Mental Health Commissioning Leadership Programme

Outline

1. Introduction

1.1 A Mental Health Commissioning Leadership Programme is to be commissioned for Clinical Commissioning Group (CCG) General Practitioner leads for mental health, for delivery in 2013-14.

1.2 This programme is funded by NHS England, and sponsored by the National Clinical Director for Mental Health. It will provide focused, skills-based training for 211 CCG GP Mental Health Leads in England.

1.3 The programme will link with the National Mental Health Intelligence Network initiative which aims to accelerate CCG and Health and Wellbeing Boards’ access to data and mental health intelligence to inform local planning and service redesign.

2. Scope

2.1 The Mental Health Commissioning Leadership Programme will build on learning from a 10-day course delivered by NHS London in 2012-13, in which 32 CCG GP leads for mental health participated.

2.2 It is proposed that programme groups are derived from clusters of CCGs in the following geographical areas:

- North of England
- Midlands and East of England
- South of England.

2.3 The 32 CCG GP mental health leads in NHS England (London) will be offered a follow-up programme in 2013-14, having completed the Mental Health Commissioning Leadership Programme in 2012-13. The follow-up programme will be commissioned separately.

Content

2.4 The programme has as its focus the experience of living with mental health problems; and evidence-based standards, practice, and models of care delivered by clinical experts. Using an action learning approach, the Programme covers needs assessment; system redesign; exemplar

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specifications; and the use of levers and mechanisms to drive improvement, culminating in the completion of local commissioning projects.

2.5 Knowledge management and communications will be supported by the national mental health knowledge portal, www.mentalhealthpartnerships.com.

3. Governance

3.1 A Steering Group will advise on the design, and ensure governance of a national procurement process that will assure:

- engagement with and involvement of key stakeholders, including people with lived experience of mental problems;
- equitable deployment of resources
- delivery of the programme sub nationally, by one or more providers/consortia
- quality, and achievement of learning outcomes
- maximum return on investment.

3.3 The lead for management of this programme is Kate Schneider, Assistant to the National Clinical Director for Mental Health. The National Clinical Director will account for delivery to the Parity of Esteem Board, NHS England.

4 Delivery

4.1 Learning outcomes and modalities will be defined within the tender in order to ensure that standards are maintained at all points of delivery of the programme (Appendix 1).

4.2 It is recognised that successful delivery will be dependent in part on access to local service user, carer and clinical experts who will be able to contribute to the programme.

4.3 It is anticipated that Strategic Clinical Networks and Senates will be key partners in advising on the design of local programmes, and on engagement with key stakeholders. Partnerships with consortia delivering programmes will ensure that local programmes align with local priorities and initiatives, and build on existing networks and relationships whilst
maintaining the core standards underpinning the programme.

4.4 Applications will be welcomed where consortia are able to fully- or partly-match resources in order to demonstrate enhanced return on investment, and to ensure sustained learning and development for the cohort beyond the life of the programme.

5 Milestones

5.1 Provisional milestones for commissioning and delivery of the national mental health commissioning skills programme are set out in Table 1. Provisional milestones for commissioning and delivery of the national mental health commissioning skills programme are:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisements OJEU, Supply2Health, Guardian online; HSJ online.</td>
<td>w/c 14 October</td>
</tr>
<tr>
<td>Deadline for expressions of interest</td>
<td>06 November 2013</td>
</tr>
<tr>
<td>Deadline for Pre-Qualification Questionnaire (PQQ)</td>
<td>06 November 2013</td>
</tr>
<tr>
<td>Moderation meeting for evaluation and shortlist</td>
<td>08 November 2013</td>
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<tr>
<td>Issue ITT</td>
<td>15 November 2013</td>
</tr>
<tr>
<td>Deadline for supplier response to ITT</td>
<td>19 December 2013</td>
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<tr>
<td>Evaluation of ITT</td>
<td>06 January 2013</td>
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<tr>
<td>Contract aware recommendation report</td>
<td>15 January 2014</td>
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<tr>
<td>10 day standstill period (Alcatel)</td>
<td>26 January 2014</td>
</tr>
<tr>
<td>Contract delivery period</td>
<td>from 01 February 2014</td>
</tr>
</tbody>
</table>

6. Role of Strategic Clinical Networks, NHS England

6.1 Strategic Clinical Networks have a key role to play to ensure successful procurement and delivery of the programme as a key contact for the successful programme providers,

- to advise on, and support engagement with Clinical Commissioning Group mental health leads, ensuring that communications are streamlined;
- to help programme provider(s) to identify local experts and leaders to contribute to the delivery of the programme within the SCN’s footprint. This may include ‘experts by experience’, voluntary and community sector partners, practice and clinical experts;
- where possible and appropriate, to offer advice on programme content and delivery in order to ensure that the curriculum is tailored to meet local needs, building on positive practice.
6.2 Strategic Clinical Networks will be represented on the procurement selection panel.
Appendix 1

NHS England

Mental Health Commissioning Leadership Programme

Commissioning Specification

1. Introduction

1.1 This specification sets out the criteria and standards for the commissioning of programmes to develop mental health commissioning leadership and skills in England.

1.2 It is intended to inform the national and sub national commissioning of development programmes, with a view to promoting equitable access to development opportunities for Clinical Commissioning Groups, driving up standards, and to improving learning outcomes and skills development.

1.3 This specification has been informed by the design and evaluation of NHS London’s Primary Care Mental Health Leadership Development Programme 2012-2013.

2. Context: the need for new models of care and system change

Mental health commissioning and service redesign

2.1 Across England, the profile of mental health need and services in each area will be influenced by the diverse social and cultural contexts, historical patterns of resourcing and service configuration, and local advocacy and leadership.

2.2 GPs, both as commissioners and providers, play the pivotal role in earlier identification of mental health and substance misuse problems, in integrating the physical and mental health care of patients, and in reducing health inequalities, particularly the 15-25 year premature mortality of patients with psychosis, depression, and those with long term comorbid conditions.

2.3 The focus of healthcare is now on delivering outcomes: reduction of premature mortality, improvements in rates of recovery with care in safe therapeutic settings, better quality of life for those with long term conditions, and improved patient safety and experience (NHS Outcomes
2.4 People today want their health and social care providers to help them become true partners in their own care, provided with the information they need to make informed life and treatment choices with the aims of achieving personal, as well as clinical, recovery.

2.5 There is a recognition that this new vision of care, and focus on outcomes, is best improved by an integrated approach to physical and mental health, the harnessing of the role of public health and Health and Wellbeing Boards, and integrated health and social care commissioning, redesign and delivery.

3. **Specification**

**Aim**

3.1 The programme should build on the Department of Health’s Medical Leadership Competency Framework (2010).

![Diagram](https://via.placeholder.com/150)

*Source: NHS London, Lucent Management Consulting, UCL Partners, Primary Care Mental Health Leadership Development Programme, January-April 2013*

3.2 The programme should aim to support GP commissioners and their associate commissioning support managers by providing customised, relevant and applicable learning and development to become mental
health commissioning leaders, with specialist knowledge of high quality service provision, commissioning, and a greater understanding of the leadership qualities that are needed to deliver the changes to service access, quality, safety and outcomes we all aspire to.

3.3 The programme should be built on an explicit values base which has at its centre the voice and experience of people living with mental health problems. It should employ a range of adult learning methods to support delivery, requiring a high degree of interaction and including,

- contributions from service users and carers
- contributions from clinical and practice experts
- access to research, evidence, and positive practice
- application of data to create mental health intelligence
- action learning
- appreciative enquiry
- coaching and mentoring
- use of web-based resources and social media.

3.4 The programme should support participants to take forward evidence-based commissioning and delivery, promote a true partnership in care between clinicians, people who use services and their families/carers, greater integration of ‘mind and body’ services, and build strong sustainable partnerships across care pathways in order to deliver the best outcomes and make the most efficient use of resources (return on investment).

Objectives

3.5 The objectives of the programme should be to,

- establish a regional/sub regional expert network(s) with access to quality improvement implementation resources;
- as far as possible, accommodate the limited availability and varied work patterns of Clinical Commissioning Group GP leads for mental health, supporting learning using a range of media and technologies;
- employ a range of adult learning modalities and methods, including action learning methods, work-based projects/assignments, case studies, master classes, contributions from topic and subject specialists, case studies, seminars, talks, personal leadership...
assessment and development opportunities, group and individual coaching and mentoring;

- develop and accelerate mental health intelligence literacy, working with the National Mental Health Intelligence Network;

- enhance learning on the provision of evidence-based interventions and commissioning of services to meet the needs of local populations;

- raise awareness of the clinical and economic outcomes of mental ill health and the commissioning and provision solutions to improving these outcomes;

- increase compliance with quality and safety standards, including NICE guidance and CQC essential standards;

- increase the uptake of improvement levers and mechanisms including the primary care Quality Outcomes Framework, Local Enhanced Service agreements, Directed Enhanced Service agreements, CQUINs, and Quality Accounts to deliver better outcomes.

4. Outcomes

4.1 The providers should be able to demonstrate evidence of learning and sustained outcomes including,

- strong engagement with Clinical Commissioning Group mental health GP commissioning leads, and their associate commissioning support managers;

- for participants, personal leadership development to deliver individuals' roles in the short and medium term;

- creating leaders who are well-informed about new policies, support tools, innovations and best practice that supports need to support the commissioning role;

- developing mental health intelligence literacy to support evidence-based care pathway commissioning, manage performance (quality, safety, effectiveness an finance) of services with confidence, and improve Joint Strategic Needs Assessments;

- supporting improvements in the provision, quality and return on investment (ROI) of evidence based-interventions and commissioning of services to meet the needs of local populations;
• participants’ competency in using GP outcome standards tools, and related outcome measures and indicators;
• real progress in the integration of physical and mental health;
• improving workforce planning and new models of training and dissemination of skills;
• increasing compliance with value-based, patient-centred care pathway commissioning and provision;
• strengthened clinical leadership within primary care for mental health;
• raised understanding of mental health policies and the new NHS system and how to access resources for the benefit of mental health care, from primary prevention through to specialist services;
• increased knowledge about using mental health to inform the work of Clinical Commissioning Groups, development of local Joint Strategic Needs Assessments and information transparency
• improved local workforce planning for primary care mental health and specialist mental health services.

5. **Curriculum**

5.1 Providers are expected to cover the following topics, as a minimum:

• **Commissioning**: the cycle and its components, good commissioning solutions; learning from pitfalls; collaborative commissioning; exemplar service specifications.

• **Contracting**: the tools and techniques of effective contracting that secures service quality improvement, provider change and increased efficiency. Support to help better understand finance/contracting jargon, to know what ‘excellence’ is so that CCGs are well-placed to judge service quality from CSSs; and using CQUINs and Penalties to incentivise quality improvements.

• **Performance and information management**: sources of information, knowledge of national/mandatory KPIs, their meaning and limitations, developing KPIs that give additional/meaningful insight (whilst not overburdening), improving data quality.

• **Payment by Results and finance**: knowledge of PbR for mental health, the national timescale and local progress/benchmarked, demystifying NHS Trust finances, increasing reporting transparency.
Clinical evidence base/best practice: what the best services should look like, in order to commission them: the epidemiology, clinical evidence base, example specifications and outcomes. Topics should include community mental health services, autism spectrum conditions, Asperger’s Syndrome, early diagnosis - dementia, long term conditions/physical co-morbidity, psychosis/schizophrenia, substance misuse, children and young people, learning disabilities and forensic/complex needs.

Joint Strategic Needs Assessment: increased knowledge of the data that supports a good health needs assessment for their area, ways to engage public health and how to use that data to prioritise high impact changes that will deliver QIPP and better local services.

Negotiating and influencing knowledge and skills: having the requisite communication, assertiveness, personal gravitas and knowledge base to successfully advocate for mental health within wider CCG discussions, and to lead and inspire change within mental health providers during contract negotiations;

Leadership development: time and space to consider the personal and professional qualities required of strategic leaders, participation in formal leadership assessments, reflection and review.

Partnership with social care: to understand better the strategic priorities of local authority partners, recognizing this as vital to better care and recovery, both as co-provider and strategic partners in mental health commissioning.

Pathway/service redesign/service improvement: where to focus initial efforts, how to redesign at system level (with particular reference to primary and secondary care interface, and links to local authority and third sector partners) and the components of a ‘healthy’ treatment and care system (e.g. psychology, third sector).

Stakeholder engagement: working in partnership with carers, users, and other interested and key stakeholders to secure the best recovery pathways.

Best practice case studies: learning from the lived experience of others, with best practice case studies and also honest appraisal of what hasn’t worked.

Network/social movement: creation of commissioning network(s) for mental health, with web-based groups and access to master classes and on-going support, in order to drive sustained improvement.
6. **Scope**

**Duration**

6.1 It is proposed that programmes will run over a course of 9 days, or 4 modules commencing Q4 2013-14. It is recommended that this includes an intensive residential module, as illustrated in Appendix 1.2. It is recognised that where CCG GP Mental Health leads have had the benefit of previous development opportunities, adaptation of the proposed structure, content and format may be negotiated locally provided that comparable learning outcomes can be demonstrated.

6.2 It is proposed that learner cohorts are derived from clusters of CCGs in the following geographical areas:

- North of England
- Midlands and East of England
- South of England.

6.3 The 32 CCG GP mental health leads in NHS England (London) will be offered a follow-up programme in 2013-14, having completed the Primary Care Mental Health Leadership Programme in 2012-13. The follow-up programme will be commissioned separately.

6.4 Opportunities to include colleagues from Health and Wellbeing Boards, and commissioning support managers would be welcomed.

7. **Budget**

6.1 Bids should not exceed a budget of £4.74k per learner, inclusive of VAT. This should include provision for an intensive residential module with payment of locum costs to enable GPs to attend the residential module.

8. **Governance and accountability**

6.1 The provider(s) will be accountable to the programme commissioner, NHS England.

6.2 A Programme Steering Group will oversee the procurement and delivery of the programme.

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9. **Enquiries**

**Briefing**

8.1 A briefing by webex for interested applicants will be held on 06 November 2013, 1100-1300.

8.2 Details of the procurement process are posted on [www.mentalhealthpartnerships.com/leadership](http://www.mentalhealthpartnerships.com/leadership).
Appendix 1.1

NHS MEDICAL LEADERSHIP COMPETENCY FRAMEWORK, 2010
## Appendix 1.2

**Sample Programme**  
(source: NHS London Primary Care Leadership Development Programme 2012-13)

<table>
<thead>
<tr>
<th>Overview of Content</th>
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<tbody>
<tr>
<td><strong>Module 1</strong></td>
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</tbody>
</table>
| • Welcome, orientation & housekeeping  
  • Clinical Leadership Competency Framework  
  • Leadership, Transition & your MBTI (Part One) |
| • Leadership, Transition & your MBTI (Part Two)  
  • Applied Leadership: a case study  
  • User and Carer Engagement |
| **Module 2**        |
| • Overview of local Epidemiology  
  • Commissioning a treatment system  
  • Value-based commissioning  
  • Commissioning: the toolkit for improvement |
| **Schizophrenia Expert Immersion Day:**  
  • Epidemiology and Evidence-based practice  
  • Commissioning and delivery solutions case studies |
| **Substance Misuse Expert Immersion Day:**  
  • Epidemiology and Evidence-based practice  
  • Commissioning and delivery solutions case studies |
| **Common Mental Health Conditions Expert Immersion Day:**  
  • Epidemiology and Evidence-based practice  
  • Commissioning and delivery solutions case studies |
| **Children & Young People’s MH Expert Immersion Day:**  
  • Epidemiology and Evidence-based practice  
  • Commissioning and delivery solutions case studies |
| **Module 3**        |
| • Performance & Information Management  
  • Outcomes  
  • PBR/Mental Health Tariff/Care Clusters |
| • JSNAs and working with Health and Wellbeing Boards  
  • The new architecture: NHS and Social Care, CCG commissioned services for crisis care (Section 136 place of safety)  
  • Discharging the Mental Capacity Act |
| **Module 4**        |
| • Showcasing assignments  
  • Inspiration: keynote speakers  
  • Certificates and Graduation |
| Co-ordinated visits to local mental health trust |
Appendix 1.3

Key resources
Leadership & Personal Development


Commissioning & Needs Assessment

The Joint Commissioning Panel for Mental Health, London.


Recovery in Mental Health

*Recovery, Personalisation and Personal Budgets*. Centre for Mental Health and NHS Confederation, London.

Various other free publication downloads on Recovery can be found at the ImROC website:
http://www.centreformentalhealth.org.uk/recovery/index.aspx

Prescribing