Values Based Commissioning in Mental Health  
Dr Liz England

Executive summary

Health and social care commissioners in England are operating in a time of considerable change. Shaped by the provisions of the Health and Social Care Bill and the No Health without Mental Health strategy for England, the focus is on prevention, improving public mental health and better outcomes for people experiencing mental ill health.

Three key policy imperatives driving commissioning for mental health in the future have been identified including:

- improving population mental health and wellbeing by giving greater power and responsibility to individuals, communities and local authorities
- increasing people’s choice and control over services through personalisation of assessment processes and service provision
- system reform to support innovation and freeing up resources to follow people’s choices through personalisation, Payment by Results (PbR) and related developments.

This increased focus on strengthening the patient voice and personalising care reflect a number of the principles of ‘values-based’ practice (VBP) and commissioning (VBC).

What are ‘values’ and what is values-based commissioning (VBC)?

We tend to think of the way we practice and work as ‘value free’ or neutral. However, values are the convictions and beliefs, which shape the way we work and determine the principles, which inform our policies. Values or beliefs create attitudes, which then lead to specific behaviours. A number of positive ‘values’ underpinning mental health services have been previously described in the literature and include a focus on recovery, inclusion, support for social networks, peer networks, best practice and co-ordination and cost effective care.

A VBC framework is one which reflects both values-based medicine and evidence based medicine. VBP is defined as ‘the theory and skills-base for health-related decision making where legitimately different, and hence potentially conflicting, values are implicated. In Values VBP, and hence commissioning, conflicting values are balanced by means of ‘good’ process, or negotiation, and not by a predetermined hierarchy of values or priority of perspectives.’

What is the evidence base to support VBC?

VBC and how it can influence mental health commissioning in England is the current focus of the West Midlands Mental Health, Substance Misuse and Learning Disabilities Commissioning Modelling Group (WMMHCMG). This group aims to describe ‘best practice’ in mental health commissioning and develop an evidence base to support VBC. This reflects and builds upon previous work in this area such as the NIMHE ‘National Framework of Values for Mental Health’ (2004). This group was developed as a forum where interested stakeholders might meet and discuss the key features and elements of what a values based commissioning framework for mental health might look like. This regional group includes stakeholders from social care, PCTs, public health, service users and GP practices and uses a network approach to developing this framework where outputs and information from this group are disseminated through their ‘networks’ then fed back into the group.

The group then links with the Joint Commissioning Panel for Mental Health (JCP-MH) at a national level. The JCP-MH has already produced its first output for existing and future clinical commissioners.

Volume 1 of the Commissioning Framework guides commissioners as they navigate the complex and changing policy and practice terrain. It focuses on the mental health system across all tiers
including population mental health and health improvement, takes a life course approach and explores the key policy imperatives driving commissioning for mental health. It will be followed later in the year, by 'Volume 2' which will be a series of small guides describing to commissioners what 'good' looks like in respect to a range of different services and care pathways in mental health and learning disability. The WMMHCG is contributing to this series of guides.

Is there any practical value in this for GP commissioners?

Whilst the NHS is currently experiencing unprecedented change, this is taking place within a climate of financial challenge. An emphasis on delivering better outcomes in mental health is one positive change taking place. Evidence is mounting that a number of key elements are linked to this including:-

- greater involvement of patients and the public (particularly 'hard to hear' groups)
- a move away from 'one size fits all' services
- the development of 'integrated' or 'seamless' services which cross traditional boundaries and reflect the person as a whole.

It is acknowledged that these different elements (reflecting the values-based approach) come with a price tag. However, it is argued that the more services reflect the values of the people who use them, the greater the chance that they will be effective, efficient and appropriate.

Practically this will require effective consultation mechanisms involving service users and opportunities for service users to influence the training of practitioners. There are several examples of services and practices which have already been shown to reflect best practice in evidence-based mental health and also share the principles of VBC, which might be useful for commissioners to explore further. These include:-

- early intervention services for first episode psychosis
- peer transition services for young people
- crisis resolution/ home treatment teams
- peer mentorship and supported employment service models.

References


Department of Health, 2010. Equity and excellence: Liberating the NHS.


Biography

Dr Elizabeth England, RCGP Clinical Commissioning Champion

Dr England is a salaried GP working in an inner-city practice in Birmingham with an interest in Mental Health. In addition to her clinical work, she is also GP Appraisal Lead in Heart of Birmingham PCT, Primary Care Lead in the Heart of England Hub of the Mental Health Research Network and a Clinical Lecturer, focussing on mental health at the University of Birmingham.