

Subject:	Sussex Partnership Foundation Trust (SPFT) Contract		
Date of Meeting:	CMM Adult Social Care	19 October 2009	
	CMM Housing	11 November 2009	
	Joint Commissioning Board	16 November 2009	
Report of:	Joy Hollister, Director of Adult Social Care & Health		
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Key Decision:	Yes	Forward Plan No. (ASC2164, HSG2159, JCB11472):	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The report sets out the changes in the contractual arrangements between the Primary Care Trust and Sussex Partnership Foundation Trust. These linked to changes in the publication of a Department of Health National Contract for Mental Health.
- 1.2 To provide detail of the current contractual position. Prior to this the Primary Care Trust had signed a 5 year contract with the Trust.

2. RECOMMENDATIONS:

- (1) To note and comment on the current contractual position.
- (2) To request a further update report from officers.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Brighton and Hove City Council originally entered into joint commissioning arrangements with the PCT and with South Downs NHS Trust for the provision of a range of services including mental health.
- 3.2 The creation of the Sussex Partnership Trust meant that the provider agreement transferred to the new mental health trust that covered all of Sussex. Eighteen months ago the Sussex Partnership Trust became a Foundation Trust (SPFT).

- 3.3 The local authority continue to have Section 75 joint commissioning arrangement in place for Mental Health Adults and Older People, Substance Misuse, HIV Service, and joint arrangement for Older People Service and Physical Disability Services. The local authority is the lead commissioner for Learning Disability Services. For mental health and substance misuse services staff who are employed by the local authority are seconded to the SPFT and provide the local authority function under integrated management arrangements within the Trust. Due to the statutory nature of the work there remains a formal link back to the local authority.
- 3.4 A standard NHS contract for Mental Health Services was released in December 2008 and Primary Care Trusts (PCT's) were expected to use this contract for the year 9/10. As the SPFT foundation trust contract in place did not end until 31st March 2011, the Trust was not required to use the standard contract until this expired. However, PCTs and the local authority negotiated a contract variation that replaced the old agreement with the format and terms and conditions of the standard contract. This gave commissioners more flexibility to negotiate service improvements and begin negotiations around efficiency targets. It would also ensure a commitment with regard to moving to Payment by Results. The value of the contract across all Sussex PCTs is £192,324,391 and for Brighton and Hove: £43,737,616
- 3.5 The new contractual arrangement is to ensure commissioners have appropriate measures to gauge and improve quality of services and to ensure the Primary Care Trust achieve a costed and competitive service through a new scheme "Commissioning Quality and Innovation Scheme (CQUIN)". This process enables the Primary Care Trust to move away from the penalty of reducing the financial envelope if performance drops to withholding payments pending improvements to the service. This method should ensure that SPFT focus on improved quality and performance.
- 3.6 The specific benefits of the new contracting framework are:
- The contract is legally binding.
 - Allows for partnerships between PCT and Local authorities, under section 75 agreements.
 - The contract ensures that the following policy requirements are introduced for;
 - Care planning
 - Mixed sex accommodation
 - Admission of 16 – 17 year olds to adult psychiatric wards
 - Data quality improvement plans
 - Healthcare associated infections improvement plans
 - Services quality and safety improvement plans
 - Schedules include:
 - An activity plan (service lines)
 - Service specifications
 - Specified quality standards
 - There is a provision for specifying the nature, accuracy and timing of information to commissioners
 - Data quality improvement plans, linked to payment

- Contract controls:
 - Rules and expectations to deal with the consequence of poor performance
 - Sanctions are for a failure to remedy rather than penalising the initial failure (limited to 10% of contract value).
 - Links payment to specific quality improvement (CQUIN)

3.7 There are a number of very specific deliverables through to end of March 2011. A commitment to:

- Improve the levels of quality and service.
- Ensure that investment and disinvestment is a transparent process.
- Develop and agree plans that are consistent with commissioning intentions and support the achievement of Cash Releasing Efficiency Savings targets.
- SPFT to deliver savings by end of March 2011, to be agreed.
- Work together to develop plans to generate further savings.
- Introduce the application of withheld payments to incentivise providers to improve in the case of poor performance.
- Progression towards unit prices benchmarked against best value indicators.
- Develop and agree CQUIN schemes and a quality improvement plan to incentivise innovation and improvement.

3.8 SPFT has been issued 8 performance notices to address poor performance. Four have been addressed however the following are still subject to rectification plans:

- The number of people receiving Early Intervention in Psychosis Service is below target for three consecutive months
- The number of completed IAPT treatments is significantly below trajectory for three consecutive months.
- The percentage of face to face assessments carried out within 5 days of assessment has been significantly below target for three consecutive months. (specific to BH)
- The percentage of interventions carried out within five days of assessment has been significantly below target for three consecutive months. (specific to BH)

3.9 The PCT and the local authority are working collaboratively to review and improve the performance indicators. A negotiation strategy for next year is currently under construction

4. CONSULTATION

4.1 The Sussex Partnership Trust undertook a consultation on their application to become a Foundation Trust and invited staff, users and others across Sussex to become members of the organisation.

4.2 The PCT is currently consulting on the Commissioning Strategy for Working Age Mental Health Services.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

The City Council's financial relationship with Sussex Partnership Foundation Trust is covered under S.75 arrangements. The contract variation between commissioners and Sussex Partnership Foundation Trust as outlined in this report will strengthen performance management and put requirements on the Trust to meet efficiency and other savings objectives set out by the PCT and local authority.

Finance Officer Consulted: Name: Anne Silley Date: 09/10/09

5.2 Legal Implications:

This report is for noting only. Whilst there is no decision for Members to make as the focus of the report is an agreement between two other bodies (the Primary Care Trust and Sussex Partnership Foundation Trust), the new contractual arrangements will have a positive impact on the way that mental health services are delivered across the city.

The section 75 service delivery agreement between the council and Sussex Partnership Foundation Trust has yet to be formalised.

Lawyer Consulted: Name: Oliver Dixon Date: 12/10/09

Equalities Implications:

- 5.3 These contractual arrangements relate to services for people with mental health and substance misuse needs and will have a positive impact on the services available to them.

Sustainability Implications:

- 5.4 There are no specific sustainability implications.

Crime & Disorder Implications:

- 5.5 There are no specific crime and disorder implications.

Risk and Opportunity Management Implications:

- 5.6 These are included in the main body of the report.

Corporate / Citywide Implications:

- 5.7 This report covers key services delivered in partnership across the city for people with a range of health and social care needs.

5.8 These services will be subject to judgements by the national regulator, Care Quality Commission and will feed into the Comprehensive Area Assessment.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The benefits of moving to the NHS standard contract are detailed in section 3.4. 3.5 and 3.6

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To strengthen the performance management elements of this contract and promote service improve improvement, efficiency and quality.

SUPPORTING DOCUMENTATION

Appendices:

1. None

Documents In Members' Rooms

1. None

Background Documents

1. None

