

**UPDATE BRIEFING FROM BEH CCGS FOR BEH JHOSC – 13 MAY 2016**

**1. Introduction**

This short paper updates the Barnet, Enfield and Haringey JHOSC on the contracting and funding arrangements between the commissioning CCGs and BEHMHT for 2016/17.

**2. 2016/17 Contract with Barnet, Enfield and Haringey CCGs**

Enfield CCG, as lead commissioner CCG, has worked with the Trust over the past few months to try and agree a mental health contract for 2016/17. A number of agreements have been reached

- a) Activity outturn position for 2015/16
- b) Activity plan for 2016/17 with no growth assumed for 2016/17
- c) £2.6m recurrent commissioner support in line with Carnall-Farrar
- d) Contract schedules agreed with minor areas outstanding
- e) Contract documentation has been prepared for signing

The commissioners view the offer as fair given that all increased investment for 2016/17 is against underfunding outlined in the Carnall-Farrar report. The Trust has not been able to accept the offer and sign the contract. There remains a financial gap between the £12.6m deficit position and the £9.1m deficit control total issued by NHSI.

Both Enfield CCG and the Trust have had two contract alignment meetings with NHSE and NHSI at which the above were agreed. All contracts nationally were due to be signed on Monday 25 April 2016 otherwise there would be a need for arbitration. It was agreed that the Trust and the CCGs would develop and agree a high level 5 Year Recovery Plan which would aim to substantially reduce the deficit as an alternative to arbitration. The Recovery Plan is still in the development and both parties are looking to have this agreed by 6 May at the latest.

A verbal update will be given to the JHOSC on 13May 2016.

**3. Trust's Ongoing Deficit**

The Recovery Plan aims to address as much of the deficit as possible over the next 5 years, though new business, Cost Improvement Programmes including estates, commissioner investment and activity shifts via Enablement and enhanced primary care. It is unlikely that this in itself will wipe out the deficit. The Trust are involved in the Mental Health component of the Sustainability and Transformation Plan which needs to address commissioner and provider deficits as part of NCL financial recovery and at the same time meet the health and wellbeing gap and the care and quality gap.

The Mental Health STP Steering Group met recently and has agreed the following priorities:

- a) Primary care: enhanced mental health support to primary care, developing enhanced primary care models for mental health, enabling patients to be stepped down from secondary mental health services – potentially 15%
- b) Acute mental health pathway with particular focus on inpatient pathways, rehabilitation pathways and admissions avoidance pathways
- c) CAMHS with particular focus on implementing the Thrive model of care
- d) Mental health estates

The activity and financial modelling is currently being undertaken for the above work streams. It has been agreed that this work needs to align with provider Cost Improvement Programmes to enable providers to take costs out of the system. It is unclear at the moment what additional financial support will be available to BEHMHT via the STP process.

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