

EXTRACT FROM

# Revision to the Operating Framework for the NHS in England 2010/11

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
<b>Planning /</b>	Finance
Clinical	Social Care / Partnership Working
<b>Document Purpose</b>	Action
<b>Gateway Reference</b>	14374
<b>Title</b>	Revision to The Operating Framework for the NHS in England 2010/11
<b>Author</b>	DH/NHS Finance, Performance & Operations
<b>Publication Date</b>	21 Jun 2010
<b>Target Audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Local Authority CEs, NHS Trust Board Chairs, Special HA CEs, Directors of Finance, Communications Leads, Directors of Performance
<b>Circulation List</b>	Voluntary Organisations/NDPBs
<b>Description</b>	The Operating Framework for 2010/11 published on 16 December set the agenda for the year. This document sets out the areas subject to immediate change for the NHS during 2010/11, as the first steps towards a health service which puts patients at the heart of decision-making, which focuses on quality and outcomes not processes and with more devolved responsibilities.
<b>Cross Ref</b>	The Operating Framework for the NHS in England 2010/11
<b>Superseded Docs</b>	N/A
<b>Action Required</b>	N/A
<b>Timing</b>	N/A
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<b>For Recipient's Use</b>	

## Future direction and next steps on transforming community services

18. Separating PCT commissioning from the provision of services remains a priority. This must be achieved by April 2011, even if this means transferring services to other organisations while sustainable medium-term arrangements are identified and secured. PCTs should therefore continue to develop and review proposals for the divestment of their directly-provided community services, but in doing so ensure that:
  - they have been tested with GP commissioners and local authorities;
  - final proposals are consistent with the aims of the forthcoming NHS Strategy in strengthening the delivery of public health services and health services for children;
  - they consider the implications for choice and competition;
  - they consider a wide range of options, including the development and early delivery of Community Foundation Trusts and Social Enterprises, providing employee leadership and ownership;
  - there has been effective engagement of staff and their representatives when considering options;
  - previous proposals for continued direct provision are reviewed and alternative options developed which secure separation; and
  - proposals should be capable of being implemented, or substantial progress made towards implementation, by April 2011.
19. Guidance on the approval process and timescale will follow publication of the forthcoming NHS Strategy. This may include an additional option of a staff membership Foundation Trust model for community services, where viable. Existing approved applicants for Community Foundation Trusts, however, should continue to prepare for the first step of being established as NHS Trusts.
20. Looking forward, we shall develop proposals for a phased move towards an 'Any Willing Provider' model for community services, addressing barriers to entry to greater participation by the independent and voluntary sector.