KSL associates offer a wealth of specialist knowledge and experience to mentor or assist mental health and social care commissioners to improve whole mental health service system productivity.
Commissioners of mental health care face a daunting list of challenges at present; from the transition of GP-led commissioning, to implementing a cost-effective tariff system and commissioning integrated, multi-provider systems where the service user has more of a say. Many current mental health systems are sub-optimal with widespread variations in community team functions, admission rates, lengths of stay, and in the service models they choose to follow. The tell-tale signs are described in the Kings Fund’s Report, Mental Health and the Productivity Challenge (2010), alongside the need for greater:

1. Integration
   Developing improved integrate, less silo commissioning (cf. 2:D) across health and social care, between primary and secondary care, and between mental health and acute district hospital and A&E care. There is a need to develop of consensus around service user outcomes as well as tariff clusters, re-focussing whole systems on integrated care pathways.

2. Assessment
   Improving assessment for service users and the pathways that need to follow on from better identification of needs. (cf. 2: A&B) Examples would be the mainstreaming of CAPA principles across all services, the development of demand management arrangements, and an improved recovery model based more on direct control over care and informal support.

3. Saving
   Delivering more productivity and less expenditure, sustainably in the management of care and in workforces (cf. 2:C). There are poor crisis responses, increased dependencies on the longs stays in expensive acute services (cf. 1,2) and insufficient numbers discharged to receive their entire support in primary and community settings, with a tariff to match.
1. **Diagnostic phase** i.e. analysis of some key metrics for different elements of care pathways/systems, their interrelationships and the cost base-leading you to prioritise some changes over others.

2. **Business Case for Change** i.e. enabling you to explicitly identify the desired outcomes, the benefits to be realised, the potential savings from investments.

3. **Action for Change** i.e. mapping out programmes; developing projects and their measurable inputs; creating critical paths, timelines and determining the success indicators; either supporting (e.g. through mentoring or coaching commissioners) or leading the delivery.
A mature team with broad and deep experience in the commissioning of MH care services across primary, secondary, social services and independent sectors. Our collective experience includes:

• Achieving structural and cultural changes across a multitude of mental health systems
• Developing and delivering successful multi-sector integrated working within the context of the QIPP agenda
• Assisting with tariff implementation and in putting in place better Value for Money (VFM) measurement systems.
With over 23 years within UK public services Kevin’s main role now is to partner with public, private and third sector organisations to help them win and deliver support contracts in central and local government and the NHS. Kevin was previously an Executive Director for a specialist health, social care and children’s services company. He was responsible for the origination of new projects, products and partnerships – and for the management of events.

Until early 2006, Kevin was Head of the Inter-Authority Partnership Unit, Kent County Council’s delivery agent for council-to-council improvement contracts. From 2003-2006, Kevin was Strategic Policy Manager in KCC, his major brief being to work with the Innovation Forum of high-performing English councils on national projects such as LAAs.

Kevin first graduated from Stirling University in Scotland, returning to London to work in Education Welfare for the Inner London Education Authority. He qualified as a social worker at the LSE and worked his way up through social services operations in different English councils, initially in children’s services, then in mental health services. He is still a registered social worker.

After graduating with Distinction in an MBA from the University of Kent in 1995, he was appointed to lead integration projects in Kent at the NHS – local government interface. Kevin has developed passion for children’s services, public health, localism and service improvement: In 2004, he edited the Smith Institute publication, Community Leadership & Public Health: The Role of Local Authorities, launched at 11 Downing Street.
Phil McSweeney is a Senior Associate Consultant with extensive operational, project and performance management experience in mental health, public health and long-term care services. He led QIPP for the mental health system across Kent and Medway (3 PCTs and 2 Councils). He also developed for commissioners a whole economy Strategy and Implementation Programme for Mental Health and Wellbeing. He acted as an Executive Director of a PCT and Chief Operating Officer for its community service provision.

He is a quietly transformational leader with a commanding track record of achievement through vision building, engagement and delivery. As a member of the national steering group of NHS Benchmarking Club, he worked on several high-profile projects, e.g. resource mapping, public health contribution to HA work, primary care performance management, locality commissioning, bed-unblocking and managing cost reductions/disinvestment.

He is resourceful, versatile and self-reliant; he readily finds creative solutions to challenging problems. He led within a Primary Care Trust on developing organisation-wide organisational development programmes. He has worked with a range of professional staff on developing transformational leadership skills, self-organising, balanced scorecards, resourcefulness, complexity management, marketing, benefits realisation and coping with transition.
Nick is an experienced management and training consultant specialising in the development and improvement of health and social care sector services and their organisations. A qualified mental health clinician Nick has experience of managing national and regional policy implementation programmes and has a proven track record working in both the public and independent sectors, here in the UK and in Australia.

Adapting LEAN and Systems Thinking methodologies, Nick has developed a practical step-by-step process for health and social care organisations that provides a management framework for on-going service improvement. His work and approach has enabled services to have a better understanding of what matters for their clients/patients and partner agencies, and of how they can use this information to deliver the services their communities need. Organisations working with Nick have reported a marked improvement in performance and significant changes to management thinking and culture.

Nick is one of KSL’s longest-standing, most multi-skilled and highly trainee-rated Mental Health First Aid (MHFA) instructors. His recent work has included project managing the design and implementation of England’s Youth MHFA programme for MHFA England. He helped KSL pilot this programme for them and is our Director of Mental Health Training and Systems Design.
Services which understand and react to price / demand changes and that are better prepared for tariff clustering:

- **Evidence:** Nick’s LEAN and CAPA work in CAMHS West Sussex 2008 and Berkshire 2010; services adopted systems thinking to demonstrate significantly reduced service waiting times. Reframing the effect of service responses in price and demand terms changes system dynamics.

Meaningful performance metrics designed, delivered and linked to the user-carer experience of service quality:

- **Evidence:** Phil’s and Kevin’s MH work for Medway PCT 2009; Client identified areas for improvement and was highly satisfied with Phil’s output-focussed KPI measures and frequency for capturing improvement; Kevin commissioned an infrastructure for measuring user satisfaction, including user forum participation in designing KPIs for their monitoring and reporting. Measuring what is happening (bringing it to the surface for stakeholders) generates improvement.
Demand-led care pathways designed and commissioned for tariff-linked end-to-end delivery:

- Scenario: The KSL Team designs, and commissioners gain system acceptance of, metrics for clients held in secondary care CMHTs for long periods; and for those readmitted to hospital under specified time bands. It works with commissioners to gain provider, user and carer acceptance of the means of improving recovery outcomes, including the aim of helping clients leave the secondary care pathway altogether. Clients move through newly defined and priced care clusters more quickly than expected, after timely assessment. The system is incentivised by primary care MH tariff clusters, and personal budgets used on ‘civil society’ sector support services; in turn providers improve access for assessment and reduce waiting times.

Examples of Benefits We Have Delivered…

We can deliver for you the types of benefits we exemplify below, by prioritising four areas for system improvement. We can also support you at any one of three phases of change.
Should the Context, Approach, Benefits, and Experience resonate with you, please contact us through:

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