

REPORT TO: Healthy Halton Policy & Performance Board
DATE: 10th November 2009
REPORTING OFFICER: Strategic Director
Health & Community
SUBJECT: Transforming Community Services Programme
Update

1.0 PURPOSE OF REPORT

- 1.1 To inform Healthy Halton Policy & Performance Board of progress in the PCT's Transforming Community Services programme
- 1.2 To present the Community Services Commissioning Strategy

2.0 RECOMMENDATION

- 1) **Note the content of the report**
- 2) **Receive the Community Services Commissioning Strategy (to be tabled)**

3.0 SUPPORTING INFORMATION

- 3.1 Recent communications from the Department of Health and NHS North West have acknowledged that in the current political and economic climate we need to concentrate our efforts on securing effective and efficient delivery of community services rather than on establishing new organisations. This is reflected in the approach we are taking in our local TCS Programme and particularly in developing our Community Services Commissioning Strategy (CSCS).

The SHA have recently issued further guidance on their expectations from PCTs in respect of the TCS Programme. This proposed that the only 'return' that PCTs were now required to make to the SHA was the 'Separation Self-certificate'. This was duly submitted in October. However there is still a timetable of suggested milestones to deliver the different facets of the programme over the rest of this calendar year. The PCT's TCS Programme Board have agreed that we would continue to work towards these milestones to maintain the momentum of the programme.

Halton Borough Council has senior representation on the TCS Programme Board, and has also contributed to the various workshops held over the last six months in the development of the CSCS. Many of the developments in the strategy are also informed by existing partnership arrangements e.g. Children's Trust, LITs etc.

3.2 The Draft Community Services Commissioning Strategy was submitted to the SHA on 3rd July in accordance with requirements. We received very positive feedback on the Draft Strategy early in September. This has helped to shape the development of the final version of the strategy which is now due to go to the PCT Board on 17th November.

3.3 The CSCS contains a number of important pointers to the future commissioning intentions of the PCT:

- A focus on delivering outcomes rather than organisational form.
- A focus on Patient Pathways rather than services or organisations.
- A subsequent desire to see greater integration (either functional or organisational) along those pathways.
- The development of local clinical networks to support the development and delivery of best practice.
- A greater focus on partnerships in commissioning and service delivery.

These themes have been developed further in the individual sections for each of the 7 Core Service Groups, which also contain the high level, outcome based specifications and some detailed commissioning intentions for existing schemes.

Earlier in the TCS Programme we identified the following 3 areas as being of significant importance:

- End of Life Care
- Services for Children and Families
- Stroke and LTNC

However, as part of the TCS programme we have worked closely with clinicians and social care professionals through existing groups relating to each of the 7 TCS areas to identify a prioritisation matrix that will inform the ultimate delivery of this strategy in terms of outcomes timescales and processes. These priorities are reflected in the plans contained in the strategy. This will be complemented by a rigorous value for money assessment, incorporating Health Needs Analysis and Health Impact Assessments, drawing upon evidence currently held in the PCT, and partner and stakeholder organisations.

We are convinced that this process, driven by front line professionals, is appropriate to ensure we deliver the optimum transformational change, achieving the greatest benefits to the health and wellbeing of the populations we serve.

- 3.4 The CSCS is, by definition, a strategic document, that requires further detail to fully describe the implementation of the plans for the 7 Core Service Groups. It will therefore be augmented by a TCS Operational Plan, which is currently being developed by the commissioning leads for the 7 areas.

4.0 POLICY IMPLICATIONS

- 4.1 One of the central themes of the CSCS is that of integration. Research has shown that services integrated along a pathway:

- Are easiest for people to navigate
- Have maximum scope for efficiencies
- Are likely to be more effective
- Are more likely to be personalised care
- Have the least likelihood of handoffs

- 4.2 The intention of the PCT is therefore to commission more community based services that integrate health and social care, along with complementary services from third sector organisations.

This presents further opportunities to extend and strengthen the partnership commissioning arrangements between the PCT and Halton Borough Council.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

- 5.1 The overall NHS market will be experiencing a toughening financial environment in the next few years and specific areas of the NHS service will be expected to deliver pre-set efficiency savings

In April 2009, the Treasury asked the Department of Health to contribute £2.3bn to the Treasury's £5bn of public spending cuts in 2010-11; further cuts will be expected from 2012. The Budget 2009 explicitly states that efficiency savings will be expected through the world class commissioning programme and through tariff pricing.

- 5.2 Despite toughening commissioning decisions and the introduction of tariff pricing, the community services market could be expected to contract less than other service areas, or not at all, if it can absorb some of the demand for acute services

Efficiency targets for better utilisation of hospital space could lead to some shift of demand towards outpatient and community-based provision

As a result, the community services market has the potential to expand into a larger share of the overall commissioning spend. Whether this would represent growth in real terms from the present

state, will depend on a variety of additional factors.

Community services currently account for approximately 15% of this commissioning resource and whilst this percentage is expected to increase over time as new schemes are commissioned it is also acknowledged that the current community service delivery model is based on a historical functional model, the adoption of the “TCS programme” will allow for revised pathways of care to be commissioned utilising the proposed new currency and pricing framework which will then need to realise the financial efficiencies as the contractual framework moves from a traditional block to an activity based cost and volume similar to the models in the secondary care sector.

6.0 OTHER IMPLICATIONS

6.1 N/A

7.0 RISK ANALYSIS

7.1 The CSCS includes a risk register containing details of the key risks to implementation and mitigation plans.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A full Equality Impact Assessment will be completed for the CSCS