



Case Study

Joint Commissioning for mental health services

JOINT COMMISSIONING

for mental health services

The importance of the commissioning function in securing health and social care services has increased significantly in recent years. There is a focus on 'strategic' commissioning and on the role of ordinary people in influencing the care they receive.

Our Health, Our Care, Our Say (DoH 2006) sets commissioning firmly within a context of increased competitiveness and the opening up of the independent provider market; along with an emphasis on choice for the needs of the individual.

The Challenge

A Local Authority and Primary Care Trust wished to improve their collective commissioning arrangements for mental health services with NHS Trusts, other statutory organisations and independent sector providers.

Approach

- To clarify the extent of overlaps or gaps in current commissioning activity between the two organisations.
- Identify the expected gain in joining up the two organisations' commissioning functions.
- Consult with frontline staff, user groups, Trades Unions representatives and senior management teams regarding options for an improved management structure for joint commissioning.
- Prepare new job descriptions for commissioning staff in both organisations under a single system of management.
- Prepare a Service Level Agreement between the two organisations.

Outcome

Once the arrangements had been established the two organisations agreed to invoke the lead commissioning and pooled budgets flexibilities under the Health Act, 1999, with the PCT taking responsibility for commissioning all mental health services. The budget pooled was in the region of £27 million per annum.



“Commissioners of care are now challenged with the need to work in close partnership with providers, and across health and social care agencies, to redesign services; this requires skill, experience, and most of all the *will* of those in leadership positions.”

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