

Transforming Community Services Update October 2010

1. Introduction

This paper will summarise progress made in the implementation of the following Board decisions:

- In May the Board decided that RBH NHS FT would be the preferred Provider with which to integrate its Provider Services, to create a new Integrated Care Organisation delivering both Acute and Community services. The decision was made subject to a set of conditions which would need to be successfully negotiated prior to the Business Transfer Agreement. The transfer will also involve a number of 'Public Health Provider' Services currently delivered from the Public Health Directorate of NHS Bolton and a number of functions that currently serve both the Provider and Commissioner side of the PCT.
- In September a decision was made to transfer Special Care Dentistry to a Regional model of provision, in the light of new information received from the SHA about this proposed model. It was agreed that the Emergency Dental Service and the Oral Health Promotion Team would still transfer to the RBH NHS FT because of their natural alignment with other Urgent Care services and NHS and LA Children's Health and Education Services respectively.
- In September the Board decided to extract the Bolton Community Practice from the transfer to RBH due to strong objections raised by the PBC Leads arising from new issues raised by the White Paper, specifically the conflict of interest between the Commissioning role of the Practice and the Provider employment arrangements.

2. Dental Services

The Special Care Dentistry element of the service is on track to transfer to Ashton Wigan and Leigh aspirant Community Foundation Trust on 1st April 2011.

Due Diligence information about the service has been requested by the SHA Lead for the regional model.

The Integration Lead and the Assistant Director of HR are to attend the next Dental Staff Communication meeting, following which individual meetings will be held with staff who work in more than one element of the service. For example, a number of dental nurses and admin staff provide support to both the Special Care Dentistry Service and the Emergency Dental Service. These arrangements can continue but need to be separately identified and two contracts of employment will need to be held.

Clinical leadership and management arrangements for the services transferring to the RBH NHS FT will also need to be agreed prior to transfer.

3. Bolton Community Practice (BCP)

The Board decision to extract the BCP from the transfer to RBH NHS FT has resulted in a 'Right to Request' response from the BCP. The Expression of Interest for BCP to become a Social Enterprise has been developed and is tabled as part 2 of this paper.

The SHA has agreed a deadline of December Board submission of an Outline Business Case for the BCP Social Enterprise model and a steering group has been established to oversee this.

The extraction of the BCP from the integration transaction with RBH has wider impacts on the transaction in relation to the Associate Medical Director role and its associated responsibilities and accountabilities; these issues are currently being worked through with the Medical Directors of NHS Bolton and RBH.

4. TUPE Transfer of Staff to the new Integrated Care Organisation

A series of meetings has been held to sort the PCT staff list into the following categories/ clusters as follows:

‘Provider’-clinical service delivery staff, together with assigned managers and support roles, for definite transfer to RBH under TUPE on 1st April 2011

‘Public Health Provider’ –staff working within the Public Health Directorate who have face to face contact with patients delivering interventions that require regulation by the CQC. These staff will transfer to the RBH NHS FT alongside the Provider staff on 1st April 2011.

‘Public Health Commissioner’-staff working within Public Health who commission/design/monitor population-based health initiatives-these staff will remain in the PCT prior to ultimate transfer to one of the new Public Health Commissioning organisations, either locally in the LA or as part of the National Commissioning Board.

‘Commissioner’-staff whose role is purely Commissioning-these staff will remain as employees of the PCT until they become part of the new Bolton GP Consortia Support Unit or the National Commissioning Board.

‘Corporate’-staff who currently support both the Commissioner and the Provider. There are three possible outcomes for these members of staff:

- Stay based with the Commissioner and provide a service to the Provider under a SLA
- Transfer under TUPE to RBH and continue to provide a service to the Commissioner under a SLA
- Split the team, with one or more individuals transferring to RBH and one or more individuals staying with the Commissioner. In some instances, this will mean minor modifications to job descriptions.

The work to sort people into the above categories and to have discussions with managers and individual staff should be completed by the end of October. This is to enable the Due Diligence process to assess the information about the services and functions transferring, together with the workforce assigned to those services and functions. Any risks identified at this point can be discussed and assurances provided to RBH within the Business Transfer Agreement. Once this agreement has been finalised it will be possible to write to all the staff concerned to inform them that they will definitely be transferring under TUPE, subject to staff TUPE consultation.

5. Heads of Terms Agreement

This was presented to the Boards of both NHS Bolton and RBH NHS FT in September and has subsequently been signed, with minor amendments, by the Chief Executives of both organisations.

6. SHA Approval

The 'Outline Business Case' and 'Case for Change' documents, together with a spreadsheet listing all the services transferring, and a large number of source documents signposted within the Outline Business Case, were submitted following approval in the September Board meetings of both organisations.

The SHA Provider Development Board (TCS assurance panel) met on 14 October 2010 to assure the proposal and concluded the following:

"The general overview of this approach is that it is exemplary. NHS Bolton have provided a well argued, evidenced-based proposal, with clearly sign posted supporting evidence which appropriately backs up the proposal.

The process used by the PCT's TCS Transition Steering Group and the PCT Board for determining the preferred management partner using the tests listed above was appropriate and demonstrates that the proposals set out in the NHS Bolton Primary Care Trust Community Services Outline Business Case and Case For Change template have been appropriately tested by the PCT.

The proposals presented in the Outline Business Case and Case For Change Template comply with the SHA TCS assurance tests.

Bolton PCT has been able to demonstrate support for the community services proposals from Practice Based Commissioner consortia, Local Authority and staff side.

The proposals for children's services demonstrate integration, local authority engagement, Children's Trust Board's support and ongoing resourcing for safeguarding and service delivery. Proposals have been assured by the SHA's children's leads".

However, it was stated that the proposal needs further work to fully meet the criteria for children set by the DH and the NW Children's Team but concerns are not sufficient to stall the proposal.

The SHA has written to the Director of System Management at the DoH to ask for confirmation of the proposal.

7. Due Diligence

A formal request for information was made by the Director of Finance at RBH on 27th August.

The information requested is in the categories below:

- Consents
- Assets

- Review of Management and Staff of NHS Bolton Provider Services
- Review of Property Matters
- Environmental/Health and Safety Matters
- Data Protection
- Freedom of Information
- Review of IT, Communication Facilities and Other Essential Services
- Intellectual Property
- Contracts and Trading Arrangements
- Insurance and NHSLA Indemnities Scheme Membership
- Taxation Matters Review
- Recent Events
- Integrated Governance, Disputes and Liabilities
- Financial

A shared drive has been set up to facilitate the exchange of this information. This is being used where appropriate. The HR information is being exchanged directly between NHS Bolton's HR Department and the HR Department at RBH, due to the confidential and sensitive nature of much of this information.

The majority of the financial information requested has been supplied by the Head of Provider Finance. This has been subject to scrutiny by Grant Thornton, who have been appointed by RBH to undertake this process on their behalf.

A report has been produced by Grant Thornton which will form the basis of negotiations between RBH and NHS Bolton before the Business Transfer Agreement is signed off.

8. Communications and Engagement

The second edition of the 'Better Care Together' newsletter has been produced and distributed.

A series of 'Big and Small Conversations' has been taking place to engage staff at all levels within the organisations that are integrating. These events are being facilitated by the HR and Learning & Development Departments of both organisations.

On 3rd November an event is being held to engage clinical/professional leads in shaping the potential models of care for the new organisation. This will help to inform the long-term divisional structure, as services lending themselves to similar care delivery models could be clustered together for optimal effectiveness.

Preparation for the stakeholder engagement two day event on 23rd/24th November has been under way for several weeks. The purpose of the event is to develop the vision and strategy for the new organisation. A pre-event reading pack is being developed to include:

- A summary of Bolton's population health needs
- Articles about the evidence base for integrated care
- Datasets relating to the service portfolio of the new organisation
- Patient experience data
- Staff survey data from both organisations

The two Integration Leads attended the 'More than a Hospital' sub-group of the Board of Governors of RBH NHS FT on 13th October, to brief members on the integration work to date and engage members in discussion about the potential benefits of the integration.

'TCS Update' is a regular agenda item on the Staff Open Forum, Joint Negotiating Committee and Local Medical and Dental Negotiating Committee.
A joint staff side event is scheduled for November.

'TCS Update' is a regular agenda item at the Service Provision monthly meeting, the weekly Provider Managers meeting, the Provider Clinical Executive Committee and the Provider Services Committee.

The Integration Leads have jointly presented on 'Better Care Together' at Directorate/Divisional/Departmental meetings within RBH.

The Integration Leads are attending the next meeting of Bolton LINKs on 20th October to brief members on the 'Better Care Together' implementation and engage members in discussion about potential patient benefits and the involvement of LINKs in the integration.

An event for Senior Managers and Clinicians from both of the integrating organisations was held on 6th October. The purpose of this event was to help develop a new shared set of values and principles for the new organisation and to generate discussions and thinking about the integration of services and functions. The outcomes from this event will help to inform the detailed development of the post-integration plan and the Integrated Business Plan (IBP) which has to be presented to the Board of RBH NHS FT in December. The IBP will then be assessed by Monitor in January.

Next Steps

The main focus of work throughout October and November will be:

- Completing the Due Diligence process
- Drawing up the Business Transfer Agreement
- Developing the Integrated Business Plan
- Engagement and Consultation
- Finalising the TUPE Transfer list