



Meeting	Mental Health Forum	Date	28 th October 2010	  
Venue	MACC Meeting Room	Time	10 – 12 noon	
Attendees	Naomi Taylor – YASP, Sinead O’Conner – HARP/YASP, Gemma French – Turning Point, Elaine Dixon – HARP, Ian Trafford – 42 nd Street, Satpal Birdi – LMCP Care Link, Chris Stirk – Ann Lee Centre, Malachi McGisin – Ann Lee Centre, John Butler – MACC, Pauline Clark – MACC.			
Apologies				

Agenda Item		Purpose	Who	When
1. Welcome and apologies				
1.1	John Butler welcomed everyone to the meeting.	Information		
2. MMHSC Foundation Trust Board Representation				
2.1	<p>Discussion took place that there was a position for someone from the forum to become a representative for the voluntary sector. Ian Trafford had already expressed an interest in taking this on to John before the meeting. No further interests in this position were received.</p> <p>Communicate widely that we want to propose IT and give 2 weeks in which to respond.</p> <p>Make it clear that this time this is the application process, be clear we are trialling the process and set a review date.</p>	Information/ Discussion		
	<p>At this Forum meeting Ian Trafford from 42nd Street was selected to represent the views of the forum at MMHSC Foundation Trust board of governors for the first 18 months following its establishment.</p> <p>Consider this as a developmental approach to find out what the issues are and then review the role.</p>			

Agenda Item

Purpose?

Who?

When?

2.2	<p>Accountability to the strategy mandate and look for opportunities, however the Trust must be clear which hat you are wearing whilst representing the voluntary sector.</p> <p>There may also be the need to explore options for shadowing/deputising in the event that Ian is unavailable to attend meetings, is this appropriate or allowed?</p> <p>Ensure support from members of the Forum so not isolated in the role.</p>	Information/ Discussion/ Decision	Ian Trafford	In the near future
2.3	<p>Ian will provide feedback at forum meetings on key issues which will be recorded in the minutes.</p>	Information		
2.4	<p>The effectiveness of this role will be evaluated and reviewed after the first 4 quarterly meetings.</p>	Information		
2.5	<p>Further work will now be done with the MMHSCT to clarify terms of reference</p>	Information		
2.6	<p>There is a need to ensure the work load is manageable and division of labour with John Butler.</p>	Information		
2.7	<p>The experience of difficulty in feeding back to the wider network that do not attend meetings. How can this be achieved?</p> <p>It's difficult to get them to see representation as representing the sector rather than their own organisation.</p> <p>Having to wait for responses from organisations due to need to consult is difficult and time consuming.</p>	Information/ Discussion		
2.8	<p>42nd Street has no contractual relationship with trust but this could change in context of Primary Care Mental Health Service changes. There is a need to be aware of this and manage as and when necessary.</p>	Information		

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2.9	Procedural - Forums work not to be overwhelmed by Trust/Commissioners business meetings need to phase our meetings to track Board meetings and possibly therefore there will be a need for us to meet more often.	Information		
2.10	There will be a need to get notes/minutes in time to match who they can and need to be shared with.	Information		
2.11	More and better use of e-mail, ensure people know the mechanisms and their responsibility to feed in to the work. JB, IT to meet JW to meet and discuss protocol and work things out. This does not mean IT gets involved in lots of activity on behalf of the Trust.	Information/ Action	JB/IT	ASAP
2.12	Feedback at forum then distribute through minutes. Make a connection with providers forum/overlap of issues is thought to be none.	Information		
3. VSMHF Strategy Document				
3.1	The forum also discussed the draft VSMHF strategy document and carried out an analysis of the external factors which impact or will impact on member organisations. (A PEST analysis this will be circulated as a separate document).	Information/ Discussion		
3.2	This work is not complete and it was therefore agreed to meet again in December to identify and agree which factors are most important and where the key opportunities and risks lie.	Information/ Discussion/ Action	All	By the next meeting
3.3	Members of the forum can add their thoughts to this and return to John before the next meeting. There is an opportunity to contribute to this in 3 areas 1. add comments to the Initial PEST Analysis. 2. add comments on the likely impact of these factors in terms of opportunities/risks and rank the 5 most important areas. 3. add thoughts on what action we can take as a Forum.	Information/ Action	All	By the next meeting

Agenda Item

Purpose?

Who?

When?

4. PEST analysis other issues

<p>4.1</p>	<p>Co-operation versus competition, ideally we would want to co-operate but funding environment pushes towards competition.</p> <p>The aggressive approach works when making decisions there needs to be consideration of ethical issues. Often difficult timescales being given (too tight) to put in bids. Ethics of competition if successful, what impact on other organisations.</p> <p>One organisation has done some soul searching over tenders and now has a protocol - set of questions for any tender for considering any ethical or constitutional issues/principles. If any tensions are identified then decision has to go for board discussion e.g. would we tender if it was to dislodge another organisation if we won</p>	<p>Information</p>		
<p>4.2</p>	<p>Personalisation is about giving people what they want – a new demand led approach to commissioning and service delivery compared to a more traditional approach where we deliver what we think people need. Developing this new approach could be something that we could work on together.</p> <p>We could all go for every tender in partnership but this is not realistic though Partnership could help manage the harm of competition</p> <p>EG. Health and wellbeing grant bids over 2 m but only 400k allocated</p> <p>Don't know who got any funding in mental health would we have been more successful as a partnership?</p> <p>Time to develop partnership approach a pressure but does reduce competition</p> <p>If core costs squeezed dilemma for partnership will it cover your costs if sharing with other organisations?</p> <p>Ideal versus economic reality</p> <p>The Government is moving increasingly more towards offering national or regional contracts so this creates a long supply chain but prevents smaller local organisations from applying.</p> <p>By the time regional contracts become relevant for local consortia so much has been top sliced that there may not be enough to cover our core costs. (Political thing around contracting) e.g. work programme very few VCS orgs big enough to under write risk.</p>	<p>Information</p>		

Agenda Item

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Who?

When?

<p>4.3</p>	<p>Funding is important – cutbacks are an issue.</p> <p>The possibility is that the funding for this Forum may not be there in the future, MACC is already looking around for appropriate funding to replace it. There is always the scope as there appears to be funding out there for an infrastructure organisation/network, so an important question is If we were to set up the forum from scratch now what would that look like? How could we design a new infrastructure to proactively maximise some of the new opportunities, resolve some of the tensions and develop a common vision. Is the big soc and co-production a growth area that fits with our ethics and over which we have more control alongside a need to continue to manage commissioning tensions. How do we operationalise that given our differences in size and complexity? Do we all have to go for everything just because we are in the partnership?</p> <p>Is there a middle ground?</p> <p>There would need to be a codification of relationships within partnerships or consortia. Informal relations of the forum potential to be more robust? Because not over codified relationships. Not a great deal of competition within the forum more likely with private and statutory sector. But need contract management capability based on a retail model. Nth M/cr model the network includes all with a geographical focus around mental health promotion e.g. development of volunteering and citizen action. Perhaps members of the forum also need to engage in those networks which include a wider constituency as well as the more specialised clinical and non clinical mental health interventions</p>	<p>Information</p>		
<p>4.4</p>	<p>GMCVO Health & Wellbeing Consortium does not appear to have many mental health organisations or Manchester organisations included within it. This is why JB was trying to support NW to run local events to sign up more organisations but very little take up. HARP are the only service delivery agency on the consortiums board the others are CVS groups.</p>	<p>Information</p>		
<p>4.5</p>	<p>It is important to keep a Forum as an informal group and possibly set up a consortium as a separate entity in the future.</p> <p>Competition is going to be a factor in whichever way of working we decide on.</p>	<p>Information</p>		

Agenda Item

Purpose?

Who?

When?

4.6	Contract management would be an issue as none of the organisations round the table have the ability to manage a large regional contract with many links in the supply chain. There would need to be a contract holder who would manage that was large enough and had the capacity to handle it properly. However this group could organise themselves into a supply chain should the contract management organisation be found.	Information		
4.7	Some organisations would only want to do the clinical side of things whereas others may only want the non-clinical areas of work. Other organisations may feel that the whole thing is not for them.	Information		
4.8	Groups need to go away and consider what they want to do over the next few weeks.	Information		
4.9	There is need to do more on this in the next few weeks so another meeting date will be set in the next few weeks to talk some more and to engage more members in the conversation Focus on completion of analysis and finalisation of aims and objectives for the strategy. Also to complete the map of the VCS offer. Also invite MA to inform our discussion from a GP perspective and to advise on our engagement with GP's.	Information/ Action	JB	Within next 2 weeks