Outcome Based Commissioning

Mental Health Support

Provider Plans – Involvement Evaluation

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Executive Summary

This is the final report on the satisfaction of service user and carers with their involvement by NHS Richmond CCG in the commissioning an Outcome Focussed Mental Health Service to support the Mental Health of people in Richmond upon Thames.

The report focusses on the phase which evaluated provider plans and examines the way in which experts by experience's priorities helped to shape that evaluation. It also looks forward to the way in which that involvement may continue to shape subsequent engagement and involvement as the service develops. 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 to evaluate satisfaction during an earlier phase – the selection of providers. It was complemented by discussion, telephone and email feedback.

Overall satisfaction levels were over 95%, representing a slight improvement on earlier levels. One factor that contributed to this was that Experts By Experience (EBE) had a good sense of what they had to offer and were able to influence both their own involvement and requirements for future provider involvement.

The consequence of the investment in involvement made during this phase is likely to be strengthened involvement in provider service development over a period of years with net benefit to those services and to the people who use them.

In response to being asked whether their involvement had been worthwhile and achieved what they set out to, one EBE put it like this.

> '*Yes, it was worthwhile, but it's by no means over' … 'They (the providers) know what they need to do now though'*

The level of information that the CCG provided to EBE during the commissioning programme contributed to the overall quality of involvement and was also reflected in nuanced views expressed about potential future challenges, those included:

- The challenge of developing partnership working between 8 different providers
- Provider capacity to deliver change
- Austerity creating greater demand for mental health services
- Resourcing of mental health services

Introduction

Richmond upon Thames has consistently lead on work to ensure that local plans and services are based upon the needs and aspirations of local people. Recently this has been reflected in co-productive work to implement that Care Act and on a focus on the outcomes that adult service users and carers wanted to achieve related to their physical health.

The Mental Health Outcomes Based Commissioning (OBC) Programme now seeks to introduce a comprehensive local mental health service which is based on an Outcomes Framework that has been co-designed with experts by experience. That framework is therefore rooted in the outcomes that are most meaningful to local people. As part of Richmond CCG and the Council's continuing commitment to service user and carer engagement and involvement throughout the programme, Richmond CVS was asked to evaluate the quality of that involvement. This report is therefore independent of Richmond CCG and based on service user and carer views of their involvement.

Background

The service being commissioned is intended to be a comprehensive mental health service that will support people in Richmond. It is to be funded through a block payment that includes an element of payment by results. This relies 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 applied. During an earlier phase a total of eight providers had been selected to develop plans to work as a consortium to deliver the required service.

Preferred Providers

Certitude,
Change Grow Live (CGL),
East London NHS Foundation Trust,
London Borough of Richmond Upon Thames,
Richmond GP Alliance,
Richmond Borough Mind,
South West London and St Georges Mental Health NHS Trust,
SPEAR.

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' (EBE), participated in the evaluation of provider plans in February 2017. Four of these had previously taken part in the preferred provider selection. All had up to date information about the progress of the commissioning exercise and they had also had opportunities to influence the way in which they would be involved.

Overview

During the initial phase of the commissioning process, providers were required to show that they were capable of delivering the new service. Having demonstrated that they had that capability, they were now required to respond to an “Invitation to Submit Detailed Solutions” (ISDS) setting out their plans for the service. This would be done through written responses and supporting presentations. Their responses set out how expectations of the service would be met across a range of areas including but not limited to their vision, service and delivery plans. It was these responses and presentations that were to be evaluated both by a commissioner panel and a separate panel of experts by experience.

Before covering the panel evaluation, it is worth noting that the EBE had already contributed to the ISDS to which providers would be responding through their feedback. Similarly, earlier feedback that they provided, helped to shape the evaluation they conducted.

To explain this; after their involvement in the initial phase of the evaluation, EBE feedback had highlighted a need for targeted exploration of provider approaches to meeting responsibilities in relation to involvement and engagement. Partly consequent upon this the CCG Engagement Manager and RCVS Community Involvement Coordinator who had been working with the EBE, drafted a short section of the ISDS which focussed on requirements for stakeholder and service user participation. This was then reviewed and agreed by the experts by experience.

Process

To support involvement, an ongoing dialogue had been maintained throughout the programme. This helped to ensure that EBE knowledge of the programme was as good as possible and avoid potential for an excessive learning curve prior to the evaluation of provider plans. In addition, several days prior to the evaluation session, a presentation was provided which gave updates on the commissioning process and on the evaluation methodology that would be used.

The ISDS itself was broken up into five sections and the EBE were tasked with evaluating the responses on the provider's vision and delivery model. In addition, two of the EBE acted as observers at the separate commissioner panel that also covered the other sections. The same scoring method was used across both exercises and scores were then aggregated.

After the providers had delivered their presentations and answered questions, EBE scored the presentations and provided written observations explaining their grading. It had been intended that subsequent to the presentations they would moderate their scores as a group; however there was insufficient time for this on the day. It would not have been feasible to get all of the EBE back together again at short notice and after brief discussion EBE agreed that that raw scores would be used.

Format

A presentation format was used for the evaluation. It is worth considering why that was so, as it could have been simpler for evaluation to have taken place on the basis of written plans alone, (perhaps complemented by the type of provider interview which sometimes occurs with competitive tenders). This would however have been less likely to meet the priorities that EBE had identified during an earlier phase of the exercise which included:

- engagement with the potential providers
- not being excessively demanding
- meaningful involvement

Exclusively paper based evaluation would also have been more demanding. This is because presentations capture key elements of complex plans in order to make them more accessible.

Whilst the format met EBE priorities, there were potential drawbacks. It is not always appreciated that presentations can be intimidating, particularly where, as in this case, a large group of provider representatives is delivering a joint presentation.

To mitigate this, as explained previously, EBE were briefed comprehensively to ensure that they knew what to expect, they had the relevant section of the provider plans and had also had an opportunity to think about how they would work. Providers were required to identify exactly who would be attending and clear guidance was provided to support them in communicating effectively.

A further potential drawback of evaluating interview or presentation content is that it can be demanding in a different way to the evaluation of written material. Attention may be split between what is being said, presenters' body language, audio visual material, and finally the need to evaluate and record reasons for any grading.

This can also be mitigated through pre-preparation and involvement in defining the evaluation which allows evaluators to model for themselves what is important to understand and what 'good' or 'poor' responses might look like. For example, agreeing questions required thinking about the relative importance of all that was being evaluated.

The CCG's effort to ensure that EBE had enough knowledge of the service being commissioned and a good level of involvement in structuring what would happen seemed to have 'paid off' and ensured that the task was not excessive, but was also meaningful; one participant illustrated this as below:

> *"I felt very valued as a member of a 'selected' representation and I did feel the enthusiasm and commitment of the panel members.*
>
> *It's also good to be supported by Bruno Caroline and Emma. It could be a very intimidating situation, but the fact we: met beforehand - are prepared*
> *-Makes me feel very comfortable and relaxed".*

Not covering every area was also important because it limited the demand on EBE time to what they could deliver. It also avoided a need to assess areas which they had had less involvement in. It does need to be remembered that the outcome based mental health service will be a large and complex service, so on this ground also a targeting of focus held potential to maximise impact. It is also important to recognise that the OBC programme will deliver a contract that is of greater length than usual with the development of services occurring over its lifetime. Crucially, that ongoing development will feature EBE involvement.

Whilst limiting the scope of evaluation was appropriate in this case; as a general principle, the scope of what EBE evaluate should be guided by the capacity that they feel able to provide. This means that in smaller scale commissioning exercises, as many are, it may be better for EBE to evaluate all areas.

There was a further key feature of what EBE required of their involvement which relates to that last point. As one EBE put it.

'It must do something - have impact 'if it does not we might as well not be here!'

So what impact did experts by experience see as important and how could evaluation build in something that could demonstrate both short and long term potential impact?

As previously explained, during the earlier phase of the commissioning exercise EBE had highlighted the importance of their involvement to the development of services as a way of guaranteeing that services met needs.

One participant had put it like this:

> *"… We realise that, unless our input is registered properly, it cannot advance"*

In addition, they raised questions over whether a varied provider consortium would have the capacity to ensure that meaningful engagement and involvement continued to shape the development of their services.

> On this point another participant said. *"I want to be optimistic, but some of the organisations don't have much of a track record".*

This perception, which was shared by most of the EBE, highlighted the importance of ensuring that ongoing participation and involvement by providers followed best practice and therefore had a high potential for impact. In addition, getting providers to explicitly sign up to best practice requirements could demonstrate immediate impact. This then was part of the reason for the CCG deciding to work with Richmond CVS to draft provider involvement requirements that should encourage best practice. Those requirements were then reviewed and agreed by the experts by experience and included in the ISDS.

The way in which the ISDS encouraged good involvement practice was through asking providers to recognise that:

> *"Achieving an efficient, person centred outcomes based model of care, that responds to patient feedback and voice meaningfully; requires that the CPs delivery model and any supporting structures meet the requirements for all NHS organisations to involve service users and carers as stated in the NHS Act 2006 (s242) and to follow good practice as appropriate."*

To accomplish that it said that all providers were expected to:

- *"Demonstrate that they have systems in place to capture, collate and interpret patient and public feedback and are able to evidence the impact of this feedback in future service delivery.*
- *Demonstrate that they are implementing service changes and improving services taking into account patient and public feedback.*
- *Demonstrate how they are monitoring the equalities profile of their patients, service users and carers and examining what that information tells them about groups that are over or under- represented in their services.*
- *Work with the commissioners to ensure that patient experience is used to deliver services that are personalised, co-ordinated, safe and accessible to meet the outcomes that matter most to patients, carers and local people"*

With the exception of requiring supporting structures meet the involvement requirements explained in S242 of the NHS Act 2006; the provider requirements could be seen as little more than a statement of what providers would in any event be bound to. However, making this an area for explicit evaluation increased its priority and required providers to start considering how they would meet requirements at a very early stage.

Closer to the time of the evaluation EBE reviewed and agreed a set of four questions to test provider understandings of requirements that they had helped to generate.

These requirements generated comprehensive provider responses. This was in contrast to what often happens where provider plans to involve and engage people who use their services typically do not feature in, or are a minor feature of, evaluation. In those circumstances attention to and planning for participation and involvement by providers may not meet what is required to ensure that best practice develops.

After the evaluation the CCG Governing Body also reinforced requirements that would be expressed in 'Heads Of Terms' and subsequent agreement, requiring that they;

> *"… include structured communication and engagement plans and review processes, throughout all work streams and demonstrative service user and carer involvement." (and that)*
>
> *"The legal governance structure should include membership of service users and carer representatives."*

Impact of involvement

As a consequence, the whole mental health support delivery model, including voluntary sector elements can be seen as being bound by NHS participation standards; with that extending from governance structures through to the way that providers commission subcontracts.

Whilst EBE were instrumental to achieving this, all that they would have had to go on in terms of understanding whether their involvement had impact immediately after the evaluation were provider plans, presentations and assurances, backed by CCG requirements. Subsequently however providers have held two workshops with service users and carers to aid development of their involvement framework. These have attracted up to 20 participants. In addition, further workshops are planned.

Through their involvement and what they said, experts by experience have therefore been able to influence processes and act as catalysts in a way that went beyond helping to determine who will deliver the service and whether their delivery plans are sufficient. Instead they were able to help to shape the relationship that providers will have with them, their processes and the potential impact of those.

A full understanding of the impact of their involvement on provider processes will only unfold over the lifetime of the new service; however looking back over the involvement processes used they represented good practice.

- The programme was based on planned involvement that identified the outcomes that people believe to be important
- Feedback from experts by experience was acted on during the course of the exercise
- There has been immediate impact from involvement that should shape provider involvement and generate longer term participation and impact

Involvement processes also met the requirements of recently refreshed statutory guidance on patient and public involvement in commissioning in respect of several of the 10 key actions that should inform CCG participation and involvement. Perhaps most importantly a planned approach was taken which both delivered effective involvement and will help to ensure that involvement itself is integral to the way in which providers are held to account.

The focus and targeting of involvement by experts by experience within the involvement processes used to support the programme was therefore both appropriate and beneficial.

Satisfaction levels

A tool which has been used to measure satisfaction across a range of different opportunities including an earlier phase of this commissioning exercise was used to measure satisfaction. It consists of a writable PDF survey which can be adapted to cover different commissioning exercises and types of involvement. Each question below allowed response on a four point scale.

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 presentation effectively?*

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

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

Overall satisfaction increased from 94% to 96% with the level of information provided and panel organisation improving over that of the earlier phase to 93% from 91%.

The responses to whether participants believed they were able to get any clarification required, showed a slight drop compared with the earlier phase from 96% to 93% and one participant, referring to the provider presentations said;

'perhaps there could be more proactive chairing'

No negative comments were given in relation to the level of information and support provided by the CCG or any other aspects of the evaluation.

The responses as to whether participants would want to participate in similar events in future showed a 4% improvement over the earlier phase from 96% to 100% .

Discussion of satisfaction results

The satisfaction results reflect well-planned involvement that was supported by a high level of transparency and openness as can be seen in one of the earlier comments from an EBE.

> *"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."*

The positive experience EBE reflected relied on the understanding of what was important to them and acting upon what mattered most. This ranged from some of the detail of how involvement occurred through to a broad objective of trying to ensure that ongoing provider involvement would meet good standards and deliver impact.

A positive relationship between the EBE and CCG was key to this and the length of the project allowed time for that to develop. This helped to facilitate flexibility and resilience. For example, it was originally intended that involvement in provider pathway design would commence at an earlier stage than it did. This could have been a source of significant disillusionment for the EBE if it were not for the fact that EBE had time to develop a good level of trust and understanding of the programme.

More generally, the potential for building knowledge, confidence and trust is an important reason for ensuring that there is strong involvement and participation across the commissioning cycle. This is perhaps less easy to accomplish with competitive tendering because there is greater compartmentalisation of the stages of commissioning exercises, with a potential disjunction between the procurement and preceding stages. In addition, basing the service on the outcomes that people want, rather than relying on presumptions about them, provided extra opportunities to involve people.

The scale of the service and its outcomes based focus meant that it was both proportionate and necessary to invest in participation and involvement to support the commissioning programme. Nonetheless even for smaller scale exercises features that made this exercise successful can be applied, examples include:

- Working with people to understand the outcomes they require
- Ensuring that communication throughout the programme provides a sense of continuity
- Working within a framework that allows the impact of involvement to be identified
- Embedding participation and involvement requirements for providers
- Ensuring that there are effective recognition and reward systems

Conclusion

The programme was outcome based. If involvement had been less satisfactory it could have called into question the achievability of an outcome based approach. This is because the core of that approach is ensuring that service providers and commissioners work co-productively with people who use services.

In the event, the programme relied on participation and involvement from the start. It was also of sufficient duration to enable EBE to develop knowledge trust and confidence. During the course of the programme it was also possible to respond and adjust to what EBE said. Whilst the length of time that involvement tasks would take was sometimes underestimated and there were other adjustments to plans that were required, this was mitigated through the Commissioner-EBE relationship that had been developed.

That this type of commissioning programme and its involvement was possible is, in part, a consequence of Richmond's history of involving people who use services in commissioning and procurement as reflected in earlier reports.

The key features of this programme were however that there was a significant investment in involvement and that an area was identified (participation with providers) which could demonstrate impact in an innovative way. That included both short term impact through the creation of explicit provider requirements, and holding out the promise of longer term impact through the way providers build participation into their development of services.

What the success of the programme in involvement terms does for providers, is to set clear expectations and illustrate the capacity which experts by experience have to strengthen their services.

In a similar way, for commissioners, it sets expectations through providing an illustration of the achievability of good quality involvement and the benefit of investing in that involvement.

Thanks

Particular thanks are due to the six Experts by Experience who directly supported the programme through their involvement.

Thanks are also due to Caroline O'Neill - Richmond CCG Engagement Manager and Emma Gennard - Richmond CCG Interim Programme Manager Adults, without whom the involvement carried out would not have been possible.

Lastly thanks are due to a wider group of Experts By Experience whose past contributions have progressed local involvement to the point where programmes of this type are feasible.

Web links in this document:

Report on Involvement in the Provider Selection phase of the MH OBC Programme
http://www.richmondcvs.org.uk/documents/Community%20Involvement/Mental%20Health%20OBC%20Provider%20Selection%20Involvement%20Evaluation.pdf

Refreshed Statutory Guidance on Patient and Public Involvement in Commissioning for CCG's and NHS England https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/

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