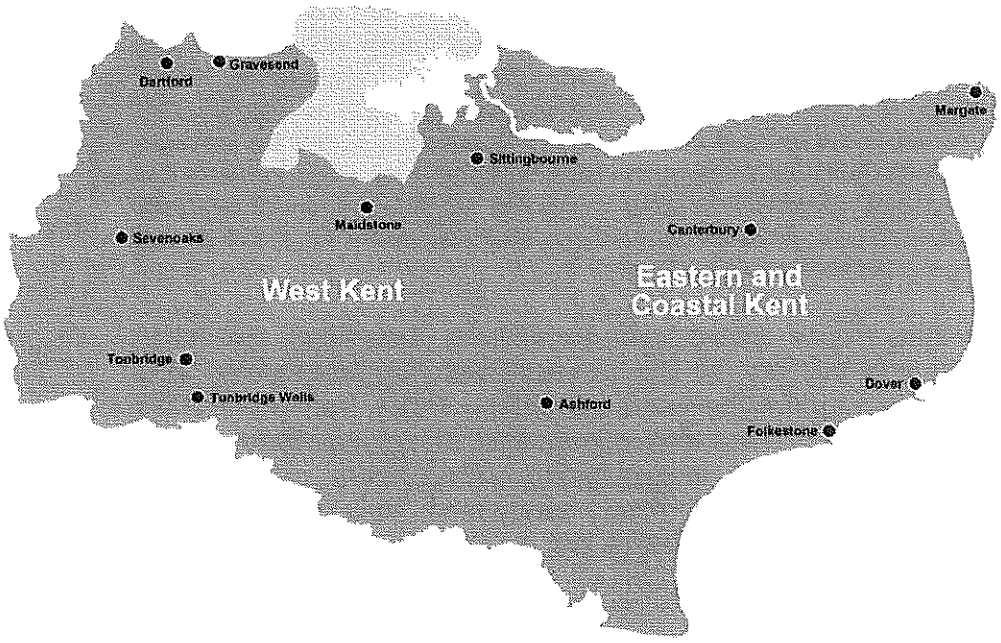
NHS West Kent NHS Eastern and Coastal Kent

The Future of PCT Provider Services
Overview of NHS Eastern and Coastal Kent and NHS West Kent
Health Overview and Scrutiny Committee – 3 September 2010

Context

The map below shows the geography covered by NHS Eastern and Coastal Kent (ECK) and NHS West Kent (WK) and their respective community services. They collectively cover a population of 1,366,208, (ECK – 710,483 and WK – 655,725) delivering services predominately in people's homes, in community hospitals, health centres and clinics.



Introduction

This paper by NHS Eastern and Coastal Kent (ECK) and NHS West Kent (WK) provides members of the committee with an overview of the current position regarding the future of PCT Provider Services and responds to the questions posed in Mr Wickenden's letter of 16 July 2010

This paper provides a summary of the current community services proposals for Kent and responds to the two overarching questions posed by the committee:

- What are the main challenges in the way of delivering first class community health services for the people of Kent?
- How can the Health Overview and Scrutiny Committee help to achieve this goal?

Section 2 (as Appendix A) provides answers to any specific questions that are not answered in Section 1.

SECTION 1: The Future of PCT Provider Services
This section will answer questions one, two, ten, thirteen and fourteen posed by the committee.

1.0 National Context

1.1 The *Transforming Community Services* national programme has been in place for over two years, accelerated during the last six months of the previous government. The programme required that by 31 March 2010 PCTs would have agreed proposals for the future organisational structure for all current PCT-provided community services with implementation of the new organisational form, or very substantial progress made, by March 2011. This was accelerated further by the Coalition Government reflected in the NHS Operating Framework for 2010/11 "*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...Existing approved applicants for Community Foundation Trusts, however, should continue to prepare for the first step of being established as NHS Trusts.*"

1.2 The White Paper *'Equity and excellence: Liberating the NHS'* supports the delivery of this by separating commissioning and provision throughout the NHS, abolishing PCTs from April 2013 and Strategic Health Authorities in April 2012. An associated paper *'Liberating the NHS: regulating healthcare providers'* sets out how providers will be freed from centralised through the NHS Foundation Trust process. and will fall under a new system of regulation.

2.0 Local Context

2.1 For many months work has been underway developing first class community services across Kent. Some of the challenges faced included:

- Ensuring strong alignment and integration with Kent County Council and social care.
- Allowing integration of clinical services with other sectors and agencies at a patient, rather than organisational level.
- Meeting the broad spectrum of health needs associated with the demographics and health inequalities of Kent.
- Ensuring best practice across the whole county which supports efficient ways of working.
- Providing choice to patients in a geographical area that hinders competition in the eastern and southern parts of

Kent.

- Ensuring care traditionally delivered in hospital can be safely and appropriately delivered in the community especially in the care of children, treatment of long term conditions, rehabilitation and end of life care.

- Harnessing strong community engagement and involvement in community services.

- Delivering the PCTs' Strategic Commissioning Plans in the current economic climate.

- Ensuring effective economies of scale in a tough economic climate with a reduction in overheads and an increasing level of productivity and efficiencies.

- Maintaining good staff engagement and satisfaction and ensuring NHS staff terms and conditions are retained during organisational change.

- Ensuring GP commissioning, as it evolves, is strongly linked to community care, whilst maintaining governance and safety.

2.2 In order to meet these challenges both ECK and WK have made recommendations on future function and form for their provider services to their Boards.

2.3 In September 2009 ECK confirmed its intention to move its provider services towards a Community NHS Foundation Trust model. This builds on the track record of joint working and integration between its provider services and other agencies and sectors such as KCC social services and primary care. It provides real opportunity for further integration through a proposed clinical operating model between the community service, social care and GP commissioning. It also builds on the commitment to initiatives such as Total Place and Gateways.

2.4 In January 2010 ECK submitted a business case to NHS South East Coast (SECSHA) and the Department of Health (DH) to become an NHS Trust in its own right (a separate legal entity), which would then seek NHS Foundation Trust status. At the end of February 2010 ECK were informed that their provider services had been successful in their bid to become a separate NHS Trust, subject to ratification by the DH Transactions Board. ECK is one of eight PCT provider services in England to be on this path. This will result in ECK provider services being a separate NHS Trust from 1 October 2010.

2.5 WK's Board agreed to an integration of its community services with those of ECK in March 2010, with core community services focused around GP commissioning clusters. This integration supports the resolution of challenges set out above whilst providing both clinical and management integration to meet the financial demands of the current economic climate.

2.6 SECSHA agrees with the PCTs that such an integration across Kent could provide considerable efficiency gains and reduction in management costs with the following benefits:

- Sharing clinical expertise and best practice across the county.
- Wider access and greater choice for patients especially at the current PCT borders.
- Reduced service inequalities.
- Greater integration between health, KCC and social care to realise the benefits of single assessment processes, personal health budgets for health and social care and a single point of access for referrals, carers and clients/patients .
- A stronger community focus with locality working across the 12 districts of Kent within a community ownership framework possible through the NHS Foundation Trust model.
- Strengthened opportunities for innovation, clinical careers, audit and research.
- Improved interface with the acute sector with standardised approaches, for example in hospital discharges.
- A strong community employer working with the voluntary sector, volunteers and local communities.
- The opportunity for Kent to become a strong, national voice and centre for community service innovation and delivery.
- Reduced duplication of back office functions.

3.0 Engagement and Timescales

3.1 In light of the nationally accelerated timescales the local timeline to deliver this integration includes the following milestones:

August - September 2010
Engagement with key stakeholders including Health Overview and Scrutiny Committee, GPs, LINks and staff on the proposed arrangement.

September 2010
PCT Boards agree proposed business case for pan-Kent organisation.

1 October 2010
ECK Community Services become Eastern and Coastal Kent Community Health NHS Trust.

October - December 2010
Cooperation and Competition Panel assess business case for impact on competition and choice.

January 2011
Cooperation and Competition Panel recommendation published.

1 April 2011
Integration of WK Community Services with Eastern and Coastal Kent Community Health NHS Trust to form Kent Community Health NHS Trust.

April 2011 - December 2012 (indicative dates)
Journey to NHS Foundation Trust status including full public consultation..

3.2 Both ECK and WK have undertaken staff and partner engagement through 2009/10, including direct engagement with HOSC in October 2009 and a paper to the HOSC in May 2010. WK also held a workshop with stakeholders including other NHS Trusts in Kent, in March 2010 to inform their Board decision.

3.3 The move of ECK Community Services to separate NHS Trust status is expected to positively impact on the delivery of services as the benefits set out above highlight.

3.4 The move to a pan-Kent organisation does not require public consultation under the Local Government and Public Involvement in Health Act 2007. However the establishment of a new NHS Foundation Trust status does require a full 12-week public consultation which will be undertaken in accordance with legislative requirements. ECK and WK and the new community NHS Trust would also undertake separate formal public consultations if any significant clinical service changes were to be proposed, in line with the Act.

3.5 Although formal public consultation is not required ECK and WK remain committed to clear communication and engagement throughout the transition. There has already been fruitful engagement with stakeholders including other NHS organisations, Kent LINk and CASE Kent (Community Action South and East Kent). Both Kent LINk and CASE Kent have written letters of support to ECK Community Services becoming an NHS Trust.

4.0 How can the Health Overview and Scrutiny Committee help achieve first class community services?

4.1 The PCTs welcome the interest of the Health Overview and Scrutiny Committee as a key stakeholder in helping them in the development of first class community services.

4.2 By April next year Kent will be one of only eight community services organisations in the country. This means that the county will benefit from a strong organisation focused on the delivery of high quality community services, not diverted from this by competing priorities of acute and mental health trusts or establishing social enterprises. HOSC members' support for the proposal to build this strong Kent organisation owned by the community (through the NHS Foundation Trust model), with clinicians dedicated to community services would demonstrate their interest in developing high quality services. The organisation will have the capability and capacity to deliver local services in local communities to meet local health needs as identified through the joint needs assessments undertaken with Council colleagues, working alongside GPs and social care.

4.3 It is anticipated that the opportunity that this change provides for the communities of Kent will be welcomed by all stakeholders. It provides a more stable and welcome solution for the clinical and support staff providing community services than other options, and facilitates further integration of health and social care to the benefit patients/clients as well as significantly reducing management costs.

4.4 We welcome the opportunity to discuss this and gain support from HOSC on 3 September 2010.

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APPENDIX A:

SECTION 2: Outstanding Questions and Answers
This section will answer specifically questions five, six, seven, eight, nine, eleven and twelve posed by the committee.

1.0 *Can you outline the differences between the commissioner and the provider functions of your organisation? (Question 5)*

The commissioner role is to identify the health needs of the population, in conjunction with other agencies particularly KCC, specify the services required to meet those needs and commission these services, performance managing the NHS and independent sector providers who deliver them.

The provider function is to manage and provide the community services it has been commissioned to deliver to the highest possible standard and to agreed quality and performance measures.

2.0 *What services does your PCT Provider Service (PCTPS) provide? (Question 6)*

Both ECK and WK provider services have a portfolio of services to meet local need for both adults and children. Both portfolios also include some specialist services. Although the specifications are different in ECK and WK they broadly cover the same types of services including:

- Community Nursing
- Community Hospital Inpatient and Outpatient Services
- Intermediate Care
- Specialist Nursing and Community Matrons
- Dietetics
- Health Visiting and School Nursing
- Adult Speech and Language
- Outpatient Physiotherapy
- Equipment and Wheelchair Services
- Podiatry
- Sexual Health
- Childrens Community Nursing
- Walk in Centre and Minor Injury Units

As well as others that are specific to each local area.

3.0 *How many staff are employed by your PCTPS, and what staff groups does that include? (as at April 2010) (Question 7)*

Eastern and Coastal Kent

Headcount	
Staff Group	**Total**
Add Prof Scientific and Technical	16
Additional Clinical Services	731
Administrative and Clerical	845
Allied Health Professionals	463
Estates and Ancillary	190
Healthcare Scientists	4
Medical and Dental	88
Nursing and Midwifery Registered	1156
Grand Total	**3493**

Full Time Equivalent	
Staff Group	**Total**
Add Prof Scientific and Technical	11.99
Additional Clinical Services	567.86
Administrative and Clerical	665.77
Allied Health Professionals	396.59
Estates and Ancillary	113.94
Healthcare Scientists	2.05
Medical and Dental	52.12
Nursing and Midwifery Registered	955.30
Grand Total	**2765.62**

West Kent

Headcount	
Staff Group	**Total**
Add Prof Scientific and Technical	3
Additional Clinical Services	393
Administrative and Clerical	387
Allied Health Professionals	210
Estates and Ancillary	116
Healthcare Scientists	4
Medical and Dental	125
Nursing and Midwifery Registered	631
Grand Total	**1869**

Full Time Equivalent	
Staff Group	**Total**
Add Prof Scientific and Technical	2.09
Additional Clinical Services	291.85
Administrative and Clerical	271.30
Allied Health Professionals	157.76
Estates and Ancillary	75.95
Healthcare Scientists	3.65
Medical and Dental	19.16
Nursing and Midwifery Registered	468.98
Grand Total	**1290.74**

4.0 *Specifically, what role do health visitors play within community services, how many are currently employed, and how many have been employed in each of the last five years?(Question 8)*

Health Visiting teams play a key and fundamental role in the delivery of the Healthy Child Programme 0-5 years. The Healthy Child Programme is a national screening and support programme for children and constitutes a number of assessments to be undertaken at key points in the child's development. This includes delivering a range of services to all families (Universal Service) with additional support offered to families and children who through our Family Health assessment model have been identified as requiring additional support (Progressive Universalism).

All families have a comprehensive assessment, taking into account both Health and Social needs, whilst also considering resilience and protective factors such as additional family support and access to available services. This assessment is undertaken by a qualified Health Visitor.

The key purpose of the service is to ensure that all families have access to a range of assessment and support at key stages in their baby and child's life, and also includes promotion of healthy lifestyle choices to all families. This aims to engage in and promote key health priorities such as raising breast feeding rates, early identification of Postnatal Depression, increase immunisation uptake, reduce obesity, smoking and substance misuse, reduce teenage conception rates, promote positive parenting with a particular emphasis on supporting young parents. Additionally we work closely with our School Nurse colleagues identifying those families who will require support on transition into school.

Through early detection of vulnerability we identify and support high level complex families requiring additional support such as those suffering domestic abuse, mental health issues, substance misuse or poor socio economic factors. These supportive services seek to reduce inequalities and deprivation, prevent social exclusion, and reduce criminal behaviour in the long term. We support the Child In Need process through working in partnership with our Social Work colleagues and when required produce professional reports and attendance in addition at Case Conferences, Core groups and Court. Health Visiting also directly supports families in the CP process.

A large proportion of Health Visiting service time is undertaken to support this Safeguarding Children agenda

We are developing close working relationships with colleagues in Childrens Centres. We continue to work closely in partnership with our colleagues in Midwifery, G.P practices, therapies such as Speech and Language and Early Support, voluntary sector, early year's education and Social Services.

There has been a remodelling of the workforce over recent years ensuring that the highly specialised skills of qualified Health Visitors are used appropriately. This has created skill mix teams and also enabled a career pathway both into the profession and within it.

The last two years have also seen particular difficulties in recruitment of Health Visitors and we have an aging demographic within the workforce. This has also resulted in skill mix in order to maintain safe effective services. Both of these issues are reflected in the establishment figures overleaf.

The staffing numbers of qualified Health Visiting staff for both organisations are shown below. In reviewing the statistics it should be recognised that the figures do not reflect the rest of the health visiting clinical workforce in bands lower than qualified health visitors.

Eastern and Coastal Kent			West Kent		
Health Visitors Employed	FTE	Head Count	Health Visitors Employed	FTE	Head Count
Apr-06	90.06*	Unknown	Apr-06**	40.67	52
Apr-07	104.32	Unknown	Apr-07**	43.78	55
Apr-08	99.35	125	Apr-08**	37.06	46
Apr-09	91.02	117	Apr-09	64.32	86
Apr-10	98.42	117	Apr-10	64.08	85

* April 06 – Does not include Swale figures.
** Data prior to 2009 may not be accurate.

5.0 How many properties, including the community hospitals, do your PCTPS own or manage? (Question 9)

Initially, the freehold of the buildings owned by the PCT and used by community services, including the community hospitals, will remain with the PCTs. The new Trust will retain a small number of of existing leases with private landlords for office buildings solely occupied by PCT Provider Services staff and leases with other agencies such as KCC and GPs where provider staff occupy space in their premises. Given the changes to the NHS structure signalled in the White Paper this position is likely to be reviewed in the coming months.

6.0 How much is spent on community services each year? (Question 11)

	Provider	2008/09 Budget	2009/10 Budget	2010/11 Budget	% of total PCT budget (09/10)
NHS ECK	NHS ECK Community Services	£116.071m	£119.473m	£121.633m	9.85%
	Other Providers	£2.261m	£1,774m	£1,624m	0.15%
NHS WK	NHS West Kent Community Health	£58.725m	£59.921m	£57.408m*	6.16%
	Other Providers in Kent	£99,515	£170,288	£175,000 estimated	0.017%

*For 2010/11, the reduction in spend is attributable to a change in providers for certain services, ie £2m from Urgent Care, £165k from Rainbow Lodge, £261k from Primary Care Counselling, £779k from the GP Out of Hours

7.0 How are community services commissioned and funded? (Question 12)

The commissioning and funding of community services is managed in the same way as the commissioning of any other healthcare service, including those provided by acute hospitals or in primary care. Decisions about healthcare services are informed by local priorities developed by considering current and future health needs of the population; developing clinical practice and existing services. ECK and WK engage public and clinicians in ongoing development of services to deliver these local priorities. Each organisation has a 5-year Strategic Commissioning Plan (SCP) which sets out the priorities and actions to be taken to deliver improvements in health outcomes.

Service specifications are developed to ensure delivery of clinical care pathways tested against national and local best practice. Commissioners use these service specifications to ensure providers deliver services in line with contracts. Funding for community services is allocated from the overall PCT budget, in the same way as any other service areas, and again in line with their SCP.

The delivery of the PCTs' SCPs including community services, are set within the challenging economic climate facing NHS and other public services. Both ECK and WK have undertaken financial forecasting to identify the scale of quality improvements and productivity and efficiency gains needed in the coming years to meet the needs of the population and ensure financial stability in the local health economies. There is a strong emphasis in both organisations for the delivery of more efficient community services, enabling a significant shift of care from acute hospitals to community settings. The development of the community services organisations is an important step in ensuring a provider environment capable of delivering a wide range of high quality services in a number of settings with an improved patient experience.