

Mental Health Strategic Commissioning Group- Sub group review summary

All the sub groups of MHSCG operate as partnership groups with representation from across a broad spectrum of relevant stakeholders with representation from:

- Service users
- Carers
- Commissioners (PCT and LA)
- Statutory sector providers
- Voluntary sector provider link

This includes clinical representation.

There is no representation from the private/independent sector at present.

All the groups operate on a joint Derby City/Derbyshire County basis.

It is evident that although the groups have been formed at different times to support the work of MHSCG, the latest in response to progressing work on the Vision, they could all be said to have the following core components to their

Terms of Reference:

- i. Consider national policy requirements within the local context
- ii. Consider best practice and identify any local action required
- iii. Produce recommendations to inform the commissioning decisions and feed to commissioning groups.
- iv. Monitor local progress

Points i. and ii. relate to strategy development, points iii. and iv. relate to commissioning.

A summary of the current groups against key criteria is presented in the table below.

The groups have been reviewed with the chairs of the groups, the following areas for discussion/action have emerged:

- I. The groups offer the opportunity for dialogue with relevant clinicians, service users and carers on specific issues/areas of development that is critical to the development of strategy and commissioning decisions.
- II. The groups with a clearly agreed strategy and action plan function better than those that don't.
- III. The groups are not homogenous and will need different approaches depending on the subject area.
- IV. Whilst the groups strive to be inclusive, this can effectively make them unfit for purpose where the stakeholder group is too large.

- V. The groups may not all have to be on-going, they may also need to change when key pieces of work have been completed.

Locality forums

The City forum has continued to work well.

The County forums have struggled to establish themselves. A variety of reasons have been presented for this such as lack of commitment from all attendees, geography, etc.

However, it would appear that the greatest difficulty is a general lack of clarity about where and how they fit within the commissioning structure and their ability to influence commissioning decisions within a large PCT.

Recommendations

1. That the commissioning team progress the recommendations set out in the table below.
2. That clear reporting requirements are identified within the commissioning structure.
3. SCG need to consider the issue regarding the current non involvement of the private/independent sector.

Mental Health Strategic Commissioning work-stream sub groups-Review summary-July 2008

| Workstream | Commissioning team lead | Frequency | Agreed strategy | Agreed action plan/work-plan | Terms of Reference OK? | Membership OK? | Current Issues | Impact/Fit for purpose? | Recommendation |
|------------------------------------|-------------------------|-----------|-----------------|------------------------------|------------------------|----------------|--|-------------------------|--|
| Delivering Race Equality | R.S. | M | Y | N | N | N | The group is being drawn into operational issues regarding CDWs Action plan requires development | N | <ul style="list-style-type: none"> ✓ Review Tof R and membership ✓ Develop updated work plan ✓ Reduce frequency ✓ Ensure appropriate forums set up to deal with operational issues |
| Carers strategy | R.S. | Bi | Y | Y | Y | Y | Currently updating action plan for SCG approval | Y | <ul style="list-style-type: none"> ✓ Continue |
| Dual Diagnosis | R.S. S.R. | Bi | N | N | Y | Y | Strategy and action plan ready for agreement by SCG The group has had 3 task groups whilst developing the strategy Is working on a project plan for implementation when agreed | Y | <ul style="list-style-type: none"> ✓ Reduce frequency ✓ Disband strategy and task groups when strategy has been agreed ✓ Set up commissioning project team to oversee implementation |
| Service user and carer involvement | G.S. R.S. | Bi | N | N | N | | The group has been working to develop a strategy for consideration/agreement by SCG, Exploring links to the wider PCT and LA involvement processes | | <ul style="list-style-type: none"> ✓ Develop T of R ✓ Produce strategy and action plan ✓ Consider progressing carers involvement through carers strategy group |
| Public Health | V.P. | Q | Y | Y | Y | Y | | Y | <ul style="list-style-type: none"> ✓ Continue |
| Social Inclusion | D.G. | 6mly | Y | Y | Y | Y | Various work groups underway. This group receives feedback against plans | Y | <ul style="list-style-type: none"> ✓ Continue ✓ Update action plan |
| Suicide prevention | D.G. | 6mly | Y | Y | Y | Y | | Y | <ul style="list-style-type: none"> ✓ Continue |

Mental Health Strategic Commissioning work-stream sub groups-Review summary-July 2008

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| Community based services and primary level services in community settings | T.L. | Bi | N | N | Y | N | Very big group, no consistent attendance, has formed sub groups to manage work and membership Strategy and action plan ready for SCG approval | N | <ul style="list-style-type: none"> ✓ Further develop T of R particularly to address issues of membership ✓ Seek alternative ways of involving stakeholders |
| GP leads | T.L. | Bi | N | N | N | N | This was an old south group that has never succeeded in expanding membership to the north. | N | <ul style="list-style-type: none"> ✓ Disband ✓ It has largely been overtaken by the work-stream above |
| Older peoples | J.Y. | M | N | N | ? | Y | This group is currently developing an action plan to focus it's efforts. It was agreed not to develop a separate strategy as it should influence all other work-streams, however it does take the lead on dementia | N | <ul style="list-style-type: none"> ✓ Review T of R ✓ Reduce frequency ✓ Develop work plan ✓ There may be a need to establish a commissioning group |
| Voluntary sector strategy group | G.H. R.S. | Bi | N | N | Y | Y | This group has detailed Terms of Reference that in many ways have operated as their work plan. | Y | <ul style="list-style-type: none"> ✓ Develop work plan |
| Personality disorders | A.P. G.S. | | | | | | Adrian Perry agreed to lead on this work stream, with support from GS, No group has been established | | <ul style="list-style-type: none"> ✓ Seek update and agree way forward |
| Secondary and acute care | D.G. K.R. | | | | | | Currently there are no sub groups covering this area. There are various work-streams underway within the commissioning team. E.g, Low secure, PICU, Eating disorders, service reviews as part of contract management. | | <ul style="list-style-type: none"> ✓ Commissioning team to produce update of work areas not covered by sub groups. Includes PD above. |

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| City/County Locality mental health forums | | Bi | N | N | N | N | The county forums have been struggling since the pct changed. Inconsistent attendance. Unclear about their level of influence Information sharing identified as the consistent function in recent review | | <ul style="list-style-type: none"> ✓ Continue City Forum ✓ Disband county forums ✓ Ensure locality issues are addressed in all sub groups ✓ Seek to introduce locality focus to annual stakeholder event ✓ Ensure commissioning groups have links to PBC consortia to ensure local focus |
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