Outcome Based Commissioning

Mental Health Support

Preferred Provider Selection Evaluation

Mental Health Outcome Based Commissioning

Preferred provider selection - involvement evaluation

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Bruno Meekings
Richmond CVS
Community Involvement

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Executive Summary

This is an interim report on the satisfaction of service user and carers with their involvement in processes which will commission an Outcome Focussed Mental Health Service to support the Mental Health of People in Richmond upon Thames.

The report is focused on the preferred provider selection phase and also draws parallels with a contemporaneous advocacy service procurement in order to highlight considerations for involvement up to and beyond contract award. The report is independent, but created as a result of partnership work to support that involvement.

Participant satisfaction data was collected via a simple survey tool used for previous evaluations. It was complemented by telephone and email feedback.

Overall satisfaction levels were high at over 90%. Comparison with the advocacy service procurement highlighted thematic areas that could be taken advantage of, or which might benefit from consideration in later stages. Those included:

- High levels of trust in staff organising and supporting their involvement. which is an asset that will need to be actively maintained.
- Planning and the need to ensure engagement and involvement is bound into project development at the earliest stage.
- Generic communications about the progress of the Mental Health OBC project, to complement feedback about the impact of participant's involvement.
- The detail of involvement processes and ensuring that they are as efficient as possible and occur at a pace that manages task intensity.

See appendix for summarised considerations

Some feedback related to areas that are not entirely within CCG or Council control. There was confidence in statutory sector capacity for high quality involvement, but less certainty about provider capacity whilst planning and implementing service transformation.

Looking beyond contract award, participants were unsure of the strength of the lever created by an element of payment by outcome related results. This is likely to represent the perception of service users and carers more widely as services start to transform. Those who took part in the evaluation were however hopeful that payment mechanisms and continued involvement would achieve what was required.

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Introduction

Richmond upon Thames has consistently been at the forefront of work to ensure that local plans and services are based upon the needs and aspirations of local people. Most recently this has been reflected in co-productive work to implement that Care Act and on a focus on the outcomes that service users and carers want to achieve.
The Mental Health Outcomes Based Commissioning (OBC) Programme seeks to implement an Outcomes Framework that has been co-designed with service users and carers and is based on the outcomes that are most meaningful to them. As part of Richmond CCG's and the Council's continuing commitment to service user and carer engagement and involvement throughout the programme, as in previous procurements, Richmond CVS was asked to independently evaluate involvement quality. This report is therefore independent of Richmond CCG and is solely based on service user and carer views of their involvement.

Background

A total of five people who had either used or cared for people who had used mental health services and were therefore 'experts by experience', participated in the provider selection exercise. They had earlier attended a part day introductory session together with other experts by experience who were interested in participating in the commissioning processes. At that session a brief explanation of the nature of the service that was being commissioned was provided alongside an explanation of the processes that would lead to its introduction and how they could be involved in those.

The service was intended to be comprehensive and coherent mental health service that would support people in Richmond. It would be funded through a block payment that included an element of payment by results reliant on achieving outcomes rather than activity levels. Instead of a competitive tendering process (in which a service specification is created and organisations provide competing bids to deliver the service), a most capable provider (MCP) process would be used to commission the service. In this case that involved an initial evaluation of the capability of several providers interested in collaborating to deliver it. That evaluation (the subject of this report) would lead to a group of preferred providers who would collectively develop service and pathway plans. Those plans would, in turn, be evaluated by Richmond CCG. The intent was to involve service users and carers in provider selection, provider development of plans, and in the CCG evaluation of their plans.

Overview and Process

The experts by experience evaluation was planned as an all-day session. There was an initial introductory talk about the procedures to be followed and the question responses that would be evaluated. The intention was to sequentially evaluate each provider response to a question, grade it against standardised descriptions and arrive at a consensus grade, then move onto the next provider response. Whilst reading the responses the participants took

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notes to support their assessment of the responses and to assist in writing feedback to providers.

The questions to which providers were responding were to some extent related to user engagement. Whilst the outcome based service nature of the service sought meant that the responses were likely to be a good predictor of provider capability; they did not however cover the full range of areas that people who had experience of mental health services might be interested in understanding.

This necessarily increased the task difficulty and at times some participants found it easier than others to focus exclusively on the relevance of responses to the questions.

The position was similar in this respect to the tender evaluations for a single point of access advocacy service carried out shortly after the mental health provider selection, within which it was possible to apply learning from the mental health provider selection exercise even though the advocacy service commissioning was carried out through competitive tendering.

That later exercise benefited however from the fact that participants had been involved in very early discussions about the overall objectives of the service that would be commissioned through the Health and Social Care Coproduction Group and there had been additional updates. The scope of the service was also better understood and therefore what would be replaced/built upon.

For those reason, the overall objectives that would be served through the component addressed by the provider responses were better understood. In addition, the layout of the grading definitions provided to evaluators was modified to provide greater clarity. Further improvements could have been made had more time have been available, however even so it seemed that there was less difficulty in focusing on the relevance of responses.

Process considerations

There are a variety of ways to make the task simpler, for example the descriptions of grading criteria could be more clearly focused on the individual question or more emphasis given during any introduction to focusing on the direct question the providers would be responding to. Examples could be given of feedback to providers in order to model the response evaluation process. This would require a greater degree of pre-preparation for the session itself.
Providers inevitably vary not only in their offers but also in their stylistic approach to explaining their intentions and their interpretation of what commissioners want to understand, so there is a limit to the extent to which the task of evaluating provider responses can be simplified.

The difficulty in focusing on what is relevant is therefore not necessarily confined to service users and carers as it can be difficult to define the boundaries of what is and what is not directly relevant to the question at hand. Whilst the process of arriving at consensus negates potential problems, the cost of reduced focus during individual evaluation is that

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discussion to arrive at consensus can be lengthened making the involvement a potentially less rewarding experience.

Another way of working to minimise the problem might be to evaluate a broader range of questions selected in order to generate a more holistic view of the providers' overall responses. This would reduce any pressure to infer what responses might imply for other areas that were not being considered directly. In this case however those would need to be provided to participants in advance of the session.

A further approach is to involve service users closely in generating the questions that they will later evaluate, as the process of doing so involves modelling what they would expect of responses.

More than one participant characterised the task as '*intensive',* one explained that,

> "*I found this particular involvement quite hard work in the sense it was, in my opinion, too long in time length and too concentrated.*"

They also however said,

> *"This particular process also is very interesting and rewarding for us because we realise that, unless our input is registered properly, it cannot advance. Also, we can see the clear stages and how it's going to work at the different stages and how our work will influence this at every stage. So I think constant communication here and upmost clarity is essential and is well delivered to us so far :-))"*

The advocacy evaluation differed in an additional respect. Rather than dealing with a response and deriving a consensus score for that response and then moving onto the next response, the advocacy evaluation procedure was to arrive at individual scores for a provider response, move onto the next and then when individual scores had been arrived at for each response, to agree the consensus scores.

This had advantages because the task type remained the same for longer periods so there was greater in-task learning from repetition. One of the OBC evaluators, who did not have any knowledge of the process intended for the advocacy evaluation implied that it would have been quicker had the latter process have been followed.

> *"If our score had been more independent of each other, decisions may have been made sooner thus not losing our answers to the second question for the first number of providers."*

There is a further potential benefit of this approach where more than one question is being evaluated. This is that it provides potential for minimising 'order' effects through ensuring that the sequence in which provider responses are evaluated is varied for each question - response set evaluated.

The total length of the evaluation session was an issue and not all participants were able to remain as focused throughout the whole exercise. A slight mismatch between the time available to evaluate and the actual time taken, also meant it was not possible to go through

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the process of arriving at a consensus score for the second question. It was however possible for participants to go through their individual assessments of the responses and for those to be collated for further use.

One participant said,

> *"Unless people will be allowed independent scoring or opinions then in order to have group discussions & debates and unanimous agreements much more time is needed for evaluation and debate."*

Even if improvements were made to the evaluation process it is not likely that the overall time taken to evaluate responses and gain consensus on scores would diminish substantially. Improvements in process are important nonetheless to make the task easier whilst retaining at least the same capacity to deal with complex material, if not increase it. Accomplishing that is likely to increase the sense of value that participants gain from their involvement. A better approach to avoiding time pressures impacting on evaluation is to either plan to evaluate on more than one day, or to plan for overflow on the day of evaluation and perhaps to a further day.

Given that evaluating a response of one side of A4 paper typically takes between 10 and 30 minutes, (dependent on breadth of the question responded to) it is possible to project overall time requirements quite closely, especially where the number of provider responses is known in advance.

The length of time available was less of an issue with the advocacy evaluation because those who would be taking part were asked to allow up to an additional hour beyond the planned finish time. While some of that additional time was used, this was for reasons unconnected with the evaluation task itself.

One interesting difference between the two evaluation exercises is that those who evaluated the advocacy tender seemed more confident that, (were providers to deliver what they said they would provide), need would be met. This seemed to be partly related to the level of explanation of the existing services that were within the scope of the redesign as well as the new service itself. Feeling confident that the service that they have helped to commission will deliver is a key element in setting the value that service users and carers can place upon their involvement. Restating what one participant said,

"This particular process also is …. rewarding for us because we realise that, unless our input is registered properly, it cannot advance."

A better level of description would help, as would ensuring those participating in later stages get more information so their capacity is developed. One participant said that they would like updates and the possibility of getting together informally. This would also provide reassurance that progress was occurring. The content of updates and how they are presented may require thought however.

Another factor which seemed to limit confidence was that whilst there was a clear understanding that if providers failed to work with user perceptions of the new service it

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would be less effective in delivering outcomes; there was less understanding of whether the providers had the capacity or methods to achieve what was required.

There was also no understanding of how strong the lever provided through payments related to outcomes would be in practice. This may represent a microcosm of the environment the new service will emerge into so it important to understand this for that stage of the project.

It is also worth noting that clarity about the impact of the evaluation itself could have been improved. This was mentioned during the introductory session by one of the participants and any lack of clarity risks being perceived as an indicator of the extent to which transparency about impact would be achieved in later stages when it will assume even greater importance.

Where involvement leads to simple decisions it is not difficult to demonstrate impact, for example, in the advocacy evaluation participants knew the percentage score for the questions evaluated, the number of others involved in evaluating response and they also knew they would have a presence in the moderation session, together with support for that.

Achieving that level of transparency will be important for the future. Accomplishing that within the more complex task of ensuring that providers factor what participants say into their planning process will however not be simple. It will require planning which integrates a range of expertise. It should however be less complex to ensure involvement in evaluating provider plans transparently feed into any requirements that the CCG may suggest when provider plans have been evaluated or help to shape future structures intended to support quality assurance and perhaps service development.

Joined up Involvement

Most service users and carers who participated in the OBC work did not limit interest in involvement to supporting OBC work. There was interest in strategic and other involvement. There are existing structures within Richmond which involve service users and carers that feed into strategic planning relating to Mental Health, e.g. the Older People's Mental Health Strategy Group and the Mental Health Commissioning and Strategy Group. In the medium term, i.e. when significant transformation has taken place, these groups may also be able to fit into mechanisms that help to ensure that the expectations of OBC continue to be met and developed.

In a similar way, but within a different timeframe, development of community based self-care support through interactions between the Primary Care Strategy and Community Access Strategy (CAS) should mesh with the Outcome Based services. The CAS is an area which the Health and Social Care Co-Production Group has already shown interest because it fits with its objectives.
There are other groups whose focus might complement involvement in Mental Health OBC in one way or another, including Patient Participation Groups.

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The single most important factor in ensuring that the potential for future synergy between strands of involvement is maintained is good communication about the progress, development and achievements of Mental Health OBC. It will provide service users and carers who are active in other areas of involvement to think about whether there are ways in which their activity could fit in. Where opportunities for synergy do emerge, it will also help to ensure that that they can be developed.

Satisfaction levels

A tool which has been used to measure satisfaction across a range of different opportunities was employed to measure satisfaction. It consists of a writable PDF survey which can be adapted to cover different commissioning exercises and types of involvement.

It enquired:

1) *Did you think that the information you were provided with, taken together with the way the panel was organised, was sufficient to enable you to understand what was required and to evaluate the responses that you marked effectively?*

2) *Did you feel able to clarify anything you were unsure about?*

3) *Would you want to participate in similar events in future?*

Even with uncertainties explained previously satisfaction with the level of information provided and task organisation was in line with previous evaluations (91%).

The other two measures, (whether participants believed they were able to get any clarification required, and as a proxy for overall satisfaction whether they would participate in similar events in future) received 96% ratings.

These results were not statistically adjusted to reflect the small sample size. Satisfaction levels were however sufficiently high and consistent to be confident that doing so would not change their interpretation. They also matched qualitative comments as seen below.

Discussion of satisfaction results

Qualitatively, results of this type represent evaluations where, at minimum, planning has been satisfactory, participants feel valued and there is a good level of transparency. One participant said,

> *"As previously with other workshops organised by Caroline and Bruno, whether it's Co-production or CCG/Council consultation, everything is well prepared and well explained to us and we can feel we are being valued and our participation much appreciated if not necessary."*

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One incidental benefit of this type of participation is that it may help participants to see the complexities that commissioners work with so there is potential for that understanding to become diffused. For example, in the advocacy evaluation one of the participants took part in the moderation session and was reassured that the professionals involved in evaluating responses also saw evaluation as a demanding exercise. One of the participants on the OBC evaluation also said that they would like to have been involved in any moderation, so there is clearly a desire to be involved in that type of process.

One of the mental health participants also indirectly touched on the extent to which participants understand that involvement may include levels of uncertainty for all involved, but also implied that what was important was the effort made by staff to ensure involvement was inclusive, they said,

> *"I have realised by now with my experience of such involvement, that even the authorities/organisations don't really know the exact process when they start such a project and play it as it goes along; which is fine for highly-paid management staff but for us, mere service users, it can be quite bewildering and left us wonder what exactly is going on. Therefore, for this particular involvement, hats off to you both and Emma for making it as fair as possible, comfortable for us, and keep our interest going!"*

It is important to understand that there is a level of trust needed and which is given by participants that everything that is reasonably possible will be done to ensure that their involvement is of as high a quality as possible overall.

Maintaining that trust it is a key foundation of ensuring that participants feel valued and it is essential to ensure that is maintained in later stages. Accomplishing that does not rely on any specific action, rather it is something that needs to be factored in so far as possible in relation to every element of engagement and involvement.

The appendix to this document provides a brief list of some of the factors that emerged from the Mental Health OBC provider selection process as being worth considering in later stages. For more general information about the benefits of involving experts by experience in commissioning and procurement see 'Enhancing Services Through Involvement' which provides information about previous involvement in local procurement exercises.

Weblinks in this document:

Enhancing Services Through Involvement, Richmond User and Carer Group, 2013, 2014
http://www.richmondcvs.org.uk/documents/Community%20Involvement/Enhancing%20Services%20through%20Involvement.pdf

Reward and Recognition, Department of Health, 2006
http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138524.pdf

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Whilst involvement in any particular evaluation or service design process may have similarities with others, no two exercises or groups of participants are identical. Modelling the interactions between participants and evaluation processes and resources is complex. Consequently, it is not possible to be prescriptive about how involvement should occur, or what factors will be most important on a particular occasion. Suggested areas to consider are given below, however they are not exhaustive and appropriate advice may be helpful.

Developing evaluation and design processes

- Ensuring that involvement and engagement is considered at the earliest possible stage, so that as much time as possible is available to plan and develop resources to support it, as well as to conduct it.
- Reviewing support material to ensure it is focused on the tasks required.
- Providing background material that gives a clear context.
- Focussing on the detail of involvement to ensure that tasks are as efficient as possible and to ensure sufficient time is allotted to manage task intensity.
- Organising activity so that similar tasks occur together.
- Calculating time requirements accurately but allowing for over-run.

Communicating in support of involvement

- Developing general material to use to raise awareness of key objectives within the community at the earliest possible stage.
- Gaining support where possible from experts by experience to develop material (e.g. relevant questions for evaluation purposes).
- Ensuring plain English is used in documents intended to support evaluation processes, but without reducing meaning or content.
- Allowing sufficient time to develop communications material particularly where source documents are complex.

Enhancing trust

- Explicitly recognising trust-building as an objective.
- Providing clear indications of the impacts of involvement.
- Mapping out multi-stage processes clearly.
- Negotiating levels of involvement where possible.
- Providing good levels of feedback to participants.

Increasing the value of involvement to participants

- Ensuring that there is clarity about the impacts of involvement.
- Using reward and recognition mechanisms. For more information please Click Here
- Establishing good levels of information about project progress.
- Negotiating the way that involvement occurs.

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