

GUIDANCE

TRANSFORMING COMMUNITY SERVICES

Transforming Community Services – Assurance & Approvals Process for PCT-provided Community Services

1 Context and Summary of guidance

Following publication of the “Operating Framework for the NHS in England 2010/11” further guidance has been issued by the DH on the assurance and approvals process for PCT-provided community services. The guidance sets out options for organisation form and the assurance tests to be considered by PCTs in appraising options and SHAs in assuring the process.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112147

The deadlines are tight – *“by March 2010 PCTs must have agreed with SHAs proposals for the future organisational form of PCT-provided community services”. Implementation of any new provider form will therefore need to be completed by April 2011, or very substantial progress to have been made towards the new organisational form, meeting the milestones, agreed on approval with the SHA, towards final implementation”.*

1.1 Options for Organisational Form

- Integration with an acute or mental health provider
- Integration with another existing community-based provider
- Social Enterprise

Other options, although unlikely to have widespread application, are:

- Community Foundation Trust
- Continued PCT direct provision
- Care Trust which includes provision

1.2 Criteria for Proposals on Organisation Form

Any proposal on provider form will be tested against the criteria below, (set out in the Operating Framework 2010/11)

- Are needs and pathway driven
- Provide more integrated and sustainable primary, community and secondary care services, which have the support of primary and social care
- Deliver improved quality, including better patient experience as well as increased productivity
- Are affordable, reducing management costs and transaction costs
- Help to manage the demand for services more effectively (for example, reducing acute admissions and lengths of stay)
- Demonstrate that potential providers have a track record of leadership capability, governance structures and culture to engage and empower staff to lead service transformation
- Support a viable provider market across the local health economy in light of the drive for greater quality and productivity
- Represent an appropriate level of contestability

1.3 Tests

The guidance sets out a number of tests that the SHA will use to assure PCT decisions against the criteria. These are grouped under 3 critical areas:

- Delivery of quality improvement and service integration
- Increased efficiency
- Sustainable solution

2 WM Assurance and Approvals Process

The SHA has developed a proforma based on the assurance tests set out in the guidance. Each PCT completed proforma setting out the preferred organisational form for each PCT provider service. The SHA suggested that PCTs group responses into key pathways. These were for PCTs to determine but could be based on groupings from the 27 Productivity Improvement Programme service lines or the 6 TCS pathways. The SHA does not feel it is helpful to have proposals that focus on functional groupings eg District Nurses.

The reason for the interim return is to satisfy a DH/SHA peer review process on 23 February of the future likely provider landscape across the country and to consider the consistency of approaches and likely direction of travel.

Below is a timetable for the returns to the SHA

19 February 2010	PCTs to submit Organisational Form Summary Sheet to SHA for DH Peer Review process.
12 March 2010	PCTs to submit completed proformas and final Organisational Form Summary Sheet to SHA for assurance and approval in principle.
12 to 30 March 2010	SHA to review returns and feedback to PCTs

* subject to final guidance being issued by DH

The PCT has held a stakeholder session on 11 February to support our 19 February submission and is holding a further session on 10 March.

3 Areas for Discussion

- 3.1 Full formal consultation is planned in the Autumn 2010. The OSC is asked to note this.

DMc report to Health Scrutiny Panel
15 March 2010