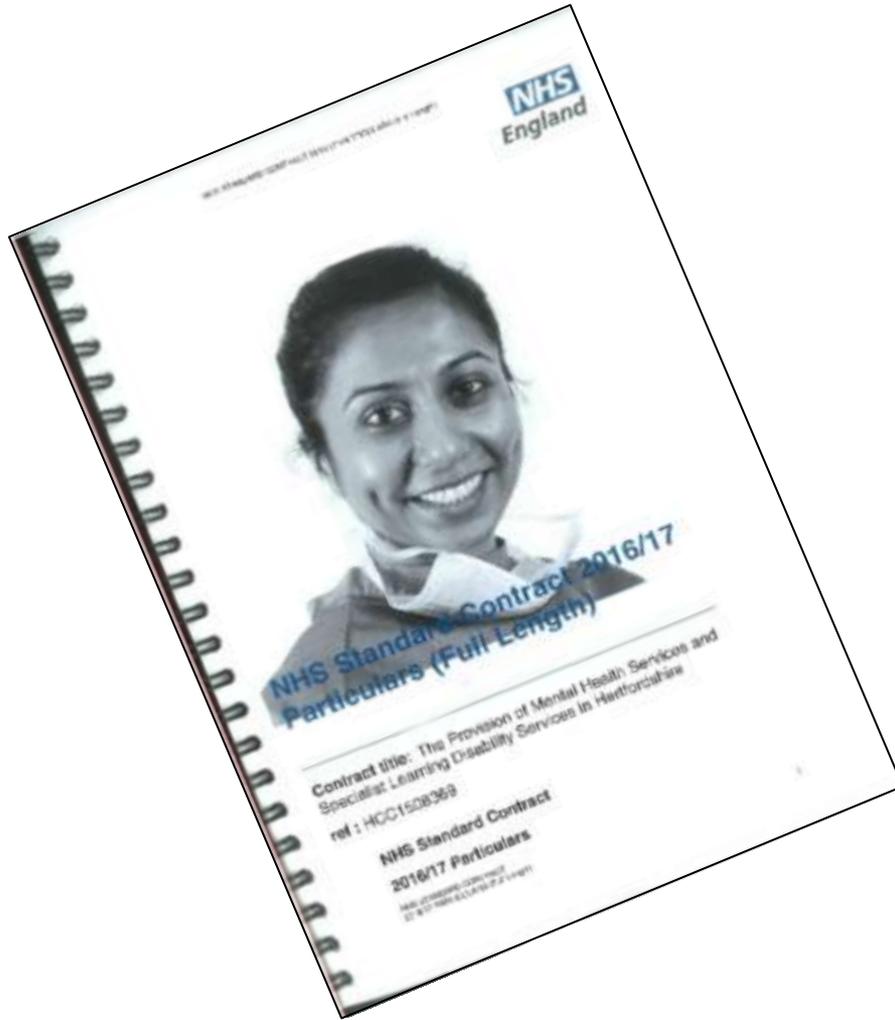


Summary of the HPFT contract 2016-19



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East and North Hertfordshire
Clinical Commissioning Group


Herts Valleys
Clinical Commissioning Group



What does it cover?

- A 3 year standard NHS contract between HPFT and:
 - Hertfordshire County Council
 - East & North Herts CCG
 - Herts Valleys CCG
 - Cambridge & Peterborough CCG
- It covers:
 - Adult mental health (c. £77.4m)
 - CAMHS (c.£10m)
 - Older people/dementia (c. £36.1m)
 - Learning disabilities (c. £10m)
 - Improving Access to Psychological Therapies (IAPT) (c.£7.8m)
- A 3 year Section 75 agreement between HPFT and Herts County Council, covering social care delegated activity

Finance overview

- A comparison between 2016-17 contract value, and the 2013/14 contract value:

Commissioner	2013/14 Contract Values	2016/17 (estimated)
Total	£141,325,000 (excluding CQUIN)	£163,954,000 (including CQUIN)
Herts CC	£23,462,003	£24,421,000
NHS Herts Valleys CCG	£58,575,000	£69,999,000
NHS East and North CCG	£57,786,000	£68,877,000
NHS Cambridge & Peterborough CCG	£2,404,000	£ 1,657,000

- There will be some additional funding for cost pressures, including First Episode Psychosis

Cquins 16/17

- **CQUIN** stands for **commissioning for quality and innovation**. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
- The overall Cquin fund in 16/17 is £3.441 million (2.5% of the contract value)
- We have fewer Cquins than earlier contracts, with more funding attached to each:

		Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)
1	Crisis Care pathway (two year; including RAID 72-hr follow up in year 1))	25%	860,250
2	Care & Treatment Reviews – (1) CAMHS (2) Learning Disabilities	15%	516,150
3	NHS staff health and wellbeing (national requirement)	30%	1,032,300
4	Improving physical healthcare to reduce premature mortality in people with severe mental illness (national requirement)	20%	688,200
5	Diabetes	10%	344,100
	Total	100%	3,441,000

- Cquins are monitored by IHCCT and reported to the Quality Review Meeting quarterly.

Moving towards Payment by Results

- The majority of the HPFT contract is paid on a ‘block’ basis (a set amount of money covering all activity) but for this contract commissioners want to trial a Payment by Results (PbR) approach and that will be through the IAPT service
- 90% of IAPT activity will be a ‘block’ payment, as previously
- 10% will be based on PbR
- Of that 10%, 40% will be focused on the access target; 60% on outcomes
- There is a cap of 5% either way, to limit risk to HPFT and commissioners (so HPFT can potentially lose or gain up to £155,195, depending on performance)

• Example:

Variable Elements	Baseline	Actual	Change	Financial Impact (uncapped)	Cap Applies Y/N	Financial Impact (capped)
Access	13%	13%	0%	0	N	0
Recovery	50%	56%	6%	14,346	Y	11,955
Self-referral	46%	42%	-4%	-5,200	N	-5,200
Waiting times	95%	96%	1%	629	N	629
Overall Change				9,775		7,384

A transformational contract

- Over the 3 years of the contract, much could change, as service areas are reviewed by commissioners.
- A Change Protocol Agreement within the contract sets out the terms

• These are areas of activity that are either under review now, or going to be reviewed over the next three years. Not all are currently provided by HPFT and the reviews are about understanding need and designing services that are integrated.

Acquired Brain Injury/
neuropsychology

ADHD

Anger management

Autistic Spectrum

Care clusters

CAMHS

Continuing Health Care

Crisis care

Data/information
requirements

Delayed transfer of care

Dual Diagnosis

Early Intervention in Psychosis

Eating disorders

EMDASS

Finance

Learning disabilities

Long term physical health
conditions

Perinatal MH

Personalisation

Personality disorders

Physical health of people with MH
needs

Primary care mental health
(inc.IAPT/counselling)

Single Point of Access

Service specifications

- There are 22 service specifications within the HPFT contract:

1	Adult Community Mental Health Services	12	Children's Crisis Service (new)
2	Improving Access to Psychological Therapies	13	Children's Community Eating Disorders (new)
3	Adult Crisis and Alternatives to Admission	14	Learning Disability Service at Forest Lane
4	Adult Acute Services	15	Specialist Learning Disability Assessment and Treatment Service
5	Service for People in Later Life and those with Dementia	16	Single Point of Access
6	Secondary Commissioning of Placements	17	Carers
7	Rapid Assessment, Interface and Discharge (RAID) Service	18	Medicines Management
8	Rehabilitation Service	19	Mental Health Legal Services
9	Early Intervention in Psychosis (new)	20	Continuing Health Care(new)
10	Targeted Provision for Child and Adolescent Mental Health Services (Tier 2)	21	Community Forensic Service and Court Diversion (significantly amended)
11	Tier 3 Provision of Child and Adolescent Mental Health Services	22	HomeFirst (new)

- Most were updates from previous contract, with 5 new specifications
- No. 21 will need to be reviewed in-year with NHS England, as court diversion is now a NHSE function

Service and data improvement

- The contract has a comprehensive Service Development Improvement Plan, together with a Data Quality Improvement Plan.
- The SDIP includes four review areas for 16-17 from the Change Protocol Agreement: Dementia, Crisis Care (inc. First Episode Psychosis), Single Point of Access
- Additional requirements to financial reporting, to help us understand real costs against activity
- National requirements re. e-referrals and digital transformation. A joint working group (commissioners/HPFT) will develop these workstreams
- DQIP highlights:
 - Provision of care cluster information – to assist with planning, transformation, understanding patient numbers/activity
 - Improving data reporting for the Quality Schedule in specific areas
 - Better CAMHS data reporting for eating disorders

Quality and performance

- The NHS contract has separate sections for quality and reporting schedules
- The quality schedule includes mandatory national quality requirements, as well as 67 local quality targets
- There are 58 target reporting requirements including national targets
- Safeguarding dashboards for children and adults are also part of the Quality Schedule
- The Quality Schedule and Reporting Requirements are monitored by IHCCT and reported quarterly to the Quality Review Group

Section 75 Agreement

- The Section 75 agreement sets out the terms by which HCC delegates activity to HPFT for social care support and activity.
- Main changes from the 2013-16 version:
 - Eligibility criteria for social care – clarified and strengthened to take account of increased provision of mental services in primary care and patient choice (i.e. secondary provider other than HPFT)
 - Performance monitoring – greater emphasis on regular and ongoing performance monitoring (monthly performance meetings, commitment to provide accurate performance data and monitoring of targets associated with client charging)
 - Updated to ensure Care Act 2014 compliance including timescale for action plans where appropriate
 - Clear description of social care functions to be undertaken
 - Clear description of role in respect of management of Approved Mental Health Act Professional (AMHP) service
 - Review and update of TUPE provisions (passage of time had made the previous TUPE provisions not fit for purpose)
- Safeguarding delegation issues have yet to be fully resolved and will need to be early in the life of the agreement

Parity of esteem – 16/17 Funding

	E&N	HV
	£'000	£'000
Inflation and demographic growth	1,571	1,568
Full Year effects of schemes started in 2015/16	628	2,010
CAMHS	1,182	1,266
Early Intervention in Psychosis	248	252
Other investment in HPFT	495	483
Investment in other services (including vol sector)	671	575
Total	4,795	6,155