### ADULT SOCIAL CARE AND Agenda Item 11 HOUSING SCRUTINY COMMITTEE

Agreement of the process for the development of the Subject:

2009-2013 Working Age Mental Health Commissioning

Strategy.

**Date of Meeting:** 18th June 2009

Report of: Joy Hollister

**Contact Officer:** Tel: 01273 545414 Simon Scott: NHS Brighton

> Strategic and Hove Commissioner for Working Age Mental Health and

Substance Misuse

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Wards Affected: All

#### 1 SUMMARY AND POLICY CONTEXT

The City Council and NHS Brighton and Hove Commissioners are currently updating the Brighton and Hove Working Age Mental Health Commissioning Strategy for 2009-2013.

#### 2 Recommendations

That the committee consider and agree, or otherwise comment on, the proposed process for the development of the Working Age Mental Health Commissioning Strategy as outlined in appendix 1 of this report. Including that the strategy be agreed at the January 2010 JCB meeting allowing for the New Horizons National plan to be integrated and for the consultation period to be extended into September 2009.

#### 3 Relevant background information

Since 2002, working age mental health services has been jointly commissioned under a section 75 agreement between NHS Brighton and Hove and the City Council with the former appointed as the Lead Commissioner. The arrangement allows for pooled money between the PCT and the City Council.

The Working Age Mental Health Commissioning Strategy is the key strategic plan

underpinning the commissioning of mental health services for working age people in the city. It will refer to the children's and young persons and the older peoples mental health strategies and transitions stages and teams will be included.

The strategy will follow the process of developing strategy using World Class Commissioning guidelines as outlined in appendix 2.

The update will be a joint piece of work by PCT and City Council Commissioners as required under Section 75 agreements. Approval will be sought though the Joint Commissioning Board on the 25<sup>th</sup> January 2010.

#### 4 Link to corporate objectives

The strategy will impact on the five PCT overarching Strategic Commissioning objectives:

- Adding Years to Life
- Maximising life chances for Children and families.
- Developing a healthy young city.
- Promoting independence.
- Commissioning nationally recognised best practice

It will impact on the following City Council corporate priorities

- reduce inequality by increasing opportunities
- open and effective city leadership
- better use of public money

The interagency steering group and the user, carer and voluntary sector reference groups support the requirements within the following WCC competencies of:

- Locally leading the NHS
- Working with community partners
- Engaging with patients and the public
- Collaborating with clinicians
- Managing knowledge and assess needs
- Prioritising investment
- Stimulating the market

#### 5 Improving health and reduce health inequalities

The reviewed strategy is based on the local mental health needs assessment published in November 2007. It includes the policy drivers such as personalisation and self directed support and the move towards prevention and wellbeing in the government's new policy document, New Horizons for Mental Health, expected in October 2009.

#### 6 Increase service quality and choice

The strategy will include a focus on quality and outcomes for users and on increasing choice and control where possible through innovative market development.

#### 7 Increase people's confidence in, and engagement with, the NHS

The strategy will be consulted on widely including with the general public and with known user and carer and provider organisations.

#### 8 Manage resources effectively

The strategy will outline the financial spend for the next 5 years including proposals for reinvestment in the prevention agenda.

#### § Link to corporate considerations

The development of the strategy reflects the priority of leading local NHS and social care services and reducing inequalities through a joint approach to meeting local need. It supports the Strategic Commissioning Plans objectives and follows WCC principles for strategy development.

#### 10 Governance and legal

Any significant changes to current commissioning will need to be agreed.

#### 11 Equalities

There will be an EIA undertaken on the draft strategy.

#### 12 Consultation

Engagement on the strategy will be through the user, carer and voluntary sector reference groups, gateway organisations and the strategy will be available on the NHS Brighton and Hove website.

#### 13 Risk management

None identified

#### **Appendices**

- Appendix 1 Working Age Mental Health Joint Commissioning Strategy; Development Steering Group Terms of Reference, membership, timeline for engagement and governance.
- Appendix 2 The World Class Commissioning five phases to developing a commissioning strategy.

#### Appendix 1

Working Age Mental Health Joint Commissioning Strategy Development Steering Group Terms of Reference, membership, timeline for engagement and governance

- 1. To oversee the process of developing the joint commissioning strategy
- 2. To consider the implications of the any new national mental health strategy and the impact on local commissioning strategy
- 3. To ensure the relevant sections are completed by the relevant organisations and people within organisations
- 4. To oversee any verification process required within organisations
- 5. To ensure that drafts are consulted on appropriately within organisations
- 6. For the commissioners on the group to agree the strategy to be presented to the JCB on 25<sup>th</sup> January 2010
- 7. The group will meet as in the timeline below and support the communications plan

The responsibility for this strategy is joint between the City Council and the PCT.

It will contain an agreed:

- vision for the future based on outcomes
- plan for future commissioning
- financial investment
- initiatives for investment
- contracting arrangements
- performance management arrangements

#### Membership

**PCT** 

Simon Scott (Mental Health and Substance Misuse Strategic

Commissioner)

Claire Quigley (Director of Delivery)

Margaret Cooney (Project Manager)

Stephen Ingram (Primary Care Strategic Commissioner)

Geraldine Hoban (Deputy Director Commissioning)

Kathy Caley (Older Peoples Commissioner)

Matt Johnson (Elective Care Strategic Commissioner)

Jane Simmons (Head of Partnerships and Engagement)

Martin Campbell (Patient and Public Engagement Manager)

Kate Kedge (Contracts Manager)

#### **City Council**

Denise D'Souza (Director of Community Care)

Philip Letchfield (Interim Head of Adult Social Care)

Tamsin Peart (Commissioner for Carers)

Daniel Parsonage (Supporting People)

Andy Staniford (Housing Strategy Manager)

#### **Sussex Partnership NHS Foundation Trust**

John Rosser (Service Director, Adult Mental Health

Tony Sharp (Head of Business Planning

Terry Pegler (Associate Director – Social Care)

**Third sector** Sarah Danily (Director B&H MIND)

LINK representative Simon Hubbard

**Carers Centre** Sue Wallace (Carers Centre Chair)

#### **Clinical Representatives**

Dominic Osman Allu (Clinical Executive) Rebecca Jarvis (PBC)

# Timeline for development of the strategy including engagement and governance arrangements

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Steering	16th	•					•				
group											
Carer ref		8 <sup>th</sup>									
group											
User ref		29 <sup>th</sup>									
group											
LIT meeting		29th									
Vol. sector		30 <sup>th</sup>									
network											
Vol. sector			11 <sup>th</sup>								
network											
Steering			27 <sup>th</sup>								
group											
ASC DMT				11 <sup>th</sup>							
ADC&H OSC				18 <sup>th</sup>							
PCT PEC					31 <sup>st</sup>						
HOSC					8 <sup>th</sup>						
User/carer ref				10 <sup>th</sup>							
groups											
Steering				29th							
group											
Vol sector					7 <sup>th</sup>						
network											
User/carer					27th						
reference											
groups											
Consultation											
period on											
website											
User/carer							7 <sup>th</sup>				
consultation											
meeting											
Steering							7 <sup>th</sup>				
group											
LIT meeting								tbc			
Steering								30 <sup>th</sup>			
group											
Presentation						_				18 <sup>th</sup>	25th
to the JCB						1					

Joint Commissioning Model for engagement and Board governance for developing the strategy Multi agency Development Steering group Service Carers sub group Voluntary sector PBC sub group Users sub group sub group Simon Hubbard. 3<sup>rd</sup> Sector n Network Meeting **Sue Wallace** Rebecca Jarvis Sarah Danily, Annette Kidd , Kat **Tamsin Peart** Rick Crossman Marples, Martin Campbell, Neil Holmes Martin Campbell MIND LIVE GROUP

### Appendix 2

## The World Class Commissioning (WCC) five phases to developing a commissioning strategy

The Working Age Mental Health Strategy Development Group has agreed to apply the following five phases of development as outlined by the WCC Strategic Planning Guidance.

The 5 stages for developing the plan	What to include
Developing the project plan	Set the timeframes, scope, steering group membership, reference groups required and Terms of Reference for these groups. Agree the format for governance and approval. Develop the communication plan.
Phase 1 Understanding the context	Include the needs assessment or mapping information, current baseline activity, financial activity  Include the national and SEC agenda, local agenda, and the priorities in the SCP, the health outcomes, the vision of partners, public and patients.
Phase 2 Developing the vision	Agree the five year vision that will address key issues outlined in phase 1.
Phase 3 Developing the prioritisation criteria and goals	Use the vision to develop prioritisation criteria based on: community health needs, preferences of patients, impact on addressing the gaps, implementation challenges, financial impact.  Include whether aligned with PCT SCP goals and whether achievable and realistic.
Phase 4 Developing the strategic initiatives	Outline or develop a focused number of initiatives that clearly link to the priorities, goals and vision and outline the impact.
Phase 5 The plans for delivery	Produce a detailed delivery plan for each initiative showing key activities and milestones, investment required, impact timeline, performance measures and outcomes.  Outline the impact of the initiatives on providers and agree required changes and key risks.
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