Joint Commissioning Panel
for Mental Health

www.jcpmh.info

Centre for Sustainable Healthcare

www.sustainablehealthcare.org.uk

Guidance for commissioners of
financially, environmentally, and socially sustainable mental health services
(future proofing services)

Practical mental health commissioning

Contents

"The NHS is at a defining moment, a point when it needs to 'future proof' itself against the challenges ahead[1]."

Simon Stevens, Chief Executive, NHS England

"This excellent and thought provoking guide supports commissioners, local health authorities and providers to think broadly, but practically, about building sustainable, resilient communities that have the potential, over time, to reduce mental ill health."

Geraldine Strathdee, National Clinical Director for Mental Health, NHS England

"This guide provides a sustainability framework for mental health commissioning, which is crucial to the ongoing provision of high value care."

Dame Sue Bailey, President of the Academy of Medical Royal Colleges and immediate past-President of the Royal College of Psychiatrists

Ten key messages for commissioners

What is sustainable commissioning?

1 Sustainable commissioning is about 'future-proofing' mental health care. This simply means ensuring better outcomes for patients both now and in the future, despite increasing resource constraints.

2 Sustainable commissioning will help reduce financial costs, reduce environmental impacts and improve social outcomes – this guide provides examples of sustainable mental health services and outlines their evidence base (see pages 16-28).

3 Using this guide will help commissioners to understand what sustainable services are, how to commission them, and how to evaluate their success. It aims to provide a framework for the difficult process of making commissioning decisions (see page 11).

What are its basic principles?

4 'Sustainable commissioning' is an approach that requires commissioners to:
   – adopt four basic principles (see A-D opposite)
   – apply these principles in every decision about commissioning mental health care.

5 These four principles are well known, but too rarely employed as a framework for decision-making among commissioners:

A **prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

B **empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and service users are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment and ensure appropriate housing.

C **improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

D **consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care.

6 Commissioners need to adopt a sustainable approach because there is a **legal requirement** for the NHS to consider economic, social and environmental value, and not just price, when procuring and commissioning services (see page 9).

What should commissioners do?

7 Commissioners should work with service providers, patients, their families and communities to:
   – create new models of contracting that give providers greater flexibility with longer-term goals
   – ensure that patients, their carers and communities are central to service design
   – develop outcomes that are aligned with patient benefit.

8 Commissioners should develop sustainability key performance indicators and use Service Condition Clause 18 from the NHS Standard Contract to ensure providers are delivering change against a baseline[2] (see page 12).

9 Commissioners should seek to involve all public services that can play a role in improving mental health outcomes including social care, education, police, employment and housing services.

10 Commissioners should implement payment mechanisms based on patient or population-level outcomes.

Introduction

The Joint Commissioning Panel for Mental Health (JCP-MH) (www.jcpmh.info) is a collaboration co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists, which brings together leading organisations and individuals with an interest in commissioning for mental health, addictions and learning disabilities. These include:

- Patients experiencing mental health problems and their carers
- Department of Health
- Association of Directors of Adult Social Services
- NHS Confederation
- Mind
- Rethink Mental Illness
- National Survivor User Network
- National Involvement Partnership
- Royal College of Nursing
- Afiya Trust
- British Psychological Society
- Mental Health Providers Forum
- New Savoy Partnership
- Representation from Specialised Commissioning
- Healthcare Financial Management Association.

The JCP-MH is part of the implementation arm of the government health strategy *No Health without Mental Health*[3].

The JCP-MH has two primary aims:

- to bring together people with experience of mental health problems, carers, clinicians, commissioners, managers and others to work towards values-based commissioning
- to integrate scientific evidence, the experience and viewpoints of people with mental health problems and carers, and innovative service evaluations in order to produce the best possible advice on commissioning the design and delivery of high quality mental health, learning disabilities, addictions, and public mental health and wellbeing services.

The JCP-MH:

- provides practical guidance and a developing framework for mental health commissioning
- has so far published 17 other guides on the commissioning of primary mental health care services[4], dementia services[5], liaison mental health services to acute hospitals[6], transition services[7], perinatal mental health services[8], public mental health services[9], rehabilitation services[10], forensic services[11], drug and alcohol services[12], community specialist mental health services[13], acute care (inpatient and crisis home treatment)[14], eating disorders[15], mental health services for older people[16], child and adolescent mental health services[17], services for people from black and minority ethnic groups[18], and services for people with learning disabilities[19]. It has also published guidance on implementing a 'values-based' approach to commissioning[20].

The Centre for Sustainable Healthcare is a partner to the JCP-MH on this guide. It is an independent charity working with clinicians, healthcare managers, local communities and patients to create a higher quality, cost-efficient, more sustainable health service. The Centre has developed and pioneered the Sustainable Specialties approach to transforming healthcare, and currently hosts and manages the Royal College of Psychiatrists Research Fellowship in Sustainability 2013-15, through which this guide has been developed.

WHO IS THIS GUIDE FOR?

This guide is about the commissioning of good quality, sustainable mental health services and should be of value to:

- Clinical Commissioning Groups (CCGs), health commissioning boards in devolved administrations and local authorities – as they will jointly lead the local healthcare system with Health and Wellbeing Boards (HWBs) and in collaboration with their communities

- Health and Wellbeing Boards – as these will have a key role in transforming health and care and achieving better population health and wellbeing through their responsibility for preparing Joint Strategic Needs Assessments, Joint Strategic Asset Assessments and Joint Health and Wellbeing Strategies

- NHS England – as it supports and holds to account the work of CCGs

- Public Health England – as reducing mental disorder and promoting well-being is an important part of its role as a specialist service supporting local communities

- Mental health champions in Local Authorities as they raise awareness of mental health issues in the development of council policies and strategies, and in public forums (see for example www.mentalhealthchallenge.org.uk)

- Service providers – these include those in primary and secondary care, Vanguard sites (as identified by NHS England's *Five Year Forward View*), social care, public health, local authorities, third sector social inclusion providers, education providers, employers, the criminal justice system and services working in offender mental health

- People using mental health services – as co-production is an essential part of developing sustainable services.

These groups will need to work together to create sustainable mental health care systems, which have a focus on maintaining health in the community, building social networks, developing vocational skills and maximising independence and resilience.

HOW WILL THIS GUIDE HELP YOU?

This guide has been written by a group of experts in mental health and sustainability, in consultation with service users and patients, and strengthened by input from a local government and public health perspective. The content is primarily evidence-based but ideas deemed to be best practice by expert consensus have also been included. By the end of this guide, readers should:

- understand the concept of sustainability in mental health care, and how using this commissioning framework can create sustainable services

- be aware of the legislation relating to sustainability that the NHS is required to meet

- understand what sustainable commissioning looks like in practice

- understand how and why improving the sustainability of mental health interventions will contribute to achieving the aims of both the mental health, public health, NHS, and social care strategies, as well as improving quality and productivity

- be able to commission sustainable mental health services and interventions.

WHAT DOESN'T THIS GUIDE COVER?

The issue of primary prevention is fundamental to sustaining high value health care, but will not be discussed here, as there is another guide published by the Joint Commissioning Panel for Mental Health for this topic: *Guidance for Commissioning Public Mental Health Services*[9].

Sustainable commissioning also involves making sure services make the most effective use of financial, environmental and social resources. This includes commissioning services that support secondary (reducing relapse) and tertiary (improving rehabilitation) prevention. It is these aspects, rather than primary preventative measures, that are the focus for this guide.

What is sustainable ('future proof') mental health care?

OVERVIEW

In this section, we:

- define sustainable commissioning
- define its four principles
- explain its three core outcomes
- and outline the incentives that exist for commissioning sustainably.

WHAT IS SUSTAINABLE COMMISSIONING?

'Sustainable commissioning' is an approach that aims to improve the economic, environmental, and social impact of health care (Figure 1, page 7).

It involves commissioners taking both a *much broader view* of the resources used by health care (looking beyond just the economic), and a longer-term view of the way in which our services use resources. This is sometimes referred to as 'future proofing', and has been recently referred to by Simon Stevens from NHS England as a key challenge for the entire NHS[1].

Currently, our health care system already aims to provide the highest quality of care for the minimum financial cost. However, a sustainable approach seeks to broaden this aim to also *reduce the environmental impacts* of health care, and *reduce the social impacts* of mental illness.

A sustainable health care system achieves this by adopting a framework of four basic principles:

A   reduce use of health care through preventative strategies

B   empower patients, carers and others to develop healthy, independent lifestyles (including self-management through personal and community support structures)

C   deliver high value care by providing the right care at the right time (ensuring the best care is delivered for the minimum resource use)

D   reduce the carbon cost of care (by considering carbon in every decision).

In sustainable commissioning, these principles are applied to every commissioning decision. Through doing this, services can be commissioned which improve the economic, environmental, and social impact of health care. In doing this, it encourages 'commissioning for the future'.

THREE OUTCOMES OF SUSTAINABLE COMMISSIONING

These outcomes all aim to affect the 'triple bottom line' of economy, environment, and social resources.

1   Economic viability

In regards to an efficient use of economic resources, commissioners need to provide evidence-based, high-value care. This involves commissioners **reducing demand** for healthcare (through prioritising preventative interventions where possible), **improving value** (by getting the right staff or clinical resources to the right place, at the right time, delivering the right interventions, in the right quantities, to the right person, while minimising waste), and **reducing resource use** (by investing in the best-value interventions and resource efficient care models).

Improving economic sustainability

The 'Have a Word' campaign started in Wales and is designed to motivate and support professionals in the delivery of brief interventions across a variety of health and social care settings to encourage a person misusing alcohol to review their drinking, to set themselves drinking limits and to make and act on decisions to reduce their hazardous drinking. Skilling up trauma clinic and primary care nurses to screen for alcohol misuse and deliver brief advice can capitalise on a key teachable moment in people's lives. This intervention is cheap to develop and deliver and can reduce subsequent A&E attendance[21].

Figure 1: The bottom line: economic, environmental, and social impact

The triple bottom line: economic, environmental, and social impact

Sustainable commissioning is all about improving the economic, environmental and social impact of health care – these three factors are sometimes called the 'triple bottom line'.

Economic Resources

Services that provide mental health care should try to meet local health need within their financial budget to provide the most cost-effective improvement to the mental health of the whole community.

Economic Impacts

The impact on the economy that commissioning a mental health service will have (e.g. local employment, contracts awarded to local voluntary organisations etc).

Environmental Resources

Every clinical activity uses environmental resources.

Energy used to heat and light clinical spaces, fuel for transport and the manufacture of pharmaceuticals and medical equipment all have their carbon footprints.

Environmental Impacts

The environmental impact of the whole NHS is enormous.

It emits the equivalent of 25 million tonnes of carbon each year and is the single largest public sector emitter of greenhouse gases.

Social Resources

Staff, service users, carers and communities are the social resources that mental health services can use to provide care.

Social Impacts

Poor mental health impacts on social networks, relationships, employment status, educational opportunities and housing.

2 Environmental accountability

In relation to using environmental resources, this means commissioners again need to reduce demand, improve value and reduce resource use (as is also needed with economic resources). This is because, alongside the economic cost, every clinical activity also has a carbon cost.

However, a greater focus is required on carbon-intensive areas, such as **travel** and **wasted medications**, while carbon-light options should be promoted, such as those that **use natural settings** to deliver interventions and those that **encourage self-care**.

Improving environmental sustainability

In Upper Eden Medical Practice, in Cumbria, a social prescribing service was started, where staff met with eligible patients to build their confidence and link them with existing community services that best suited their needs. Patients spent between 6 and 18 months in the Connect project and were seen up to a maximum of 20 times. This led to a reduction in secondary care referrals and reduced prescription of psychotropic medications[22].

What is sustainable ('future proof') mental health care? (continued)

3   Social responsibility

To **optimise the use of 'social resources',** commissioners should support and develop community projects that improve relationships, teach new skills, provide mental health education and encourage self-management.

Restoring social assets that are lost during periods of mental illness means ensuring that patients are supported to find appropriate accommodation, employment and education and to re-engage with their community.
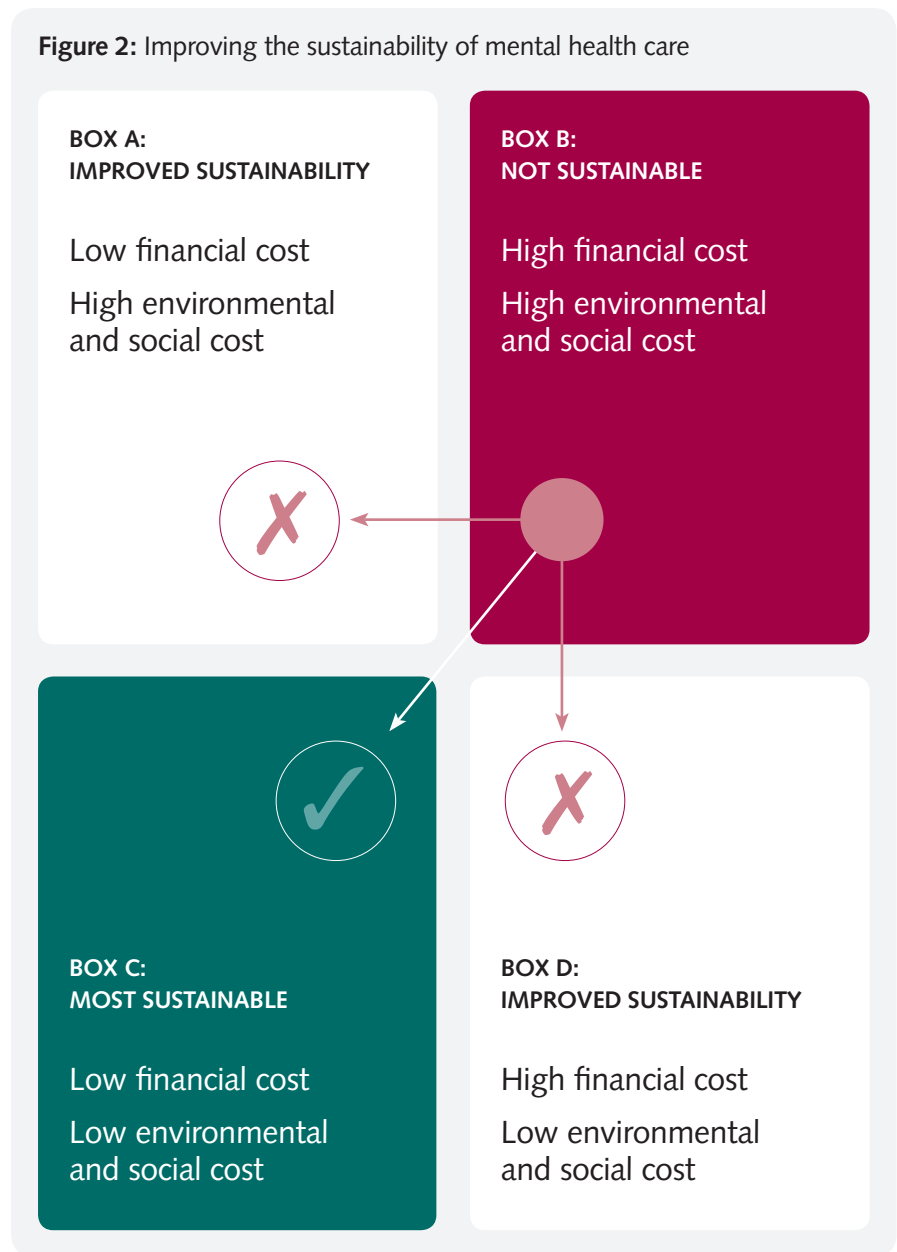
Improving social sustainability

Navigo is an NHS funded social enterprise that provides mental health care in North Lincolnshire. 15% of its staff are ex-service users. A central feature of Navigo is that they have created supportive structures for service users within the community through an organisation called Tukes. Tukes (www.tukes.co.uk) was originally set up as a project within Navigo to provide training and employment opportunities for service users. Tukes, now a separate business, operates five cafes within the local area, catering services, cleaning services, conference facilities, laundry, property maintenance, horticultural services and a second hand shop. They also provide a dyslexia screening service and numeracy and literacy classes where required. Links with local businesses have been developed so that, following Tukes, relevant paid employment can be found[23].

INCENTIVES FOR CHANGE

Given current financial constraints on health care and a general fatigue among some frontline staff from ongoing service change and redesign, it is important to find 'win-win' strategies. Commissioners therefore need to ensure that new services aimed at reducing financial costs can also improve environmental and social impacts (see Figure 2 below).

Figure 2: Improving the sustainability of mental health care

BOX A:
IMPROVED SUSTAINABILITY

Low financial cost

High environmental and social cost

BOX B:
NOT SUSTAINABLE

High financial cost

High environmental and social cost

BOX C:
MOST SUSTAINABLE

Low financial cost

Low environmental and social cost

BOX D:
IMPROVED SUSTAINABILITY

High financial cost

Low environmental and social cost

Why is 'future proofing' services important to commissioners?

OVERVIEW

Commissioners should be aware that:

- Government legislation already requires sustainable commissioning[2]

- a sustainable approach can help improve productivity and value in health care

- commissioners need to be confident that service infrastructure and supply lines are resilient to the effects of future financial, environmental or social crises

- commissioners need to ensure that mental health services are responding to the mental health effects of societal changes, such as an ageing population, economic instability, increasing social isolation and an increasing reliance on the internet

- there is a requirement to reduce the environmental impact of the NHS in accordance with the Climate Change Act 2008[24]

- the NHS standard contract already includes a clause which requires providers to minimise environmental impacts and demonstrate progress on sustainable development (Service Conditions SC15 – Services Environment and Equipment)[2].

LEGAL REASONS: UK LAW AND POLICY

- The NHS constitution has declared sustainability as a core driver in Principle 6, which states: *The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources*[25].

- The 2012 Public Services or Social Value Act states: *All commissioners of public services are required to consider economic, social and environmental value, not just price, when procuring services*[26].

- The 2004 Civil Contingencies Act requires organisations within the NHS to prepare for adverse events and incidents such as those associated with financial crises and climate change – this Act implies that the mental health effects of these events should be present on commissioning risk registers[27].

- The Department of Health's Quality, Innovation, Productivity and Prevention programme can improve the sustainability of services, however, an additional focus on value is needed to protect services from future constraints[28].

SUSTAINABILITY AND VALUE

Sustainability aims to improve value. This is because it focuses on using limited resources (financial, natural and social) in the most effective way possible.

'values' inform which outcomes are measured

$$value = \frac{outcomes}{inputs}$$

To do this, sustainable approaches define 'high quality' services as ones which both provide value for money (sometimes called 'value-based commissioning'), and which reflect what patients, service users, carers, clinicians and managers believe a high quality service should deliver (with this sometimes being called 'values-based commissioning'). This is explained further in Box 1.

THE NHS CARBON FOOTPRINT: AN 80% REDUCTION

The Climate Change Act (2008) committed the UK to reduce its carbon footprint reduction by 80% by 2050 and the NHS has signed up to meet these targets[24].

In 2013, the carbon footprint for NHS England was 25 million tonnes of carbon, with mental health services accounting for 1.47 million tonnes of this. The vast majority of reductions are still yet to be achieved[29].

Importantly, the majority of the NHS carbon footprint is determined by clinical factors such as use of medication and equipment[29]. Relying on service providers to use more renewable energy suppliers will therefore not achieve sufficient reductions. To achieve the target, clinical care needs to become less carbon intensive.

LOOKING AHEAD: MENTAL HEALTH CARE LATER THIS CENTURY

Climate change is likely to have an increasing effect on the prevalence of mental health conditions[30]. The World Health Organisation and the Lancet Commission have both suggested that climate change is the largest threat to human health in the 21st Century[31,32]. We know for instance, from the UK floods in 2007, that flooding can have significant mental health effects[33,34]. Commissioners should encourage service providers to prepare for these potential increases or spikes in demands on services[35]. This will involve improving flexibility for services, prioritising vulnerable regions and ensuring equity of access.

Why is 'future proofing' services important to commissioners? (continued)

Box 1

'Values-based commissioning' and 'value-based commissioning' go hand-in-hand and a sustainable model for commissioning uses the former as a means to achieve the latter.

Value-based commissioning

'Value-based commissioning' means maximising outcomes relative to financial cost and relative to harm (to service users and the environment). 'Value-based commissioning' therefore takes us forward from 'quality' to a construct that provides a framework for 'value for money' or 'return on investment'.
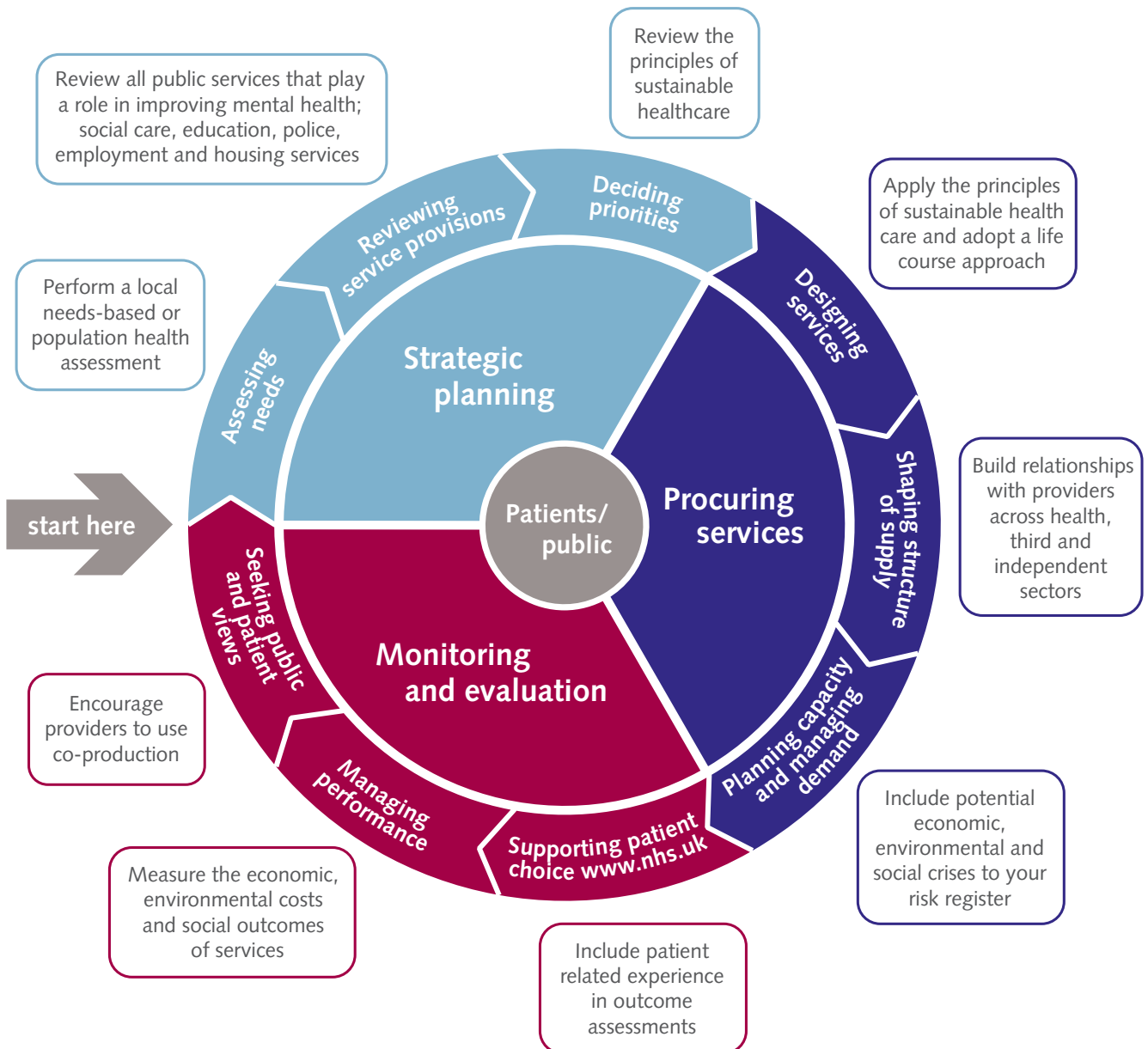
Values-based commissioning

'Values-based commissioning' is a type of commissioning process that refers to what service users and patients feel is important for their needs. Since it sees service users, families, clinicians and managers as being equally important, commissioning strategy and direction consequently rests equally on what everyone thinks is important.

This is sustainable for two reasons: firstly, often what service users, patients and families think is important (courtesy, company, compassion, information, empowerment, employment) is less resource intensive than what service providers think is important (equipment, buildings, technology, medication)[36]. Secondly, when service users and families operate in a values-based commissioning environment, it transforms them from passive recipients of services into active decision makers[37].

What do we know about sustainable commissioning?

Sustainable commissioning is not about commissioning one particular type of mental health service. Instead, it requires commissioners to adopt the key principles of sustainable health care, and apply these in the commissioning of every mental health service. This means that it is not possible to provide a 'shopping list' of actions that commissioners can follow to achieve sustainable care. However, it is possible to provide examples of how the principles can be applied throughout the commissioning cycle (see Figure 2, and also pages 16-28).

Figure 2: The Commissioning Cycle – adapted from NHS England[38]

Review all public services that play a role in improving mental health; social care, education, police, employment and housing services

Review the principles of sustainable healthcare

Apply the principles of sustainable health care and adopt a life course approach

Perform a local needs-based or population health assessment

Build relationships with providers across health, third and independent sectors

Encourage providers to use co-production

Include potential economic, environmental and social crises to your risk register

Measure the economic, environmental costs and social outcomes of services

Include patient related experience in outcome assessments

Reviewing service provisions

Deciding priorities

Designing services

Assessing needs

Shaping structure of supply

start here

Seeking public and patient views

Patients/ public

Procuring services

Strategic planning

Monitoring and evaluation

Planning capacity and managing demand

Managing performance

Supporting patient choice www.nhs.uk

What do we know about sustainable commissioning? (continued)

CONTRACTING AND CQUINS – SOME PRACTICAL SUGGESTIONS

Incentive payments, such as those made through the Commissioning for Quality and Innovation (CQUIN) framework, play a crucial role in encouraging the uptake of sustainable approaches. Local negotiation of the terms of the CQUIN and comprehensive discussion about the intended aims are fundamental parts of the commissioning process. Below is another example of quality targets for sustainability that match service developments against the principles of sustainable health care.

Example 1: Quality targets for sustainability		
Principle of sustainable health care	**Service development required**	**Examples of quality targets for sustainability**
Prioritise prevention	Early intervention services	1 Detecting and responding to perinatal mental health problems earlier 2 Create services that intervene early and have close links with primary care and community structures e.g. with schools for intervening early in psychosis or with nursing homes for intervening early in dementia
	Mental health awareness and education	Develop community-based mental health awareness programs in schools, workplace, community centres, or religious settings and easy to access appropriate support
	Physical health promotion and prevention	1 Improve the management of physical health of those with mental health problems through integration with primary care 2 Create enhanced smoking cessation services
Empower service users and communities	Ensure co-production of services and care plans	Develop co-production teams of staff, carers, service users and community members and demonstrate that they are contributing to new service design and care models
	Ensure that people with mental health problems and carers have their rights protected and have a voice	1 Monitoring and action to address rights violations 2 Access to advocacy not just statutory forms of advocacy 3 Ensure training in place for staff in user-centred decision-making
	Peer support services, or volunteer workforce	Ensure providers invest in a range of peer support models
	Employment support services	Develop 'individual placement and support' as a structure for providing employment within each community team
	Create opportunities and resources for self management	1 Develop online portals for your patients that give them access to educational resources, web-based symptom monitoring tools, electronic CBT packages, peer support or networking options 2 Provide up-to-date information about locally based community resources

Example 1: Quality targets for sustainability (cont.)		
Principle of sustainable health care	**Service development required**	**Examples of quality targets for sustainability**
Improve value of health care (best service for minimal resource use)	Reduce waste of clinical resources	1 Provide opportunity for patient preferences to guide care plan development 2 Develop programs that encourage pharmacists to check the adherence of medications and the continued value of repeated medications with patients and doctors

	Improve measurement of outcomes	1 Ensure every care pathway reports agreed patient defined outcome measures
		2 Ensure every service reports on their carbon footprint
		3 Include social outcome measures such as:
		   a. living in appropriate housing
		   b. living independently
		   c. return to employment or education
		   d. adequate weekly socialisation (e.g. at least 3 contacts per week)

	Create a recovery orientated service	Create a recovery focused culture through training and personal development of staff
Consider carbon	Social prescribing services	Develop referral pathways that allow mainstream mental health services to refer directly into third sector, community support groups, hobby or interest groups or volunteering opportunities
	Outdoor opportunities	Develop interventions such as horticultural therapy, walking groups, mindfulness training that occur in natural settings that can provide a 'dose of nature'
	Governance structures	Report carbon footprint of one or more clinical services, or provide data on resource use which allows carbon footprint to be calculated

What do we know about sustainable commissioning? (continued)

SUSTAINABLE CQUINS – A CURRENT EXAMPLE

The success of contracts depends on their joint ownership from both commissioner and provider. However, Service Condition Clause 18 from the NHS Standard Contract[2] can help ensure providers are delivering sustainable improvements against a baseline. This clause stipulates that when the Commissioner and the Provider have agreed on a Service Development and Improvement Plan, the Provider must report performance against this in accordance with reporting requirements. An example of a Service Development and Improvement Plan from City and Hackney CCG, made in association with the Sustainable Development Unit is presented below.

Example 2: Service Development and Improvement Plan – City and Hackney Clinical Commissioning Group			
Outcomes	**How delivered**	**Baseline measure**	**Target measure**
Reduce CO_2 emissions from 2007 Baseline	Reduction in CO_2 emissions though resource use: energy, waste, travel, and water through a strategic carbon reduction plan. Providers must submit CO_2 emissions as far back as data allows to 2007. Preferred method is SDU reporting template http://www.sduhealth.org.uk/delivery/measure/reporting.aspx Providers SDMP or Carbon Reduction Plan should set out clear targets and actions to not only meet the CCG target but also the future 2020 Climate Change Act target of a 28% reduction from a 2013* baseline.	National Legislation / Guidance: Climate Change Act / National Sustainability Strategy for Health and Care CO_2 emissions measured from 2013* baseline year.	15% reduction in Provider CO_2 emissions from energy, waste, travel, and water from 2013* baseline (*If a closer date for the baseline is agreed the target may change)
Corporate sustainability is measured	The Good Corporate Citizen (GCC) self-assessment tool is completed and submitted online by March xxxx. If there is no baseline year for the GCC then an interim assessment should be undertaken in Q1 and again in Q4. Organisations should be aiming for a minimum score of 75% achieved in each area by the end of Q4. They should also provide an action to suggest how they will achieve a score of 95% in each area by xxxx.	National Guidance: National Sustainability Strategy for H&C http://www.sduhealth.org.uk/gcc/about.aspx *"By 2015, your organisation should achieve a score of 50% in each area."*	Complete the GCC at the end of Q4 scoring >50% Provide an action plan showing improvement trajectory

Example 2: Service Development and Improvement Plan – City and Hackney Clinical Commissioning Group (cont.)			
Outcomes	**How delivered**	**Baseline measure**	**Target measure**
Option 1 Service redesign in delivering sustainable models of care	The below measurements to be taken by Provider across all services and pathways to identify a snapshot of 'where they are now'. Where data already exists on any of the points below from previous years this should be included in the report. • % of time / resource spent on preventative measures • % increase in early intervention and diagnosis • % of appointments with reduced waste (patient reappointments/ telephone appointments) • % of functions integrated with service delivery from other pathways including statutory social care, independent and third sector provision • % pathways of care using a process methodology (for example Lean systems, Six Sigma, Total Quality Management) to identify and eliminate waste • % pathways actively reducing prescriptions and steering towards evidence based therapies and lifestyle changes • % of services improving the use of technology, innovation and self-help approaches to enable people to take charge of their own health and life care planning.	Baseline to be developed during assessment of services during 2015/16	Measures to form a baseline for the provider are to be reported back to CCG by xxxx
Option 2 Service redesign in delivering sustainable models of care	NHS Outcomes Framework is utilised to measure: 1.7 Reducing premature death in people with a learning disability 2 Health related quality of life for people with long-term conditions In development 2.1 Proportion of people feeling supported to manage their condition 2.2 Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions 2.3 Reducing time spent in hospital by people with long-term conditions 2.4 Health-related quality of life for carers (ASCOF 1D**) 2.5 Enhancing quality of life for people with mental illness I Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**) 2.6 Enhancing quality of life for people with dementia 3a Emergency admissions for acute conditions that should not usually require hospital admission 3.6 Helping older people to recover their independence after illness or injury	Baseline take from previous years reporting of outcomes https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf	Suggesting a % increase from previous year

What would good sustainable commissioning look like?

OVERVIEW

This section is comprised of five main parts:

First, we outline ten practical actions that can be taken to implement sustainable commissioning.

Second, we consider how these principles can be applied to sustainable commissioning for different age groups across the life-course.

Third, we examine the issue of spending and resource usage within the NHS, and how a sustainable approach to commissioning can address this.

Fourth, we supplement this with key questions that commissioners can both ask their commissioning group and service providers to ascertain the degree to which sustainability is being addressed within current commissioning decisions, and also with wider providers.

Fifth, we consider sustainability in the light of selected future challenges for commissioning in mental health.

1   PRACTICAL ACTION

Commissioners can take at least ten practical actions to develop a sustainable approach to commissioning:

A   assess whether all evidence-based prevention strategies are utilised

B   ensure all use of resource intensive care is absolutely necessary (e.g. admissions)

C   create parity of esteem between physical and mental health services

D   implement 'make every contact count' programmes in all service provider organisations

E   respond appropriately and effectively to healthcare need

F   promote all self-care opportunities and ensure co-production of care

G   perform a review of existing community assets and upscale where appropriate

H   create pathways to appropriate housing

I   ensure mental health patients have access to natural settings

J   commission for a life course approach.

For each of these actions, this section describes what commissioners can do, the evidence for this, and further resources to support this action. It also describes – through the use of a 'tick box' graphic at the end of each section – which of the four basic principles of sustainable commissioning (prevention; empowerment; value; and carbon reduction) are met by taking this action.

Sustainable commissioning is not about implementing just one of the following actions, or commissioning one particular type of mental health service. Instead it involves applying all four of the basic principles of sustainable commissioning (see page 6) to all commissioning decisions.

A Encourage health promotion and illness prevention services

A sustainable health care system is fundamentally about creating a healthy community and therefore reducing health care need. Health promotion and prevention are vital for ensuring the sustainability of services. This is discussed in more detail in the JCP-MH guide on *Commissioning Public Mental Health Services*[9].

- Commissioners should regularly assess whether all evidence-based prevention strategies are being utilised based on their mental health needs assessment.

Preventative	✓
Improves value	✓

B Reduce reliance on resource intensive pathways

Admissions are sometimes necessary but are highly resource intensive and consume a large proportion of resources. Crisis resolution options that provide a suitable alternative to admission and also allow for greater continuity of care are needed. *Street Triage* is a new scheme funded by the Department of Health that improves the service provided to people who the police encounter who may be experiencing difficulties with their mental health. They respond at the earliest opportunity and direct people to the most appropriate service and can lead to reduced detention rates[39].

- Commissioners should insist that organisations create a crisis declaration statement with the national mental health crisis concordat[40], which sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

- Commissioners should create services that provide a realistic alternative to admission including Street Triage, crisis housing options, or day hospitals.

Improves value	✓

C Promote parity of esteem between physical and mental health

Spending more and more money on services for established physical or mental illnesses ignores the fact that specific health needs do not exist in isolation from other health and social issues. Provision for mental or physical health needs should be found across all types of services. This could lead to better health outcomes and a better experience for all those accessing health and social care[41-43].

- Commissioners should ensure that within each type of physical, mental or social care service, that other aspects of care are recognised and actively managed. Within a general hospital this can be achieved through a well-resourced psychiatric liaison service.

Preventative	✓
Improves value	✓

D Make every contact count to improve wellbeing

Services that use the 'Five ways to wellbeing' approach that includes: "*Connect, Be active, Take notice, Keep learning, Give*" can improve the resilience of their patients, reduce relapse rates and improve wellbeing[44].

- Commissioners should incentivise providers to offer wellbeing training for all staff so that each contact with patients can build towards patients achieving recovery and independent living.

Preventative	✓
Improves value	✓
Empowers	✓

E Respond appropriately and effectively to health care need

Often the most relevant or effective interventions are not available. Surveyed GPs often report prescribing antidepressants despite believing that another treatment might be more appropriate but was not available at the time[45]. For example, antidepressants are not effective in mild anxiety or depression; rather, support and psycho-education is indicated[46].

- Commissioners need to create a greater variety of treatment options to ensure health needs are met effectively. These could include interventions such as low intensity psychological interventions, educational groups or community support groups.

Preventative	✓
Improves value	✓
Empowers	✓
Cuts carbon	✓

What would good sustainable commissioning look like? (continued)

F   Promote self-care opportunities and ensure co-production of care

More people are looking for support and information on the internet[47]. Services should aim to meet this need in a comprehensive manner as evidence suggests that those who are well informed about their mental health condition and are provided with the opportunity to shape their own care have better outcomes[48].

- Commissioners should encourage investment in online services that allow self-monitoring of symptoms, access to an individual's online health record, and that provide opportunities for mental health education and additional support or treatment (such as electronic CBT, video-link therapy or peer support).

- Commissioners should encourage service providers to support shared decision-making by engaging patients, service users, carers and families in creating personalised care plans and involving advocates and peer workers as required. These can all improve self-care and improve outcomes[48].

Preventative	✓
Improves value	✓
Empowers	✓

G   Use existing community assets to promote mental health

Networks of social support underpin our lives. These include families, friends, charities, support workers, local community groups, which can all act to encourage healthy, independent living[49,50].

- Commissioners should map local assets and review how they can best utilise them.

Preventative	✓
Improves value	✓
Empowers	✓
Cuts carbon	✓

H   Create pathways to appropriate housing

People with severe mental illness have an increased risk of homelessness, which can lead to frequent readmissions and poor care[51]. Equally, poor quality or insecure housing can have a significant impact on wellbeing, increasing a person's risk of poor mental health[52,53]. Evidence from international sources suggests that funding appropriate housing for people who are large consumers of mental health services could be cost-effective[54].

- Commissioners should ensure that people are provided with accommodation that is appropriate to their needs. Mental health services need to collaborate with other organisations including, social services, to provide integrated housing programs that include crisis housing.

Preventative	✓
Empowers	✓

I   Focus on the relationship between mental health and natural settings

Interacting with the natural environment can help achieve good mental health[55]. Walking and cycling are beneficial to physical health and can be helpful in mild and moderate depression and anxiety disorders[46]. Access to green spaces improves mental health by reducing depression, reducing admissions and reducing symptoms in young people with Attention Deficit Hyperactivity Disorder[56-59]. Direct contact with nature leads to a greater sense of connectedness to the community[60]. Spending time in natural areas has been associated with stress reduction, alleviation of anxiety symptoms and reduction of psychotic symptoms[61,62]. Children exposed to green settings feel more relaxed, less stressed, more positive and able to cope, and have improved cognitive functioning and social connectedness[63,64].

- Commissioners should review how the natural environment could be used to enhance the delivery of existing and new services.

Preventative	✓
Improves value	✓
Empowers	✓
Cuts carbon	✓

J   Commission for a life course approach

Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters of lifetime mental illness arise by mid-twenties[65]. However, 60-70% of children and adolescents with mental health problems have not been offered interventions at the earliest opportunity for maximal lifetime benefits[65].

- Commissioners should provide mental health services that span the life course and are tailored to the differing needs within each age group (see the next section, including Figure 3, page 20).

Preventative	✓
Improves value	✓
Empowers	✓

2   SUSTAINABILITY ACROSS THE LIFE-COURSE

Building on the principles described in the previous section, it is important that commissioners not only consider a range of service and intervention developments, but how these can be applied across the life course (Figure 3, page 20).

This means considering individuals from pregnancy, through childhood and adolescence, and through adulthood (including older adulthood).

Pregnancy (perinatal services)

Evidence suggests that maternal depression is a risk factor, whereas early positive parenting is a protective factor, for the developmental course of conduct problems among children with ADHD[66]. Evidence also suggests that high-risk populations may benefit from postpartum support to improve parenting and physical health of the child[67].

Example

'Mums in Mind' is an early intervention resilience service offered by Coventry and Warwickshire Mind (www.cwmind.org.uk), for pregnant women and mums with a child under one. The service supports pregnant women and mothers who are vulnerable to perinatal mental health issues. 'Mums in Mind' receives referrals from health visitors, midwifes, Community Psychiatric Nurses, GPs, consultants, social workers, nurses, family support workers as well as self-referrals. Eighty percent of mothers showed significant improvement in the emotional wellbeing, coping ability and social support[68].

Preventative	✓

Childhood and adolescence

Parenting training

Evidence shows that parenting programmes can be effective in improving child behaviour. They also improve the behaviour of siblings and the mental health and wellbeing of participating parents. It is estimated that for every £1 invested in parenting programmes, £3 of benefits are made to society; subsequent savings in public spending covers the costs of the interventions[69].
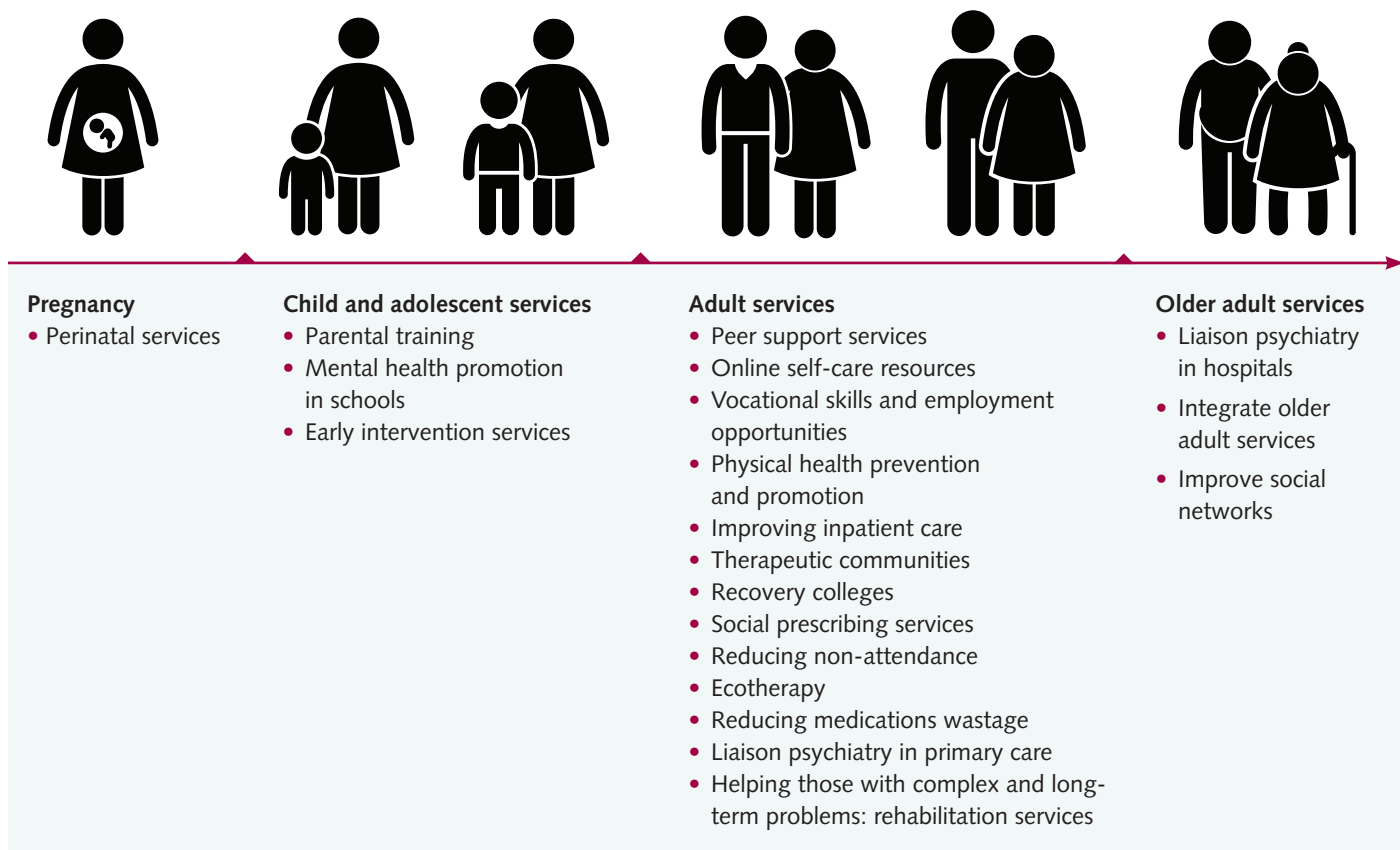
Example

Families and Schools Together (FAST) is for any parent or carer of a child between the ages of three and 11 who is interested in supporting their child's development. Parents and children attend eight weekly sessions where they learn how to manage their stress and reduce their isolation, become more involved in their children's school, develop a warm and supportive relationship with their child and encourage their child's pro-social behaviour[70].

Preventative	✓

Figure 3: Future proofing services; a life course approach

Pregnancy
• Perinatal services

Child and adolescent services
• Parental training
• Mental health promotion in schools
• Early intervention services

Adult services
• Peer support services
• Online self-care resources
• Vocational skills and employment opportunities
• Physical health prevention and promotion
• Improving inpatient care
• Therapeutic communities
• Recovery colleges
• Social prescribing services
• Reducing non-attendance
• Ecotherapy
• Reducing medications wastage
• Liaison psychiatry in primary care
• Helping those with complex and long-term problems: rehabilitation services

Older adult services
• Liaison psychiatry in hospitals
• Integrate older adult services
• Improve social networks

Mental health promotion in schools

Mental health first aid training has been found to help improve knowledge, attitudes and helping behaviours, and benefit the mental health of participants[71].

Example

'Mental Health First Aid for Schools and Colleges' is an educational course that helps teachers identify, understand and help a student who may be developing a mental health problem. It can be delivered as a one-day course, and is accessible for teaching staff across sectors[72].

Preventative	✓
Empowers	✓

Early intervention services

Early identification can create significant savings alongside improvements to care and benefits to society. Estimates show that for every one pound spent there are substantial savings to be made by health and social services: suicide awareness training to GPs (£44 saved), and early detection and intervention for psychosis (£18 saved)[73]. Early intervention services for psychosis can reduce costs and provide more effective care[54].

Example

A team called the Central Norfolk Early Intervention in Psychosis Service works specifically with 14-18 year olds. This team has been specially trained to work with people at the younger end of the age range of people accessing the EIP service. Young people in this age group can receive a five year service rather than a usual three year service in order to reduce the need for unnecessary transition between services and make smoother transfers to Adult Mental Health Services or back into primary care[74].

Preventative	✓
Empowers	✓
Improves value	✓

Adulthood

Peer support services

Peer support workers can provide meaningful support to people experiencing distress and can use their own experiences to support and empower people in their recovery. It can be provided in many ways across both clinical and non-clinical domains. A recent review of peer support studies from the Centre for Mental Health concluded that "peer support workers bring about significant reductions in hospital bed-use among the patients they support, leading to financial savings which are well in excess of additional pay costs"[75].

Example

Leeds Survivor Led Crisis Service offers a service to people experiencing mental health crisis. They provide an alternative to statutory services within a homely environment and a place of sanctuary at times of immediate crisis. They work in partnership with other service providers whilst maintaining confidentiality[76].

Nottingham Depression Support Group provides support for people with depression, including friendship, sharing of experiences, stories, and professional expertise. The group meets monthly and has an average of six members each week[77].

Preventative	✓
Empowers	✓
Improves value	✓

Online self-care resources

Online symptom monitoring has the potential to transform the way mental health services are run, reducing appointments, reducing admissions and empowering service users and patients to self-manage[78].

Example

'True Colours' is a service, operating across Oxfordshire and Buckinghamshire, that allows people with mental health conditions to regularly monitor their mental health by means of texting in their symptoms or inputting them straight on to the *True Colours* website (www.truecolours.nhs.uk). Symptoms are scored according to a series of self-rated measures for the different symptom domains (mood, anxiety etc). A graphical representation of symptoms over time is then compiled and is accessible online by the service user, with relevant life events included. Graphs can then be examined at a later date with a clinician, either face to face, or over the phone.

Preventative	✓
Empowers	✓
Cuts carbon	✓

Vocational skills and employment opportunities

Re-engaging with employment promotes mental health resilience and can reduce future health care use[79].

Example

Individual Placement and Support (IPS) is a type of employment service that is fully integrated with a mental health care team and aims to obtain competitive employment for the service user. It also offers support and training to help maintain employment. Individual preferences are taken into account when looking for employment and there are no restrictions on who can use the service. There is consistent evidence that IPS can lead to higher rates of employment and has proven a cost-effective intervention[54].

Preventative	✓
Empowers	✓

What would good sustainable commissioning look like? (continued)

Physical health prevention and promotion

Those with more severe mental illness die on average 25 years earlier than the general population[80]. High rates of smoking in this population contribute to reduced quality of life, disability and premature mortality through cardiovascular and respiratory diseases[81]. Smoking cessation therapy is cost effective and should be prioritised[54]. Exercise can improve mood and well-being[82] and can be used as an intervention in mood disorder[46]. Both smoking and obesity can be successfully tackled through specific programs that address these issues[54].

Example

In Manchester, community physical health coordinator roles within community mental health teams have helped promote physical health programs and have facilitated better communication between primary care and mental health services[83].

Preventative	✓
Improves value	✓

Improving inpatient care

The recent Department of Health, Closing the Gap report[84] aims to "radically reduce the use of all restrictive practices and take action to end the use of high risk restraint". Evidence suggests that implementation of a restraint reduction initiative is associated with a reduction in the use of restraint, fewer injuries to patients and staff, and lower staff turnover[85].

Example

In Mersey Care NHS Trust they have implemented a new policy called 'No Force First'. This has had the results of significantly reducing staff turnover. For the 20 months prior to commencing the work there was 541 staff days lost through assault or injury following the use of restraint and for the 20 months after there has been 19 staff days lost through assault or injury following restraint. This initiative improved the social sustainability of the inpatient service through reducing staff sickness and improving morale on the ward[86].

Preventative	✓
Improves value	✓

Therapeutic communities

In 2003, NICE produced a report which supported specific treatment for personality disorder and suggested therapeutic communities could reduce subsequent health care use, such as a reduction in the use of A&E services, fewer mental health admissions and a reduction in the number of prescribed medications[87]. This finding is supported by a number of different studies[88-90].

Example

The Oxfordshire Complex Needs service is a community service for those with personality disorder, it has an introductory group lasting 6 months and a therapeutic community intervention lasting 18 months. The service has four separate therapy centres; therapy ranges from two to three days per week. These therapy centres offer the same type of group intervention that includes behavioural, cognitive, and emotional therapies, transactional analysis, and psychodrama. They are provided at different intensities according to different levels of need[91].

Preventative	✓
Empowers	✓
Improves value	✓
Cuts carbon	✓

Recovery Colleges

A Recovery College provides a wide array of courses designed to contribute towards wellbeing and recovery. There is now a considerable body of evidence demonstrating the effectiveness of supported self-management education in health conditions of all types. Furthermore, mental health professionals recognise that their patients benefit greatly from attending Recovery Colleges[92].

Example

The Nottingham Recovery College started with one full-time mental health practitioner and 12 courses run by four peer and staff trainers drawn from other teams within Nottinghamshire Healthcare NHS Trust. In its third term the College offered 101 courses spanning 45 different topics, running in eight locations[92].

Preventative	✓
Empowers	✓

Social prescribing services

Social prescribing services for mental health can achieve reductions in health care service and medication use, reducing environmental and economic burden[93-95].

Example

Social prescribing services can include ecotherapy, art-based therapy, community groups or vocational skills training. Employing a staff member dedicated to facilitating contact between voluntary organisations and service users in primary care has proven clinical benefit[95,96]. While costs are comparable[95,96], there are also clear co-benefits such as improving social networks which can improve mental health resilience[97], while improving skills, knowledge and employment prospects; a cross cutting outcome against NHS and Public health outcomes frameworks[97].

Preventative	✓
Empowers	✓
Improves value	✓
Cuts carbon	✓

Reducing non-attendance

Patients who do not attend appointments for treatment reportedly have poorer health outcomes and increased admission rates[98,99] and are more prevalent in those with poorer social skills and those most vulnerable to relapse[98]. Despite continued efforts to improve attendance, the national average for DNAs ('Did Not Attends') across mental health services is 19%[100]. A Cochrane review found that a phone call or a written reminder the day before the appointment improved attendance[101].

Example

Text messages are known to be a useful way to improve DNA rates and in London, four mental health clinics used text reminders for appointments. Missed appointments previously accounted for 36% of appointments, this reduced to 26% when using texts. Texting patients about their appointments can offer a sustainable solution for encouraging engagement with psychiatric outpatient services[102].

Preventative	✓
Improves value	✓

What would good sustainable commissioning look like? (continued)

Ecotherapy

Green spaces and natural settings have a direct positive effect on mental health, but particularly when combined with structured ecotherapy programmes, which have been shown to be effective both as a preventative measure and as a treatment for mental health problems[103].

Example

In Bassetlaw, people with mental health problems have benefited from regular ecotherapy sessions at Idle Valley Nature Reserve. People are referred to the project by their mental health team or GP. Activities include woodland and wetland restoration, beekeeping and organic food growing. Opportunities for informal therapy, peer support and mentoring happen alongside the activities, with the aim of moving people on to further training, volunteering or work opportunities[104].

Preventative	✓
Empowers	✓
Improves value	✓
Cuts carbon	✓

Reduce medications wastage

The purchasing of pharmaceuticals is a major economic and environmental cost for the NHS and medication non-adherence in severe mental illness can frequently be higher than 50%[74]. Programmes focused on improving adherence can reduce wastage and financial and environmental cost while also having long term benefits in terms of sustained recovery and reduced use of services[75].

Example

The University of Manchester piloted an intervention that involved phoning elderly patients two weeks after they started a new medication for a chronic condition. Non-adherence reduced from 16% to 9% leading to reduced GP appointments, A&E attendances and admissions[83].

Preventative	✓
Improves value	✓
Cuts carbon	✓

Helping those with complex and long-term problems: rehabilitation services

Those people with the most complex mental health problems often require a larger proportion of mental health resources. Consequently, it is important to design systems of health and social care that provide the most effective and efficient services possible.

It has been estimated that one-half of the total mental health and social care budget is spent on services for people with longer term mental health problems, and of this figure around half (one quarter overall) is spent on rehabilitation services and specialist mental health supported accommodation.

Consequently, commissioning a 'good' rehabilitation service is an important consideration. As noted in the example below, there is evidence that rehabilitation services can deliver good outcomes, are cost-effective, and can have benefits for the wider health and care system.

Example

Around two-thirds of people supported by rehabilitation services progress to successful community living within five years. Ten percent also achieve independent living within this period, while people receiving support from rehabilitation services are eight times more likely to achieve/sustain community living compared to those supported by generic community mental health services[10].

Investment in a local rehabilitation care pathway – such as that used in the Rehabilitation and Recovery Team, South London and Maudsley Trust, working closely with CCG and Local Authority Commissioners – can be resource-efficient. This is because inpatient and community rehabilitation services operate to avoid service users with complex needs becoming 'stuck' in acute mental health inpatient wards. Where such local rehabilitation provision is absent, patients with complex needs are often treated outside their local area (which can be expensive, and socially dislocating for the patient)[10].

Community rehabilitation teams aim to understand and support a patient's move throughout the care pathway. They emphasise patients receiving the right health and social care at the right time and in the right place. This involves ensuring gaps in services that block peoples' ability to move through to more independent settings are identified and addressed in a systematic way by providers, commissioners and other relevant agencies.

Providing support and specialist advice to other parts of the health and social care system is also a key function of a community rehabilitation team, which should always aim to avoid people moving backup the pathway into more intensive, dependent and costly settings wherever possible[10].

Preventative	✓
Empowers	✓
Improves value	✓

Liaison psychiatry in primary care

Psychiatric consultation in a primary care setting is effective in patients with somatoform and depressive disorder. Significant reductions in the utilisation of health services have been reported[43].

> **Example**
>
> A community liaison psychiatric service in Oxfordshire reviews patients with potential somatoform disorders and health anxieties that are within the top 1% spend category for the commissioning area. The service provides diagnostic support, therapeutic intervention and management advice for GPs. It has shown improvements in reducing inappropriate health seeking behaviours[105].

Preventative	✓
Improves value	✓

Older adults

Liaison psychiatry in hospitals

Liaison psychiatry services in a general hospital offer the potential of reducing length of admission as well as improving health. This requires medical leadership and 24/7 coverage as well as good response times[41].

> **Example**
>
> The RAID (Rapid Assessment, Interface and Discharge) service was launched in Birmingham City Hospital. Key features of this service include a 24/7 service with a one-hour A&E response time and 24 hours for referred patients on the wards. This service saved 14,500 bed-days in one year[41].

Improves value	✓

Integrate older adult services

Older adults with social isolation, medical comorbidity, and physical impairment are more likely to be depressed and are less able to seek appropriate care for depression. A community-integrated, home-based treatment for depression, significantly reduced depressive symptoms and improved health status in chronically medically ill older adults with minor depression and dysthymia[106].

> **Example**
>
> The PEARLS Program is an effective method designed to reduce depressive symptoms and improve quality of life in older adults. During six to eight in-home sessions that take place in the patient's home and focus on brief behavioural techniques, PEARLS counsellors empower individuals to take action and to make lasting changes so that they can lead more active and rewarding lives[107].

Preventative	✓
Empowers	✓

Improve social networks

Evidence suggests that membership of social groups is both protective against developing depression and potentially curative of existing depression[108].

> **Example**
>
> In Devon, a new style of outreach service was offered for older people experiencing mental health problems. These individuals were at higher-than-average risk of isolation, social exclusion and poor health. Mentors visited people and prompted them to become involved in stimulating, creative and social activities, either in small, informal, friendly groups in local community venues or in their own homes. This service achieved a significant reduction in the prevalence of depression in the area[109].

Preventative	✓
Empowers	✓
Improves value	✓
Cuts carbon	✓

What would good sustainable commissioning look like? (continued)

3 SPENDING AND RESOURCE USE

Reducing spending and resource use in the NHS (see Figure 4 opposite) is a central challenge for sustainable commissioning approaches.

Often only three types of assets are considered when commissioning services: economic resources, staff resources, and infrastructure. However, such a narrow framework can constrict the development of models of care that are sustainable, and resilient against the future.

To broaden the commissioning vision, a 'Seven Capitals Matrix' can be employed to help identify the full range of assets available to the NHS for delivering health improvement[110]:

- **economic** – economic assets need to incentivise promotion and prevention services

- **staff** – maintaining expert staff assets is critical in health care – staff support and supervision should be encouraged, while using care models that include non face-to-face follow-up clinics can optimise staff resource

- **service users** – service users and patients can be assets to the wider system – peer support workers and groups are effective[111]: using technologies can enable self-monitoring of symptoms; and service-users could be empowered to adjust their own treatments within agreed limits, for example through the five ways to wellbeing[44]

- **community** – social isolation is one of the biggest risk factors for mental health problems[116], and existing community structures can support the creation of peer and carer support networks, can provide mental health education and can increase awareness of longer-term consequences of behavioural choices[116], while additional services such as children's centres, befriending services need to be up-scaled

Figure 4: Current financial spend and carbon cost

- Staff costs: these amount to between 60-70% of total NHS expenditure[112], currently £4.8 of the £8.3 billion spent on mental health in England[29]. Cutting staff numbers is not sustainable; new strategies are needed to determine how best to use staff time and expertise.

- Locum staff costs: the NHS spent £750 million in 2012 on locum doctors; this figure has doubled since 2007 and tripled since 1999[113]. The majority of this figure is from external locum agencies.

- Pharmaceuticals: antidepressants have seen the largest increase in both net ingredient cost (£49.8 million or 22.6%) and the number of items dispensed (£3.9 million or 9.1%) of any section in the British National Formulary between 2010 and 2011[114]. Pharmaceuticals are also the single largest component of the carbon footprint for mental health services (16%)[29].

9% Commissioned

13% Travel

61% Procurement

17% Building energy use
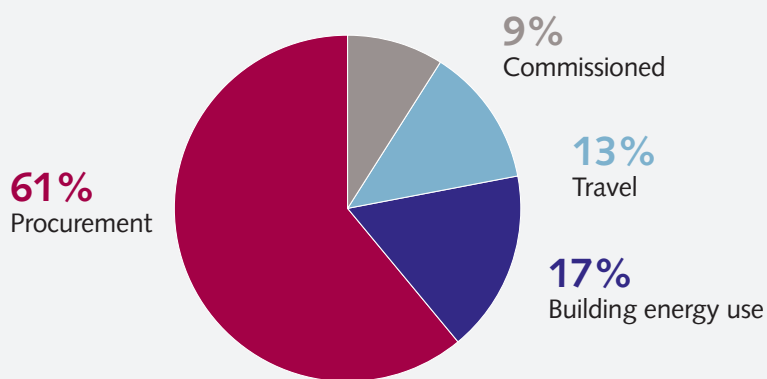
- Medical instruments and equipment make up 11% of the carbon footprint of mental health services[29]. Travel accounts for 13% of the entire NHS carbon footprint, and building[115] energy use only accounts for 17% of the carbon footprint[115]. Commissioned services are those outside companies commissioned to provide support such as external cleaning or catering companies.

- **staff networks** – mutually supporting staff networks are assets, as links with public health, community and third sector expertise can lead to better systems for communication, sharing information and ultimately better patient care

- **infrastructure** – information technology infrastructure is fundamental for good care and prevention – online peer support and online therapy can be beneficial both as preventative measures and as part of the treatment of mental health problems[75,117]

- **natural** – the physical infrastructure of mental health care buildings should prioritise green spaces as these can improve mental health symptoms and quicken recovery[56-57] – green spaces can also be used to deliver many community interventions such as horticultural therapy or vocational skills training[97].

4 QUESTIONS FOR COMMISSIONERS

For the commissioning group

For each commissioning group to start embedding the principles of sustainable health care into their decision-making, conversations need to be had about where changes need to be made to their current practices.

Outlined below are some example questions that can be used by commissioners to understand where their group should begin.

Preventing illness

1 Who are the people with preventable mental illness and how are we acting to avoid future mental health need in these groups?

2 Are prevention services being given priority funding?

3 Do we measure success by measuring population health?

4 Are we improving access to mental health care in schools, community centres and the workplace?

5 What attempts are being made to improve mental health education and awareness?

Empowering patients, carers and communities

6 What is being done to promote resilience, self-management and independent living in those using services?

7 How are we ensuring that health and third sector providers are working collaboratively to build community capacity to manage mental illness?

8 Can more be done to encourage those with mental health problems to return to work or education?

Improving value

9 Are we satisfied that our current providers are fulfilling the quality requirements for mental health services?

10 In our local services, are there any gaps in the patient pathway?

Counting carbon

11 How are we ensuring that providers are making attempts to learn about the environmental impact of their services?

12 How can we incentivise providers to measure and reduce the environmental impact of clinical services?

For service providers

Improving the dialogue between commissioners and service providers is fundamental if care is to become more sustainable. However these conversations can be difficult, for this reason, some example questions have been provided below that can help begin these conversations.

Preventing illness

1 How are your services ensuring that prevention and resilience remain a priority?

2 How are you promoting healthy lifestyles, both mental and physical?

Empowering patients, carers and communities

3 How do your services actively seek to empower those using your services to manage their illness independently?

4 How does your service work with the community to improve the community support available for those with mental health problems?

5 Are you using co-production in the designing of new services?

Improving value

6 How are you ensuring that mental health needs are recognised and managed across all areas of health care provision?

7 How are you acting to improve communication between other service providers and service users/patients about the services you provide?

8 How are you acting to reduce wasted resource in your system?

9 How do you ensure that you are following best practice guidelines and the evolving evidence base?

10 How are you working to reduce unnecessary treatment or over-diagnosis?

Counting carbon

11 Are you using a Sustainable Development Management Plan[118], suggested by the Sustainable Development Unit to measure the environmental impact of your organisation and are you including travel and clinical supplies?

12 How are you acting to improve active transport options for staff and service users/patients?

What would good sustainable commissioning look like? (continued)

5 FUTURE CHALLENGES FOR COMMISSIONING IN MENTAL HEALTH

This section looks at challenges facing commissioners over the next decade and further ahead. It specifically discusses issues where the current health care context clashes with the drive to become more sustainable.

Sustainable payment structures

The NHS often uses a 'payment by results' and tariff approach, which in reality is often a 'payment by activity' model and perversely incentivises providers to do more, even where this does not add value. A more sustainable payment method would be to pay according to outcomes from care pathways or according to levels of mental health in the community.

- The challenge for commissioners is to stop payment schemes that pay according to levels of clinical activity, and rather incentivise providers to create services that ultimately lead to improved population health and reduced need for intervention.

Promoting resilience

Resilience is the ability to withstand stress and maintain wellbeing in the face of difficult circumstances. This involves avoiding relapse in those with long-term mental health conditions. For those with severe and enduring mental illness, living independently with appropriate housing, employment and educational opportunities can be difficult to achieve but are all key to improving resilience[51,54,79].

- The challenge for commissioners is to change the focus of mental health care, from that of 'fire-fighting' psychiatric crises to adopting a broader approach to recovery that embraces prevention and resilience.

Improving access to mental health services

Early diagnosis and intervention could reduce future costs of mental health[116,117,119]. Creating more avenues into mental health care from schools, workplace and community settings will provide more opportunity for intervening earlier. Identifying high-risk groups such as minority groups, children in care or learning disability populations and creating strategies for early detection specific to these groups is crucial.

- The challenge for commissioners is to support services that improve access to mental health care across all high-risk groups by engaging with existing community groups and support structures. This means redefining where mental health providers might deliver their services.

Adapting services for the future

Accurately predicting future prevalence of mental health problems is challenging. However, the World Health Organisation has predicted that depression will be the second largest cause of ill-health globally by 2020[120]. Alongside this, economic instability and climate change will have an effect on the prevalence of mental health conditions[121-123]. Furthermore, austerity measures and welfare reforms, can lead to increased stress, financial hardship and mental health problems[122]. Adaptation is key to meet these changes in health care need. Principles of health system adaptation have been suggested: flexibility, strategic allocation of resources and robustness of services[124].

- The challenge for commissioners is to adequately respond to Government legislation to ensure that service infrastructures are resilient to the effects of future financial or environmental crises, despite the current health care context forcing services to focus on more immediate issues.

Supporting the delivery of the mental health strategy

The Joint Commissioning Panel for Mental Health believes that commissioning for sustainable services will support the delivery of the Mental Health Strategy by contributing to the following shared objectives.

Shared objective 1:
More people will have good mental health.

The first principle of sustainable health care is prevention. If prevention is prioritised then this will improve levels of mental health in the community.

Shared objective 2:
More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates, and a suitable and stable place to live.

A sustainable approach seeks to improve resilience and focuses on restoring independence.

Shared objective 3:
Fewer people with mental health problems will die prematurely, and more people will physical ill health will have better mental health.

Sustainable commissioning takes a whole system approach and ensures that patients have all their health needs attended to through adopting a care pathway approach to commissioning.

Shared objective 4:
Care and support, wherever it takes places, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Sustainable commissioning seeks to reduce dependence on the health care system and maximise independent living. Sustainable practices involve co-production alongside providing support for employment, education and housing, which all serve to provide the service user with both choice and control.

Shared objective 5:
People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

By promoting the concept of value in health care, a sustainable approach seeks to meet patient expectations with the most efficient use of resources.

Shared objective 6:
Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

Sustainable commissioning supports health promotion and public education. A key principle of sustainable health care is to empower communities to help manage those with mental health problems.

Resources for commissioning future proof services

- The National Mental Health Intelligence Network, developed by Public Health England and NHS England, provides a single shared network for key stakeholder organisations. Network meetings are held throughout the year to build relationships, knowledge and aid decision makers in mental health[125].

- Public Health England's mental health 'fingertips' database provides access to data and information to commissioners to plan and provide services locally. The tools bring together a wide range of publicly available data to offer a broad picture of mental health dementia and neurology and provide the means to focus on specific topic areas. The tools enable and advocate benchmarking against peers[126].

- The RCPsych Centre for Quality Improvement (CCQI) aims to raise the standard of care that people with mental health needs receive by helping providers, users and commissioners of services to assess and increase quality of care. They provide accreditation for high quality services and up-to-date information on the quality of each service compared to national benchmarks[127].

- The Sustainable Development Strategy for the Health, Public Health and Social Care System 2014-2020, produced by the Sustainable Development Unit[128] describes the vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments.

- The Centre for Sustainable Healthcare has developed a commissioner's guide to sustainability in health care. This provides excellent strategic examples of how health care services need to develop to improve sustainability, this guide refers to all of health care and provides less specific guidance about sustainable interventions[110].

- The Government Buying Standards (GBS) are easy-to-use product specifications enabling public authorities to develop tenders that procure sustainably. For example, the GBS on furniture supports the purchase of products, which are easily repairable and made from sustainably sourced timber.

- The Government's National Adaptation Programme contains a series of actions to help organisations adapt to future changing weather conditions, as well as containing a chapter specifically for the health and wellbeing sector[128].

- The National Policy and Planning Framework states that access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and wellbeing of communities. Planning policies should be based on robust and up-to-date assessments of the needs for open space, sports and recreation facilities and opportunities for new provision.

- The Joseph Rowntree Foundation have produced a report which details how disadvantaged communities are more likely to suffer health consequences following the effects of climate change[130].

- The Sustainable Development Unit for NHS England and Public Health England have developed a 'Commissioning and Procurement' Module' as part of their Sustainable Development Strategy for the Health and Care System 2014–2020[128].

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Membership:

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