

Transforming Community Services

Commissioner Case for Change – NHS Plymouth

Executive Summary

September 2010

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This paper sets out the response from NHS Plymouth to the Revision of the NHS Operating Framework 2010/11, published 21st June 2010, in respect of the requirement for a separation of commissioning from provision by April 2011. NHS Plymouth is clear that if it is to achieve the ambitious challenges set out in its QIPP plan then this will require a 'transformation' of community services rather than simply a 'transfer' of the existing provider services. This in turn will create the appropriate vehicles through which to deliver the improvements described in QIPP plans for both the health of the local population and for the delivery of healthcare. The project therefore has two areas of focus:

- the Commissioning Intention for the service delivery model; and
- the preferred organisational form.

Plymouth is looking to create a care delivery system that has the following characteristics:

- I. The provision services close to home wherever clinically appropriate including within sub localities in Plymouth, differentiating services in accordance with the specific requirements of individual communities in order to both improve access and to address factors that can prevent future ill health.
- II. A bio-psycho-social approach that integrates provision across professions and partners that can best respond to the physical, mental and social needs of individuals in order to be most effective in improving outcomes.
- III. Close collaboration across primary, community and secondary healthcare alongside social care minimising duplication and hand-off's between teams / departments so as to improve the patient experience.
- IV. This increase in efficiency to be mirrored by an increase in productivity and a reduction in transactions between organisations.
- V. A workforce that is motivated to improve the well being of patients and public, that has a focus on quality and safety and has the skills needed to deliver integrated care.

Early discussions in Plymouth recognised the huge potential of integration across health and social care community services to deliver better outcomes for service users. Equally, the proposed model builds upon the elective work

of Sentinel CIC and expands this model to cover the whole health system (and potentially the whole health and social care system) as a '**System Control**' function.

A strong understanding of patient flow is essential to ensure the constituent elements are maximised in terms of productivity. In some instances this will allow resources to be flexed to reflect demand. This improved understanding of flow, improved quality of referrals, and booking capability, will also enable innovation. The system control element is fundamental to the effective running of the overall health system. As the market becomes more complicated, with a greater number of providers, the system control piece will be essential in ensuring a comprehensive choice offer is available for all patients. It is clear from the work of Sentinel CIC to date, that a stronger control of referral and management of patient flows improves our ability to "get it right first time" and gives us an opportunity to maximise productivity.

The aim is to establish **locality teams** working in an integrated multi-professional way, where a patient's clinical condition would benefit from this, to support people with short or long term needs, so that people can maximise their independence. The new integrated approach will ensure improved communications between health and social care professionals by using joint assessment and care planning processes and a shared IT system. The intention is that community mental health and learning disability services would be provided by the locality teams in a fully integrated manner.

In addition, there will need to be **city wide resources**, for services where it would not be operationally effective to devolve down to localities.

A clear understanding has been developed about the co-dependency of determinants that affect successful outcomes for **children and young people** and a range of structures and strategies have been established to support the integrated delivery of services across partner agencies. The clear aspiration of both NHS Plymouth commissioner and its partners is that Transforming Community Services should continue to support the improvements that have already been made and increase the capability and capacity to address the ongoing needs. As a minimum, a new provider arrangement will need to enable delivery of an integrated care system. Given the current position of partner agencies, it is proposed that this can best be provided through the establishment of an employee owned organisation for services presently provided by NHS Plymouth provider. However it is the intention of these partner agencies to continue to explore further potential arrangements for an integrated provider organisation of a full range of children's services under the umbrella of the children's trust arrangements.

There are a number of services that either require greater scale to maximise productivity and ensure critical mass in driving best practice or have been highlighted as opportunities for further analysis and review. The Commissioner would embark on a process of market review across these services lines. This in turn could lead to a competitive procurement process. It is proposed to engage the provider market via the 'invitation to participate in dialogue' process (as set out in the 'Procurement Guide for Commissioners of NHS-funded services) in some areas.

In consideration of organisational form, the commissioner looked at the various options in terms of vertical integration, horizontal integration and the establishment of an employee owned organisation, using the consideration of the parameters of:

- **Quality Improvement** – in terms of improving outcomes, improving quality, service integration and stakeholder engagement.
- **Increased Efficiency of Solution** – in terms of efficiency improvements and infrastructure utilisation.
- **Sustainability** – in terms of clinical and financial sustainability, the necessary skills and knowledge base critical mass and whole system fit.

NHS Plymouth supports the establishment of an employee owned organisation to provide a vehicle for transforming the community services in Plymouth working collaboratively with strategic partner organisations for primary care, secondary health care and social care in order to create an integrated care delivery system. In accordance with the original proposals developed in March 2010 and approved by SHA and DH, NHS Plymouth will consider the option for the creation of a social enterprise for adult services and another for children and families where this can be shown to meet the requirements of the commissioner for improvement and achieve sustainability.

A final decision will be made by NHS Plymouth Board through appraisal of the Integrated Business Plan(s) in October using the assurance tests published by DH in February 2010.

However the existing provider landscape in Plymouth and the South West peninsula is limited. Therefore further provider and market development is needed over the forthcoming period, particularly in community services, to run concurrently with the implementation of QIPP plans. In turn the configuration of the social enterprise that is established for April 2011 is not expected to

remain the same beyond the initial contract period. Specifically it will be changed as a result of:

- Implementation of the QIPP programme and changes in both service delivery models and further changes in provider organisational arrangements that may be required to achieve revised pathways of care and increases in quality and efficiency. This may well involve organisational integration of services provided by existing provider organisations.
- A period of provider and market development, ideally involving cooperation between existing PCT's where appropriate.
- The development of the GP commissioning consortia and any changes to either commissioning intentions or footprint that occur as a result.

The above will provide opportunities for the new community provider as well as existing statutory providers and current community interest companies or VCS organisations. However new market entrants may also be encouraged where appropriate to develop services in accordance with "Plymouth's Healthy System" and revised service models derived through QIPP.