

Proposed Changes to Strategic Commissioning Group (Draft)

1. Introduction/ Context

- i. The current Mental Health SCG has been in existence since December 2004. It developed from the 2 Derbyshire Local Implementation Teams (LIT) for delivery of the NSF.
- ii. Since that time PCT re-organisation has reduced the number of PCT's in Derbyshire from 8 to 2 and Practice Based Commissioning has been introduced.
- iii. The SCG has been through a variety of formats and membership since its inception, the most recent being a wide group with providers and commissioners successfully contributing to the 'Our NHS, Our Future' clinical review.
- iv. It has been agreed that the function of the SCG is now due for review. The March meeting of the SCG identified those elements of SCG that functioned well & those that didn't¹. These have been used to inform the proposals here.
- v. In addition a wider review of programme boards have identified some key challenges facing the health community at present
 - Health community role v PCT specific issues
 - Strategy development v Delivery
 - All interested parties v commissioning perspective
 - Governance around competition rules (providers gaining 'unfair advantage')
 - Clinical input, especially links to PBC

2. Proposal

- i. To address the challenges outlined above we need to separate the Strategic and the Commissioning functions
- ii. The Strategic Level should be:-
 - High level
 - Include all stakeholders
 - Focus on the Vision & Strategy for Mental Health in Derbyshire
- iii. The Commissioning level should be:-
 - Commissioner only (PCT + relevant County Council with user/carer support)
 - PCT specific (i.e. separate County and City)
 - Have clear accountability through PCT decision making structures
 - Result in simpler, faster decision making
 - Focus on delivery of the strategy/vision

¹ Summary of the comments received attached.

- iv. In order to implement this it is proposed that the current SCG continues as the 'Derbyshire Strategic Mental Health Group', with wide membership and a focus on developing the strategy for MH services for the population of Derbyshire. In addition to setting that strategy it will be responsible for ensuring commissioners are delivering on that vision.
- v. In addition to this PCT's will establish their own Commissioning groups to focus on the implementation within their area. Where relevant implementation will be carried out jointly.
- vi. Existing SCG subgroups will be reviewed (see separate paper)
- vii. Contracts for MH services will continue to be agreed and monitored through a range of mechanisms, as now.

3. Next Steps

- i. It is proposed that the new arrangements commence as soon as possible, with the Strategy group meeting 3 times a year, plus a stakeholder day.
- ii. It is suggested that these should be scheduled for dates around
 - December (to inform/receive draft PCT Operating plans)
 - April (agreed Operating plans)
 - August/Sept (review for next planning round)
- iii. The 1st meeting of new group be held on **September 25th 2008** and that terms of reference, membership and dates of future meetings are agreed there.
- iv. PCT's will develop their MH commissioning groups with terms of reference and membership, in line with their agreed commissioning structures. Members of the joint MH commissioning team will continue to support both PCT's.

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STRATEGIC COMMISSIONING GROUP

MEMBERS' POSITIVES AND NEGATIVES ABOUT CURRENT FORMAT

MARCH 2008

ITEM	POSITIVES	NEGATIVES
Membership	Broad membership and well attended x 2	Need to review membership once purpose is agreed
	Good engagement from reps	Apparent lack of connection with subgroups
	Excellent	People are not always honest
	Good membership and active engagement	Look critically at subgroups, what they do and when they report
	Good humoured	Not much clinical membership
	Commitment of participants	Different chair every time
	Good to get a range of views from a range of people	Inter-relationships with subgroups not clear
	A wide range of representatives (x 2)	Lack of clarity with regard to subgroup representation
	Membership needs to be redefined, use of reference group	
Venues		Driving to Chesterfield every other month
		Park Hill difficult to get to, Central Derby better for Southern meeting, or all meetings in Belper or Matlock
Format of meeting	Information giving, for example new legislation	Need to revisit for purpose
	Determination to keep to vision	Cannot decide whether it is strategic or operational
	Chance to be involved at strategic level. Information on policies, etc.	Not always involved in decision making
	Chance to be involved at a strategic level	The room in Chesterfield
	Good debate on issues	Over focus on mental health service provision, eg compared to primary care services
	Informative	Too much business
	Inclusive style approach	Partnership working not always effective
	Substantial voice for service users (not just tokenistic)	Very wide ranging
	Good debate on issues	A lot of abbreviations used, assuming everybody understands
	In general, facilitates people to be able to put their points of view, even if difficult	City v County split
		Focus on performance of Mental Health Trust not strategic commissioning
		Lots of strategy but not outcome focused
		Derby City engagement?

ITEM	POSITIVES	NEGATIVES
		Don't use flip charts to use diagrams to aid clarity
		Sometimes used as a forum for operational issues
		Purpose is not clear (x 3)
		Unclear decision making structure
		More focus on forensic services
		Not many decisions are made – seems to be more about information sharing what decisions are made elsewhere
		A lot of side tracking
		Longer term perspective
		Not enough openness and honesty
		Too much information sharing
		Lingo
		Clearer responsibilities
		Needs to be more strategic
		Needs emphasis on commissioning, less on operational issues
		Who knows outside of SCG what we do?
		Insufficient attention to outcomes