

Annex 2: Report from external challenge

The role is set out in a formal agreement between myself and Surrey County Council, and was designed to bring an independent perspective to the PVR and the subsequent commissioning strategy from a voluntary sector service provider.

In summary the role, which began in May when the PVR was already under way, is intended to:

1. Work with lead officers and other stakeholders to provide external scrutiny and challenge across key areas of the PVR .. (ensuring).. sound co-design and co-production principles and practice ... for people with mental health issues.
2. Through (this).. contribute to the development of a commissioning strategy with the needs, wants and wishes of people with mental health problems at its heart.

In practice this has involved regular attendance at the monthly project team meetings, relevant workshops, and the Member Reference Group, contributing to the Celebrating Innovation conference on 6th July, and commentary on the emerging recommendations and related documentation.

My summary conclusions around the PVR in terms of process and content are:

- The vision for modern mental health social care services which is set out in the PVR, as well faithfully reflecting opinions from the wide consultation that has been carried out, is also in line with national policy. The Department of Health's "No Health without Mental Health" describes modern, holistic, preventative, recovery-oriented services which connect people up with their communities and address health inequalities.
- The wide consultation – 850 people had actively contributed even before the conference in July – and the preparatory work so far will provide credibility for the difficult decisions to come.
- The choice of strategic grants as opposed to contracts reinforces the emphasis on partnership and co-production, and explicitly values the contribution of the voluntary and community sector in Surrey. But the commissioning strategy will also need to set out the case for radical change. There may be significant shifts in investment in terms of geography and service type. And not all current providers will be best placed to engage the more marginalised communities.
- The recommendations in the PVR are carefully aligned with other commissioning strategies, and 3 of the recommendations (Think Family, Support for people with mental health and other needs, and Young People and transition) are explicit in making such links. But the mental health commissioning landscape is shifting fast as the CCG's take on their new commissioning role. There are risks as these and other public agencies respond to financial and other pressures and reshape their own services. The challenge, then, is for commissioning processes and service provision operating within the new strategic grants programme to be flexible and adaptable to changing needs and priorities.

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