

Item Number:

**NHS NORTH YORKSHIRE AND YORK
BOARD MEETING**



North Yorkshire and York

Meeting Date: 22nd June 2010

Report's Sponsoring Director:

**Sue Metcalfe, Deputy Chief Executive
(Director of Localities)**

Report Author:

Annabel Johnson, Assistant Director

**1. Title of Paper: Transforming Community & Mental Health Services – Provider
Form Project Update**

2. Strategic Goals supported by this paper:

Goal 4 - Clinically and financially sustainable healthcare system. The decision about provider form for CMHS will contribute to creating a sustainable healthcare system.

Goal 4 - Highest quality care in the right setting. In considering provider form we aim to provide high quality care in the appropriate setting.

Goal 6 - Strong partnerships focused on the individual. Through discussion about provider form for CMHS we aim to build stronger partnership arrangements to enable improved focussed on the individual.

3. Executive Summary

Following the publication of the operating framework in December 2009 PCTs were required to have determined the future organisational model for PCT provided services by October 2010 at the very latest. The Board has previously agreed that: CMHS will be hosted by NHS NYY until March 2011, that the model for PCT provided services will be determined by October 2010 and that a plan will be in place to enable implementation to commence post October 2010. This paper provides an update to the Board of the progress made on provider form, which is a significant project within the strategic initiative 'an improved community system'.

4. Introduction

See above

5. Issue/options

Not applicable

6. Risks relating to issue/options

Governance arrangements are in place to ensure that all risks are managed and currently all risks are being managed without the need for further escalation

7. Finance / resource implications

Not applicable

8. Statutory/regulatory/legal implications

These implications are being addressed through the governance arrangements in place.

9. Working with stakeholders/communications plan

Stakeholder analysis and a communications plan have been finalised and agreed and are now being implemented.

Staff engagement is critical to this project and comprehensive plans are in place to ensure this is achieved

10. Recommendations / Action Required

The Board is asked to note and support the progress of this Programme.

11. Assurance

The Board will receive monthly updates regarding progress of this project.

For further information please contact:

Name Annabel Johnson

Title Assistant Director - Strategy

Phone number 01904 694720

NHS NORTH YORKSHIRE AND YORK

Board Meeting: 22nd June 2010

**Report Title: Transforming Community & Mental Health Services –
Provider Form Project Update**

1. Introduction

- 1.1 Following the publication of the operating framework in December 2009 PCTs were required to have determined the future organisational model for PCT provided services by October 2010 at the very latest. The Board has previously agreed that; CMHS will be hosted by NHS NYY until March 2011, that the model for PCT provided services will be determined by October 2010 and that a plan will be in place in to enable implementation in post October 2010. The Board has already discounted a range of provider models recorded in a letter to the Strategic Health Authority (SHA).

2. Project Governance

- 2.1 The governance structure is now well embedded which ensures that this project is part of the 'improved community system' strategic initiative outlined in the strategic plan. The decision making body for this project is NHS NYY Board.

3. Progress on Community Services – Groupings of Services

- 3.1 The **Locality System Boards** (LSBs) have met a number of times with key stakeholders. The following organisations have been invited to either attend the meetings or be involved in the process in a way that suits them (e.g. other large stakeholder groups):

- Local Acute provider(s)
- Mental Health Provider
- CMHS
- Practice Based Commissioning consortia
- District Council(s)
- County Council / City Council (Adult & Children's Services)
- CVS
- LINKS
- Large local stakeholder groups

If those listed have not been able to attend meetings (in particular LINKS) the PCT has offered to meet with them separately to ensure their views are acknowledged. This has enabled discussion about the current configuration of community services, including presentations from CMHS which has informed their recommendations about appropriate groupings of services as we move into the managed

process. LSBs were asked to consider whether services should be provided on a locality basis or Pan NYY.

- 3.2 The **Community Programme Board** has also met a number of times and the membership has been extended to include representation from North Yorkshire County Council and City of York Council.

At the meeting in June the Board considered the views of the councils, LSBs, commissioning subject matter experts and CMHS about the groupings of services. It should be noted that NYCC were consistent in their approach that a county wide solution would be preferable from their perspective. However there were varying views across the localities which were highlighted at the LSBs.

Extensive staff engagement has also been undertaken through a variety of mechanisms to ensure that all staff have been and will be able to voice their views. The views of a third of the workforce have been captured through these mechanisms. Key points to note from views collated so far are that:

- integration with an acute or mental health trust are the preferred options and
- retaining NHS terms and conditions is important as is remaining an NHS employee
- the ability to influence quality patient care, improve outcomes and experience for patients is seen as important as is continuity of care
- there is still some confusion over the process and rationale for transforming community and mental health services and therefore some cynicism
- current information needs are being met, but there is a recognition that the intranet is not being accessed by all staff

At the Programme Board it was noted that when considering the groupings of services approximately 80% of the initial recommendations from the various sources were the same. The areas where there was a difference of opinion were debated and collective agreement was reached for example: podiatry and speech and language therapy.

- 3.3 As the managed process continues the groupings of services will determine the 'lots' of services that will be available to providers. It is important to ensure that these 'lots' contribute to enhancing patient care and are therefore focussed around patient pathways and do not lead to unnecessary fragmentation of services. A flexible approach will also need to be adopted to ensure that we enable the market to respond appropriately, for example providers will be able to 'bid' to provide services in more than one locality. It was also noted that in some instances a one year solution may be required, whilst the service

is reviewed and possibly re-commissioned in another way. The programme board made the following recommendations:

Services that could be provided/managed on a locality basis:

- Older people and vulnerable adults services (district nursing, community matrons, falls assessment, case management, fast response teams, community rehabilitation, community hospitals)
- Specialist nursing services (tissue viability, heart failure, cardiac rehabilitation, diabetes, respiratory, continence and palliative care, cancer and lymphoedema services)
- Children's and family services (health visiting, school nursing, community paediatrics, specialist nursing and speech and language therapy) with a clear aim that there must be integrated approaches to working to ensure coterminosity with local authority boundaries and alignment with primary care
- Sexual health and family planning services – with close alignment to children and families
- Extended scope services (MSK, physiotherapy, chronic pain and fatigue, nutrition and dietetics, speech and language therapy)

Services that could be managed on a pan NYY basis (with locality delivery)

- Community equipment and wheelchair services
- TB liaison and infection prevention and control
- Safeguarding children
- Smoking cessation
- Salaried dental services
- Podiatry
- Prison healthcare (Askham Grange and Northallerton)
- Minor injury units and walk in services
- GP OOH services

3.4 The Managed Process

Having taken advice from the Competition and Co-operation panel, the SHA, the Commercial Procurement Collaborative (CPC) and a range of other PCTs it was agreed by NYY PCT Board that the PCT should follow an open and transparent managed process. The following process is currently underway:

- Advert in Yorkshire Post on 1st and 3rd June inviting expressions of interest from providers. Providers were able to access a memorandum of information and complete a pre-qualification questionnaire.
- A launch event took place on 11th June which was attended by 11 providers including local acute trusts and some GP consortia. A presentation was given by the Deputy Chief Executive and Managing

Director outlining the commissioning priorities for community services and the current configuration of services.

- The closing date for expressions of interest and completion of a pre-qualification questionnaire is 18th June.
- The membership and Terms of Reference for the assessment panel have been agreed and are attached at Appendix One.
- The short listing assessment panel takes place on 25th June. Successful providers will be notified week commencing 28th June and supplied with a provider information pack. They will be asked to produce a strategic outline case and a presentation for consideration in early July. This will also be the beginning of the dialogue phase where managed discussions will take place with short listed organisations.
- Providers will submit their strategic outline cases on 6th July and they will give presentations to the PCT assessment panel on 9th July.
- The panel will re-convene on 14th July to make initial recommendations about preferred providers. These recommendations will be presented at the 27th July Board meeting.
- Once preferred providers are agreed a process of validation and dialogue with PBC and PCT commissioners will take place throughout August and September to enable board agreement and sign off to take place at the 26th October Board meeting.

4. Progress on Mental Health

The mental health transfer group has met and agreed Terms of Reference for the mental health project. Chairs of the relevant PBC groups have been contacted and invited to attend the mental health transfer meetings, be involved in the development of new service specifications and in the overall procurement exercise.

Lead commissioners at NHS NYY have met with CPC to clarify the arrangement of the project management and procurement support from CPC to NHS NYY during the mental health transfer; it is understood the procurement exercise will take approximately 2 years from start to completion (which includes staff TUPE to new organisation). The timescales for delivery will be finalised once the project specification has been agreed with CPC. A meeting has been arranged in July with Bradford District Care Trust to discuss the possibility of the Craven locality mental health services being included in the mental health procurement exercise.

5. Recommendation

The Board is asked to approve the groupings of services and support the progress of this Programme.

Transforming Community Services – Assessment Panel

Terms of Reference

Purpose

The overall purpose of the Transforming Community Services (TCS) Assessment panel is to:

- Shortlist potential providers from Initial Expressions of Interest received by the PCT
- Assess short listed providers for community services against a set of agreed criteria and make decisions based on that agreed criteria.
- From short listed providers make recommendations to NHS North Yorkshire and York Board of suitable provider models of delivery.

The assessment panel will adhere to the Department of Health TCS assessment criteria, which have been consistently highlighted throughout the process and will also utilise the information provided by the Locality Boards, CMHS Provider team, speciality managers and staff.

The assessment panel will also adhere to the timetable agreed with Y&H SHA with an October completion date for Community Service agreed models, meaning that the process will be a Managed Process and not a full tender.

The overall aim is to ensure the delivery of modern, high quality and sustainable community services which are responsive to individual needs of service users, whilst offering best value for money.

Accountability

The Assessment Panel will make recommendations and report to the Board of NHS North Yorkshire and York.

Risks and Issues

The Assessment Panel will be responsible for identifying, mitigating and reporting any risks to the successful delivery of the TCS project.

Membership

Full Panel members with decision making rights

Jayne Brown, CEO (Chair)

Sue Metcalfe, Deputy CEO
Dr Vicky Pleydell, Clinical Executive
Dr John Letham, PBC rep
Geoff Donnelly, NED
Debbie Newton, Deputy Director Finance
Gary Hardman, Director of Quality, Lead Nurse

Observers with speaking rights (no decision making rights)

Janet Probert, Managing Director CMHS
Dave Hendy, Staff Side Rep
Local Authority Representative NYCC, (if not bidding)
Local Authority Representative CYC, (if not bidding)

Supporting Staff

Annabel Johnson, Asst Director Strategy
Robyn Carter, Asst Director CMHS
Kate Tattershall, Project Manager

Simon Cox, Locality Director, East
Amanda Brown, Locality Director, Central
Alex Morton-Roberts, Locality Director, York
Amanda Bloor, Locality Director, West.

Amanda Wilcock – Associate Director Human Resources.

Business Conduct

11 June 2010 - Information event for interested providers
By 18 June – PCT to receive expressions of interest.

The Panel will meet on:

- 25 June 2010 to short list providers
- 9 July 2010 to assess Strategic Outline Case and Presentations
- 14 July 2010 to finalise recommendations to PCT Board