

# EIP: BUILDING A STRONG COMMISSIONER PROVIDER RELATIONSHIP

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# Context

- Lead commissioner model –one contact
- CRM vs Psychosis Pathway Group
- Understanding the service and the objective:  
an opportunity for improving commissioner  
knowledge and skills
- 4 Teams across Hampshire – consistency and  
Clinical Leadership
- Partnership working –hierarchy / solving  
problems together

## Building the relationship

- Partnership working
- Building Trust –How?
- One version of the truth
- Proactive not reactive
- System wide influencing –knowing how EIP fits in / interdependencies
- Same direction of travel but offering challenge

## Building the relationship

- Comms: start and continue the conversation / increasing the service profile with those that need to know
- Outcomes/data/evidence –understand them and ask for explanations
- Risks –record and look to see what can be jointly owned/supported

## Monitoring together

- Understanding the quality metrics
- Explore together data collection –what is possible? what can be added? What does quality mean?
- Don't re-invent the wheel –what is collected already?
- Using service specification and SDIP –agreeing together

## What did we do?

- Agreed to establish a quarterly oversight meeting
- Creation of the Service Development Improvement Plan

Informed by local research – outcomes evaluation

- Information shared with CCGs and clinical teams to evidence success and challenges
- Agreement of risks and gaps to inform development of business cases

## Ongoing Challenges

- Further investment required
- Capacity to establish service to over 35's
- IPS and ARMS, no clear plan
- Provider/CCG re-organisation
- Staffing and consistency of approach

## The Benefits

- Year on year investment
- Continued progress against LTP standards
- Common philosophy: focus on co-operation and joint ownership of risk
- Shared ownership of challenges and responsibility for service improvement
- Better placed to make use of system wide collaboration developing through STPs and ICSs.
- Better response to NHSE direction and HEE investment.

