

**MENTAL HEALTH SERVICES – HEALTH COMMITTEE WORKING GROUP
REPORT**

To: **HEALTH COMMITTEE**

Meeting Date: **16th October 2014**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To inform the Committee of the activities undertaken by the Mental Health Services working group to scrutinise the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) proposal to develop a 5-year mental health strategy**

Recommendation: **The Committee consider the report**

<i>Officer Contact:</i>
Name: Kathy Hartley
Post: Senior Public Health Registrar
Email: Kathy.Hartley@cambridgeshire.gov.uk
Tel: 01223 706392

1. BACKGROUND

- 1.1 In May 2014 the Health Committee delegated focused scrutiny work to the Mental Health Services working group. The subgroup agreed to meet with the CCG Mental Health Commissioners to discuss the current position and emerging proposals for the development of a CCG 5-year mental Health Strategy and agree.
- 1.2 The purpose of this session is to identify the most effective way of scrutinising this work. This report summarises the actions undertaken by the working group, and the outcomes so far.

2. MAIN ISSUES

- 2.1 A meeting on 29th September 2014 at Shire Hall between the Mental Health Working Group and CCG GP lead on mental Health and CCG Mental Health Commissioner
- 2.2 The CCG representatives summarised how the mental health strategy is being developed and timescales, including:
- Autumn 2014 - clinician, service user and carer 'stakeholder' engagement to scope the work and determine priority areas for developing the strategy
 - March 2015 - publish proposals of CCG's 5 year strategy and implications for services.
 - April 2015- public consultation on CCG proposed 5 year strategy.
 - Autumn 2015 - Implementation

Issues to consider were noted i.e. population and financial challenges impacting on the development of the strategy, and workforce development issues with recruitment crises in the NHS particularly within psychiatry and primary care.

- 2.3 Three emerging themes for the strategy were described:
- Crisis resolution and bed capacity/home care (improve capacity in acute care)
 - Community support for those known by mental health services including greater use of primary care services, the voluntary sector and new technologies to support people with mental health problems
 - Primary care psychological therapies – investment in IAPT (Improving Access to Psychological Therapies)
- 2.4 Cllr Bourke provided the CCG with background to Health Committee's current health scrutiny focus around services in CPFT including Personality Disorder and Arts Therapy. It was noted that the Health Committee had prioritised the development of a Public Mental Health Strategy. This work is being led by Emma DeZoete (Consultant in Public Health) and the CCG were asked to ensure that links between both developing strategies are made. The CCG Mental Health Commissioner confirmed that Emma DeZoete attends regular meetings with the CCG to support this happening.

- 2.5 The CCG representatives agreed to send through documents outlining the development of the strategy to include:-
- Executive Paper detailing strategy development timescales
 - Questionnaires that are being used at stakeholder events
- 2.6 It was agreed to establish bi-monthly meetings between the CCG and Mental Health Services working group. The purpose of these meetings would be to ensure that the Health Committee was satisfied that reasonable consultation and consideration of stakeholders was embedded in the CCG's 5 year Mental Health Strategy.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

3.2 Statutory, Risk and Legal Implications

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014

3.3 Equality and Diversity Implications

None at exploratory stage but these issues will be further examined by the working group during scrutiny of the process and final strategy implications.

3.4 Engagement and Consultation Implications

Process proposed offers scrutiny committee ongoing assurances that CCG are engaging and consulting during the development of the strategy.

3.5 Localism and Local Member Involvement Implications

None at this stage

3.6 Public Health Implications

The proposal to establish regular meetings with the Health Committees - Mental Health Services working group and CCG will support communication during development of the County Council's Public Mental Health Strategy and CCG's 5 Year Mental Health Strategy.

Source Documents	Location
Reports to and minutes of the Health Committee	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee.aspx?committeeID=76