Committee: Health and Wellbeing Board

Date: 1 October 2013

Agenda item: 12

Wards: All

Subject: Merton Mental Health Review

Lead officer: Kay Eilbert

Lead member: Councillor Linda Kirby

Forward Plan reference number:

Contact officer: Anjan Ghosh

Recommendation:

A. To note the scope and partnership work programme of the Merton Mental Health Review.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The Merton Mental Health Review (MMHR) is a review of adult mental health in the London Borough of Merton from a *health and social care* perspective. The purpose of the MMHR is to ascertain the mental health need of the adult and elderly population in the borough, identify the gaps in service and make recommendations to Merton CCG and the Merton Council, on how to best address these gaps and provide effective and efficient services. It will also consider the possibilities of integrated health and social care commissioning.

2. BACKGROUND

2.1 One in four people in the UK will experience a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion each year and treatment costs are expected to double in the next 20 years.[1]

2.2 The Department of Health launched the strategy 'No Health Without Mental Health' (DH 2011) which takes a cross government approach, including promoting mental wellbeing, reducing stigma and a focus on improving outcomes for people with mental illness. *No Health without Mental Health* is centred on six objectives:[2]

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[1] Public Health England: Community Mental Health Profiles, 2013; http://www.nepho.org.uk/cmhp/

[2] No Health Without Mental Health; Gateway reference 14679; Department of Health, February 2011; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135457/dh_124058.pdf.pdf

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

2.3 The key inequalities experienced by people with mental health problems are:

- Low levels of employment
- Social exclusion
- Barriers to accessing health services
- Poorer physical health and increased mortality from some diseases

2.4 In Merton, while there is very little definitive data on prevalence and incidence of mental health conditions, the local Mental Health Strategy included a basic review of expected mental health needs in Merton, based on national evidence. This estimated that overall 15,800 adults have depression and/or anxiety, 2,600 adults have Bipolar Disorder and 900 adults have Schizophrenia (2010).[3]

3. DETAILS

3.1 The 2012-13 Merton Joint Strategic Needs Assessment (JSNA) identifies the key commissioning implications for services to support improved Mental Health and Wellbeing as:

- Consideration of the overlap between commissioning inpatient mental health care for people with dual diagnosis (mental health illness and substance misuse) and support in the community.

- Identification of the specific needs of this group of individuals to assess whether the balance of admission and community support is appropriate and to understand which services care is accessed through.
- In terms of treatment services focus on developing a whole system approach to mental health with more joined up services to improve experience and outcomes.

- Developing better data and local information on outcomes, and on addressing health inequalities in relation to mental health.

[3] Merton Joint Strategic Needs Assessment (JSNA); http://www.mertonjsna.org.uk/causes-of-poor-health/mental-health.aspx

- Further investigation into why Merton has higher rates of depression than London, in light of its wider good health, and a focus on improving recovery rates following psychological therapies.

- Further work to understand access by and for ethnic minorities, and a health equity audit for mental health services to support this.

3.2 In order to achieve an in-depth understanding of the issues outlined above a comprehensive review of Merton's mental health services is required..

This is specific to Merton as a separate entity from Sutton, and will consider if there are any gaps in the services in health and social care that need to be addressed. It will also identify any efficiency gains that can be made in the NHS and the Local Authority in the current resource constrained landscape,

4. ALTERNATIVE OPTIONS

4.1 The review of Merton's adult mental health services will allow a better understanding of the issues outlined above. The alternative of not to proceed would not allow the opportunity of identifying gaps or delivering more efficient services, nor achieving a comprehensive understanding of the mental health services in Merton from both social care and health perspectives .

5. CONSULTATION UNDERTAKEN OR PROPOSED

5.1 The Project Initiation Document in Appendix 1 outlines the proposed consultation to be undertaken.

6. TIMETABLE

6.1 The timetable for the review is outlined in Appendix 1.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The review will be delivered within existing resources.

8. LEGAL AND STATUTORY IMPLICATIONS

8.1 None for the purpose of this report.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 Poor mental health and inequalities are closely linked as outlined in this report. A better understanding of the issues can support services that help address inequalities.

10. CRIME AND DISORDER IMPLICATIONS

10.1 None for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 None for the purpose of this report.

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 – Merton Mental Health Review, Project Initiation Document.

Appendix 1 –
Merton Approach to Projects (MAP)
Project Initiation Document (PID)

The Project Initiation Document (PID) is developed from the project brief and business case. The purpose of PID is to

- Identify the background and how the need for the project arose
- What the project aims to achieve
- Identify how the project will be managed
- Detail anticipated costs, resource and time scales
- Identify risks and key assumptions relating to the benefits or any other aspect
- Provide a basis for reviewing progress and track realisation of the benefits

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Project Name: MERTON MENTAL HEALTH REVIEW (MMHR)

Document Owners

Project Manager	Anjan Ghosh, Acting Consultant in Public Health	Sponsor	Kay Eilbert, Director of Public Health

Document History

Originally created **– 31/05/2013**	Date of sign off **– Due**

Revision date	Version No.	Summary of changes	Sign off date
01/07/2013	v02		
09/07/2013	v03	Inclusion and exclusion criteria and other minor amendments, from discussions in TFG 1	

Distribution List

Name	Title	Date of issue	Version
TFG members			
MCCG Board		09/07/2013	v3

Contents	**Page no.**

Description of Project

1. PURPOSE

The Merton Mental Health Review (MMHR) is a review of adult mental health in the London Borough of Merton from a *health and social care* perspective. The purpose of the MMHR is to ascertain the mental health need of the adult and elderly population in the borough, identify the gaps in service and make recommendations to Merton CCG and the Merton Council, on how to best address these gaps and provide effective and efficient services. It will also consider the possibilities of integrated health and social care commissioning.

2. BACKGROUND

One in four people in the UK will experience a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion each year and treatment costs are expected to double in the next 20 years.[4]

The Department of Health launched the strategy 'No Health Without Mental Health' (DH 2011) which takes a cross government approach, including promoting mental wellbeing, reducing stigma and a focus on improving outcomes for people with mental illness. *No Health without Mental Health* is centred on six objectives:[5]

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

The key inequalities experienced by people with mental health problems are:

- Low levels of employment
- Social exclusion
- Barriers to accessing health services
- Poorer physical health and increased mortality from some diseases

In Merton, while there is very little definitive data on prevalence and incidence of mental health conditions, the local Mental Health Strategy included a basic review of expected mental health needs in Merton, based on national evidence. This estimated that overall 15,800 adults have depression and/or anxiety, 2,600 adults have Bipolar Disorder and 900 adults have Schizophrenia (2010).[6]

[4] Public Health England: Community Mental Health Profiles, 2013; http://www.nepho.org.uk/cmhp/

[5] No Health Without Mental Health; Gateway reference 14679; Department of Health, February 2011; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135457/dh_124058.pdf.pdf

[6] Merton Joint Strategic Needs Assessment (JSNA); http://www.mertonjsna.org.uk/causes-of-poor-health/mental-health.aspx

The table below gives an estimate of the national prevalence of mental health conditions in people aged 18-64 years.

Table 1: Prevalence of mental health problems in people aged 18-64 in England*

	% males	% females
Common mental disorder	12.5	19.7
Borderline personality disorder	0.3	0.6
Antisocial personality disorder	0.6	0.1
Psychotic disorder	0.3	0.5
Two or more psychiatric disorders	6.9	7.5

**Source: PANSI, accessed 03/06/201; Table based on report Adult Psychiatric Morbidity in England 2007: Results of a household survey, published by the health and Social care Information Centre in 2009.*

While data are not available separately for Merton, the 2011-12 NHS programme budgeting benchmarking tool provides the spend of Sutton and Merton combined (as the erstwhile Sutton and Merton PCT). Of the 23 programme budgeting categories, Sutton and Merton spent the most on mental health (apart from the "other" category) – mental health in Sutton and Merton PCT accounted for £1 in every £10 spent (approximately £18.5 million per 100,000 unified weighted population; and in real terms approximately £63.2 million). Compared to other areas in its ONS cluster (of London suburbs), the PCT spent less than the average amount on mental health by £3,735 per 100,000 unified weighted population. These figures include health promotion, prevention, primary, secondary & emergency/urgent care, community and social care.[7]

The 2012-13 Merton Joint Strategic Needs Assessment (JSNA) identifies the key commissioning implications for services to support improved Mental Health and Wellbeing as:

- Consideration of the overlap between commissioning inpatient mental health care for people with dual diagnosis (mental health illness and substance misuse) and support in the community.
- Identification of the specific needs of this group of individuals to assess whether the balance of admission and community support is appropriate and to understand which services care is accessed through.
- In terms of treatment services focus on developing a whole system approach to mental health with more joined up services to improve experience and outcomes.
- Developing better data and local information on outcomes, and on

[7] NHS Networks Programme Budgeting PCT benchmarking tool 2011-12 http://www.networks.nhs.uk/nhs-networks/health-investment-network/news/2011-12-programme-budgeting-data-now-available

addressing health inequalities in relation to mental health.
- Further investigation into why Merton has apparently higher rates of depression than London, in light of its wider good health, and a focus on improving recovery rates following psychological therapies.
- Further work to understand access by and for ethnic minorities, and a health equity audit for mental health services to support this.

In order to achieve an in-depth understanding of the issues outlined above in relation to Merton as a separate entity from Sutton, and consider if there are any gaps in the services in health and social care that need to be addressed, as well as any efficiency gains that can be made in the NHS and the Local Authority in the current resource constrained landscape, a comprehensive review of Merton's mental health services is required.

Objectives of Project

The overall aim of the MMHR is to provide a sound basis for future commissioning and de-commissioning decisions relating to adult mental health, including dementia services.

This will be achieved through the following objectives:

1. To review national policies and guidelines in order to establish any recommended best practice where relevant.
2. To assess the mental health and social care needs in the Merton population, identifying vulnerable groups, inequalities and inequity (access issues) in the borough- from a mental health and social care perspective, informed by user and carer attitudes, views and experiences.
3. To map the mental health and social care services and support that exists in Merton in terms of public health prevention and health promotion; primary, secondary and urgent/emergency care; community care and non-health/ social care, and identify if there are any gaps in provision.
4. To review mental health and social care expenditure and mental health outcomes, in order to construct a prioritised list of areas for investment and disinvestment, keeping in mind the need of Merton population and the user and carer perspectives.
5. To make recommendations on commissioning more effective and cost effective services, feeding these recommendations into the commissioning cycles of both the Merton CCG and the Merton Council.
6. To develop an Adult Mental Health Strategy for Merton.

Project scope

What is included:

- The MMHR will focus on the health and social care aspects of mental illnesses in the adult and elderly population of Merton, including public mental health and wellbeing. There are likely to be two population sub-categories for the review- working age adults and older age adults.
- All mental illnesses and conditions apart from those stated in the exclusion criteria, in-so-far as data exists and can describe Merton adult

population.
- Transitions from specialized services to general health care and from adolescent to adult mental health services.
- The work will be grounded in all the current and previous work that has been conducted by the Sutton and Merton PCT (including Public Health), Merton CCG, Merton Council, third sector and any other agencies, in the last 5 years preceding this review and the learning that has accrued.

What is excluded:
- Mental health illnesses and conditions in adults associated with substance misuse and disabilities (learning and physical) where mental illnesses or conditions are the primary diagnoses.
- Children and young people's mental health will be specifically excluded from this review *except* where it is applicable in a prevention and early detection context for adults *and* in transition from adolescent to adult mental health services. A review of CAMHS will be considered at a later stage.
- Mental health areas covered under specialized commissioning[8] *except* in relation to the transition into general services from such specialist provision- which will be considered by the review.

Approach

The MMHR will be done in-house by the Public Health Team at the Merton Council in partnership with the Merton CCG and the Merton Council Adult and Social Care Commissioning Team- steered by a Task and Finish Group (TFG).

The review will triangulate the available data including administrative data, and undertake new research where required (through stakeholder interviews) and review existing research and evidence. *Emphasis will be placed on obtaining user and carer perspectives, views and experiences, and on their involvement at all the key decision points in the MMHR*.

Objective 1 will be achieved through a review of the national literature through desk-based research.
Objectives 2 & 3 will be achieved through a health needs assessment and a possible health equity audit. In order to avoid re-inventing the wheel and building on past learning and work, the first stage in this process will be to identify what has already been done (i.e. any previous mental health needs assessment, the Merton JSNA, mapping exercise of mental health services in Merton done by LINk, the Mental Health Joint Commissioning Strategy 2010-15, any additional inputs from key providers, etc.) and then build on that work.

Objectives 4 and 5 will be achieved using a PBMA (Programme Budgeting

[8] Adult secure mental health services- including high, medium and low secure in-patient care and associated non-admitted care including outreach. Adult secure mental health services are specialised services for those who are at risk to others or subject to custody and cannot be transferred to open conditions.

and Marginal Analysis) approach. Programme budgeting and marginal analysis is a process that helps decision-makers maximize the impact of healthcare resources on the health needs of a local population. (Please see appendix 3 for further details on the PBMA process.)

The development of the Merton Adult Mental Health Strategy (Objective 6) will be informed by the findings and recommendations of the HNA and PBMA process, and will be developed through consultations in the Task and Finish Group.

Quality Expectations

- That the planned outcomes will be of value to the council and the CCG.
- That the project will be delivered in the time-frame with a one month margin for unexpected delays (summer holidays etc.).
- That the work will follow a validated, evidence-based and systematic approach.

Project will be monitored through the steering group (TFG) which will meet monthly initially in the first two to three months and then as required (more frequently during the PBMA process and strategy development). Additionally the lead for the MMHR will monitor the progress and quality of the review on an on-going basis.

Key deliverables/outputs

MMHR Outputs:

1. Mental Health Needs Assessment
2. PBMA report
3. Adult Mental Health Strategy

Primary outcome:

To maximise the mental health benefits to the people of Merton for the money and resources invested in the mental health and social care programme budget.

To do this:

- By identifying prioritised areas for investment and disinvestment
- By recommending the commissioning of more effective and cost effective services and de-commissioning recommendations
- By developing an adult mental health strategy for Merton

Secondary outcomes:

- A shared understanding of:
  - current levels of investment
  - current returns on investment, expressed where possible as outcomes for people who use mental health and social care services
  - current levels of need, inequality and inequity in mental health and social care
  - stakeholder views on the key issues facing service provision
- Improved quality of data for both spend and outcome

- Understanding of the benefits and limitations of a PBMA approach

Benefits Expected

The MMHR will ascertain the mental health need of the adult and elderly population in the borough, identify the gaps in service and make recommendations to Merton CCG and the Merton Council on how to best address these gaps and provide effective and efficient services. It will consider the possibilities of integrated health and social care commissioning and develop a mental health strategy for adults in Merton.

Key tasks

The following list describes the tasks that need to be undertaken to move forward with this project (please see appendix 1 for timescales):

1. Write Project Initiation Document (PID) and agree with the Director of Public Health.
2. Agree PID (including scope) with prospective MMHR Task and Finish Group (TFG).
3. Identify membership of the MMHR Task and Finish Group and secure commitment, and agree terms or reference.
4. Arrange first TFG meeting and agree dates for next meetings.
5. Undertake a review of national guidelines and policies on mental health.
6. Undertake an intelligence gathering exercise to identify all the current and previous work that has been conducted by the Sutton and Merton PCT (including Public Health), Merton CCG, Merton Council, third sector and any other agencies, in the last 5 years preceding this review and the learning that has accrued. Also identify all sources of data for the MMHR.
7. Undertake a Health Needs Assessment, refreshing and building on the information identified in the previous step, in order to identify the size and distribution of mental health problems in the Merton population, the levels of current service provision, key issues on inequalities and equity etc.
8. Describe and understand where the mental health money has been deployed in Merton and how this relates to objectives and outcomes.
9. Convene the first PBMA advisory group meeting.
10. Review the PBMA programme objectives, scope and process with the advisory group.
11. Convene a set of four to five meetings of the Advisory Group to undertake the full PBMA cycle described in brief below:
    a. Understand and way in which current money is deployed with the mental health programme related to objectives and outcomes.
    b. Agree prioritisation criteria for investment / disinvestment
    c. Consider areas of disinvestment
    d. Consider investment (wish list)
    e. Prioritise investment and disinvestment
    f. Where possible, conduct economic appraisals for the proposals on the hit and wish lists.
    g. Oversee any consultations with stakeholders on the prioritised list of investments and disinvestments
12. Make recommendations for implementation.

13. Develop the recommendations from the HNA and PBMA into an adult mental health strategy for Merton in consultation with the Task and Finish Group.

Budget
No budget.

Resource/s required
Main resources are the time and expertise of the TFG, and other specialists in the Public Health team, such as the public health commissioning manager, PH intern and health intelligence principal. Data is the other resource required.

Tolerance levels
The aim is to complete the MMHR in six months. However it is recognized that it could take longer depending on the ease with which data is obtained and joint working conducted. Therefore an additional flexibility of an additional two months will be factored into the project timescale.

Interdependencies
Internal interfaces: The MMHR will be steered by a "Task and Finish" group drawn from the Merton Council (Public Health, Adult and Social Care Commissioning etc.), Merton CCG (GP lead for mental health, commissioning lead for Mental health etc.), the third sector (MVSC) and other agencies/ professionals that may be co-opted in from time to time.

External interfaces: The main interface will be with relevant provider organisations that actually deliver the commissioned services - such as the South West London & St. George's Mental Health NHS Trust, the DGH trusts in neighboring boroughs, drugs and alcohol services, police and community safety. Additionally there may be interface with community groups, patient groups, HealthWatch, and other projects and services not identified as of yet.

Assumptions
- That the TFG will be able to meet at the required intervals with the appropriate people attending.
- That key epidemiological, administrative and financial data will be available and relevant.
- That the PBMA approach will be feasible and successful.
- That there will not be any conflicts of interest or over-riding areas of disagreement that cannot be mutually and amicably resolved.

Exclusions and/or constraints

Anticipated risks:

1. Time: The aim is to complete the review in six months from commencement, but it could take longer depending on the ease with which data is obtained and joint working conducted.
2. Willingness of partners to participate: There could be constraints in terms of the TFG being able to meet at the required intervals and also the levels of participation.
3. Availability, timeliness and quality of data: The review will be only as good as the available data.
4. Qualitative aspects of HNA processes- focus groups with stakeholder groups: issues around timescales (summer holidays), difficulties in procuring the work, quality of analysis and getting the right target groups.

Please see risk log in appendix 2.

Project board/steering group members

The main work of the MHHR will be undertaken by the Task and Finish group (TFG). The PBMA process will be undertaken by this group as well.

Task and Finish Group (and PBMA Advisory Group) membership:

- to oversee the review
  - commissioning organisations (Merton Council and Merton CCG) to include:
    - MCCG GP Lead on Mental Health
    - MCCG Mental Health Lead Commissioner
    - MCCG Director of Commissioning and Planning
    - Merton Council Head of Adult and Social Care Commissioning
    - Merton Council Adult and Social Care Commissioning Manager
    - Finance officers (MCCG and Council)
  - Public Health Consultant (Project Lead)
  - Senior representative from the third sector (MVSC)
  - Senior representative from HealthWatch
  - Lead Mental Health Commissioner for SW London
  - MCCG Head of Quality
  - Service users and carers representation
  - Service providers (primary and secondary care, including voluntary & community organisations)- as and when required to provide expert advice

Project team members

Public Health Commissioning Manager
Public Health Intern
Public Health Information Analyst

Public Health Project Support

Reporting arrangements

Accountability:

- The Task and Finish group is accountable to the Merton Health and Well Being Board via the One Merton Group.
- Recommendations from the Task and Finish group that are approved by the Health and Wellbeing Board will then be considered for decision by the relevant commissioning/funding bodies.

Project Sponsors:

- Merton Director of Public Health
- Merton Council
- Merton CCG

Stakeholders

Merton Council
Merton CCG
South West London & St. George's Mental Health NHS Trust
Merton Voluntary Service Council (MVSC)
Merton Health Watch
Third Sector groups
Community Groups
Service User Groups
Carer Groups

APPENDIX 1: PROJECT PLAN

Task	Timescale	Owner(s)*
1. Write Project Initiation Document (PID) and agree with the Director of Public Health.	By 1st week June 2013	AG & KE
2. Agree PID (including scope) with MMHR Task and Finish Group (TFG).	By 1st week June 2013	AG
3. Identify membership of the MMHR Task and Finish Group and secure commitment, and agree terms or reference.	By 1st week June 2013	AG
4. First meeting of the TFG	By end June, early July2013	AG
5. Undertake a review of national guidelines and policies on mental health.	By mid-October 2013	SS
6. Undertake an intelligence gathering exercise to identify all the current and previous work that has been in the last 5 years and identify all sources of data for the MMHR.	By end September 2013	SS, BC, SM and AG
7. Undertake a brief Health Needs Assessment, refreshing and building on the information identified in the previous step.	October-November 2013	AG, BC, SS, SM

Task	Timescale	Owner(s)*
8. Describe and understand where the mental health money has been deployed in Merton and how this relates to objectives and outcomes.	November-December 2013	AG, LM, BC, SS, SM
9. Convene the first PBMA advisory group meeting	end November 2013	AG, LM
10. Review the programme objectives, scope and process with the advisory group	At first PBMA advisory group meeting	AG, LM
11. Convene a set of four to five meetings of the Advisory Group to undertake the full PBMA cycle described in brief below: a. Understand and way in which current money is deployed with the mental health programme related to objectives and outcomes. b. Agree prioritisation criteria for investment / disinvestment c. Consider areas of disinvestment d. Consider investment (wish list) e. Prioritise investment and disinvestment f. Where possible, conduct economic appraisals for the proposals on the hit and wish lists. g. Oversee any consultations with stakeholders on the prioritised list of investments and disinvestments	November 2013 to Mid-January 2014	TFG, AG, LM

Task	Timescale	Owner(s)*
12. Develop the Merton Adult Mental Health Strategy in parallel to PBMA process	January to Mid-February	TFG, AG, LM, AO
13. Make recommendations for implementation and submit report and strategy (end products of MMHR)	End February	AG, LM, AO

*AG- Anjan Ghosh, Acting Consultant in Public Health
AO- Andrew Otley, Lead GP for mental health, MCCG
BC- Barry Causer, Public Health Commissioning Manager
KE- Kay Eilbert, Director of Public Health
LM- Laurence Mascarenhas, Lead commissioner for mental health, MCCG
SM- Susan Mubiru, Public Health Information Analyst
SS- Suhail Sheikh, Public Health intern

APPENDIX 2: RISK LOG

Risks	Probability	Impact	Containment Plan
TFG not meeting as frequently as required	Medium	High	The membership consists of very busy individuals engaged in numerous other responsibilities. The ToR will factor in a quorum for the meetings.
Difficulty in obtaining epidemiological and social care data (access and timeliness)	Medium	High	Using projections, modelled data and national/ regional prevalence applied to the Merton population.
Difficulty in obtaining financial data (access and timeliness)	Low	High	Since the lead commissioners of both the Council and MCCG are involved in the project it is anticipated that this will be addressed suitably when the situation arises.
Quality issues with the data obtained	Medium	Medium	Using statistical methods during analysis such as using confidence intervals and significance testing where relevant, and triangulating data where possible.
HNA Focus Groups: issues around timescales (summer holidays), difficulties in procuring the work, quality of analysis and getting the right target groups	Medium	Medium	Assuring a small budget for the work; developing a tight project plan for the HNA and procuring for the focus groups as soon as possible.
Methodological difficulties with the PBMA process	Low	High	Will establish an informal network of expertise from other borough PH departments, regional and national organisations and academe, in order to support the process in terms of methodological rigour.

Conflicts of interest	Low	High	Will be resolved at the TFG and if required, at a still higher level. By having a separate PBMA Advisory Group without any providers involved in the commissioning decision making process, it is hoped that any conflicts of interest could be minimised.

APPENDIX 3: PBMA PROCESS

"Programme budgeting" is a technique for describing where the money in a local health system has been deployed, broken down into manageable and meaningful programmes related to objectives. "Marginal analysis" is the process of appraising incremental changes in cost and benefit if resources in a programme are increased, decreased, or deployed in new ways.[9] The steps of a marginal analysis cycle are well established and well-defined.[10]

The programme budgeting element of this review will look at the total resources available for adult and elderly mental health care, and the services these resources are currently deployed to. The marginal analysis questions will be around whether services could be provided as effectively but with fewer resources (and if so, what services), and what services (if any) should be stopped or scaled back. This will help to generate a "wish list"- the resources freed up will enable the identification of services (new or pre-existing) that are candidates for receiving more investment. The overall process of the PBMA approach is depicted in the flowchart below. The care pathways would be compared with the relevant NICE guidelines and national recommendations.

An important and integral part of the process is the PBMA advisory/ stakeholder group, the role of which will be to:

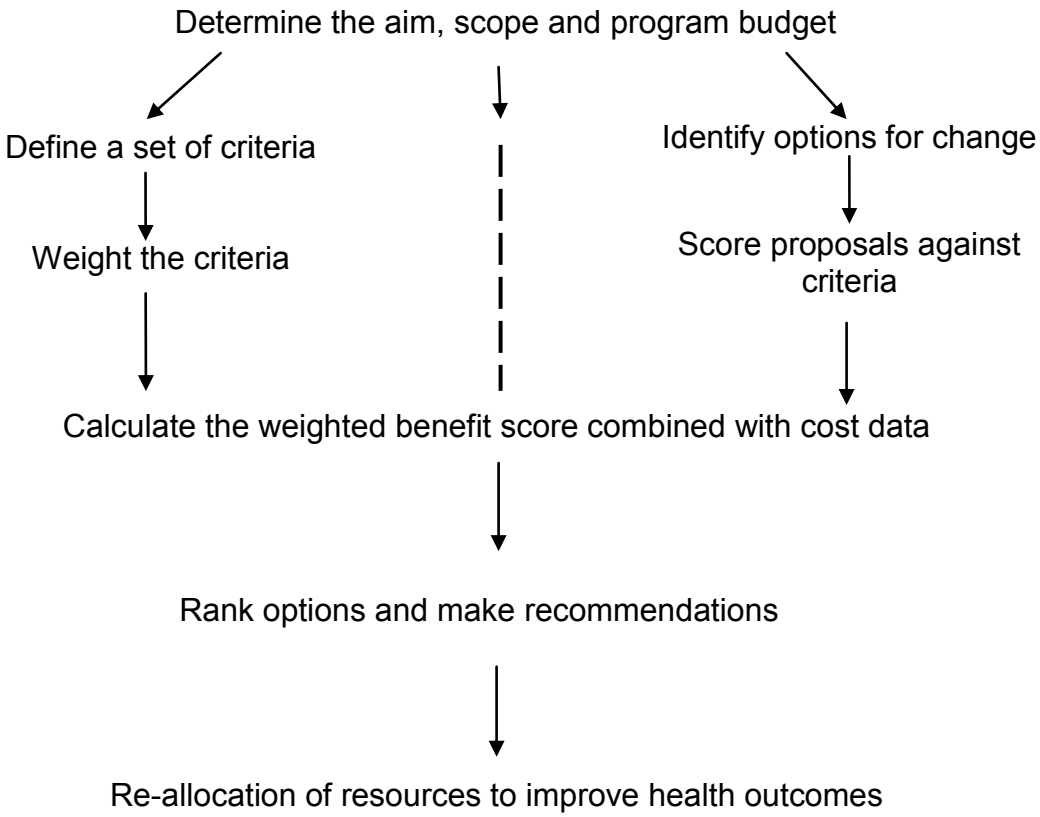
- undertake the "work"
- ensure the process is completed and that aims and objectives are met
- monitor progress
- validate outputs
- participate in post-implementation interviews
- keep organisations/networks informed
- act on results

The size and composition of this group is a crucial consideration and should include representation from Merton CCG, Merton Council including Public Health, specialist clinicians, patient groups and the voluntary sector.

[9] Commissioning for Health Improvement (The Third Annual Population Review) Department of Health 2011

[10] Commissioning for Health Improvement (The Third Annual Population Review) Department of Health 2011

Broadly speaking the PBMA process involves some or all of the following steps:



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