

Select Committee on Health and Adult Social Care – 6 July 2010

Report of the Director of Community Engagement and Primary Care

Transforming Community Services

Purpose of Report

1. To update the members on the transforming community services programme.

Background

2. In February 2010 the PCT was directed by the Department of Health to divest ourselves of our community services and become a commissioning only organisation. The PCTs were given discretion to agree the future direction of the services. Extensive consultation was undertaken with all staff and with local NHS providers about the future direction of services.
3. The PCT could not consider any provider which was not NHS other than a social enterprise arrangement, due to the competition laws. Dudley and Walsall Mental Health Partnership Trust declared early on in the discussions that they would prefer not to be considered. GPs are not considered NHS employers. Given these caveats, the PCT Board at its meeting on 31 March 2010 agreed the following:
 - A The **community dental service** to move to South Birmingham Community Foundation Trust.
 - B The **learning disability service** to move to Sandwell Mental Health Social Care Foundation Trust.
 - C The **Child Health Screening** service to move to FHS Services within NHS Dudley.
 - D The **market testing of integrated Sexual Health Services** and **market testing of the community ENT service**.
 - E The **vertical integration with Dudley Group of Hospitals** including the following services:
 - Long term conditions
 - Acute care and rehabilitation
 - End of Life
 - Audiology

F The support for **social enterprise** for:

- Worcester Street Community Nurses
- Halesowen Community Nurses
- Macmillan Team
- Beacon and Castle Case Managers including the Virtual Ward
- Lymphodema Service

G **Children, Young People and Families: to develop and exhaust a possible partnership model.** This would be undertaken by September 2010 at the latest.

4. Since that meeting, a programme structure has been set up with 7 projects. The Director of Adult, Community and Housing Services, and the LINK Chairman are on the Programme Board.

Project 1 – Dental services to South Birmingham

This project is progressing well with a target date for the transfer of 1 November 2010.

Project 2 – Learning Disabilities to Sandwell

The PCT is working with Black Country colleagues on the transfer of these services as Walsall and Wolverhampton are also transferring services to this provider. The work is progressing well with a tentative date of the autumn for a shadow form.

Project 3 – Sexual health market test

The PCT has served notice on Dudley Group of Hospitals (DGOH) so that the integrated sexual health service can be market tested through an OJEU tender. The date for the integrated service to be up and running is 1 July 2011.

Project 4 – Community ENT

Since the PCT Board decision, considerable work has been undertaken with the specification of this project and there has also been a significant change in the way the project is managed. As a result the Community ENT service is now being considered as part of the acute services being transferred to Dudley Group. This project therefore has been closed.

Project 5 – Acute services to DGOH

The PCT is currently developing a full business case to support its proposal to transfer the services to DGOH. This is required under the regulations of the Competition and Cooperation Panel. We are awaiting further guidance on the timescale for this to progress.

Project 6 – Children and Young People

Work is underway with the Children's Directorate within DMBC to look at innovative proposals to manage these services. The working group is reporting by the end of September.

Project 7 – Social Enterprises

We continue to support the staff in their request for social enterprises.

5. We have virtually completed our internal transfer of staff relating to child health screening.
6. In July, a health white paper will be published by the coalition government. We are waiting to see whether this will change the process for the PCT to divest itself of community services. There may be a verbal update on this issue at the meeting.
7. We have to demonstrate that the proposals we have are competitive and have to prove this to the Competition and Cooperation Panel (CCP). In order for this to occur, we have to submit documentation to the CCP in the autumn. Additionally Dudley Group of Hospitals have to work with Monitor regarding the acquisition. We are still awaiting final guidance on this aspect of the programme's work. However from 1 April 2011 Dudley PCT will be a commissioning only organisation.
8. We are obliged to ensure that the programme for the transfer meets certain key national criteria as outlined below:
 - Is needs and pathway-driven
 - Provides more integrated and sustainable primary, community and secondary care services, which have the support of primary and social care;
 - Delivers improved quality, including better patient experience as well as increased productivity;
 - Is affordable, reducing management costs and transaction costs;
 - Helps to manage the demand for services more effectively (for example, reducing acute admissions and lengths of stay);
 - Demonstrates that potential providers have a track record of leadership capability, governance structures and culture to engage and empower staff to lead service transformation
9. We have in addition specified local criteria as below:
 - Reduces inequalities
 - Is acceptable to local staff and people
 - Is sustainable for the future, avoiding inappropriate fragmentation of services
 - Improves access to services
 - Increases personalised care where appropriate
 - Shows a track record of demonstrating and supporting innovative practice
 - Demonstrates a willingness to learn lessons from previous experience and identifies specific areas for improvement based on past experience.
 - Clearly demonstrates robust plans for working in partnership with Dudley PCT to ensure maintenance of a seamless service during the transition period.

10. We are currently not anticipating the need for formal consultation as the services should largely remain unchanged. However we will keep the Overview and Scrutiny Committee involved with this direction of travel. We have also discussed the programme twice at the Healthcare Forum. We have had extensive consultation with our staff and continue to do so within the project.

Finance

11. There are no implications for additional financial resources.

Law

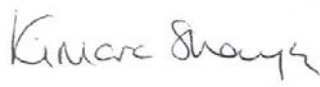
12. The legal requirements have been addressed.

Equality Impact

13. Impact assessments are being undertaken for each of the services.

Recommendation

14. That Members note the report



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Kimara Sharpe
Director of Community Engagement and Primary Care

Contact Officer: Steve Corton
Telephone: 01384 366131
Email: steve.corton@dudley.nhs.uk