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Report to:	Overview and Scrutiny Committee
Date of Meeting:	27/09/10
Title of Report:	Transforming Community Services
Action sought:	FOR NOTING
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Strategic Objective(s) that this report covers (delete as appropriate):

- SO1 - Deliver improved and innovative services that achieve excellence
- SO2 - Ensure meaningful involvement of service users, carers, staff and the wider public
- SO3 - Be a model employer and have a competent and motivated workforce
- SO4 - Maintain and develop robust Partnerships with existing and potential new stakeholders
- SO7 - Sustain financial viability

1. Purpose of the report

The purpose of this report is to inform the Overview and Scrutiny Committee of the recent Developments relating to the Transforming Community Services Programme in Wirral, Western Cheshire and Central and Eastern Cheshire and the Proposal for staff within the Provider arm of the Western Cheshire PCT to transfer to Cheshire and Wirral Partnership NHS Foundation Trust (CWP) from April 1ST 2011 and the related timescales (Appendix A).

2. Policy Context

In January 2009, *'Transforming Community Services: Enabling new patterns of provision'* was published, which set out how the Next Stage Review for community services would be realised. It was described as 'enabling guidance' to help PCTs move the relationship between direct provider and commissioner to a purely contractual one and that there should be demonstrable separation in the governance of commissioner and provider functions within PCTs. This separation was a move towards greater contestability and exploration of opportunities for increasing autonomy for provider services of PCTs.

In December 2009, *'The Operating Framework for the NHS in England 2010/11'* was published and set out a stark picture of NHS environment moving forward into the economic downturn. Within this, it requested all PCTs by March 2010 to have *'agreed with SHAs proposals for the future organisational structure of all current PCT-provided community services.'* These should provide *'certainty for staff and a stable foundation for service transformation'*. Options for future organisational models included a wide and varied range of options, from Foundation Trusts to Social Enterprises. Further, it outlined that *'PCTs will need to demonstrate that any provider changes are needs and pathway driven and will provide more integrated sustainable*

primary, community and secondary care services, which bind in the support of primary and social care’.

The operating framework outlined a process around testing for fitness of purpose, assurance and approval processes for proposals. It indicated that *‘proposals must deliver improved quality and patient experience, as well as increased productivity; must be affordable (reducing management costs and transaction costs); and must help to manage the demand for services more effectively (e.g. reducing acute admissions and lengths of stay). Potential providers will be expected to show how they will provide the leadership capability, governance structures and culture to engage and empower staff to lead service transformation. We shall build these ‘tests’ into the assurance and approval processes for proposals – testing fitness for purpose.’*

Alongside the Operating Framework, *‘NHS 2010-2015: From good to great. Preventative, people centred, productive’* was also published which reiterated the need for existing providers to work together to provide seamless, integrated care across the NHS and with other local partners. This strategy is explicit that with regard to community services - *‘for most of the NHS, we do not believe that creating new organisations is the right solution’*. It gave support to the NHS locally to determine which model will best support integration of services.

In addition to this, the document also makes it clear that the Department of Health *‘will significantly reduce management costs in PCTs and strategic health authorities (SHAs) by setting a clear goal of reducing costs by 30% over the next four years.’*

3. Local PCT plans

Central and Eastern Cheshire

The latest position is that the preferred model for community services is transfer to East Cheshire Hospitals Trust. This does not include primary care mental health services which would continue to be provided by this Trust. The PCT and East Cheshire Trust have made a formal submission to the SHA on 23rd September 10.

Wirral

Shortly after the General Election the PCT were informed that their licence to continue provision of community services beyond April 2011 was to be revoked. This has meant that the PCT has had to develop alternative proposals and their preferred option is to develop a social enterprise / community foundation Trust.

Western Cheshire

In July the Trust was invited to submit an outline business case to the PCT to transfer all primary care community services (Appendix B) to Cheshire and Wirral Partnership NHS Foundation Trust (CWP). CWP made a decision to express an interest in the provision of these services based on the following key factors:

- The belief that the integration of community services across western Cheshire would provide significant opportunities to improve the services provided to patients both in the community and within mental health services.
- A key feature of all the PCT requirements was the ability to transfer care from inpatient settings to community provision and to reshape the pathways for services to support this shift. The Trust brings significant experience of this type of work and this proposal fits with The Trust’s service development strategy to provide care closer to home.

- The experience of Directors of running an integrated community and mental health trust successfully gave the Trust the experience and confidence to provide a successful vehicle for these services.
- The integration of community services fits with the Trust's Vision to be a leading provider of innovative and excellent services that improve the health and well being of people, with positive outcomes for individuals and local communities. We will continue to achieve this by sustaining and improving the quality of the services we provide, ensuring the delivery of value for money provided within our geographical footprint.
- The requirement to achieve challenging efficiency targets across the public sector, of which the Trust has significant experience.
- The integration of community services will benefit the population of western Cheshire with respect to the Quality, innovation, prevention and productivity agenda

The Outline Business Case, written jointly by CWP and the PCT has been approved by Board executives and submitted to the SHA on Thursday 23rd September, and is supported by the GP Consortia and staff employed in the Provider Services of the PCT.

A Project Structure has been agreed, which includes robust Due Diligence Processes to provide assurance to all organisations/stakeholders involved.

Communication and engagement for Western Cheshire Transfer

Throughout implementation of Transforming Community Services, every effort has been made to engage all key stakeholders in both the local approach to the options appraisal, as well as in assessing the available options.

There have been on-going communications and engagement events provided for all staff from the Provider Services of the PCT over the last 18 months. A Communication and Engagement Strategy will be developed as part of this work in partnership with the PCT. It will include development of a range of key messages about the transfer of services, how the project structure will support this, what will happen at local level and how the Trust will work with a variety of partners about potential changes.

It is not envisaged that there will need to be a formal consultation linked to the transfer of services as this proposal affects a change of management and NOT the delivery of services.

SHA Timeline**Transforming Community Services Timeline**

Submission	SHA Board	DH Conditional Approval	SHA feedback to PCT	Heads of agreement signed off	PCT contact CCP as soon as SHA feedback rec'd	CCP timeline	CCP contact Secretary of State & PCT with recommendations
23 rd Sept 2010	14 th Oct 2010	15 th Oct 2010	w/c 18 th Oct 2010 call booked for 19 th October	27 th September	20 th October	10 days -	2 nd November
Have you spoken to CCP about your model? YES							
STAFF ENGAGEMENT TUPE CONSULTATIONS CONTRACTS							

Due Diligence – sign off date	Monitor Date (have you booked)	Monitor timeline	Business transfer agreement date	Monitor recommendations FT Board sign off	Inform SHA of Board approval for CCP/Monitor/TUPE	Implementation
5 TH November	December	NP to check with Letitia	February 2011	February 2011	March 2011	1 st APRIL 2011
STAFF ENGAGEMENT TUPE CONSULTATIONS CONTRACTS						

Services Transferring to CWP

Acquired Brain Injury
Cardiac Rehabilitation Service
Children & Young People and Families Community Health
Community Contraception and Sexual Health Service
Community Matrons
Community Rehabilitation and Musculo-Skeletal Service
Continence Service
COPD Service
District Nursing Services (including evening and night nursing to include home cannulation and intravenous antibiotic service)
Dressing Clinics in Neston and Ellesmere Port
Healthcare Acquired Infections
Heart Failure Nurses
Home Support Team
Infection Control (MRSA and TB)
Integrated Falls Service
Macmillan Nursing
Occupational Therapy - Ellesmere Port Therapy Unit
Operational Services
Out of Hours Service
Parkinson's
Podiatry Department
Primary Care Mental Health Team
Primary Child and Adolescent Mental Health Service
Rehabilitation Link Team
Safeguarding Children and Looked After Children
Single Point of Access
Speech And Language Therapy (Primary Years and Secondary Years)
Stroke Service & TIA