in place by April 2013. As new arrangements come in to place this document will support and guide the new commissioners and other key stakeholders accordingly.

5.1 Procuring improved services in line with this strategy

This section explains how we propose to work with current and prospective service providers and services users and carers to ensure that services develop in ways which are consistent with this strategy.

Procurement can, in principle, involve negotiated change with existing service providers. It can also involve formal competitive tendering for blocks of service, or case by case commissioning for individual people. We will ensure our approach is consistent with local and national requirements concerning personalisation, practice based commissioning, payment by results and the standard contract for mental health services.

Our overall intentions are:

- we will pursue implementation of this strategy through negotiated change, where possible;
- we plan to work with service providers over the lifetime of this strategy to gradually improve the focus and usefulness of the information we receive about the performance of these services;
- we expect to align joint commissioning of mental health services with GP commissioning over the lifetime of this strategy. We recognise that GPs play a pivotal role as part of the multi-disciplinary case management, and they will play an increasingly prominent role in commissioning of healthcare services;
- the standard Department of Health contract will be used accordingly with providers, including small providers. We will not place undue burdens on smaller providers, but, in return for greater levels of financial certainty, we will expect proportionate improvements in both service and information quality;
- as joint commissioners we intend increasingly to develop service specifications and performance management arrangements. We recognise that historically local authority commissioners have used robust systems and we will learn from this practice for all contracts placed; and
- we intend to use the Payment by Results (PbR) clusters and pathways recommended by the Department of Health to classify and plan activity for the realigned health services accordingly.

6. PERFORMANCE MANAGEMENT

6.1 For each of our commissioning intentions and proposals set out in this strategy, we will determine relevant monitoring data, and work with service providers to ensure this is available. It is important, however that we go beyond this, and that we improve the range and relevance of routinely available data. We therefore plan to work with service providers, service users and carers over the lifetime of this strategy to gradually improve the focus and usefulness of the information we receive about the performance of services. This information is currently mostly about service activity (the number of contacts or episodes) with more limited information about other dimensions of quality, and least of all service outcomes,

and service user experience. We expect to develop and agree datasets which include information about:

- service outcomes i.e. how services are measurably improving the lives of the people who use them (for example by the use of validated psychometric instruments). These will be based not simply on generic instruments such as HoNOS, but on instruments agreed to be clinically relevant for each service line;
- audited adherence to evidence-based practice standards;
- service user experience, including experiences of carers, where relevant. This could be based on a sound survey/interview method, and not simply on the views of representative groups, or patterns in complaints;
- safety, including untoward incidents;
- access, including waiting times for services, retention in services, and the treatment/intervention of choice. This could include data on out of area placements;
- equity, understanding use of services by age group, gender, ethnicity, and by locality. This should include and analysis, where possible, of qualitative data on service user experience by the different groups who use there services; and
- productivity, understood as the cost of each output or outcome achieved.

6.2 Delivery of data of this nature will be a requirement of future service specifications. We aim to develop these datasets consistently across all our providers, enabling local benchmarking of levels of performance.

6.3 We will work with providers in managing the development of new datasets, reviewing them regularly and jointly and develop shared and intelligent understanding, as to what the data provided actually means (i.e. what is improving or deteriorating, possible explanations for changes where this is ambiguous). We will also meet regularly with providers to agree approaches to quality improvement, and providers' performance against contractual targets.

6.4 We are confident that our providers share our aspirations, and that we can work together to achieve significant improvements over the lifetime of this strategy.

7. GOVERNANCE

7.1 This subsection describes who will take responsibility for the process of implementation of this 5 year strategy, and how we will take in to account any future changes.

7.2 Responsibility for the implementation of this 5 year implementation plan lies with the Pan Dorset Mental Health Joint Commissioning Board. The process will be

overseen by the Directors and Chief Officers from the 5 commissioning bodies. Any future changes to the commissioning or procurement bodies will in turn take responsibility for the implementation of the 5 year plan and act accordingly to ensure consistency of approach. As the commissioning framework changes towards GP consortia this responsibility will shift to the appropriate body accordingly.

7.3 These groups and individuals will ensure that:

- work is taken forward to address each of the initiatives in this strategy;
- progress against the proposed delivery of each plan including agreed timelines is regularly reviewed at a senior level;
- resource implications for each initiative are identified and agreed;
- this strategy and the plan within it is revised and updated in accordance with progress or changes in the national, regional or local context within the life of this strategy;
- this strategy will have a communications plan to ensure through its lifetime regular communications as required is made with:
  - other key commissioning organisations;
  - service providers;
  - the local strategic partnerships in all 3 localities through the appropriate forums and delivery partnerships;
  - the wider communities of people who receive services; and
  - their families and carers about progress with this strategy.

8. EVALUATION

8.1 We anticipate that our strategy has prepared us, and future commissioning bodies within the next 5 years, for the changes we expect to see, both nationally and in turn locally. However it will be inevitable that some changes over this period will not be expected in a changing political and economic environment. In addition some things that we intend to happen will be overtaken by events, or will prove more difficult to implement than we had hoped. New opportunities and issues will arise which we cannot currently foresee.

8.2 Therefore we will have processes in place to ensure we continually evaluate our strategy and the direction and timeliness within in it to ensure it is working as we intended. We will draw on the performance data we receive and have continual appropriate service user, carer and public engagement as appropriate.

8.3 The evaluation process will include:

- routine consideration of our evolving performance management datasets, to check trends across the domains of outcomes, service user experience, access, safety, equity and productivity;
- consideration of progress against the specific commissioning intentions set out in this strategy, any risks or problems emerging, and action required as a result;
- continuing discussion with the people who provide and use services as to the impact the strategy's changes are having;
- regular summary review (at least annually) of the continuing appropriateness and relevance of the strategy's objectives; and
- communications with all relevant parties as to the commissioners' ongoing intentions