Public Value Review of Adult Mental Health Services

Gateway 1: Terms of reference

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Author: Donal Hegarty

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1 INTRODUCTION

1.1 Background

On 14 July 2009 as part of its consideration of the paper *Leading the Way: changing the way we do business* the Cabinet agreed to undertake a three-year programme of Public Value Reviews (PVRs) to look at all services/functions provided by the Council.

All PVRs share a primary objective, which reflects the Council's ambition to *deliver improved outcomes and value for money for the residents of Surrey.* The outcomes are expected to be services that place the Council in the top 25% of local authorities for performance and the lowest 25% for unit costs.

Public Value Reviews make recommendations for the future commissioning of service and identify where efficiency savings could be made with formal recommendations to the Council's Cabinet.

Two specific outputs from each review are a zero based budget and ensuring robust quality assurance systems are in place.

1.2 Aim

The Public Value Review of services for adults with mental health needs will follow the methodology of previous reviews and will run for 6 months.

Personal care and support deliver social care support at a primary care level but the bulk of mental health services are delivered through partnership arrangements with Surrey & Borders Partnership NHS Foundation Trust.

This PVR will examine the full range of services Surrey County Council and its strategic partners directly provide or commission to meet the social care and health needs of adults with mental health needs. This requires the active engagement and participation of a range of organisations and stakeholders at the outset of the PVR. These will include Surrey County Council staff and Members, Health partners, third sector organisations, providers, Districts & Boroughs, Children, Schools and Families services and individual service users, their carers and families.

The PVR will be aligned to key interdependencies both internally within Adult Social Care and Children, Schools and Families Services but also with the changing landscape of commissioning health services from NHS Surrey to Clinical Commissioning Groups to deliver whole systems approaches that will embed mental health services in models of care that support families, are personalised to individual need and promote recovery and self-determination.

The PVR will follow a robust project management approach throughout and set realistic but ambitious objectives to achieve the required outcomes: improved whole systems outcomes and value for money.

The PVR will take a partnership approach to making recommendations that will deliver improved outcomes and value for money for the residents of Surrey. It will seek to identify strategies for long term savings across Surrey's health and social care economy in partnership with NHS Surrey and the clinical commissioning groups of the emerging GP consortia. With the introduction of the Health and Social Care Bill 2011, the review will develop agreed priorities for commissioning as well as a joint social inclusion strategy for adult mental health services.

The review will focus on identifying and tracking medium savings that contribute to:

- Surrey County Council's medium term financial plan (MTFP 2011-2015) in support of the delivery of savings of approximately £40m over 4 years.
- NHS Surrey's savings requirements for commissioned services identified through their QIPP plan.

The PVR will also incorporate ongoing Supporting People initiatives to identify a joined up approach to accommodation with potential efficiencies from budgets currently allocated to the provision of housing related support services for people with mental health needs.

The review will include external independent challenge and benchmarking services with comparator authorities.

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1.3 Objectives

The PVR will culminate with the production of commissioning intentions for Adult Mental Health services, including housing support needs and a strategy for social inclusion.

The review will examine the following objectives:

- A robust analysis of the full costs of services provided or commissioned for adult mental health services in Surrey. This will be used to inform subsequent analysis and become the determinant of value for money. Service costs will be compared with another local authority of comparable size and population as Surrey

- The introduction of personalisation in mental health services

- The accommodation pathways for people with mental health, and the shift from residential to supported living options in the community

- The population needs analysis of people with mental health problems identifying gaps in services in the 11 Districts and Boroughs

- Develop models of working with Children, Schools and Families Services that will ensure whole systems working and clear outcomes. This will build on the troubled families initiative in Waverley and seek to embed 'think family' in future service design

- Relationship between primary care mental health services (improving access to psychological therapies (IAPT) services) and secondary care mental health recovery services

- To work in partnership with Safeguarding and Quality Assurance Teams within Adult Social Care to

    o Assess the adequacy of related quality assurance system(s) and where appropriate make recommendations for improvement

    o Design and implement an outcome framework to support the effective commissioning of services for adult mental health

- To examine the role of public health in terms of health promotion and tackling stigma for people with mental health needs

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1.4 Service Summary

<u>What is mental health</u>?

Mental health is a positive state of mind and body, feeling safe and able to cope, with a sense of connection to people, communities and the wider environment.

<u>Mental health problems</u>

Mental health problems fall into three broad categories: neurotic disorders (depression and anxiety), psychotic disorders (schizophrenia, bipolar disorder) and personality disorders.

<u>Adults in Surrey with various mental health disorders</u>

Table 1 below shows both the national rate and estimated numbers of adults in Surrey with various mental health disorders, based on the Adult Psychiatric Morbidity Survey (APMS) for 2007 and Surrey GP Registered population as at 1st February 2010 (Patient Demographic Service Nov 2010). The APMS provides data on the prevalence of treated and untreated psychiatric disorder in the adult population aged 16 and over and includes common mental disorders; post-traumatic stress disorder; suicidal thoughts, attempts and self-harm; psychosis; antisocial and borderline personality disorders; attention deficit hyperactivity disorder; eating disorder, alcohol misuse and dependency; drug use and dependency; problem gambling; psychiatric co-morbidity. For the 2007 APMS, nearly one person in four (23.0 percent) in England had at least one psychiatric disorder and 7.2 percent had two or more disorders.

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Table 1: Adults in Surrey with various mental health disorders

Mental Disorder	National rate from 2007 study (Proportion (%) of adults)	Estimated numbers in Surrey (Adults in Surrey aged 16 and over =938,003 in 2010)	Age Range
At least one psychiatric disorder	23 (nearly 1 in 4 adults)	215,741	16+
Neurotic disorder	15.1	141,638	16+
Psychotic disorder	0.5	4,216	16-74
Personality disorder	0.9	7,588	16-74
Have considered suicide	16.7	156,647	16+

Source: Psychiatric morbidity among adults living in private households, 2007, The Stationery Office

<u>What services are provided?</u>

The services adults with mental health needs receive directly or indirectly from Surrey County Council are:

- Residential & nursing home placements delivered by housing associations or independent providers
- Supported living services delivered by housing associations or independent providers
- Care co-ordinator and social care support delivered through Surrey & Borders Partnership NHS Foundation Trust by County Council staff
- Carer liaison services delivered through Surrey & Borders Partnership NHS Foundation Trust by Surrey County Council staff
- Range of third sector community connection services commissioned by Surrey County Council
- Employment advisor service commissioned by NHS Surrey
- Advocacy services commissioned jointly by Surrey County Council and NHS Surrey
- Housing support services commissioned by Surrey County Council
- Support Time Recovery (STR) delivered by Surrey & Borders Partnership NHS Foundation Trust by County Council employees

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- Approved mental health professional services delivered by Surrey & Borders Partnership Trust by County Council employees.

- Primary care mental health delivered through personal care and support (only social care services)

- Primary care mental health services delivered through IAPT services commissioned by NHS Surrey.

Frontline services are provided in the main through Surrey & Borders Partnership NHS Foundation Trust which is a secondary mental health service.

Personal care and support provides primary social care mental health services and IAPTs provide primary mental health services commissioned by NHS Surrey.

Surrey County Council employ 208.34 social care staff who work in partnership with Surrey & Borders Partnership NHS Foundation Trust delivering an integrated health and social care service. The range of services for adult mental health includes:

- Community mental health recovery teams (CMHRTs)

- Assertive Outreach Teams

- Early Intervention in Psychosis Teams

- Home Treatments Teams

- Forensic Services

The 11 Community Mental Health Recovery Teams (CMHRTs) are modelled on the 11 Districts and Boroughs with 2 Home Treatment Teams, 2 Assertive Outreach Teams covering the county; one East and one West. The Forensic Team is countywide.

Most mental health problems actually start in childhood and then continue on to adulthood. One study has suggested that of all people with mental health problems at age 26, 50% had first met psychiatric diagnosis criteria by age 15 and nearly 75% by their late teens (2). Childhood and adolescence are therefore key life stages for interventions to prevent mental health problems.

When measured across all age groups, mental illness is the leading cause of disability worldwide. The World Health Organisation (WHO) estimates that mental health problems account for 13% of all lost years of healthy life globally. However, in the UK the estimate of the total burden is higher: 20% of the total burden of disease was attributed to mental illness compared with 17.2% for cardiovascular disease and 15.5% for cancers (3). No other condition exceeded 10%.

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Mental health problems are common and affect people across the whole life course: 50% of all women and 25% of men will be affected by depression at some time in their life, 15% will experience disabling depression (4) and 10% of children have a mental health problem (1).

Serious mental illness, including schizophrenia and bipolar disorder, is present in 1-2% of the population and on average a person dies every two hours in England as a result of suicide. Suicide is the most common cause of death in men under 35 and the main cause of premature death for people with mental illness.

Nearly one third of GP consultations include a mental health component and mental health problems occupy one third of a GP's time (5).

The estimated total cost of mental ill health in England for 2009/2010 was £105.2 billion, including £21.3 billion in health and social care costs, £30.3 billion in lost economic output and £53.6 billion in human suffering (negative impact on peoples' quality of life) (6). These figures show that mental ill health has a higher societal health and cost impact than other potentially preventable illness related to smoking, alcohol misuse, obesity and cardio-vascular disease (6).

The fact that poor mental health often manifests in childhood and adolescence and persists over the lifetime – when those affected would normally be at their most productive – are the major reasons why the overall cost is so high. There are substantial cost savings to society, health and social care services to be made by promoting mental health and well-being. For example simple steps to improve the management of mental health in the workplace, (including prevention and early identification of problems), should enable employers to save 30% or more of the costs of mental health problems a work – about £8-£10 billion a year (7).

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How many people are employed to work with people with mental health and substance misuse problems?

Organisation/Category	Mental Health FTE summary
Surrey County Council Surrey & Borders Partnership NHS Foundation Trust NHS Surrey County Council voluntary sector Independent providers	208.34 FTE
Organisation/Category	Substance Misuse Services
Surrey & Borders Partnership NHS Foundation Trust Voluntary sector NHS Surrey Virgin Assure	

What are the statutory and legislative requirements?

Eligibility for services is determined following a comprehensive assessment of need as required under the NHS and Community Care Act 1990 in accordance with fair access to care criteria. When a person's needs have been assessed Surrey County Council staff apply the social care eligibility criteria to determine what would be the level of risk of the person's care or living arrangements breaking down or becoming unsafe if appropriate support was not provided. Although not included in the national guidance, Surrey County Council currently uses the following guideline timescales to assess the risk.

Critical Risk: an individual needs support now or within seven days.

Substantial Risk: An individual needs support within one to twelve weeks.

Moderate Risk: an individual is likely to need support within three to six months.

Low Risk: an individual may need support in six months time or more.

Surrey County Council policy is normally to provide support for people who are assessed as having needs within the critical and substantial risk bands outlined above. Surrey County Council, in certain circumstances, may provide one-off short term or occasional

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services to people with needs within the moderate risk band to prevent them falling into the higher risk bands. Surrey County Council has a duty to provide or arrange services only for those people with eligibility needs with the guidance noting that Councils may take account of the resources available to them in deciding which needs to meet.

Following a decision that an individual has an eligible need, staff of the integrated teams in Surrey & Borders Partnership NHS Foundation Trust will discuss with the individual how this need can best be met. Individuals are supported to determine what services they might wish to purchase to meet their assessed need, or if this is not possible the Council will provide services to affect the agreed outcomes that meet the assessed need. Individuals who do not meet the eligibility criteria will be signposted to other appropriate services.

The following legislation places a duty on the Council to arrange or provide services:

- National Assistance Act 1948 – The provision of residential accommodation, social work and advice and support facilities for rehabilitation and adjustment to disability and facilities for occupational, social, cultural and recreational activities.

- Chronically Sick and Disabled Persons Act 1970 – The duty to assist disabled people (as defined under the National Assistance Act 1948) with a range of services as defined by the Act and the duty to provide information about relevant services.

- Disabled Persons Act 1986 – The duty to assess when requested a disabled person's needs for services under Section 1 of the Chronically Sick and Disabled Person's Act (1970). The Act places a duty upon Local Authorities to investigate the level of need for services for people with disability who live in their area.

- Disability Discrimination Act 1995 – calls for employers and service providers to make reasonable adjustments to facilitate the equal treatment of disabled people.

- Community Care (Direct Payments) Act 1996: The power for Local Authorities to offer people cash payments as an alternative to arranging social care services to meet their assessed, eligible needs.

- Disabled Equality Duty 2006 – a legal duty on all public sector organisations to promote equality of opportunity for disabled people.

- Mental Health Act 1983 (amended 2008) – statutory duty to provide sufficient approved mental health professionals to carry out the duties under this Act.

- Mental Capacity Act 2005 – requirements to assess an individual's capacity (decision specific) provides statutory protection from liability for the provision of services providing it is in the individual's best interests, allows for individuals to plan ahead for a time they may lack capacity (Lasting Power of Attorney) and has created safeguards (IMCA, Court of Protection, Office of the Public Guardian), which the Council has to adhere to.

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- Human Rights Act

- Independent Mental Health Advocacy – statutory duty to provide advocates for people detained under the 1983 (amended 2008) Mental Health Act.

1.5   Scope

The proposed scope of the review reflects the presence of mental health needs within all services and the challenge to develop new models of working that incorporate the concept of 'think family' and a commitment to strengthening society through individual and community empowerment and responsibility.

In scope – core focus of PVR	Reasons to support scooping decision
Develop recommendations for commissioning adult mental health services that are based on the population needs of Surrey and covers people aged 18-64 years - Review the mental health population needs analysis of the citizens of Surrey. - Profile population need in the 11 Districts/Boroughs - Identify gaps in service and recommend new models of working that cover all age groups - Ensure personalisation is embedded in all service design models.	Supports person centred care services that empower individuals to make informed choices on how their care is met.
Develop clear accommodation pathways for people with mental health needs - Review existing pathways and shift from residential to supported living community options. - Review and align supporting people's spend on accommodation options for people with mental health	Creates opportunities for secure accommodation options in the community and promotes better use of resources.

needs	
Establish a joint social inclusion strategy with Health that promotes social capital investment in the community. - Review existing expenditure and align health & social care investment in voluntary sector organisations. - Identify pathways for use of ordinary community services (eg Leisure centres, Adult education).	Establish a community infrastructure of preventative services in the community
Ensure clear pathways between Adult Mental Health Services, children and young people's mental health services and substance misuse services - Support opportunities to embed the 'think family' strategy in service design - Review the Troubled Families Project in Waverley as a footprint for other service designs across Surrey. - Establish a council response to the government's initiative on troubled families - Establish DAAT as part of Public Health within Surrey County Council	Produces whole systems outcomes and reduces silo working.
Identify the workings of public health that will promote the wellbeing of the citizens of Surrey. - Establish the role of public health in health promotion and public awareness of supporting vulnerable groups of people. - Review public awareness of addressing stigma for people with mental health and substance misuse.	Creates a better focus on outcomes that change behaviour.

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- Review the outcomes related to public health initiatives in relation to mental health.	
Key dependencies	**Reasons to Support Scoping Decision**
Reconfiguration of the workforce	Work in progress through Working Together Differently programme.
Working in an integrated service with Surrey & Borders Partnership NHS Foundation Trust.	Many years experience of joint working. Moving towards a Section 75 Agreement.
Configuring Surrey & Borders Partnership NHS Foundation Trusts' IT system RIO to accommodate social care data input.	Systems in place – work continues on developing the social care data set.
Working with the emerging GP consortia and clinical commissioning groups	Working relationships established. Senior commissioners on clinical commissioning groups (CCGs).
Moving to a mental health RAS	Part of transformation and mental health roll-out.
Out of Scope	**Reasons to support scooping decision**
Older adult mental health and Dementia Services	Currently embarking on a 5 year implementation plan.
Child and Adolescent Mental Health Services	Children, Schools and Families taking this work forward: key dependency but not subject of PVR
Substance misuse services	Key dependency but not the subject of PVR

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2 PLAN

2.1 Approach

The review will follow the standard PVR methodology:

- *challenging* why, how and by whom a function/service is provided;
- *comparing* performance with others in the quest to be world class;
- *consulting* widely including with residents and specifically vulnerable groups and communities and with staff;
- *collaborating* with partners and/or contractors; and
- *testing the market* to see if the function/service could be delivered more efficiently, effectively or economically.

2.2 High level schedule and key milestones

The review will follow the standard PVR five steps. The timeline and key milestones are set out in the table below.

PVR step	Start and finish dates	Key milestones
1. Set up	3 January-31 January 2012	25 January PVR Steering Board approves the Terms of Reference (GATEWAY 1).
2. Analysis	Update to Steering Board Concludes April 2012	(DATE TBC) February 2012. (DATE TBC) PVR Steering Board discuss the initial recommendations (GATEWAY 2)

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PVR step	Start and finish dates	Key milestones
3. Options	Concludes June 12012	PVR Steering Board discuss final conclusions (GATEWAY 3)
4. Report	July 2012	(DATE TBC) PVR Steering Board approves the final report. (DATE TBC) Cabinet approves final report. (DATE TBC) NHS Surrey approves final report.
5. Implementation	From August 2012	Quarterly progress reports to the PVR Steering Board beginning (DATE TBC)..

2.3   Budget

Costs associated with the public value review (establishment and non-establishment) will be met by the Adult Social Care Directorate. An invest to save business case will be developed to cover the cost of the external challenge.

2.4   Key dependencies

Description of dependency	Which opportunity / project/ decision is:		Who is accountable for managing dependency
	This PVR dependent on	**Dependent on this PVR**	
Implementation of the Health & Social Care Bill 2011.	Timescale for implementation of changes following the publication of the Bill		Donal Hegarty
No Health without Mental Health 2010.	Dependent on new structures for mental health following the		Donal Hegarty

	policy direction of this strategy.		
A vision for adult social care details the government's vision for prevention, personalisation, plurality and partnership providing protection, productivity and people	Ongoing initiatives and resources to deliver this public commitment. Publication of the Care & Support White Paper at the end of 2011.		Donal Hegarty
Working Together Differently	Effective reorganisation of the Adult Social Care Directorate.		Ken Akers/Donal Hegarty
Quality Management arrangements 'The Surrey Way'.	The emerging quality and performance assessment framework of ASC Directorate following the 'The Surrey Way'.		Donal Hegarty
Older adult mental health and dementia services	To ensure clear pathways between adult mental health and older adult mental health services		
Substance misuse services commissioned by the Drug and Alcohol Action Team	Services that are for people with both substance misuse problems and mental health needs		
Child and Adolescent Mental Health Services (CAMHS)	To ensure clear pathways between CAMHS and adult mental health services		

3   GOVERNANCE

3.1   Governance structure

See diagram Appendix B.

3.2 Key roles and responsibilities

Role	Names(s)	Roles and responsibility
Cabinet	Members of the Cabinet listed on the website	Agrees the final PVR report and action plan
PVR Steering Board Chaired by Deputy Leader	David Hodge (Leader), Susie Kemp (Assistant CEO), Liz Lawrence (Head of Policy and Performance) Sheila Little (Chief Finance Officer and Deputy Director for Change & Efficiency)	A standing group that: commissions reviews within the overall programme; approves the terms of reference for each review; challenges initial recommendations and final conclusions; and approves the final report and action plan. Tracks and reports progress to the Corporate Leadership Team, Cabinet and Select Committee Chairmen (via the Deputy Leader).
Corporate Leadership Team	Members of CLT listed on snet	As part of its regular monthly meetings to oversee change across the Council: reviews progress against the PVR programme; agrees the forward programme of reviews and addresses any key risks/issues that require intervention.
Mental Health & Substance Misuse Strategic Programme Board	Sarah Mitchell (Strategic Director, Adult Social Care) Anne Butler (Assistant Director, Commissioning) Donal Hegarty (Review Lead)	Terms of Reference to be agreed at first meeting (TBC).

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	Diane Woods (Associate Director MH & PLD NHS Surrey) Fiona Edwards (CEO SABPT) Akeem Ali, Director, Public Health Mandy Stevens (Operational Director, SABPT)	
PVR Programme Corporate Sponsor (Assistant CEO)	Susie Kemp	Oversight of the PVR programme. Accountable for PVR programme delivery. Ensures individual PVRs are on time, deliver agreed outcomes and are in line with the PVR Programme.
PVR Sponsor Strategic Director	Sarah Mitchell	Overall accountability for the review. Guides the Review Lead. Attends the PVR Steering Board with the Portfolio Holders and Lead to seek approval of the Terms of Reference and to discuss the initial recommendations and final conclusions. Takes the final report to the Cabinet with the Portfolio Holder and Lead.
External Challenge	(TBC)	Works with the Review Team to provide an independent challenge to their emerging findings and conclusions. Provides advice on best practice and latest thinking on the service area/function being reviewed.
PVR Team	See section 3.3	Dedicated full time resource to see the review through from start to finish. Roles and tasks are assigned by the Review Lead. Works with the Portfolio Holder and Select Committee Reference Group
PVR Lead Senior manager Appointed by the Review Sponsor	Donal Hegarty	Day to day leadership and management of the review, ensuring the methodology is followed and deadlines are met. Leads the review team. Attends the PVR Steering Board with the Portfolio Holders and Sponsor to seek approval of the Terms of Reference and to discuss the initial recommendations and final conclusions. Takes the final report to the Cabinet with the Portfolio Holder and Sponsor.
Portfolio Holder(s)	Councillor Gosling	Lead Member for the review. Attends the PVR Steering Board with the Sponsor and Lead to seek approval of the Terms of Reference and to discuss the initial recommendations and final conclusions. Takes the final report to the Cabinet with the Sponsor and Lead.

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Member Reference Group	Councillor Kemeny	Discusses the Terms of Reference, initial recommendations and final conclusions with the Sponsor and Lead on behalf of the relevant Select Committee(s). Updates the Select Committee(s) on progress via informal briefings.
	Councillor Hicks	
	Councillor Nichols	
Adult Social Care Select Committee		Scrutinises the delivery of the PVR recommendations.
PVR Programme Link	Dan Shurlock	Provides initial training and project management guidance and co-ordination between individual reviews and the PVR Programme.

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3.3   Resource Requirements

Project Team

Role (name)	Skills	Service \ Organisation	Timeframe
Review Lead – Donal Hegarty Project Manager Engagement Service expert.	Senior Manager, Commissioning Jane Bremner	Adults - Commissioning Adults - Transformation	Full review
Accommodation review – Peter Floyd	Supporting People	Supporting People	Full review
Finance – Paul Carey-Kent,	Financial	Change & Efficiency	Full review
Finance - Robert Raynsford	Financial	Change & Efficiency	Full review
Supporting People – Peter Floyd	Knowledge of accommodation	Supporting People	Full review
Perf Management – Joelle Bevington	Performance Management	Adults, Commissioning	Full review

Personalisation & Social Inclusion	Self directed support	Adults - Transformation	Full review
Partnership working	Knowledge of subject matter	Adults	Full review
Substance Misuse	Policy knowledge	Adults	Full review
Policy & Implementation	Project management	Adults	Full review

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Other Resources

Resource	Service \ Organisation	Timeframe
External challenge: tbc	tbc	Full review
Diane Woods	NHS Surrey	As required
Sarah Baker	Change & Efficiency, Legal	As required
Caroline Budden/Sean Rafferty	Children, Schools and Families Services	As required
Ken Akers	Change & Efficiency, HR	As required
Tim Edwards	Chief Executive's Office, Communications	As required

3.4 Reporting arrangements

Body	Reporting requirement	Frequency
Cabinet & NHS Surrey Board	For approval of the final report and commissioning strategy.	At the end of step 4
PVR Steering Board	For approval of Gateways 1,2 and 3 and the final report	At the end of steps 1, 2 and 3 and before the final report goes to Cabinet
CLT/Change Programme	For input at Gateways 1,2 and 3 and to the final report	As part of routine monthly CLT Change Programme meeting
Members Reference Group	For input at Gateways 1,2 and 3 and to the final report. To scrutinise delivery of the PVR recommendations.	To be agreed at Step 1 with Members Reference Group To be agreed at step 4.

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Body	Reporting requirement	Frequency
Select Committee	Adult Social Care Select Committee; update on PVR progress and approval of Gateways 2 and 3 and the final report.	As requested, to be done by MH & SM PVR Reference Group.
Directorate/Service	Adult Leadership Team	Monthly.
Stakeholder groups	MH Stakeholder groups, MH Partnership Board	Monthly.
Others	SM Steering Group	Monthly.

4   KEY RISKS AND ISSUES

[Complete the tables below]

Risk	Impact	Probability	Mitigation/ management
Achieving the implementation of self directed support within a health-led secondary mental health service	High	Medium	Through ALT and JMB.
Working effectively with GP consortia and clinical commissioning	High	Medium	Through ALT and Transformation Boards
Embedding mental health in mainstream strategies relating to social care issues (eg 'Think Family' & primary care	High	High	ALT and CLT

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services).			
Management of dependencies with others, simultaneously running agendas for improving social care and corporate services.	Medium	Low	Through ALT

Issue	Impact	Mitigation/ management
Working Together Differently (using IT infrastructure of Surrey & Borders Partnership NHS Foundation Trust to deliver social care information).	High	Through JMB and ALT
The emerging quality assurance framework	Medium	Through ALT project management.

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5. STAKEHOLDERS / COMMUNICATIONS

An engagement plan to support this PVR will be agreed at the first meeting of the Mental Health Public Strategy Programme Board.

Stakeholder	Information Required	Method of Communication	Frequency	Produced By
Mental Health Partnership Board	Regular updates on progress and emerging themes	Reports, presentations	Monthly	PVR Team
Mental Health Stakeholder Groups x 4	Regular updates on progress and emerging themes	Reports, presentations	Monthly	PVR Team
DAAT Executive	Regular updates on progress and emerging themes	Reports, presentations	Monthly	PVR Team
SCC Adult Social Care staff	Regular updates on progress and emerging themes	Reports, presentations	Monthly	PVR Team
SCC – all staff	Updates on the MH and SM PVR	SNet reports	Monthly	PVR Team
Members Reference Group	Update on progress and emerging themes	Reports, briefings, presentations	Monthly	PVR Team
Adult Social Care Select Committee	Updates on progress	Verbal update, reports	To coincide with Committee meeting	PVR Team
Adult Leadership Team	Update on emerging themes and recommendations	Briefing papers, verbal update, ASC e-brief.	Weekly or as requested by ALT	PVR Team
District & Borough	Updates on emerging	Meetings as required	As required	PVR Team

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Councils	themes				
Voluntary sector	Update on emerging themes	Reports, presentations	Monthly	PVR Team
Carers Groups	Update on emerging themes	Meetings, reports	Monthly	PVR Team
Surrey & Borders Partnership NHS Foundation Trust	Update on emerging themes	Meetings, reports	Monthly	PVR Team

5   NEXT STEPS

- Analysis stage [Feb-April 2012]
- Gateway 2, presentation of Initial Recommendations to the Steering Board [date tbc]

6   LIST OF ANNEXES

ANNEX A: Mental Health PVR Initial EIA Screening Form

ANNEX B   Governance structure.

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Public Value Review

Programme Governance

**Mental Health/
Substance Misuse
Governance**

Cabinet / NHS Surrey
Board

Public Value Review Steering Board

David Hodge (Deputy Leader/chair)
Susie Kemp (Assistant Chief Executive)
Sheila Little (Chief Finance Officer and Deputy
Director for Change & Efficiency)
Liz Lawrence (Head of Policy and

Corporate Leadership Team

DAAT Executive Group

Mental Health Partnership
Board

MH & SM PVR Strategic Programme Board

Sarah Mitchell (Strategic Director, Adult Social Care)
Anne Butler (Assistant Director, Adult Social Care)
Donal Hegarty (Project Lead)
Fiona Edwards, (CEO, SABPT)
Mandy Stevens (Operational Director, SABPT)
Diane Woods (Associate Director, NHS Surrey)
Ray Morgan (CEO, Woking Borough Council)
Akeem Ali. Director. Public Health

Select
Committee

MH & SM Members
Reference Group

Portfolio Holder

Cllr Michael Gosling

Cabinet Member for
Adults Social Care

MH & SM Public Value Review Team
Donal Hegarty (PVR Lead)
Sarah Mitchell (PVR Sponsor)

Full details in TOR

MH & SM External
Challenge