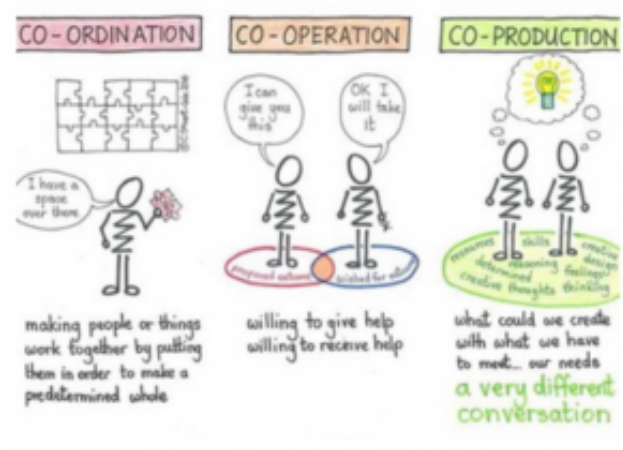
Commissioning in Perinatal Mental Health: Everyone's Business

By Sally Hogg, Strategic Lead, Mums and Babies in Mind

Commissioning is a word that is widely used but not well understood. Commissioners are often seen as those who make the decisions and hold the purse strings, and commissioning as the process through which they use funding to procure (identify, obtain and purchase) local services. But few of us understand exactly what they do or how they work.

In fact, commissioning is much more than just procurement, and should not simply be seen as the role of those who have 'commissioner' within their job titles. Commissioning is the process of deciding how to use all the resources available in a system to improve citizens' outcomes in the most efficient, effective and sustainable way. Whilst commissioners are ultimately accountable for this, they can't do it alone and effective commissioning requires commissioners, managers, clinicians, and communities to work together to design and deliver pathways of care that produce the best outcomes for local populations.



On 16th December, we brought together leaders from both commissioner and provider organisations within the four Mums and Babies in Mind areas for a masterclass event to discuss how local partners can ensure high quality services and pathways for all women with perinatal mental health problems and their families. You can see a summary of that event here. Today we have published a short 'Top Tips' report, which captures the key messages from these discussions.

There is a range of comprehensive guidance and standards about what good perinatal mental health services and pathways look like . In the MABIM project, we try to help local partners to understand what they need to do to develop services that meet these standards in their local areas. Our Leaders' Masterclass and the Top tips report therefore focus on **HOW** commissioning could and should work, not **WHAT** should be commissioned.

One key theme that emerged from the discussions was the importance of collaboration: no one commissioner or provider can tackle perinatal mental illness alone, it requires a range of services to work together. Collaborative commissioning can be challenging, but there are some great examples of good practice such as in Gloucestershire, where a Lead Commissioner has been appointed to oversee the work of local partners, and in Warwickshire, where three CCGs came together to develop county-wide pathways of care and achieve economies of scale.

Another important message from the day was the importance of meaningful involvement of women and their families throughout the commissioning process, both to ensure that services meet their needs and to identify how best to utilise resources and capital within

communities to co-produce outcomes. During our masterclass we heard powerful stories from two mums who had experienced postpartum psychosis and who now work to support other families and improve service development. We also heard how commissioners in Leeds worked with third sector partners to ensure the meaningful involvement of a representative range of women in the development of their Maternity Strategy. We plan to do more work about how to involve women with lived experience and their families as part of the MABIM project throughout 2017.

There is no doubt that commissioning in perinatal mental health is complicated: It involves many different players and at national, regional, and local level, the data is patchy and resources are scarce. But there are some fantastic examples of great commissioning taking place within – and despite – this context. I hope our report and resources can help and inspire others to follow these examples.