



# Influencing mental health services

A guide to values-based  
commissioning

This guide was written by  
Amy Whitelock and Emma Perry

With

Shuaib Achala, Ghzala Ahmad, Jo Barber, Alisdair Cameron,  
Antony Chuter, Helen Clay, Stephen Crow, Sheena Foster, Stanley Francis,  
Matthew Fungamwango, Sharon Gibson, Angela Glascott, Peter Hirst,  
Alan Jeavons, Daniel Johnston, Michelle Kiansumba, Stephen Laudat,  
Alan Leader, Joe Lewis, Craig Lynch, Nik Masters, Linda McLellan,  
Julia Minto, Aidan Moesby, Anya Nawesi, Mary Nettle, Steve O'Driscoll,  
Miranda Petersen, Ben Pope, Karen Rogers, Bill Scott, Tania Shah,  
Neil Thomas, David Walton, Steve Walton, Sean Webster, Michelle Wren.

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## Why get involved with commissioning?

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“We might get frustrated and jaded but we keep doing it because we know that good services are so beneficial to people...we’ve seen glimpses and we know what’s possible.” – service user

- 11% of the NHS budget is spent on mental health services – roughly £6.6 billion<sup>1</sup>
- Do you think it’s spent on the right services and support?
- Would you like to influence how the NHS budget is spent in your area?

Commissioning is the process of looking at the health needs in a local area and then putting in place services to meet those needs. It’s about setting priorities and then paying providers – such as NHS mental health trusts or local voluntary groups – to provide health services for local people.

£6 billion is a lot of money and people who use the NHS should have a say over how it is spent. If you think mental health services in your area aren’t good enough, getting involved in commissioning could be your chance to change things for the better.

## What’s this guide for?

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Mind and the National Survivor User Network (NSUN) have produced this guide to help people get involved in making decisions about mental health services.

NHS commissioning has changed recently. Clinical commissioning groups (CCGs) – which are led by GPs and involve other health professionals – have responsibility for ensuring there are mental health services provided in their local areas. CCGs have legal duties to involve the public in their decisions about planning and providing NHS services. This is an important opportunity to tell CCGs what’s right – and wrong – about local services.

We know some people who use mental health services might have been involved in commissioning before, but the changes should mean more people are given this opportunity. We want to make sure everyone who is interested has the information and support to get involved in commissioning.

So this guide is aimed at anyone who uses or has used mental health services and wants to influence how they are provided overall. (It’s not about how to influence decisions about your individual care plan or package.)

You may also be interested in getting involved if you are a friend or relative of someone who is using or has used mental health services. Whether you have been involved before or are new to commissioning, we hope this guide gives you the tools and tips you need to demand your voice is heard and change mental health services for the better in your area.

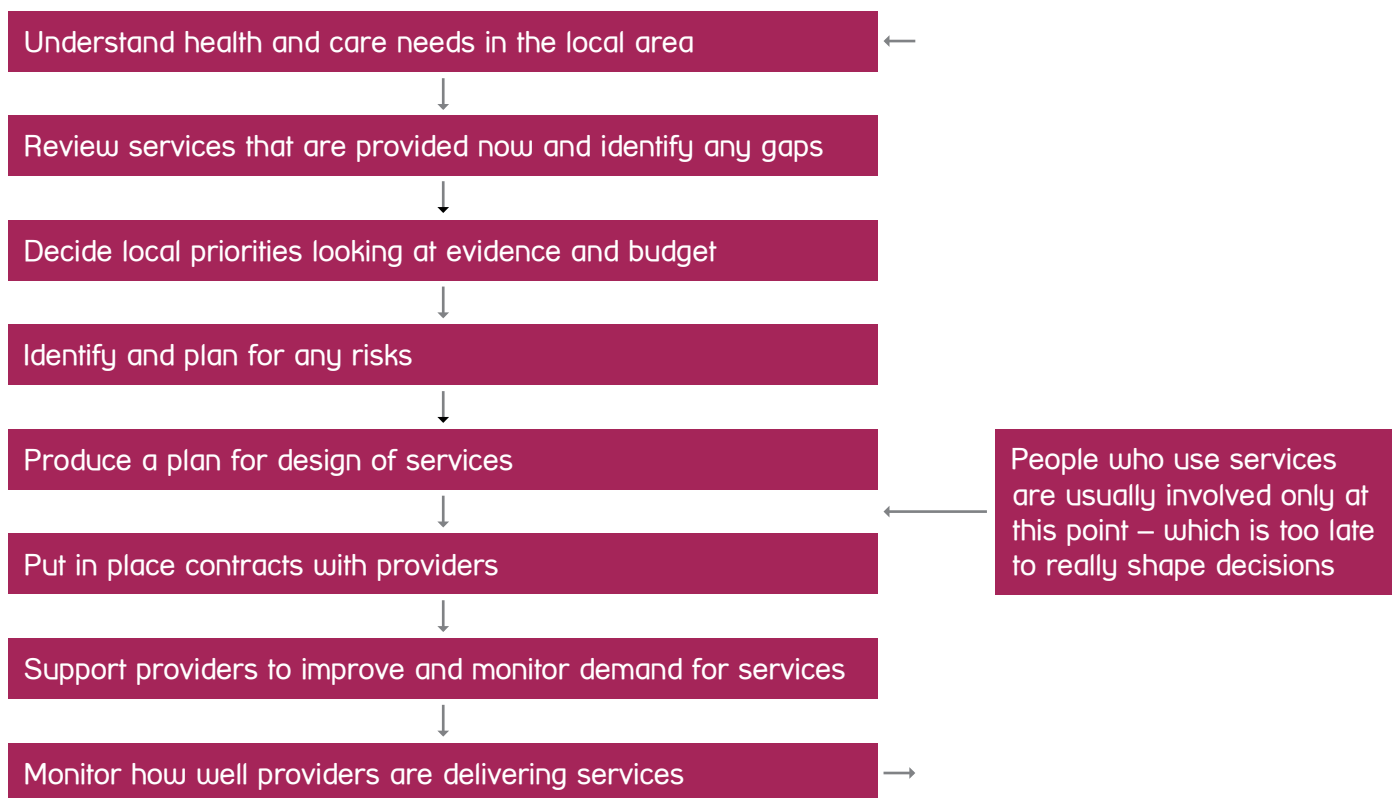
## What’s commissioning and how does it work?

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Commissioning is the process of making sure that health and care services meet the needs of the population in each local area. Commissioners set priorities and organisations are selected to provide health services for local people. This is what’s known as the traditional ‘commissioning cycle’:

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1. The Department of Health estimates the wider economic costs of mental illness in England at £105 billion each year. This includes direct costs of services, lost productivity at work and reduced quality of life. 11 per cent of England’s annual budget is allocated to mental health care, which in 2008/9 amounted to £5.206 billion and in 2011/12 was a total of £6.629 billion.



## What is values-based commissioning and how is it different?

“Values-based commissioning is a practice where everyone becomes equal partners. Service users, carers, clinicians and managers all become part of the commissioning model regarding mental health. There’s joint ownership and there’s no power issues really. So, service users and carers have more of a say in what goes on in the services they receive.” – service user and carer

Traditional commissioning relies on scientific and research evidence to make decisions about what kinds of services should be prioritised and paid for. This can overlook the experiences and opinions of people who actually use the services, so what’s provided might not meet people’s needs.

In ‘values-based’ commissioning, the views and experiences of people who use services have equal weight to the scientific and research evidence. Decisions should be taken based on values (people’s views and experiences) as well as facts (scientific research evidence). In practice this means people who use services should be involved at every stage of the commissioning cycle – not just at the end when it’s too late to have real influence.

Values-based commissioning, done properly, should turn traditional decision-making on its head. Rather than decisions being taken behind closed doors by technical experts and professionals, then imposed on service users, people who use services should drive the direction of travel and have just as much say over decisions as commissioners. This means that commissioners need to be prepared to share the power they have and resolve differences of opinion by working as equal partners with service users.

We know this is far from the reality in many places at the moment. People tell us that involvement in commissioning often feels tokenistic. For example, a service user might be invited to a meeting, but they may feel isolated as the only service user representative, or they never receive feedback on whether their input made any difference. Due to the NHS changes, in some areas previous good practice and relationships have been lost and people are confused about who is doing commissioning and how. But commissioners have legal duties to involve the public and some are really keen to do so – they often just don’t know how. We hope this guide will enable you to push for values-based commissioning in your local area.



## Personal experience – Stephen Crow (Hertfordshire)

Along my own recovery journey I have been a service user of both mental health and drug & alcohol services, and have had a number of opportunities to become involved in the commissioning process with Hertfordshire County Council.

On each occasion I was asked to give a service users' perspective, from commenting and offering suggestions on the content of a service or job specification, through to scoring the submitted proposals and asking questions of those invited to interview. I have to admit to having been slightly sceptical that my involvement would have much impact or that my views would carry much influence on proceedings, being *just* a service user, but can honestly say I was treated no differently to anyone else. My input felt valued which in turn made me feel valued.

I am also involved with the provider of mental health services in Hertfordshire - Hertfordshire Partnership Foundation Trust – having recently become the chair of their service user council. I also work as a peer experience listener, interviewing service users about their experiences of the trust's services.

At a time when compassion and a more person-centred approach are so often discussed in relation to healthcare, I feel enabling service users to be a part of commissioning services can only be a positive step in reaching these goals.

By being able to share my own experiences as well as those of my peers, I have been able to raise awareness of what it feels like to be a service user, and highlight the positive elements of a service and areas where there is potential for improvement. When trying to assess a proposal from a particular perspective, nothing can beat lived experience of a condition and using that experience to reason effectively.

During discussions on how better to engage with groups who have been overlooked by services through a lack of understanding of their specific needs, I brought to the attention of others a survey being conducted that looked specifically at the needs of the transgender community in Hertfordshire. As a result, a member of that group and fellow service user was invited to talk about the survey, which led to transgender awareness training being added to the specification for drug & alcohol family intervention workers, and an ongoing commitment to champion them in the future.

## What's in it for commissioners?

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The NHS is under pressure to make savings and commissioners need to make sure that the services they are purchasing from providers are actually meeting people's needs. If they don't help people to recover or manage their mental health, then they are not good value for money at a time when NHS budgets are tight.

Providing the right services at the right time can also mean people are supported to live at home, rather than needing hospital care – which can be traumatic for people and more costly for the NHS. It's in everyone's interests to ensure people get services that actually help them.

People who use mental health services know what works – and what doesn't work – for them. This expertise is really valuable for commissioners and will help them identify:

- The right health and care needs
- Any gaps in existing services
- The right priorities for local healthcare
- Which providers are really helping people

## What's in it for you?

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Commissioners hold the purse strings – they decide what health issues are prioritised and which services are provided locally. We know many people aren't happy with the mental health services in their area and some have had poor or even traumatic experiences. Values-based commissioning could be your chance to have a say and change services for the better in your area.

By sharing your own experiences of mental health services and the experiences of people you know, you can raise awareness of the service user perspective. Telling commissioners

how it feels to be on the receiving end of services and suggesting improvements could make a real difference to health services and the people who use them.

Getting involved could also be an empowering and positive experience. Taking part might mean involvement in new activities, such as attending meetings with commissioners, interviewing potential providers of services, or listening to other service users describe their experiences of mental health services. You might also have the opportunity to receive training to help you develop new skills.

## How do I first get involved?

There are other guides which set out how you can get involved in the first place – for example No decision about us without us [<http://www.nsun.org.uk/news/mental-health-strategy/implementation-framework-guide/>], which Mind, NSUN and other mental health charities produced. This sets out different commissioning structures and opportunities and how you can push to be invited, either as an individual or via local networks and groups.

You can find details of who your local commissioners are by region here: <http://www.regionalvoices.org/whoswho>. You can get in touch with them directly to find out what they are already doing and how you can get involved. Or try their website or just give them a call.

If you are having trouble contacting them, try:

- Local Healthwatch – they are supposed to speak up for local people so their voices are heard by decision-makers <http://www.healthwatch.co.uk/find-local-healthwatch>
- Local councillors – they are elected to represent you, so have a duty to respond and can put pressure on commissioners to engage with you <https://www.writetothem.com/>

## How does values-based commissioning work?

“I think [we] ought to be involved at the highest level. I don't know if service users and carers are being encouraged to get involved at board level. But that's what I'd like to see [...] We can all be involved at all levels and that would really make it work, I think.” – service user

Values-based commissioning is quite new but getting involved might mean:

- **Acting as a service user rep on a panel or steering group** – attend meetings to ask questions, share your experiences and opinions at a high level and ensure commissioners are responding
- **Taking part in workshops or consultations** – feeding back on how services are performing now, what the gaps are and what you think the priorities should be

### Personal experience – Helen Clay (Sunderland)

I am a development worker for Sunderland Mental Health User Voice (SMHUV) and work for Mental Health Matters. I started working in this post three years ago. One of the first big pieces of work that the SMHUV was involved in was working with Sunderland Link to get feedback about the Sunderland Mental Health Crisis Team.

Over eighty people who directly access services attended a main event that we organised, as well as many professionals from different organisations. We also held a satellite event for carers at Families United Support Help in Addiction (FUSHIA) and asked for feedback via a questionnaire that we devised. Although a new service may have already been on the cards, I still think that the strength of feeling expressed by people who access services was a major factor in the development of a new service which is called the Initial Response Team. I was very pleased that the commissioners responded in the way they did and Ian Holliday (commissioner) suggested I sat on a board known as the Whole System Pilot Implementation Group which implemented and monitored this new service. Generally the feedback so far about this service has been positive and people who are in crisis can expect a better service.

- Acting as an advisor or consultant – providing ongoing expertise to commissioners about whether their proposals really meet people’s needs and experiences
- Linking up with other service users – reaching out to others who may not be able to get involved directly, such as people on wards, to gather their views and express them to commissioners
- Taking part in choosing a particular service – helping to set questions, conducting interviews with providers, scoring their performance, influencing the final decision
- Being trained as a service user commissioner – using new skills to design what services should look like (service specifications) and give contracts to providers
- Commissioners not understanding how to involve people meaningfully
- Being able to participate but not feeling listened to
- Feeling intimidated and alienated by the culture of meetings
- A lack of diversity in terms of age, ethnicity or educational background
- Feeling isolated – for example if there is just one service user representative at a meeting

### Getting involved: what do you need to know?

“You need to know what the expectation is, to have some idea of what changes can be made.”  
– service user

“I think you’d have to be prepared with some kind of training to go there. You’d feel a lot more confident, wouldn’t you? [...] Then I guess the next thing is to actually go along and become part of one of these values based commissioning groups and then find out for yourself what it’s like. It’s getting that experience. There’s nothing really better than that, is there? Just going there and seeing what’s what for yourself.” – service user

While values-based commissioning offers a huge opportunity, we also know many people have faced barriers to getting involved in this way. So you are prepared for them, these might include:

- Existing patient involvement structures being weaker due to NHS changes
- Involvement opportunities feeling ‘tokenistic’ or a ‘tick box exercise’
- Technical language and jargon which can be off-putting and difficult to understand
- Decisions being driven by targets and need for savings, making them hard to influence

The following pages set out how you can prepare to try and overcome these issues, tips for making a strong case to commissioners and how to make sure you look after yourself when you are involved. These tips are aimed at helping you but of course its not just your responsibility – there are other guides which focus on what commissioners should do to ensure people feel able and comfortable to get involved.

The Joint Commissioning Panel for Mental Health (which includes Mind and NSUN) has produced a guide for commissioners [<http://www.jcpmh.info/wp-content/uploads/jcpmh-vbc-guide.pdf>] and we’ve included a summary of recommendations for Clinical Commissioning Groups at the end of this guide. The National Involvement Partnership (NIP) project has also developed a set of national standards for the involvement of service users and carers in mental health services. The 4PI framework aims to promote good practice and to measure, monitor and evaluate involvement. Commissioners can adopt these standards. You can find out more about them here: <http://www.nsun.org.uk/assets/downloadableFiles/4pi.-ni-standards-for-web.pdf>



## Getting prepared – checklist

✓ Ask what your specific role is – what is expected of you, what responsibilities will you have, how far can you have influence?

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✓ Check what targets or frameworks commissioners are working to – it's helpful to understand what pressures and constraints they face

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✓ Clarify payments – will your expenses be reimbursed, will you receive a participation fee, what time commitment is expected?

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✓ Ask for documents in advance – get as much information as you can and if things are unclear, ask if you can chat it through with someone

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✓ Prepare yourself before meetings – read through any papers and think about the three key points you want to make sure you get across

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✓ If you find meetings difficult, ask how else you can give your views – over the phone, in writing, online?

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✓ Check what practical support there is – is there transport to meetings, how will they communicate in between, is there training on offer?

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✓ Talk to commissioners about how things are going – if there are any problems that you are unable to resolve in person, you could write a letter to your CCG, or speak to your local Healthwatch.

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## How to make your case to commissioners

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“I went to a consultation meeting with the city council about changes to personal budgets and I was arguing about how it’s unjust, a lot of the changes that they’re going to be making. They turned to me and said, ‘Oh, yes, we can understand that because you’re concerned about your son’. I said, ‘Actually, no, I’m not concerned about my son because he’s got us. These other guys here haven’t got anybody.’” – Carer

**Relate your personal experiences to mental health services more widely** - sharing your own experience can be very powerful but there is a risk that it could be dismissed because it is not based on wider ‘research evidence’. If you want to share your own experience, think about what the key points are that relate to mental health service provision more widely. Your case will be stronger if you can back up your own experience with other information or evidence.

**Understand their language** – NHS England set CCGs targets – called outcomes – that they have to meet through the services they plan and deliver. If you can link the experiences you want to share to these outcomes, your argument will be more persuasive.

The ‘CCG Outcomes Indicator Set’ [<http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf>] provides information about the quality of health services that are commissioned. The indicators (or measures) are useful for identifying local priorities for where improvements can be made and demonstrating the progress that local health services are making. They will also have local strategies which should be available on the CCG website or you can request copies from the CCG.

For example, one of the current national priorities is ‘enhancing quality of life for people with mental illness’ by measuring:

- Access to community mental health services by people from BME (Black and Minority Ethnic) groups
  - Access to psychological therapy service by people from BME groups
  - Recovery following talking therapies (all ages and older than 65)
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If you want to talk about how a particular services fails to meet the needs of a certain group in your community, you can say that unless the CCG addresses that, they won’t meet the outcome on improving access to community mental health services by people from Black and Minority Ethnic (BME) groups.

**Refer to specific experiences** – your input will have more weight if it is specific rather than general comments like “people aren’t happy with mental health services around here”. Give examples of where services are failing or why people say they don’t meet their needs – or positive examples of services that are working.

**Reach out to others** – speak to other people who use services that can’t get involved directly in commissioning – including people on hospital wards or people from groups that tend to be left out. If you can bring a range of people’s views to the table, your input will be more respected. Commissioners are less likely to think you are just pushing an issue that is personal to you. You could work with local voluntary groups to gather people’s views.

**Appeal to the economic case** – this doesn’t mean you need to know the exact costs and savings of different services, but that you can frame your expertise as a user of services in terms of how much money is wasted.

For example, if you are talking about how you and others have struggled to get access to talking therapies, which has led to your condition getting worse meaning you ended up in hospital, you can make the case that this was more costly for the CCG overall – if they put more money into talking therapies, you and others are less likely to need hospital care, which is more expensive.

**Remind them of their legal duties** – if you are struggling to get commissioners to listen, you can refer to the legal requirements that they involve the public in decisions, particularly direct users of services.



The legal requirements are:

**Section 14Z2 of the Health and Social Care Act 2012** – CCGs must make arrangements to involve service users in planning commissioning arrangements and in any changes or proposals which would have an impact on how services are delivered or the range of services available.

**NHS Constitution** – “You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”



## Developing values-based commissioning in Leicester

“I would really like to be actually involved in commissioning, whether it means helping or assisting or whatever, because I think there are a lot of people with a voice out there that do want to be heard but can't directly speak so they want to do it through someone else [...] we can gather information [...] for other service users, we can get their opinions across, and work alongside the commissioning officers.”

“One of the things that the Involvement Action Group might do is get to be able to be like a place where commissioning groups could actually make contact with service users [...] We could contact other groups in the community and find out if they're interested in getting involved in commissioning groups as well.”

The Leicester Involvement Action Group formed as a result of the NSUN leadership programme, which aimed to develop knowledge, skills and confidence around involvement and influencing mental health services. The group are currently operating as a peer support group, but are keen to put their knowledge and experiences to further use in order to benefit people who are using, or who will use mental health services in the future. Although the Involvement Action Group is currently in the early stages of development, they are in the process of exploring how they can make connections with commissioners in order to develop values-based commissioning and influence mental health services in their local area.



## Sutton Mental Health Commissioning Advisory Group - Alan Leader

The Sutton Commissioning Advisory Group was developed through the user-led Sutton 1 in 4 Network [<http://www.sutton1in4.org.uk>]. We were concerned that people with direct experience of mental and emotional distress and those who had experience of local services, had limited influence with regard to commissioning.

We developed a training programme for service users to give people a broad understanding of commissioning. We wanted to ensure that they were involved, not only in one part of the commissioning process, but in all areas. The first step was to work with commissioners directly to identify areas of priority. The first part of this process was working together to produce a framework for user involvement that set out how service users wanted to be treated by commissioners. This formed the basis for future discussions.

15 service users took part in the commissioning training and formed the Commissioning Advisory Group. The group meets each month and is chaired by a service user. Commissioners from the Clinical Commissioning Group and representatives from Sutton Council also attend.

The Sutton Carers' Group has recently adopted the Commissioning Advisory Group model and although separate, the two work closely with each other. Whilst the core group comprises 15 service users, we have also developed a wider advisory reference group of around 25 people that can be called upon to advise on specific themes or needs.

Over the past two years the group has worked alongside commissioners to advise and co-design commissioned services. It has held a range of events to find out about the experiences, views and needs of local people. We have also informed the development of commissioning priorities and been involved in assessing and reflecting local needs. To date we have been active in commissioning a range of services including supported housing provision, floating support services, peer support in primary care settings, and rehabilitation services. We are also involved in the development of a local peer-led crisis service.

As the group has developed it has strengthened its relationships and the culture has shifted towards working in partnership and real 'co-production'. As we continue to develop, it is our intention to embed the values and philosophy of this approach for our work in the future.





## Keeping yourself safe

Being involved in values-based commissioning can be tough at times, so it's important you support yourself.

- Only disclose as much personal information about your experience as you feel comfortable with – don't feel you have to share lots of personal details
- Make sure you have a debrief after meetings so you can talk through any concerns or feelings that are triggered – the CCG should provide this kind of support or supervision for people
- Ask for feedback and when this information will be received from the CCG – it's important to know how your input has had an impact on the final outcome, so you feel it was worthwhile
- If you find regular meetings a struggle, ask if there can be a rotation or reserve system – this also means more people with experience of using services can get involved
- Don't take on too much – you best know your own needs and triggers, so if you are feeling the pressure, take some time out or ask for some extra support or to input in a different way
- Use your support networks – speak to friends, family, carers or support workers if you need to let off steam or discuss your ideas and thoughts
- Try to stay positive – sometimes changes can take a long time, so you might feel you are plugging away for ages, but if you stick it out, you could make a huge difference

## Hackney People's Network

In 2011 a local voluntary sector organisation, City and Hackney Health and Social Care Forum (HSCF), asked NSUN to facilitate discussions between mental health service users, City and Hackney's council and Primary Care Trust commissioners on how mental health voluntary sector services would be commissioned in the future. Existing service user-led organisations in Hackney were contacted and invited to take part. They participated in a series of workshops facilitated by NSUN.

Commissioners became convinced that not only was it right to hand more control over to the people receiving services, but that the result of this could save money and achieve better outcomes. As relationships developed and confidence grew, the potential for a service user commissioning network became clearer. The commissioners acknowledged that when service users are supported in this way they improve the commissioning process by:

- Being 'experts by experience'
- Being creative problem solvers
- Providing peer support
- Providing local leadership and learning
- Advocating and championing high quality services
- Challenging stigma and discrimination
- Acting as ambassadors within local communities

An Advisory Group hosted by Social Action for Health was recently formed. It currently comprises nine members from diverse groups (including Caribbean, African and Turkish communities). The model for the group is to meet twice every three months for a planning meeting and a meeting with a commissioner. The group receives information with regard to the provision of mental health services in the area and they have discussed issues with commissioners including the treatment of mental health service users by the police and the over-representation of black men in mental health services.

'The planning meeting is just to sort out the issues that you want the commissioner to work on. Then you go to the main meeting with the commissioner [...] he made it realistic about how much influence you could start off with and how much influence you could end up with. So it kind of feels like we... they really do want our input, just by having done the work of getting an advisory group. They really do want our input'.



## Jargon buster

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The language used by commissioners can often be confusing. Some Clinical Commissioning Groups have produced their own list of definitions. You can find them on your local CCG website. If your CCG does not have a list, you could ask them to provide one.

Here are some of the most common terms:

**Any Qualified Provider (AQP):** Healthcare can be provided by a range of organisations both within and outside of the NHS. Commissioners are able to make contracts with any service provider that is able to meet the required standards. The Any Qualified Provider (AQP) scheme means that, for some conditions, patients are able to choose who provides the service they require based on what is important to them (eg. shorter waiting lists or better outcomes).

**Annual Operating Framework (AOF):** This is the yearly plan published by the Department of Health that sets out the business and planning arrangements for the NHS.

**Black and Minority Ethnic (BME/BAME):** The term refers to a range of communities including established groups (eg. African, Asian, African-Caribbean), 'new' migrant communities (eg. people from Eastern European countries), refugee and asylum seeker communities, transient communities (eg. the traveller community) and groups often referred to as 'invisible minorities' (eg. the Irish community). At present, the term 'BME' is widely accepted. However, it is used in the knowledge that no single term is able to capture the wide diversity within these communities.

**Care Quality Commission (CQC):** This is an organisation funded by the government to check that all hospitals, care homes, dental practices, GP surgeries and other care services in England are meeting government standards.

**Clinical Commissioning Groups (CCG):** Clinical Commissioning Groups are NHS organisations that organise the provision of healthcare services in England. They are led by GPs, other clinicians and members of the public.

**Commissioning:** This is the process of making sure that health and care services meet the needs of the population in each area. Priorities are set and organisations are selected to provide health services for local people.

**Commissioning Support Unit (CSU):** Commissioning Support Units are organisations that provide services to CCGs. CCGs can obtain a range of support from CSUs including IT services and information analysis.

**Commissioning for Quality and Innovation (CQUIN):** The CQUIN payment scheme enables commissioners to reward activity by linking income to the achievement of standards that are over and above those set out in the standard NHS contract.

**Contracts:** A contract is an agreement between commissioners and service providers of NHS funded care. Standard contracts are produced each year by the Department of Health to support the Annual Operating Framework. It is a way of making sure that a service is meeting the required standards.

**Co-production:** Co-production means that service users and carers work in equal partnership with policy makers, commissioners and practitioners to design, commission and provide services.

**Cost Improvement Plan (CIP):** A cost improvement plan sets out the savings that an NHS organisation plans to make to reduce its expenditure or increase efficiency.

**Enhanced Services:** These are services provided by GP practices that are over and above the core services to patients. Enhanced services aim to reduce the demand on secondary care (eg. hospitals) and meet the needs of the local population. Each year the Department of Health reviews the enhanced services to ensure that priorities and needs are being identified. There are three types of enhanced service; Directed Enhanced Services (DES) must be provided or commissioned by CCGs for the local population (for example, dementia assessment), Local Enhanced Services (LES) are locally developed services designed to meet local needs, and National Enhanced Services (NES) are services to meet local needs, commissioned to national specifications.

**Health and wellbeing boards (HWBs):** Health and Wellbeing Boards were introduced as part of the NHS reforms of the Health and Social Care Act (2012). Based within local authorities, their main aim is to improve the connections between health care and social care.

**Healthwatch:** These are new organisations that replaced LINKs (Local Involvement Networks) as part of the NHS reforms. They have been created to enable people to influence and improve their local health and social care services. Healthwatch England is the national body that oversees the local Healthwatches and provides advice as an independent part of the CQC.

**Joint Strategic Needs Assessment (JSNA):** A JSNA is an analysis of the local population and its healthcare needs. It highlights information that can be used by commissioners to make decisions about which services need to be put in place to benefit people in that area.

**Key Performance Indicators (KPIs):** These are measures that are used to help commissioners monitor the activities and successes of service providers. For example a KPI might measure the length of stay in hospital for a particular treatment.

**NHS England:** This body is responsible for supporting and funding the CCGs across England. It is also responsible for commissioning primary care services (for example, GP practices) and some specialist services, including healthcare in prisons.

**Outcomes / Outcomes framework:** An outcome is the result or consequence of something. The NHS Outcomes Framework sets out the results that the government expects NHS England to achieve.

**Payment by Results (PbR):** This is the system for reimbursing healthcare providers in England for the costs of providing treatment. PbR is based around the use of a national tariff (or fixed charge) that links a preset price to a defined activity or outcome.

**Procurement:** Procurement is the process of evaluating bids, negotiating contracts with healthcare providers and buying (or leasing) services.

**Quality, Innovation, Productivity and Prevention (QIPP):** The QIPP initiative aims to improve the quality and delivery of NHS care, whilst simultaneously cutting costs.

**Quality Outcomes Framework (QOF):** The Quality Outcomes Framework is a voluntary annual reward and incentive programme for all GP surgeries in England, which details practice achievement results and rewards good practice.

**Service Level Agreement:** This is an agreement that may be used by commissioners and providers setting out how services must be provided, what their standards will be and how monitoring will take place.

**Stakeholder:** A stakeholder is a person, or group with a shared interest that aims to influence decisions, or who may be affected by the decisions of commissioners.

**Tender:** Tendering is the process of making an offer, bid or proposal. Commissioners invite requests for tender and choose which healthcare providers are best placed to provide a particular service based on their ability to meet the specific healthcare needs of the local population, provide value for money, etc.

## Appendix A: Recommendations for Clinical Commissioning Groups (CCGs)

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The Joint Commissioning Panel's Guidance for implementing values-based commissioning in mental health sets out what commissioners can do to ensure that people feel able to get involved.

The following recommendations for commissioners are taken from the guide:

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- Appoint a mental health lead at a senior level – a dedicated GP mental health lead should oversee mental health commissioning, advise the CCG Board on local population needs, ensure integration of primary and secondary mental health services, and make links with voluntary and community mental health organisations.
  - Establish a CCG sub-committee comprising mental health professionals and local voluntary mental health organisations. Membership of a larger network can enable mental health leads to share intelligence and best practice, work through problems, and learn together. Such networks could also provide access to practical guidance and frameworks, or opportunities to hold workshops and training.
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- Set up a VbC panel, bringing together NHS, public health and social care commissioners, statutory and non-statutory providers, to develop patient and service user involvement in commissioning – experience in the West Midlands and elsewhere provide examples of existing models of practice.
- Establish a patient, service user and carer advisory panel, including people from different backgrounds, with experience of different mental health problems and services. The panel will need to use other means to engage a broader group, to prevent it becoming unrepresentative or insular.
- Use out-reach mechanisms to engage with the local population – many people will be unable/unwilling to participate in formal panels (due to their mental health condition, employment, family life, language, cultural barriers, or lack of confidence). Innovative use of social media can also help encourage wider patient and public participation.
- Provide formal support and capacity-building – this should include training for panel members to support their general personal development and equip them with particular skills. Training and development in this area should focus on mainstreaming mental health commissioning skills. This will enable it to become part of normal cultural and organisational practice.
- Use mechanisms and levers to ensure services are also values-based – this includes an organisation's values-base as a criterion in awarding contracts or funds, and in the assessment of performance.



## Further reading and useful links

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### **The National Involvement Partnership (NIP)**

4PI framework aims to promote good practice and to measure, monitor and evaluate the involvement of service users and carers in mental health services. <http://www.nsun.org.uk/assets/downloadableFiles/4pi.-ni-standards-for-web.pdf>

### **A review of values-based commissioning in mental health – Emma Perry, Jo Barber and Elizabeth England, 2013.**

This is a review of values-based commissioning in the West Midlands. It reports an evaluation of the West Midlands mental health commissioning modelling group and consultations with service users and carers. <http://www.nsun.org.uk/assets/downloadableFiles/values-based-commissioning-report--20132.pdf>

### **No decision about us without us – Department of Health, 2012.**

This guide explains the commissioning structures and suggests how you can get involved as an individual or a group. <http://www.nsun.org.uk/news/mental-health-strategy/implementation-framework-guide/>

### **Guidance for implementing values-based commissioning in mental health – Joint Commissioning Panel, 2013.**

This is a guide for commissioners encouraging them to develop values-based commissioning. <http://www.jcpmh.info/wp-content/uploads/jcpmh-vbc-guide.pdf>

The Mental Health Provider Forum leads a strategic collaboration of “not for profit Mental Health organisations” including: The Centre for Mental Health; The Mental Health Foundation; National Mind; Rethink Mental Illness NSUN and The Afya Trust.

Together with 21 other “not for profit partners”, they link strategically with the Department of Health, NHS England and Public Health England undertaking specific agreed work programmes aimed at benefiting the strategic development of the “not for profit mental health sector”.



A large, ornate hall with a grid-patterned ceiling and people seated at tables, overlaid with a red tint. The scene appears to be a formal event or conference. The text is overlaid on the left side of the image.

Are you  
ready to get  
involved?

For the additional resources  
accompanying this report, please see  
[www.mind.org.uk/publicmentalhealth](http://www.mind.org.uk/publicmentalhealth)

For more information please contact:

## **Mind**

t: 020 8215 2200

e: [action@mind.org.uk](mailto:action@mind.org.uk)

Mind, 15-19 Broadway, Stratford  
London E15 4BQ

[mind.org.uk](http://mind.org.uk)

Registered charity number 219830

Registered company in England number 424348

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## **National Survivor User Network**

NSUN - Network for Mental Health

t: 020 7820 8982

e: [Info@nsun.org.uk](mailto:Info@nsun.org.uk)

27-29 Vauxhall Grove  
London. SW8 1SY

[nsun.org.uk](http://nsun.org.uk)

Registered Charity No:113598