Commissioning Mental Health, Substance Misuse Services, Prison Health and the Youth Offending Team.

1 November 2001

1. Context

1.1 Following a series of papers exploring future commissioning arrangements for mental health and substance misuse this report presents the practical steps which will be taken to implement recent agreements. It is based on the outcome of meetings between the Chief Executives of the Primary Care Organisations (PCOs), representatives from East Sussex Social Services and the Health Authority. It incorporates the conclusions of subsequent discussion between Toni Wilkinson (Chief Executive of Hastings and St. Leonards PCT), David Fordham (Mental Health Strategy Manager, Health Authority), Phil Gander (Head of Mental Health, East Sussex Social Services) and Simon Scott (Joint Commissioning Manager, East Sussex and Brighton & Hove DAATs).

1.2 The intention is to move as quickly as possible to establish the commissioning function for these services in Hastings and St. Leonards PCT with team members being physically based at the PCT headquarters, serving all the PCOs in East Sussex.

1.3 The initial focus will be on the following tasks:-

1.3.1 Developing a robust commissioning process

1.3.2 Creating a stronger alignment between mental health, substance misuse commissioning, and the NHS contribution to HMP Lewes and the Youth Offending Team, and as a consequence, a stronger relationship in service delivery.

1.3.3 Establishing joint health and social care commissioning arrangements which demonstrate, in shadow form, how fully integrated commissioning would work and what could practically be achieved using the Section 31 flexibilities in the NHS Act.

1.3.4 Continuing to develop the strategic approach to commissioning services for children, adolescents and older people.

1.4 The Hastings and St. Leonards PCT will 'host' these functions. Each other PCO will remain accountable for the decisions it makes about investment and disinvestment. An accountability agreement will define the relationship between the lead PCT and the other PCOs.

1.5 It is proposed that the collaborative arrangement between the PCOs and with Social Services is through the current NSF implementation structure as described in Appendix 1.
2. Mental Health Services

2.1 It is the intention that those posts currently based in the Health Authority will transfer to Hastings and St. Leonards PCT as soon after the 1st November 2001 as practical constraints allow. The PCT has reserved space in the new headquarters but it will need to be furnished and IT links established.

2.2 Two people with lead responsibility for working age adults and older people will move, David Fordham (Mental Health Strategy Manager) and Pat Scott (Mental Health Support Manager).

2.3 In addition, it is proposed that one post from East Sussex Social Services will also transfer. Initially this post will be seconded and terms and conditions will be unchanged. The arrangement will be similar to that currently in place for posts seconded to the Youth Offender Team.

2.4 In the short term (November 2001 to March 2002) Eastbourne and County NHS Trust (EACH) and Hastings and Rother NHS Trust (HART) are also being invited to allow one post from their mental health team to be co-opted, probably part time, to assist with the development of the new arrangements.

2.5 Together these posts would form a temporary 'Resource Team', pooling expertise to ensure that there is co-ordination and a focal point during a period of immense change in both commissioning and provision. It is the intention that this team will also draw in the considerable contribution of users, carers, voluntary organisations and other agencies at a time when the whole system is being redesigned.

2.6 In the longer term it is proposed that there should be a specialist health promotion post attached to the team. The detailed work to negotiate the separation of this specialist input from the current disbursed, generic health role in PCOs has not taken place but will be addressed as a matter of urgency.

2.7 Mental health commissioning also relies on input from a range of other disciplines. This will still be the case. The following are seen as essential support functions:

- Administration and secretarial support.
- Public Health
- Finance
- Performance Intelligence
- Communications

2.8 Administrative support will be needed from the moment that a team moves to the new location. Access to the other expertise is critical but could be sustained as remote access until the next stage of agreement on devolution of Health Authority functions is finalised.
3. **Substance Misuse Services, HMP Lewes HIMP, Youth Offending Team**

3.1 One wte health authority funded commissioning post is currently responsible for the above service areas across ESBH.

3.2 Current substance misuse arrangements include an ESBH Joint Commissioning Group (JCG), responsible for a pooled treatment budget (allocated to the NHS on behalf of the JCG), and for producing integrated treatment plans involving all NHS, Local Authority, Probation and Police expenditure on treatment for each DAAT area. The JCG is a requirement set out by the National Treatment Agency (NTA) for Substance Misuse, and is supported by 0.8 wte of the above post, as Joint Commissioning Manager (JCM) for the NTA pooled budget. JCG partners have agreed that the NHS will lead on these functions.

3.3 The remaining 0.2 wte focuses on the HMP Lewes HIMP and Youth Offending Teams.

3.4 £30k has been earmarked from the pooled budget for an ESBH wide Contracts Officer reporting to the JCM.

3.5 For 2002/03, Chief Executives of PCO’s have agreed that the HA JCM function will be devolved to Brighton PCT. 0.4 wte will focus on Brighton & Hove DAT requirements, 0.4 wte accountable to Hastings PCT which will lead on Treatment on behalf of East Sussex DAAT, and 0.2 wte based in Brighton, focusing on HMP Lewes HIMP.

3.6 It is proposed that Hastings and St Leonards PCT chair an East Sussex DAAT specific JCG. Membership of the JCG will include, ESCC SSD, Probation, Police and all East Sussex PCTs, and will be supported by 0.4 wte JCM and 0.5 wte contracts officer. The remit of the group will continue to be the planning of the pooled budget and the production of the treatment plan for the DAAT.

3.7 The NTA pooled budget, and its governance arrangements forms the framework for Section 31 Lead Commissioning functions and/or SSD budget transfers to be made to Hastings & St Leonards PCT on behalf of the East Sussex County Council.

3.8 It is proposed that the JCG will be responsible for the performance management of all NHS expenditure on specialist treatment services across the DAT area.

3.9 It is proposed that Hastings and St Leonard’s PCT employ the JCG contacts officer, who will work to the JCM across East Sussex, and Brighton & Hove.

3.10 Substance misuse commissioning also relies on input from a range of other disciplines as described in 2.7.

3.11 While the HMP Lewes HIMP will be managed from Brighton PCT, the post will be responsible for ensuring that appropriate links are made between the Prison and community NHS services in East Sussex.
4. **The Key Tasks**

4.1 The range of tasks that the Resource Team will need to tackle is enormous but as a minimum will include:-

- Process and risk sharing arrangements associated with high cost, specialist placements.
- Prioritisation of bids for central funding initiatives.
- Maintaining an overview of cost pressures and service developments associated with projects that require the partnership of all PCOs.
- Developing agreements with a new service provider that reflect the local needs and aspirations of each PCO.
- Developing new currencies that shift the focus from contracts by profession to care pathways.
- Co-ordination of the implementation and reporting of progress on the Mental Health NSF, the NHS Plan and Local Modernisation processes.
- Accountability agreements between the 'host' PCT and the other PCOs.

Toni Wilkinson - Chief Executive Hastings and St. Leonards PCT  
David Fordham - Mental Health Strategy Manager ESBHHA  
Simon Scott      - Joint Commissioning Manager Substance Misuse ESBHHA  
Phil Gander      - Head of Mental Health E. Sussex SSD
Appendix 1

Mental Health Commissioning

Proposed Collaborative Arrangement

1. It is proposed that the most effective means of establishing a collaborative arrangement between the PCOs is through linking the NSF strategic development structure to the commissioning process.

2. The planning structure for NSF implementation is currently centred on local implementation teams (LITs) in four parts of the county.
   - Brighton & Hove
   - Ouse Valley
   - Eastbourne & Wealden
   - Hastings, St Leonards, Bexhill & Rother

3. These are the groups which include representation from a wide range of professions and agencies including consultant psychiatrists, CMHT members, GPs, managers from health & social care, voluntary organisations, user and carer organisations, housing and police.

4. There is also a central group which co-ordinates the implementation process across the county including reporting on performance to the Regional Office and the Social Services Inspectorate. This NSF Steering Group does not include such broad membership. Representation is from the 3 NHS Trusts, the local authority social services departments and all of the PCOs.

5. East Sussex and Brighton & Hove are increasingly working as two independent Health Economies that are developing quite different approaches to commissioning.
   - In Brighton & Hove the co-terminocity of the agencies, the unitary authority structure and the early commitments to integration of health and social care support a very coherent single system.
   - In East Sussex there are five commissioning organisations, four PCOs and East Sussex Social Services. The four PCOs serve quite different populations, differ in their financial circumstances and have different strategic priorities. All will relate to a single specialist provider of health services and a single social services department. While integration of health and social care is a strategic aim it is much more complex to achieve in these circumstances.

6. It is proposed that the following changes should be implemented.
   - The county-wide NSF Steering Group should separate into two groups, one serving Brighton & Hove, the other serving East Sussex.
   - The existing Brighton & Hove NSF Implementation Group has already reviewed its Terms of Reference and established a separate commissioning sub-group.
• The East Sussex Steering Group would simply be the former county-wide steering group but would focus exclusively on the population of East Sussex. It is this group that would provide the collaborative arrangement for NSF implementation and commissioning. This will require changes to the Terms of Reference.

• Through this forum each PCO and Social Services would agree the strategic approach to investment, policy development and performance management. The lead PCT would then translate this into a two-tier agreement with the specialist provider:

  1. An East Sussex wide general terms and conditions including quality, reporting, performance management etc.
  2. Locality specific agreements on finance and activity for each PCO.

7. Health and social care investment would be considered as a single resource for planning purposes. However at this stage there would be no formal ‘pooling’ requiring new governance arrangements to be in place. The aim would be to create an integrated commissioning arrangement in ‘shadow’ only to demonstrate what the impact of a formal arrangement might be, how it could work and what could be achieved using flexibilities already available through the NHS act.

8. It is recommended that these changes are considered by the Partnership Boards in East Sussex and Brighton and Hove.