BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

BOARD OF DIRECTORS TO BE HELD ON WEDNESDAY 23 FEBRUARY 2011

CHIEF EXECUTIVE'S REPORT
ACTION: This is the CEO's briefing of current and emerging issues and our responses to those to date. The Board of Directors are required to digest this information; seek points of clarification and debate the direction of travel that this contextual briefing will have upon our future plans and decision making as a Board.

1 Any Willing Provider

The introduction of Choice in mental health was signaled in the white paper. "Any willing provider" (AWP) is a key component to this happening. "AWP" is already used in a number of areas for some acute hospital elective procedures but this will now be extended to cover a much wider variety of services. The Department of Health is currently reviewing how it could work in mental health and which services may be appropriate to apply it to. Under "AWP", any provider that could demonstrate it met the requirements would be able to offer services. Service users would then be able to choose from a list of approved providers. Initial proposals are that this approach would be introduced in Autumn 2011. To be able to introduce "AWP" and "Choice" the service would have to be clearly defined, with measurable outcomes, currencies and a tariff. The Mental Health Network (NHS Confederation) is working with the DH and providers to determine how this could work. A number of challenges have been highlighted and fed back to the DH including:

- Lack of an existing tariff;
- Timescales;
- Existing information systems; and
- The lack of a level playing field between different sectors.

It is likely that a distinct service area will be selected to pilot this within mental health services initially. There has been some speculation that this might be within IAPT services (Improving Access to Psychological Therapies) which sit between the primary/secondary care interface in the care pathway. In Birmingham we have spent the best part of 6 months redesigning and reducing current services to fit in with Commissioners' requirements, and a further change is a cause for concern. It is therefore imperative that the agreement to award the Trust a 5 year contact in return for the redesign work recently undertaken is made explicit within this year's rounds of contract negotiations.

2 Changes in Commissioners

There are now 10 GP "shadow" commissioning consortia which have emerged across Birmingham and these are as follows:

HOB PCT	Total Number of Practices		Total Population
	"Health works"	9 practices	50,542
	"ICoF"	28 practices	123,747
	"SmartCare"	17 practices	
	"MJM Sparkfield"	2 practices	8,969
	"Pioneers for Health"	10 practices	44,386
BEN PCT	**Total Number of Practices**		**Total Population**
	"Forward Health"	29 practices	165,774
	"Equity Health Care"	38 practices	193,125
	"Birmingham Inner City"	5 practices	26,061
SOUTH PCT	**Total Number of Practices**		**Total Population**
	"South Birmingham Independent"	9 practices	30,000
	"South Birmingham Clinical Integrated"	30-55 practices	175,000
SOLIHULL PCT	**Total Number of Practices**		**Total Population**
		11 practices	70,000
		20 practices	154,000

3 National Commissioning Board – specialised services

There are a group of services which will not be directly commissioned by GP consortia. The final list will be agreed by the "shadow" National Commissioning Board (NCB) in the summer 2011. Early indications suggest the following:

- A national contract specification for each service, which will be applied informally

- A small set of "sub national" NCB staff who will apply these commissioning requirements on a geographical basis, but applying the national contract/specification

- For mental health services this could extend current responsibilities beyond forensic services to include additionally:

  - Mother and baby services
  - Eating disorder services
  - Neuropsychiatry service
  - Mental health services for deaf people
  - Forensic services

The rigidity of a nationally specified contract could pose some challenges for BSMHFT but this approach should provide some stability which is extremely important during the next 3-5 years.

4 Redesign/reallocation of Board Level Portfolios

As announced in January 2011, Chris Tidman, current Deputy CEO has accepted a new position in Worcester Acute Trust and I would to place on record what a significant contribution Chris has made during his time at the Trust.

In preparation for Chris's departure, I circulated options on 8th February setting out how Chris' current portfolio might be organized once he has left, and the impact this would have on other Executives. I intend to finalise the replacement arrangements by the end of this week once discussions with Non Executive Directors have been completed.

5 Contract Negotiations with Birmingham Commissioners (20011/12)

The contract negotiations have to date been led by Chris Tidman from the Trust, and Jon Tomlinson from the Joint Commissioning team. Last week they both agreed that they had reached an impasse and in line with the SHA's policy, escalated the position to myself as CEO, Andy Donald (CEO BEN PCT), and Peter Hay (Director BCC). We have had several discussions since then but at the time of writing, we have not yet secured an agreement.

Sue Turner

CEO

21st February 2011