

Bob Ricketts
Director of System Management and New Enterprise
Department of Health
Richmond House
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Dear Bob,

NHS Standard Contracts Mental Health – Response

As you know for sometime the NHS Confederation Networks have had significant concerns about the progress being made on the Mental Health Standard Contract. Following the publication of the draft contract for comment to stakeholders, we continue to have the same issues and concerns we have consistently raised over a number of months to the department through the stakeholder reference group and project group.

In addition to the specific feedback you have received from individual organizations we would like to re-iterate the areas that are re-occurring themes from our own consultation.

Boiler Plate and Schedules

We note, following our comments made on the boiler plate throughout this process and experience of the acute standard contract, that many of the same challenges regarding the appropriateness and proportionality of the boiler plate clauses remain unchanged. As you know, following the survey of the acute contract there are already issues where general concern has been expressed that are being recommended for review.

Schedules

Primarily, concerns still surround the significant gaps remaining in the detail of the contract schedules, with many being left to local determination. Given the punitive nature of many of the boiler plate clauses contained within the contract and the absence of many of the required tools (such as PBR or an agreed local currency methodology) to manage the contract. We believe the lack of clear direction around the expectations being placed upon parties in the local development of schedules will at best lead to maintenance of the status quo and at worst inappropriate use of penalty clauses within the contract and increased lengthy/costly contract disputes.

National Priorities:

We noted with disappointment that the draft national standard contract for mental health has still not been able to mandate. At this time, any mental health specific priorities leaving only 18 weeks and Cdif as the solely mandated items. Whilst we accept both of these areas are important in the context of the standard mental health contract, their level of priority is disappointing.

A key problem in this section is the lack of clarity for both commissioner and provider with locally determined elements, outlined in the draft contract, is how these will be implemented or funded or whether their inclusion in the draft contract is an indication that the identified priorities are still open to debate; it seems unlikely that this can be resolved in the time available.

Partnership arrangements and integrated care/ Co-ordinated commissioner arrangements

Integrated care

For many integrated health and social care trusts as the current draft contract stands it would be a step backwards reflecting a traditional secondary care focused service model and only taking into account the health elements of any joint arrangement. It also does not reflect the requirement for LA and PCTs to have well being strategies and fails to address self-directed care, individual or personal budget agendas or indeed choice on a care pathway.

Co-ordinated commissioner

Members have noted that the proposal for such arrangements presented providers with overly onerous reporting and meeting arrangements, and that significantly many PCTs did not support this approach.

Scope services included in the contract

One issue that has come to light is the significant gaps remaining with regard to the scope of services to be included in the contract, we are greatly concerned that at this stage of the contracts development that inclusion of services such as CAMH, Learning Disability and Substance Misuse are still under discussion as to how they maybe included in the contract

With the departments stated aim of completion of the contract to be ready for publishing with the operating framework, we continue to have serious concerns that a standard contract for mental health services is currently not viable. Whilst we absolutely agree with the need to provide a rigor to mental health contracts and to set standards for delivery of services, we continue to believe a framework arrangement would be more manageable and appropriate and make more sense with the option to progress towards a standard contract in time, when more testing and development of schedules has occurred with both providers and commissioners.

We remain committed to the development of a national contract for mental health and look forward to hearing from you.

Yours sincerely,

Sue Slipman
Director
Foundation Trust Network

Steve Shrubbs
Director
Mental Health Network