

Transforming Community Services

Solent Kaleido Project

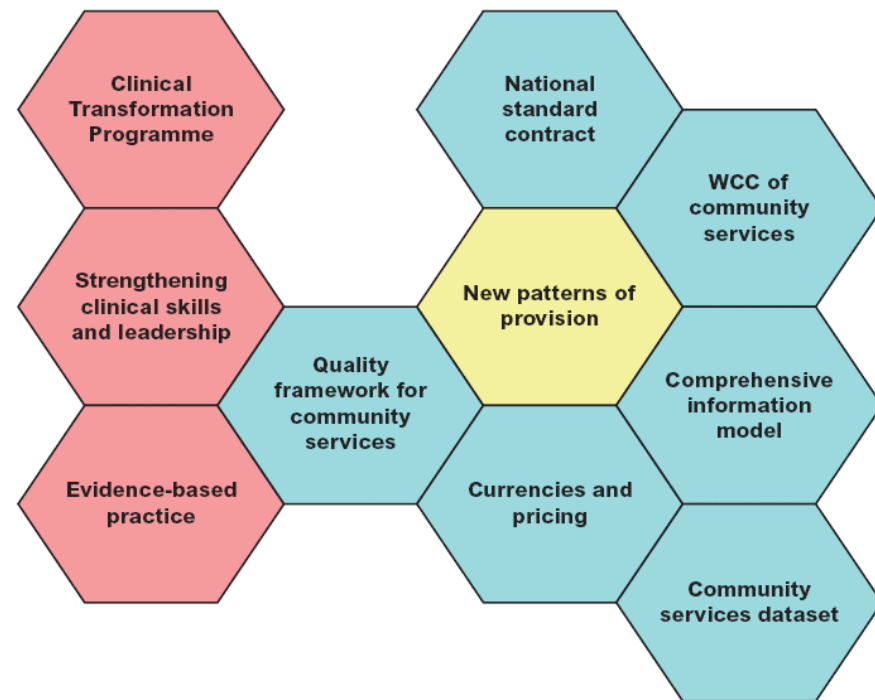
HOSC Update – 18th November 2009

Background

- NHS next stage review – ‘Our vision for primary and community care’ (DH July 2008) set the national vision, shaped around three key themes
- The Transforming Community Services (TCS) Programme is a major element of this vision and presents a major transformational challenge:

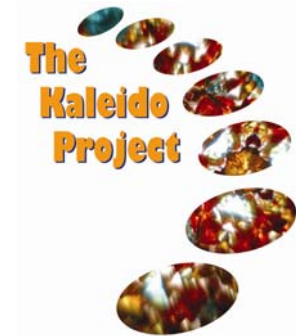
....the drivers are for **modern, innovative community services** that have **direct benefits for patients**, are **responsive to local need**, and **promote seamless care** through increased opportunities for **integration** of health and social care services

- Commissioner-led and driven through the World Class Commissioning this is a holistic programme of work
- Provider Organisational Form is one part of the jigsaw but is the centrepiece
- Major undertaking requiring commitment and partnership
- Extra challenge of ‘Getting there faster’

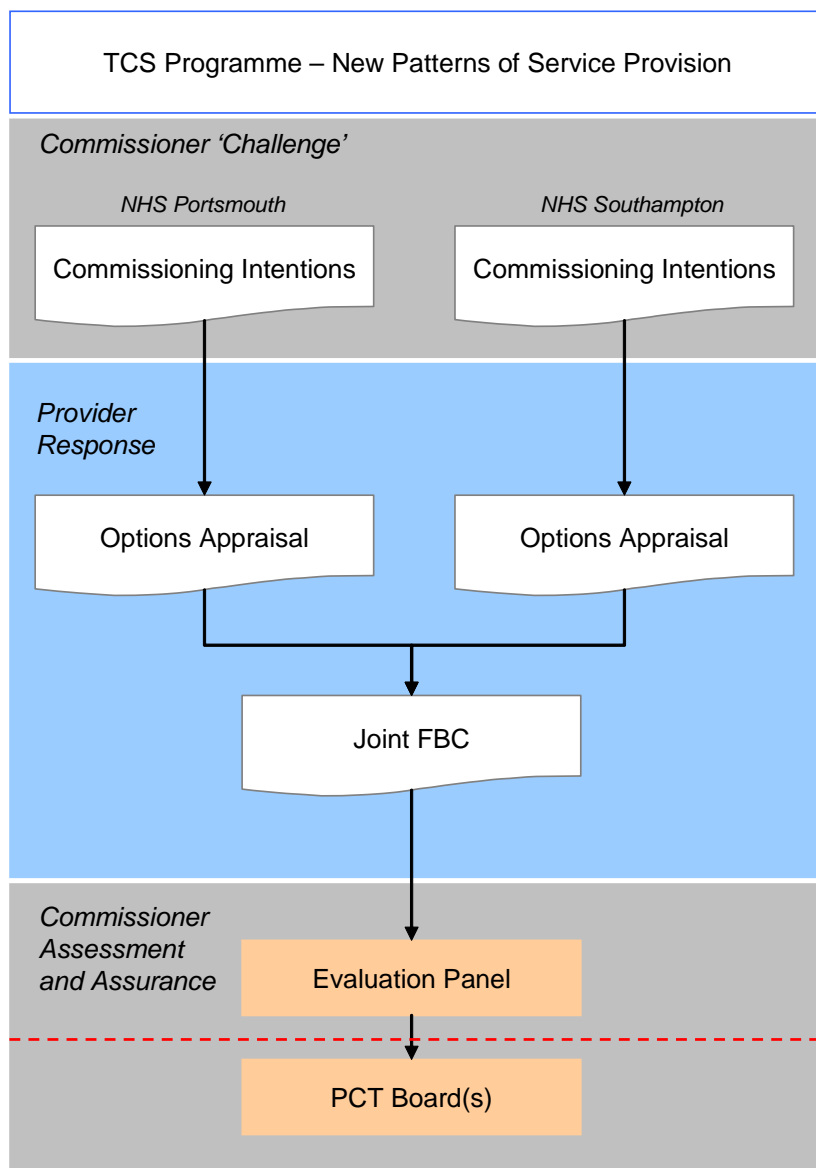


Local Context

- Board decision (Jan 2009) to divest of Provider Services by April 2010, to:
 - focus on statutory commissioning role
 - take a commissioning approach to establish revised management arrangements for Provider Services, with prior consideration for proposals from the PCT Provider Services
 - explore the potential for this to be done in partnership with Southampton City PCT
- Established the Kaleido Project
- Options Analysis Paper completed and recommended:
 1. PCMHS should seek to merge with another organisation
 2. PCMHS should merge with Southampton PCT Provider
 3. CFT and Social Enterprise should be assessed during the full business case process
 4. Innovative options (supply chain, segmentation and pathway focus) should be explored
- Agreed at the July Board to progress our proposals for ‘first call’ through a Business Case
- Established the Solent Kaleido project to deliver the Business Case



Where are we now?

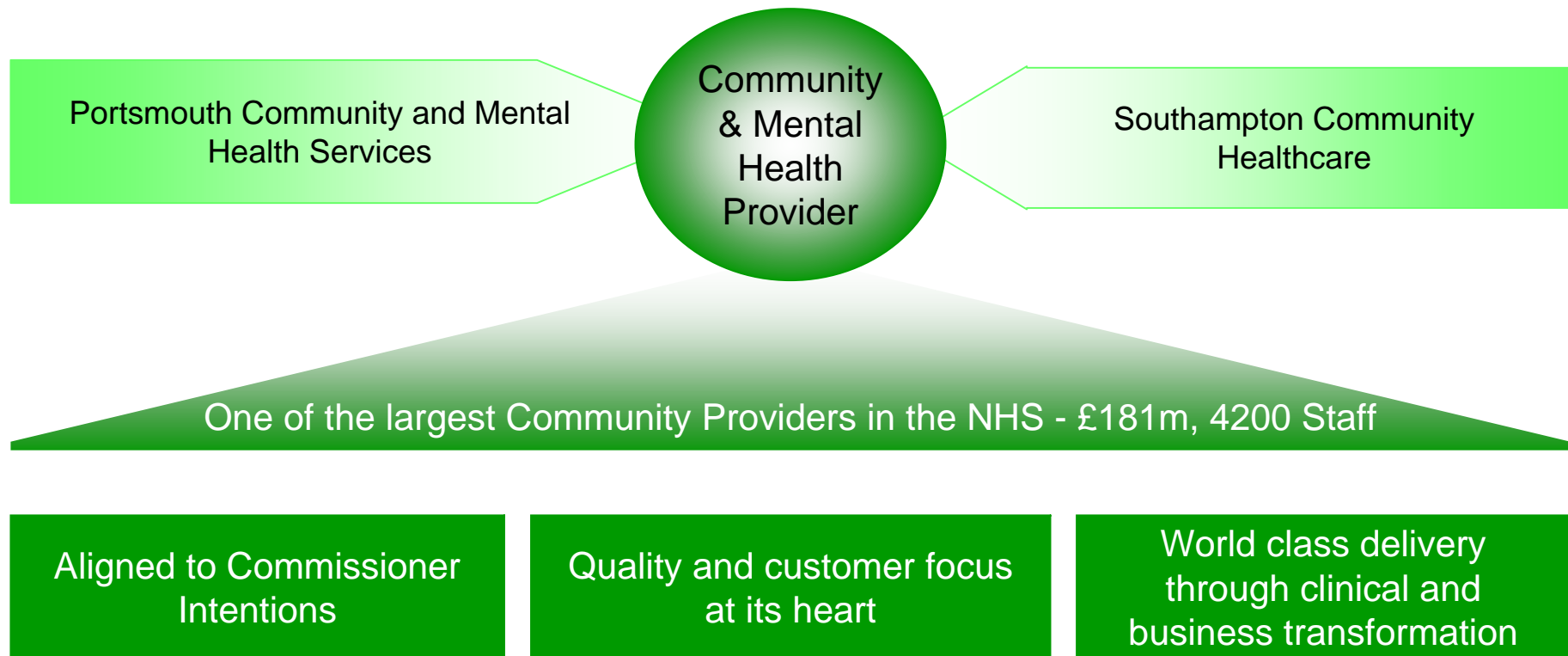


- One FBC developed jointly by PCMHS and SCH and recognising multiple 'customers'
- FBC submitted to evaluation panels
- Evaluation panels - assessment by Commissioners against a set of criteria and opportunity for Commissioners to gain assurance for respective PCT Boards
- Specific feedback progressed and documented through an Addendum
- FBC and Addendum submitted to PCT Boards for meetings on 19th and 20th November
- Recognition of future assurance/evaluation panels – SHA, HOSC, CCP, Transactions Board

Principles of the approach to date

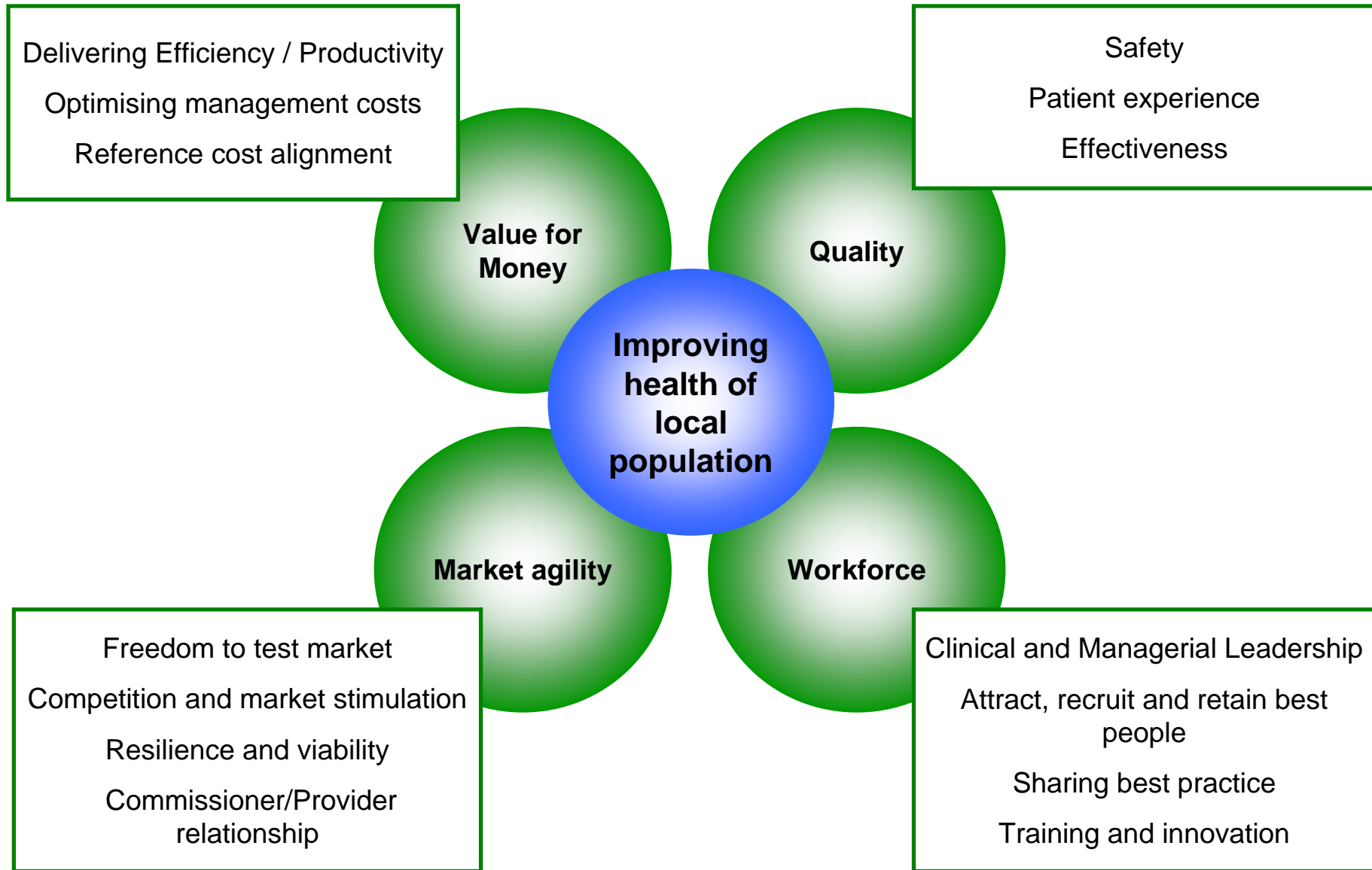
- Strongly **evidenced-based** meeting both national guidance and commissioning criteria
- Intense focus on **stakeholder engagement**
 - Identification, Mapping, Relationship Management, Communications
 - 1:1 meetings, cascade mechanisms, specific staff engagement workshops, service segmentation workshops, shopping centre stands etc
 - Internal / External stakeholders – Staff, Unions, Commissioners, Partners, Other Providers, L.A, SHA, HOSC etc
- **Function before form** - establishing robust building blocks for a new organisation, which:
 - Delivers high quality Community and Mental Health Services for local people and integrates with the broader health and social care economy
 - Is clinically-led, builds on existing clinical strengths and focuses on delivering improved health outcomes for our local populations
 - Remains agile and responds effectively and efficiently to evolving Commissioning Intentions, local needs and an ever changing health environment
 - Drives a focus on competition, collaboration, value for money and facilitating transformation and savings across the whole system
 - Provides 'grit in the system' to create major transformational change.

What are we proposing to our PCT Boards?



...patients will only spend time in secondary or tertiary care environments when the technology or skills of that environment are critical to safety, outcomes or cost effectiveness

A compelling benefits case....



Summary

Comments?

Letter of agreement?

How can we continue to engage with you effectively?