

**VIA EMAIL**

Jim Lusby  
Department of Health



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**Date:** 11 September 2008

Dear Jim

**The Mental Health Contract**

Mark Jordan, our ADASS representative on the Mental Health Reference Group has passed to me your email of 4th September clarifying the Department of Health's approach to the development of the new contract.

Local Authorities are, alongside PCTs, significant commissioners of services from the Mental Health provider organisations who will be adopting the new national contract. At ADASS, we welcome the initiative to establish a standard contract for these Mental Health providers and the importance the Department places on ensuring that the voice of social care commissioners is properly represented in this process. It is also of importance to us that the organisations which provide these services for us give equal attention to their delegated duties as providers of social care and we would therefore want to ensure that the implementation of a national contract supports and enhances this.

We therefore welcome the flexibility of approach proposed in your email and the pragmatic approach you suggest to testing and developing the contract over a period of time so as to ensure it can be as good as possible before it is 'set in stone'.

With regard to your comments on scope, we are keen to commission integrated health and care services from these providers, where that is feasible and meets local commissioning requirements and service configurations. The Department's view however, that this is *'first and foremost a health contract'* is of concern to us even if as you say *'it could be easily used for social care'*. Indeed, such an approach might give rise to the unfortunate impression that the Department is primarily concerned with the commissioning of distinct health elements of Mental Health Services rather than the social care or integrated elements of these services? We would therefore appreciate it if there were a modification in emphasis from the Department, whereby the contract is designed so as to be equally suitable for the commissioning of health and social care elements of these services.

Indeed from a practical perspective, unless the Department adopts this approach, then it is likely that where health and social care providers and commissioners in future want to use the new contract for commissioning social care and integrated care, they will each then adapt it in their own way with the result that we will have the multiplicity of versions of contracts that we have now.

As we have said, we are enthusiastic about the progress the Department is making in developing the new contract and are keen to support and be involved in this work. It is in this context that we would wish to emphasise the above point about the design and purpose of the contract and we hope that the Department will be able to give further consideration to this point and develop its work programme accordingly.

I hope that these comments are helpful.

Best wishes

*Richard Webb*

**Richard Webb**  
**Co-chair**  
**ADASS Mental Health, Drugs & Alcohol Policy Network**

Copies

Jenny Goodall, Co-chair ADASS Mental Health, Drugs & Alcohol Policy Network

Mark Jordan, ADASS Lead, Mental Health Contract and Payment by Results

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