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**TRAFFORD
COUNCIL**

AGENDA PAPERS MARKED 'TO FOLLOW' (SECOND ISSUE) FOR EXECUTIVE

Date: Monday, 29 October 2018

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford,
M32 0TH.**

A G E N D A	PART I	Pages
12.	COMMUNITY HEALTH SERVICES IN TRAFFORD	1 - 8

To consider a report of the Executive Member for Health and Wellbeing.

JIM TAYLOR
Chief Executive

COUNCILLOR ANDREW WESTERN
Leader of the Council

Membership of the Committee

Councillors A. Western (Chair), C. Hynes (Deputy Leader), S. Adshead, J. Baugh, M. Cordingley, M. Freeman, J. Harding, J. Lloyd, K. Procter and J.A. Wright.

Further Information

For help, advice and information about this meeting please contact:

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Executive - Monday, 29 October 2018

This agenda was issued on Friday 26th October 2018 by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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TRAFFORD COUNCIL

Report to: Executive
Date: 29th October 2018
Report for: Information
Report of: Executive Member for Health and Wellbeing

Report Title

Community Services Update Report

Summary

The community services report is to update the Executive on the work undertaken to date and to note on the proposed programme approach going forward.

Recommendation(s)

That the Executive are to note the content of the report, in particular:

1. The overview, principles and objectives of the proposed programme approach
2. The timeline and process to agreeing a new stability partner
3. The roles and responsibilities of each organisation
4. The key risks for the programme
5. The procurement process to be administered.

Contact person for access to background papers and further information:

Name: Sara Radcliffe
Extension: 0161 873 6081

Background Papers: None

Implications:

Relationship to Policy Framework/Corporate Priorities	It will contribute to a number of the Council's priorities including reducing Health inequalities and improving health and wellbeing.
Relationship to GM Policy or Strategy Framework	It will relate to the GM Transformation Portfolio and GM Transformation themes 2 which is Transforming community based care & support.
Financial	The programme approach will continue to address

	<p>cost pressures and aim to close the current funding gap.</p> <p>There is a financial risk to CCG/TBC of full cost recovery from 1st April 2019 if programme approach is not delivered.</p>
Legal Implications:	Procurement activities will be in accordance with the Public Contracts Regulations 2015 and associated legal advice will be provided to the Council and CCG throughout the process.
Equality/Diversity Implications	Not yet defined and if required will be developed as part of the task and finish groups
Sustainability Implications	Not applicable
Resource Implications e.g. Staffing / ICT / Assets	The programme will be resourced out of current resources. The ICT and Assets implications will be defined as part of the programme.
Risk Management Implications	<ol style="list-style-type: none"> 1. Operational Resilience – Deterioration in quality of service provision during the change 2. Contract Value – there is a funding gap on delivery arrangements. There is a risk of contract value not being agreed between PCFT and CCG. 3. Communications & Engagement – Proposals will not fully be supported by all stakeholders
Health & Wellbeing Implications	Sustainability of community services in Trafford
Health and Safety Implications	Not applicable

1.0 Background

- 1.1 The contract between the CCG and Pennine Care Foundation Trust (“PCFT”) for delivery of community health services commenced 1st April 2013 for a period of 5 years to 31st March 2018. The contract included a provision to extend contract term for further 2 years.
- 1.2 The parties have continued to operate under the terms and conditions of the contract since 31st March 2018.
- 1.3 Following extensive work on the different options and after much discussion and consideration, on 3rd October 2018, the PCFT board ratified its decision to serve a notice to terminate the contract.
- 1.4 The decision is based on what is best for the people of Trafford, and to ensure that community services remain resilient and sustainable. These services are facing increasing pressures, which has impacted on PCFT’s ability to deliver continuous improvement and innovation.

1.5 Discussions between the parties are on-going but, it is anticipated that the current contract will terminate on 31st March 2018.

2.0 OVERVIEW, PRINCIPLES AND OBJECTIVES OF THE COMMUNITY SERVICE PROGRAMME APPROACH

2.1 All partners remain absolutely committed to the development of high-quality community services and to working together to ensure these can play a significant and enhanced role in keeping people as independent as possible through integrated care close to home.

2.2 The current model of integrated health and social care staff and services must now transfer to a new provider by or on 1st April 2019.

2.3 A procurement exercise will be undertaken to identify the best future provider organisation for Trafford community services, to better align quality aspirations to the resources available. Significant work will take place to ensure a smooth transfer of services, and the Council will be updated throughout this time.

2.4 A stability partner will be agreed to deliver services in an “as is” model and the following principles have been agreed:

- a. This will be a **commissioner led** change management programme which will ensure the seamless transfer between providers to ensure the continuation of high-quality service delivery;
- b. The financial transaction will be a clear and transparent process which will enable partner organisations to identify, monitor and report change;
- c. Clinical teams/staff are essential to the continuation of the delivery of high-quality community services and will have the opportunity to assist with further developments and implementation of the clinical models;
- d. To ensure all staff are kept up to date on progress and have the opportunity to raise issues;
- e. The transfer of services will work towards the strategic direction of care closer to home across Trafford, through strengthened integrated community place-based services focussing on the 4 neighbourhood footprints as the developing operating model for the Local Care Alliance;
- f. Throughout the transition, it is essential to have service resilience and service continuity.

2.5 The objectives for the programme have been drafted as:

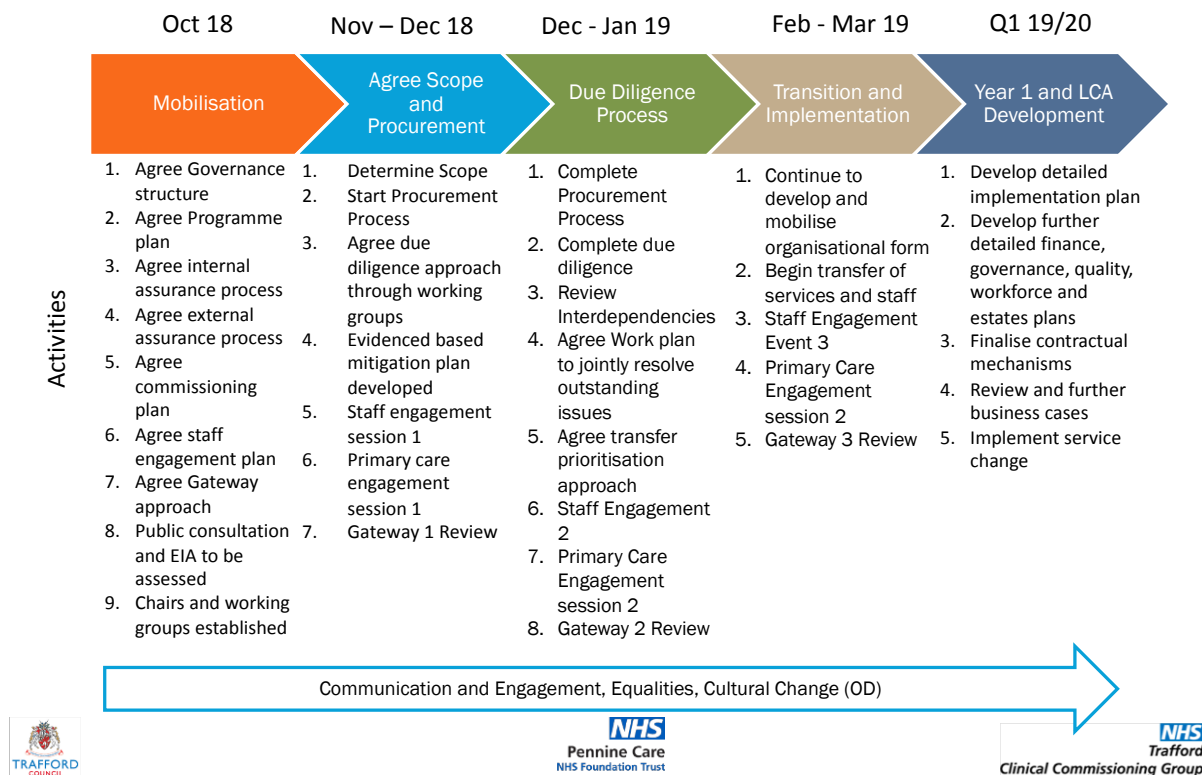
- a. To secure the future commissioning and delivery of high quality, sustainable community health services within the developing Local Care Alliance;

- b. To ensure the effective transfer of services to a new Provider within an appropriate timescale;
- c. To maintain a focus upon current service pressures ensuring the safety and well-being of patients is maintained through the transition;
- d. To continue to address cost pressures and aim to close the current funding gap.

3.0 TIMELINE AND PROCESS

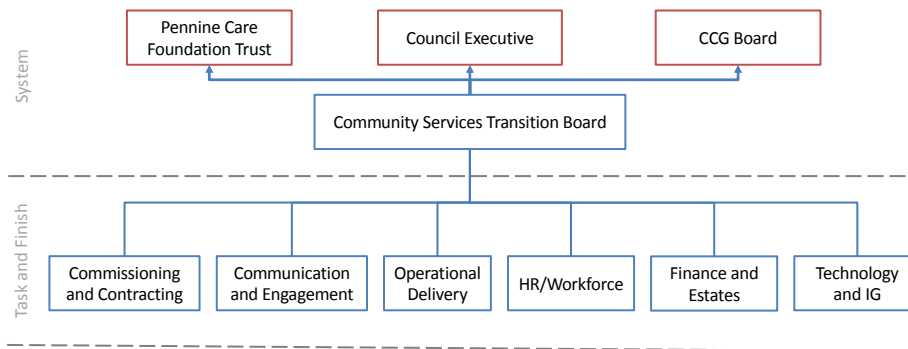
3.1 The high-level timeline below sets out the key milestones and gateways for each of the phases of this work:

End to End Overarching Timeline and Activities



3.2 The following draft governance structure has also been proposed to drive delivery of the objectives and provide oversight and assurance to the relevant statutory organisations:

Draft Programme Structure for the Community Services Transition Board



3.3 Membership of the programme board and task and finish groups will be made up of representatives of the CCG and PFCT until a stability partner is agreed.

4. ROLES AND RESPONSIBILITIES

4.1 It is recognised that it is important to ensure that there is clarity on the roles and responsibilities of each organisation, therefore the following descriptions have been agreed:

4.2 **Commissioners Role:**

- a. To finalise and formalise the commissioning intentions through internal governance;
- b. To consider proportionate contractual, due diligence and procurement process to enact the commissioning intentions;
- c. To engage with relevant regulatory organisations to provide any required assurance in relation to the actions taken by any party in response to these commissioning intentions; and
- d. To provide all reasonable support to PCFT in providing assurance to the workforce, and in sustaining service delivery with focus over the transition phase.

4.3 **PCFT Role:**

- a. To provide the best possible insight and information to the commissioning partners to inform decision making and to work in a co-produced manner;
- b. To provide appropriate information to any relevant service provider who may deliver services in the future, within an appropriate governance framework;
- c. To provide continued support to service delivery and transformational change in the development of the Local Care Alliance during transition; and

- d. To engage with relevant regulatory organisations to provide any required assurance in relation to the actions taken by any party in response to these commissioning intentions.

4.4 Joint Role:

- a. To agree a communication and engagement plan across relevant stakeholders;
- b. To achieve as high a level of collaboration as possible, with shared aims and objectives as far as possible; and
- c. Consider any shared programme management functions required between the commissioners and PCFT to enable and support the transition.

5 PROCUREMENT POSITION

5.1 The CCG and the Council must adhere to the procurement requirements set out in the Public Contracts Regulations 2015 (“PCRs”) in the exploration of the market and potential new providers of the services.

5.2 Advice from the legal team and STAR procurement has been sought and their recommendation is to administer a light touch process in accordance with the PCRs. The indicative timeline for this is as follows:

Activity	Date
Issue of Invitation to Tender	26 th November 2018
Tender submission date	21 st December 2018
Evaluation of tenders	7 th January - 25 th January 2019
Standstill period begins	4 th February 2019
Standstill period ends	15 th February 2019
Expected date of Contract Award	18 th February 2019
Implementation Period	February – March 2019
Contract Commencement Date	1 st April 2019

5.3 The procurement process steps is to be further explored and determined, however, throughout the procurement process we would seek to utilise dialogue and/or negotiation steps with suppliers to develop and evolve the design of future service delivery.

6. KEY RISKS AND MITIGATON

6.1 Operational Resilience – Deterioration in quality of service provision and workforce leaving because of uncertainty during the change.

- a. Task and Finish group established as part of Community Services Transition Programme, with operational resilience and quality key focus. Quality Impact Assessment baseline established at commencement of Programme and monitored throughout. Quality delivery to be included in CCG and PCFT risk registers.

- 6.2 Contract Value – there is a funding gap on delivery arrangements. There is a risk of contract value not being agreed between PCFT and commissioners.
 - b. CCG, the Council and PCFT absorb increased financial pressures/risks, and/or service delivery is reviewed to ensure affordability.
- 6.3 Communications & Engagement – Proposal not fully supported by all stakeholders
 - c. Systems leaders forum established, with appropriate engagement with representative constituencies, and issues of difference addressed.
- 6.4 A full risk register will be developed to support the management of mitigation of risk in line with the review of risk & governance arrangements.

7 RECOMMENDATIONS

- 7.1 That the Executive are to note the content of the report, in particular:
 - 1. The overview, principles and objectives of the proposed programme approach
 - 2. The timeline and process to agreeing a new stability partner
 - 3. The roles and responsibilities of each organisation
 - 4. The key risks for the programme
 - 5. The procurement process to be administered.

Finance Officer Clearance *NB*
 Legal Officer Clearance *DS*

[CORPORATE] DIRECTOR'S SIGNATURE.....

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

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