

Middlesbrough and Redcar and Cleveland Overview and Scrutiny

20 October 2010

Introduction

NHS Middlesbrough and NHS Redcar & Cleveland (the PCTs) were required to express their proposed way forward to meet the NHS Operating Framework requirement of agreement with Strategic Health Authorities (SHAs) of proposals for the future organisational structure of all current PCT provided community services by 31 March 2010. At a joint meeting of the PCT Boards in February 2010, the PCTs agreed to transfer the services to an FT.

The next stage of the process, which was completed by 31 May 2010, required the PCTs to undertake a transparent and robust process to determine the best placed FT provider(s) to deliver partnership and hosting of services.

Representatives from the two Local Authorities were engaged in Stage 2 of the process. In particular, their role was to be assured on the future of Childrens Services and partnership arrangements with the prospective management partners.

In conjunction, discussions were held with PBC colleagues and the current community services provider, Middlesbrough, Redcar and Cleveland Community Services (MRCCS) on potential models of provision in the future.

Finally, Overview and Scrutiny colleagues have been kept up to date with the proposals and outcomes of the first two stages.

On 22 September 2010, at a joint meeting of the PCT Boards, South Tees NHS Foundation Trust ('South Tees') was approved as the preferred management partner to host MRCCS. In addition, the SHA and Department of Health have confirmed verbally that the transfer to South Tees has been approved for implementation.

The PCTs will now work with South Tees on a Heads of Agreement, Business Transfer Agreement (BTA) and Community Services Contract (CSC) for services to commence 1 April 2011.

Scope of the Transforming Community Services Project

A project framework has been developed to separate MRCCS from the commissioning PCTs. The key aim of the Project is to set the arrangements for South Tees to host MRCCS.

The process should ensure:

- that the separation takes place effectively with no disruption to services, patients and the public
- that disruption to staff is minimised
- that appropriate consultation, communication and process is followed
- that the services for hosting are appropriately identified
- that supporting corporate functions are appropriately identified for hosting or that alternative arrangements are agreed and formalised
- that funding and associated revenues, estate and assets are identified and, where appropriate, hosted to the FT
- that associated IM&T structures are identified and robust arrangements are made to host to the FT, information governance processes being followed
- that arrangements ensure that clinical governance, risk management and other governance matters remain in place and effective prior to, during and after the hosting.

Broad approach

The broad approach of the project is to ensure that effective due diligence is followed and that all aspects of the hosting process are identified, communicated and actioned.

A project structure has been proposed to oversee and take forward the transfer of MRCCS to South Tees. This project structure has been agreed jointly between the PCTs and South Tees..

The Project structure is set out diagrammatically in Appendix 1 and proposes an overarching TCS Steering Group who will meet no more than three times during the project lifetime. POG will be set up to oversee the project. The members of the POG and the Task Groups represent the PCTs and the FT.

Both the PCTs and South Tees will assist one another to the best of their ability during the process. Both organisations are committed to ensuring that their staff and people using the services concerned will continue to be treated with dignity and respect throughout the process.

The project work will lead to a 'Due Diligence' document with evidence and supporting documentation. The Board of South Tees and the PCTs aim to approve the transaction in principle in December 2010, prior to a hosting date of 1 April 2011. Alongside, and based on the due diligence evidence, the BTA and CSC will be developed and also, be approved in principle.

Timetable (to be formally agreed)

Date	Actions
October 2010 – November 2010	<ul style="list-style-type: none"> • Engagement with staff, stakeholders and partners • Establish Project Steering Group, Oversight Group and Task and Finish Groups • Provision of due diligence information relating PCTCH by the PCT • Identify services and assets to transfer to the Trust • Initiate discussions with Co-operation and Competition Panel (CCP) and agree timeline and approval / process for any submissions or communications made • First draft of the BTA to be circulated • First draft of the Service Contract including service specifications to be circulated
October – November 2010	<ul style="list-style-type: none"> • Continue provision of the due diligence information via agreed channels including through Task and Finish Groups. • First drafts of ancillary legal documents (leases / licences, contract novations, corporate support agreements etc) to be circulated • Ongoing meetings to negotiate the BTA, Service Contract, service specifications and ancillary legal documents • CCP to report on transfer • Start TUPE consultation • Update on progress to all relevant Boards
December 2010	<ul style="list-style-type: none"> • Second drafts of legal documents • Agree final list of assets transferring to the Trust

Date	Actions
	<ul style="list-style-type: none"> • Agree final list of estates, equipment, records, IP, IM&T and other corporate services being made available to the Trust from Completion date
January/February 2011	<ul style="list-style-type: none"> • FT to submit application and supporting documents to Monitor to consider the effect of the transfer on the FTs risk ratings
Mid-March 2011	<ul style="list-style-type: none"> • End TUPE consultation • Final reports to Trust / PCT Boards • Trust Board meeting to give final approval to Transfer • PCT Board meeting to give final approval to Transfer
End March 2011	<ul style="list-style-type: none"> • Update risk register, litigation profile and workforce profile • Final adjustments to and signature of legal agreements
1 April 2011	<ul style="list-style-type: none"> • Transfer takes effect

High level summary of services to transfer

Community Contract
Care at Home - Middlesbrough
Care at Home - Redcar and Cleveland
Child and School Health Administration
Child Protection
Continence Service
Day Hospital
Dietetic and Nutrition Service
Palliative Care at Home Service
Falls Service
Health Visiting
Intensive Home Support
Intermediate Care Services - Middlesbrough
Intermediate Care Services - Redcar & Cleveland
Looked After Children
Minor Injuries Services
Musculoskeletal Service
Outpatient Physiotherapy
Paediatric Physiotherapy and OT
PCH Inpatient Services
Podiatry
Pulmonary Rehabilitation
Speech and Language Therapy
School Nursing
Skin Service
Specialist Nursing - CHD
Specialist Nursing - Heart Failure
Specialist Nursing - Pain
Specialist Nursing - Respiratory
Specialist Nursing - Stoma
Specialist Nursing - Tissue Viability
Family and Carer Stroke Support Service
Specialist Weight Management Service
Specialist Nursing - Tuberculosis
Heart Function Clinic
Specialist Stop Smoking Service
Health Improvement Service
Health Trainers
Workplace Health
Cardiovascular Primary Prevention
Best Interest Assessments
Rapid Response Vehicle
Community Specialist Palliative Care
Specialist Nursing Service – Diabetes
Sexual Health Service
Infection Prevention and Control Service (C-Diff)

Osteoporosis
Stroke Rehabilitation Lead
APMS Contract
Essential, Additional and Enhanced primary care services
PMS Contract
Essential, Additional and Enhanced primary care services

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NHS MIDDLESBROUGH & NHS REDCAR & CLEVELAND
TRANSFORMING COMMUNITY SERVICES
TCS STEERING GROUP

Terms of Reference

1. Aims

The Steering Group will:

- Ensure strong stakeholder engagement in the future development of community health services across NHS Middlesbrough & NHS Redcar & Cleveland
- Ensure decisions are taken which move forward the development of community services and reflect current governance arrangements within individual organisations and partnerships.
- Oversee the transfer of NHS Middlesbrough & NHS Redcar & Cleveland Community Health Services to the FT (as the preferred management partner)
- Ensure that Middlesbrough Redcar & Cleveland Community Services remains a successful and high performing organisation with its own governance arrangements, most importantly, a provider Board

2. Objectives

- 2.1. To agree a vision for community health care across NHS Middlesbrough & NHS Redcar & Cleveland.
- 2.2. To oversee the practical issues and principles that the Foundation Trust should consider when formulating proposed implementation arrangements, including strong and effective governance.
- 2.3. To ensure the views of GP Commissioners are facilitated in exploring their likely strategic approach to commissioning in light of emerging policy.
- 2.4. To ensure effective clinical engagement in the future development of community health services
- 2.5. To ensure the views of the community service provider are reflected in taking forward the integration of management arrangements into the Foundation Trust.
- 2.6. To ensure that local authority concerns and principles for implementing integrated health and social care are considered particularly in relation to integration of services for children and adults, building upon opportunities to work together to ensure that the outcomes of this work deliver more efficient and effective services through strong governance and partnership arrangements.

- 2.7. To ensure patient and public representation contributes to shaping the future vision for community services across NHS Middlesbrough & NHS Redcar & Cleveland.
- 2.8. To ensure staff representation influences the development of community health services across NHS Middlesbrough & NHS Redcar & Cleveland.
- 2.9. To oversee the business transfer requirements in order to effect the transfer and ensure the business and staff transfers are completed within agreed timeframes.

3. Membership

NHS Middlesbrough & NHS Redcar & Cleveland – Chief Executive (Chair)
 NHS Middlesbrough & NHS Redcar & Cleveland – NED Rep
 NHS Middlesbrough & NHS Redcar & Cleveland -Transforming
 Community Services Lead Director
 NHS Middlesbrough & NHS Redcar & Cleveland – Transforming
 Community Services Project Lead
 NHS Middlesbrough & NHS Redcar & Cleveland PBC Leads
 Foundation Trust – Chief Executive (Co-Chair)
 Middlesbrough Redcar & Cleveland Community Services Chairman
 Middlesbrough Redcar & Cleveland Community Health Services -
 Managing Director
 Middlesbrough Council - Adult Services Lead
 Middlesbrough Council - Children Services Lead
 Redcar & Cleveland Council - Adult Services Lead
 Redcar & Cleveland Council - Children Services Lead

Other individuals may be co-opted to the group as required and at the request of the chair

4. Frequency of Meetings

The Partnership Board will meet three times during the duration of the project.

5. Accountability Arrangements

The strategic organisational links and accountabilities are illustrated in Appendix A.

6. Quorate

Quoracy will mean the Chair or Co–Chair; Local Authority and PBC representation.

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