

EXTRACT FROM

Transforming Community Services

*The assurance and approvals process for PCT-provided
community services*

DH INFORMATION

Policy HR/Workforce Management Planning/ Clinical	Estates Commissioning IM & T Finance Social Care/Partnership working
Document Purpose	Best Practice Guidance
Gateway Reference:	13306
Title	Transforming Community Services: The assurance and approvals process for PCT-provided community services
Author	Transforming Community Services team, DH
Publication Date	5 February 2010
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs
Circulation List	Voluntary Organisations/NDPBs, Trade Unions
Description	This guidance supports PCTs and SHAs in an assurance and approvals process for community provider organisational forms. It includes a set of national tests against which proposals for new organisational forms will be assured.
Cross Reference	Transforming Community Services: Enabling New Patterns of provision
Superseded Documents	N/A
Action Required	PCTs to take into account national assurance and approvals process, including assurance tests set out within this guidance.
Timing	By 31 March 2010
Contact Details	Transforming Community Services Department of Health 6th Floor, New King's Beam House Upper Ground London SE1 9BW www.dh.gov.uk/tcs transformingcommunityservices@dh.gsi.gov.uk
For Recipient's Use	

© Crown copyright 2010

First published February 2010

Produced by COI for the Department of Health

The text of this document may be reproduced without formal permission or charge for personal or in-house use.

www.dh.gov.uk/publications

	No	Test	Areas to be assured by PCT and SHA
Quality Improvement	1	<p>Improving Outcomes</p> <p>Will it meet patient needs and deliver improved local health outcomes as identified in the PCT strategic commissioning plan and Local Area Agreement (LAA), and significantly better patient experience (including Choice)?</p>	<ul style="list-style-type: none"> • The fit with the PCT Commissioning Strategy and priority outcomes as identified in World Class Commissioning, including joint commissioning plans • That there are robust plans which show how patient experience for all groups will be significantly improved, and assess the impact on inequalities.
	2	<p>Improving Quality</p> <p>Will it deliver significant improvements in quality of service and outcomes delivered?</p>	<ul style="list-style-type: none"> • That there are identified improvements in quality of service outcomes to be delivered • That there is a clear plan and capability to shift from acute to out of hospital care • That the improvements in quality will be sustained
	3	<p>Service Integration</p> <p>Will it deliver significant improvements in service integration and quality of health and social care?</p>	<ul style="list-style-type: none"> • The proposals demonstrate at patient and pathway level how service integration will be enhanced to improve care • Show how the proposal supports primary, community, secondary, children's services and social care partners to increase prevention through more integrated approaches

	No	Test	Areas to be assured by PCT and SHA
Quality Improvement	4	Stakeholder Engagement Has it got the engagement and support of key stakeholder groups?	<ul style="list-style-type: none"> • The extent of engagement to date with all key stakeholders including staff, SPF, patients, the public, OSCs, LINKs and local service partners and their relevant partnership Boards • The extent of support from key stakeholders including staff, SPF, patients, the public, OSCs, LINKs and local service partners and their relevant partnership Boards • Specific plans for workforce engagement to deliver transformed services • Specific plans which demonstrate how the proposals will bind in the support of primary and social care and children's services • Evidence of robust planning involving all key stakeholders for: <ul style="list-style-type: none"> – future engagement and involvement – any necessary consultation
Increased Efficiency of Solution	5	Efficiency Improvements Will it deliver substantial improvements in the technical and allocative efficiency of the services being delivered?	<ul style="list-style-type: none"> • The proposals will help deliver the efficiency improvements set out in the NHS Operating Framework 2010/2011 • The proposals explain how, and the extent to which, they will deliver technical efficiencies in 2010/2011 and 2011/2012 • The proposals set out how allocative efficiencies will be delivered in 2011/2012 and thereafter • Identified reductions in fixed costs including management and transaction costs
	6	Infrastructure Utilisation Will it maximise utilisation of own (and any integration partners) estate and infrastructure?	<ul style="list-style-type: none"> • The proposals will identify steps to increase utilisation and efficiency of back office estate and other infrastructure. They will identify scope to share use of assets more efficiently with other partners including local authorities • How will the proposal improve the utilisation of all NHS owned or used estate and infrastructure? • The proposals will identify any surplus assets and infrastructure that will be released by the proposals

	No	Test	Areas to be assured by PCT and SHA
Sustainability of Solution	7	Sustainability Will it be clinically and financially sustainable? ¹⁰	<ul style="list-style-type: none"> • Show how proposals will be sustainable in the long and short term, clinically, financially and in terms of infrastructure • Show how the proposals will give PCTs with LA and PBC partners the leverage in the local health economy to deliver <ul style="list-style-type: none"> – strategic commissioning plans – continued service transformation and realignment – continuing contestability and service innovation • Show how the proposals will ensure that the local health economy has and retains a sufficiently skilled workforce to lead, develop and deliver new service models
	8	Whole System Fit Will it fit into and enable delivery of wider health economy service transformation and shifts in care?	<ul style="list-style-type: none"> • Demonstrate how solutions will deliver whole health economy effectiveness and efficiency • Show how the proposals will fit into current and future patterns of acute and out of hospital provision • Show how the proposals will contribute to delivering significant wider health system improvements in allocative efficiency • Have any potential adverse impacts of the proposals elsewhere in the local or wider health economy been identified and are there proposals for the management of those impacts?

¹⁰ If any proposal for continued direct provision is being considered, then the host PCTs would have to demonstrate very strong commissioning skills, including performance in WCC assessments equal to the thresholds set in the NHS Operating Framework 2010/2011. If those performance levels were not sustained then the DH and SHAs would reserve the right to review any continued direct provision.