Annex to Appendix C

Developing an Integrated Commissioning Partnership Plan For Adult Mental Health Services

Burnley, Pendle & Rossendale Primary Care Trust

Lancashire County Council

Hyndburn and Ribble Valley Primary Care Trust
Developing an Integrated Commissioning Partnership Plan For Adult Mental Health Services

Burnley, Pendle & Rosendale, Hyndburn & Ribble Valley PCT’s, Lancashire County Council.

INTRODUCTION

This paper describes the issues and principles relating to the development of a partnership arrangements between the NHS and the County Council using the provisions of the Health Act 1999. This involves the establishment of an Integrated Commissioning Partnership Board with pooled budgets for Mental Health Services. These arrangements will be supported by an agreed mental health commissioning strategy across the areas covered.

The Health Act 1999 established powers for Health Authorities, Primary Care Trusts and Local Authorities to enter into closer partnership arrangements than have previously been permitted by legislation. The NHS plan re-affirmed the government’s commitment to increasing the use of these partnership arrangements in all parts of the country and set out a clear expectation that the powers available would be used to provide a seamless service to patients and service users.

Principles and Benefits Of A Partnership Agreement

By using Health Act Flexibilities, the pooled resources of partner organisations lose their health or social care distinction and can be used across the whole service to purchase or provide services to meet local needs. This improves the flexibility of statutory organisations, and enables partners to offer an improved service to users and carers. Specific benefits of the partnership arrangements:

Creates the opportunity to strategically commission integrated mental health services, reducing duplication and providing a level of co-ordination which provides a more seamless service for service users and carers.

Removes eligibility and funding disputes between the NHS and the Local Authority

Removes dual funding for voluntary organisations by creating one commissioning body

Creates a ring fenced fund for mental health services, increased stability on funding levels for the service as contributions cannot be varied without negotiation with all partners (The budget for adult mental health services will be
ring fenced and the service will not be able to risk share across other client groups within either the NHS or social care without prior negotiation and agreement by all partners.)

Creates an opportunity for the improved management of financial and service risk, and removes incentives for cost shunting.

Allows for virements within the pooled budget to fund services to meet local and national priorities and take account of local need irrespective of the original source of funding.

However, detailed planning is required around partnership agreements to ensure that they can work effectively. Prior agreements and guidance will be required on dealing with over committed budgets, the management of efficiency savings and investment and growth monies. This development will be able to draw on the experiences of Learning Disability services over the past number of years to assist in the process.

**Background Context**

Partnership arrangements for the planning and joint commissioning of services have been in place for Learning Disability services in East Lancashire for a number of years and are well established.

An Integrated Mental Health Commissioner was appointed by the partners in September 2004. Developing a partnership agreement and partnership board takes the existing arrangements a stage further by providing a clear accountability, governance and financial framework for adult mental health services.

Each of the partner organisations (PCT’s and the County Council) will need formally to delegate to the Integrated Commissioning Partnership Board authority to make commissioning and budget allocation decisions in relation to specified functions. A constitution suitable for the arrangements proposed will be drafted.

The Integrated Commissioning Partnership Board will be supported by a team of staff including specialist commissioning support for each service area.
**Pooled Budgets**

The underlying assumption behind the Integrated Commissioning Partnership Board is that the commissioning budgets for the services involved would be pooled to create a single budget for each service covering both Health and Social Care and relating to the area covered.

Resources which would be contributed to the pooled budgets would include those normally used for the services identified in the pooled budget. There are two existing pooled budgets (under Health Act Flexibilities) in East Lancashire, which would be "subsumed" within the new pooled budget.

The pooled resource would be used on the basis of the needs of users not on the basis of whether the user was a Health or Social Care user but the board would ensure that the pattern of services across the PCT areas broadly reflect levels of investment by each agency.

Burnley, Pendle & Rossendale PCT will host the budget and the pool will be managed by the Integrated Commissioning manager. The host would provide the financial and administrative systems on behalf of the partners but would not incur any additional liabilities accept those that relate to the management of the budget.

It must be emphasised that the organisation hosting the budget and/or employing ICPB staff would have no greater influence over the commissioning of services than would any other partner organisation. Commissioning decisions would be made through the Integrated Commissioning Partnership Board.

A partnership agreement would be required in order to establish clearly the shared aims, outcomes and targets for the pooled fund. The intention would be to enable flexibility in fulfilling the functions which are part of the pooled fund arrangement and as such the partnership agreement would need to cover issues such as:-

- Level of contributions and how they should be determined
- Accountability
- Access to the fund
- Hosting the fund
- Charging arrangements
Proposed Structure and Management Arrangements:

One of the benefits of the partnership arrangements is to have clear accountability for commissioning arrangements. This will be reflected in the management arrangements. An organisational diagram outlining the structure can be found at appendix 1. The aims and objectives of the Integrated Commissioning Partnership Board, Local Implementation Team and Commissioning Team are appended at 2, 3 and 4 respectively.

The Integrated Commissioning Partnership Board:

The purpose of the Integrated Commissioning Board (hereafter referred to as “the Board”) will be to determine the strategy for the commissioning of services for people with Mental Health problems. The Board will work within the framework set out by this joint agreement between the core partner agencies, which are Lancashire County Council Social Services, Burnley, Pendle and Rossendale Primary Care Trust and Hyndburn and Ribble Valley Primary Care Trust.

The Board will be composed of a core membership of Lancashire Social Services (Head of Service), Burnley, Pendle and Rossendale Primary Care Trust and Hyndburn and Ribble Valley Primary Care Trust (Director); The mental health leads on the respective PEC’s, a Finance Officer and the Integrated Commissioning Manager.

The Commissioning Manager will be responsible for implementing the commissioning strategy to achieve the outcomes approved by the Board in the annual business plan. The Manager will monitor progress against stated objectives through the regular submission of reports to the Board.

Mental Health Commissioning Team:

Existing mental health commissioners and Local Implementation Officers (LIO’s) will work together as an Integrated Commissioning Team led by the Integrated Commissioning Manager. Some members of the team currently have a range of other responsibilities that they will continue to carry out. This is consistent with the integrated commissioning and pooled budget arrangements and would ensure clear accountability across the partnership.

The Team would have lead responsibility for implementing the programmes of work identified within the strategy and ensuring that local and national targets and planning assumptions were achieved.
The team will work closely with statutory and non-statutory services in promoting service modernisation and improvement across East Lancashire to further the effective and efficient delivery of services to users.

**Local Implementation Team:***

Currently there are two LIT’s covering the BPR & HRV PCT’s. There is support to review the present arrangements and develop one LIT across the two PCT areas. The LIT structure will be reviewed against the suggested guidance in the “Capable LIT”, in consultation with the stakeholders, and a decision reached that will support and assist the partnership arrangements.

**Integrated Commissioning Strategy:**

The Integrated commissioning strategy will be developed over the autumn and early 2005 to provide clear direction and priorities for the partners. It will seek to build on existing strategies and be consistent with LDP and NSF expectations.

**Next Steps**

The key next steps include the following:

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<tr>
<th>Action Area</th>
<th>Begin</th>
<th>Complete</th>
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<tbody>
<tr>
<td>Update and inform Professional Executive Committees, Trust Boards and LCC</td>
<td>January 2005</td>
<td>February</td>
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<td>Cabinet of the proposals to seek approval for the establishment of the</td>
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<td>2005</td>
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<tr>
<td>Integrated Commissioning Partnership Board.</td>
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<td>Develop and agree Strategic mental health commissioning intentions for</td>
<td>January 2005</td>
<td>April</td>
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<td>2005 - 2008</td>
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<td>Identify and work through issues for the pooled budget and budget hosting</td>
<td>Dec. 2004</td>
<td>April</td>
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<td>2005</td>
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<tr>
<td>Review / Develop Service Level Agreement with Lancashire Care Trust</td>
<td>January 2005</td>
<td>July</td>
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<td>Development programme for the Integrated Commissioning Team &amp; staffing</td>
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<td>2005 *</td>
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*The financial agreement and arrangements for SLA’s will be complete by February 2005. This item also covers more detailed work around service specifications and outcome measures.
# Appendix 1

## Integrated Mental Health Commissioning

- **PCT Trust Boards and LCC Cabinet**
- **Integrated Commissioning Partnership Board**
- **Mental Health LIT**

### Mental Health Commissioning Team

- **BPR**
- **HRV**

<table>
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<th>Service Development &amp; Modernisation</th>
<th>Mentally Disordered Offenders</th>
<th>Mental Health Promotion</th>
<th>Social Inclusion</th>
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<th>Performance Management Group</th>
<th>Primary Care Mental Health</th>
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<td>Accommodation</td>
<td>Information &amp; Planning</td>
<td>SLAs</td>
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<td>Police &amp; Court Liaison</td>
<td>Young People</td>
<td>Leisure/Activity</td>
<td>Recruitment &amp; Retention</td>
<td>LDP</td>
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<td>Suicide Prevention</td>
<td>Employment</td>
<td>Professional Development</td>
<td>Finance</td>
<td>Graduate Workers Prescribing</td>
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<td>Retention</td>
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<td>BME Groups/Workers Self Help</td>
<td>Supporting</td>
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Integrated Commissioning Arrangements, December. 2004

6
**Integrated Commissioning Partnership Board**  
**Proposed Terms of Reference**

**Aim**
The Partnership Board monitors the Partnership Agreement for Mental Health Services between the partners, BPR and HRV PCT’s and LCC Social Services and the work programme of the LIT.

**Objectives**
Monitor compliance with the Partnership Agreement and resolve any issues arising of concern.

Ensure that strategic and service planning takes place within the legal and statutory framework takes account of relevant guidance and external trends

Ensure that commissioning activity takes place within a strategic framework based on clearly articulated commissioning intentions

Ensure a strategic work programme is initiated, co-ordinated, managed, monitored and evaluated within the Local Implementation Plan, Local Delivery Plan and Best Value Reviews.

Monitor the work programme of the LIT and the involvement of the wider stakeholders in the planning and delivery of mental health services.

**Membership:** The Board will be composed of a core membership of Lancashire Social Services (Head of Service), Burnley, Pendle and Rossendale Primary Care Trust and Hyndburn and Ribble Valley Primary Care Trust (Director); The mental health leads on the respective PEC’s, a Finance Officer and the Integrated Commissioning Manager. This will be reviewed regularly to ensure that the board meets its objectives.

**Accountable to:** Health & Social Care Executives

**Meeting:** Quarterly (meetings will be held more frequently in the initial stages to develop the process.

**Arrangements for chairing:** The Chair and the Vice-Chair will be elected annually from the membership and will be rotated between the core partners on a three year cycle. One core partner may occupy both posts at any one time. No partner agency or Member can occupy either post for more than three years.

Arrangements for admin support: Officer support
Aim
The LIT will ensure that services are commissioned, delivered, monitored and evaluated through an effective partnership of all relevant agencies. It will ensure that the National Service Framework for Mental Health is implemented in the East Lancashire according to Government guidelines.

Objectives
To ensure that it works within the partnership statement for mental health services in East Lancashire.

Ensure that strategic and service planning
takes place within the legal and statutory framework
takes account of relevant guidance and external trends
identifies opportunities for service development

Ensure that robust links are developed with relevant strategic plans produced by partners, for example Housing Services, Supporting People, Education, Youth & Leisure, Police, Probation Service.

To lead on the implementation of the NSF across all statutory mental health services in partnership with service users, their carers and service providers.

To ensure that key plans are developed and implemented, including the Local Investment Plan and Best Value Reviews, in keeping with government objectives and other local plans such as the Local Development Plan.

Through interagency planning and commissioning to influence service options so that services are responsive to the assessed needs and aspirations of service users.

To ensure that the general health care needs of people with mental illness are met.

To ensure robust transition arrangements are in place between children’s, adult and older people’s services and dual diagnosis so that service users do not suffer disruption to their care and their future needs are planned for.

To ensure that service users are able access to mainstream community services wherever possible

Arrangements: Meetings will have a core business section for core members including monitoring of work projects.

Sub Groups/Projects: The LIT commissions a number of sub groups or projects to take forward detailed pieces of work, which it will monitor.

Core Membership: User and carers, community organisation representative(s), primary care representation, Integrated Commissioner and LCT Director.
Additional members will be identified. This will include senior representatives from partner organisations including Housing, Education, Life Long Learning, Employment, Youth & Leisure, provider organisations, who may receive minutes of the business meeting.

**Accountable to:** Partnership Board

**Reports to:**

**Meeting:** Monthly

**Arrangements for admin support:** Integrated Commissioning Team
Appendix, 4

Integrated Commissioning Team

The Team would have lead responsibility for implementing the programmes of work identified within the strategy and ensuring that local and national targets and planning assumptions were achieved. This will be undertaken by working together and forming a clear understanding of the health and social care of the population.

The team will:

Commission and develop services in line with local and national priorities.

Make best use of the Social Care and Health resources available.

Ensure that service users and carers experience effective, responsive and efficient services, provided in an integrated way by well trained and informed staff.

The efforts of the team will be focussed to try to secure, through the process of Integrated Commissioning, the following outcomes:

Service users and carers should experience services as coherent and joined up, rather than fragmentary and that in accessing services they should not be passed backwards and forwards.

That when it comes to consultation, planning, participation, service design and customer feedback, they should only have to engage with one integrated system.

Service users and carers should get the benefits of experiencing social care and health care positively complementing one another.

Frequency: Monthly meetings

Reports to: Integrated Commissioning Partnership Board

Communications: Minutes to the ICP