

APPENDIX THREE

DECISION-MAKER:	Healthy Scrutiny Panel
SUBJECT:	Transforming Community Services
DATE OF DECISION:	23 rd September 2010

REPORT OF:

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STATEMENT OF CONFIDENTIALITY

SUMMARY

In July 2009, as part of the Transforming Community Services (TCS) agenda, NHS Southampton City's Trust Board gave an agreement for Southampton Community Healthcare (SCH) to proceed to a Full Business Case (FBC) for the potential integration with Portsmouth Comm. Mental Health Services (PCMHS). The resulting FBC showed how integration between SCH and PCMHS would meet Commissioners' requirements whilst delivering safe and effective services in a cost effective way. The publication of the 2010/2011 Operating Framework removed the Community Foundation Trust (CFT) as an available option.

The White Paper Equity and Excellence: Liberating the NHS (2010) changed national policy and has removed constraints around CFTs. Therefore the option for Solent Healthcare is to proceed along the application for CFT. Both the Department of Health (DH) and Strategic Health Authority (SHA) have advised it is not necessary to revisit and consult again on the long list of organisational forms. The DH and SHA recommend that we build on the work already undertaken to reconfirm that this remains the best option for the NHS locally.

RECOMMENDATIONS

- (i) To note the proposed development for Solent Healthcare to progress autonomy as an NHS provider as a precursor to CFT application in line with the original Full Business Case.
- (ii) To explore and examine the proposals put forward by Solent Healthcare and provide support to the ongoing FBC for CFT.

REASONS FOR REPORT RECOMMENDATIONS

- 1 1. To respond to the Department of Health's 'Transforming Community Services – New Patterns of Provision', and the Liberating the NHS - Equity and Excellence, which focuses providers of health services to consider how, in the future, the health needs of patients and local

communities can be met and how the changes necessary should be managed to enable the transformation of services.

2. To deliver significant benefits to patients and value to the taxpayer, as shown (at high level) below.

Benefit area	Impact
Improved market agility	Creating a provider which is able to respond flexibly and appropriately to Commissioners requirement. To help to sustain a competitive market locally to retain Commissioners' ability to use the market to test, where applicable, to achieve improved quality and value for money.
Achieving value for money	Providing evidenced, well thought through efficiency plans to deliver savings between 2010-15 of £47.1m through productivity gains, economies of scale and transformation plans that will be delivered by the provider as cash releasing efficiency savings, and additional whole system savings accruing to Commissioners totalling an additional sum of £11.7m.
Delivering appropriate, safe, high quality services	Making quality the key principle in the organisation, with proposals identifiable, designed to improve patient safety and patient experience delivered through sharing of best practice and specialist resources
Workforce benefits	By empowering staff to improve care, enhance skills and transform practice and by creating a learning organisation the provider will be the employer of choice for leaders both clinical and non clinical

CONSULTATION

Throughout this process, the project team have engaged with staff, Commissioners, the SHA, Southampton City Council, Portsmouth City Council, Hampshire County Council, GPs, MPs, other health providers, local authorities, patients, service users and other stakeholders through a variety of means, including events, one-to-one meetings, newsletters and websites.

As part of the NHS review, Lord Darzi set out tough rules for changes in the NHS. "You will be involved" is one of the pledges to ensure that change is transparent and driven by evidence. (NHS Next Stage Review – Leading Local Change, May 2008).

The National Health Service Act 2006 consolidated much of the current legislation concerning the NHS. Section 11 of the Health and Social Care Act 2001, the duty to involve and consult, became Section 242 of the NHS Act 2006. Section 242 was amended by the

Local government and Public Involvement Act 2007. The duty to involve users can be found in section 242 (1B) of the NHS Act 2006. This duty to involve was further strengthened in 2008. Whilst this proposal does not require at this stage formal consultation it is necessary to have regard to S242, it is therefore an absolute requirement to engage with patients and the public.

Public and Patient Engagement is at the heart of the NHS. The DH document, "Listening, Learning, Working Together (April 2009) states that the involvement of people who use health and social care services are at the heart of the work of the organisation. This is further acknowledged within the NHS Constitution: "*You have the right to be involved, directly or through representatives, in the planning and development of local services*". Furthermore there is a duty to report on the engagement from October 2009.

Good Involvement means:

- Happens early and continues the process
- Is inclusive
- Is informed
- Is fit for purpose
- Is transparent
- Is influential – it makes a difference
- Is reciprocal; includes feedback and
- Is proportionate to the issue

(Real Involvement – Working with People to improve Health Services)

1. KEY TASKS (not in order of priority)

- To engage meaningfully with our patients/service users and the wider public. In order to raise awareness of the proposals, and how they can share their views.
- Ensure all stakeholders at every level; understand the reasons behind the proposals.
- Ensure that all stakeholders have the opportunity to explore the challenges and benefits of the proposals.
- Ensure stakeholders are aware that their feedback is significantly important and key to shaping the future of Solent Healthcare.
- Use appropriate communication channels to ensure all intended audiences are captured.
- Generate and promote awareness by providing all interested parties with ample opportunity to participate.
- Develop a comprehensive stakeholder list.
- Communicate the nature of the proposals and how it fits in with local and national agendas.
- Utilise a variety of methods to involve different audiences,

including websites, face to face meetings, focus groups, workshops and written materials. Thus ensuring access of information.

- To ensure we engage with all communities and hard to reach communities ie., gender, transgender, HIV, race and culture, substance misuse, disability and other community groups.
- Record all feedback, both positive and negative.
- Demonstrate how feedback has been acted upon.
- To meaningfully inform and consult with our workforce and those provider throughout the process of transfer and throughout the
- Publish widely the results of engagement.
- Demonstrate how consultation has fed into the work of the project

This is captured within a robust work plan and clear timelines and outcomes are met.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

Both Portsmouth City Mental Health Services and Southampton Community Healthcare independently completed a detailed Options Analysis into future organisational form in 2009. Both Options Analyses assessed a long list of organisational forms, taken from the Transforming Community Services guidance published by the Department of Health, against a range of criteria.

The long list of organisational form options included integration options (vertical and horizontal), partnership working options (Care Trust, ICO) as well as pure organisational form options (CFT, Social Enterprise).

The main conclusion of both Options Analysis papers was that there were considerable benefits in the integration of PCMHS and SCH.

The FBC included a more detailed analysis of organisational form and recommended that the Community and Mental Health Provider should operate as a DPO under NHS Southampton City, whilst driving forwards its CFT preparedness programme of work and developing a new organisational culture. However this proposed pathway for CFT was removed in March 2010. The alignment of Southampton and Portsmouth continued with the formation of Solent Healthcare (1st April 2010). In light national changes and the Coalition Government future form for Solent Healthcare required a revisit of the original options appraisal.

DETAIL As the change in national policy has removed the constraints around CFTs, the DH and SHA have advised it is not necessary to revisit and consult again on the long list of potential organisational forms as:

1.the Solent Kaleido FBC was robust, evidence based and involved widespread stakeholder consultation

2.local commissioners fully supported the creation of an autonomous organisation with CFT as the preferred organisational form

The DH and SHA recommended that we build on the work already undertaken to reconfirm that this remains the best option for the NHS locally and that the FBC is updated to reflect the changes in national policy.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

Revenue

Property

Other

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

Consideration has been given to Section 242 of the Local Government and Public Involvement in Health Act

Other Legal Implications:

POLICY FRAMEWORK IMPLICATIONS

The proposals are inline with the NHS plans for Transforming Community Services and World Class Commissioning.

SUPPORTING DOCUMENTATION

Appendices

1.	
2.	

Documents In Members' Rooms

1.	
2.	

Background Documents

Title of Background Paper(s)

Relevant Paragraph of the
Access to Information
Procedure Rules / Schedule
12A allowing document to be
Exempt/Confidential (if
applicable)

1.		
2.		

Background documents available for inspection at:

FORWARD PLAN No:

KEY DECISION?

WARDS/COMMUNITIES AFFECTED: