

**TRUST BOARD MEETING
AGENDA ITEM NO 15****13 May 2010**

REPORT OF:	Chief Executive
DATE OF PAPER:	16 April 2010
SUBJECT:	Salford Community Health Service Merger
IN CASE OF QUERY, PLEASE CONTACT	Tony Maher 0161 212 4574
PURPOSE OF PAPER: To provide the Trust Board of NHS Salford with an update on the progress of the Salford Community Health Vertical Integration (initially reported to the Board in March 2010)	

IN Salford

Document Development

Process	Yes	No	Not Applicable	Comments
Public Engagement		X		
Clinical Engagement		X		
Equality Impact Assessment			X	
Legal Advice Sought			X	
Presented to the Salford Community Health Board		X		
Presented to the Commissioning Board		X		
Presented to the Health and Well Being Board		X		
Presented to any other groups or committees, including Partnership Groups (please specify in comments)		X		
KLOE references	2.1			

Salford Community Health Service Merger

1 Executive Summary

To provide the Trust Board of NHS Salford with an update on the progress of the Salford Community Health Vertical Integration (initially reported to the Board in March 2010). A decision is required to agree the proposed transition of services indicated in the annexe. Those services whose resolution is not clear in the annexe proposed to be the subject of further information and a decision at subsequent Board meetings.

2 Introduction and Background

- 2.1 In creating a new merged Vertically Integrated Organisation (VIO), we are responding to the healthcare needs of our local population by delivering the benefits that come from greater integration and specialisation. Many Community Service Organisations and Acute Hospitals are beginning to recognise the need to build stronger ties. We are at the forefront of this change, which will deliver important benefits for our patients through improved pathways of care.
- 2.2 The creation of the VIO will bring improvements in healthcare for patients across Salford by removing artificial boundaries between hospital and community healthcare services. The new Organisation will provide greater choice for patients and allow more care to be delivered closer to home and in the home. There will also be more focus on long-term conditions such as Chronic Heart Disease, and Diabetes because of the new Organisation's ability to look after the whole of the individual's needs in relation to the total pathway.
- 2.3 The VIO provides an opportunity to develop clinical practice, and individual skills, bringing established good practice from one area to another – whether this is between teams in different geographical areas, or in hospital and community settings. It will also offer new career pathways and new job roles, as we develop new ways to meet patients' needs.

3 Vertical Integration – SCH & Salford Royal Foundation Trust

- 3.1 In the previous paper we examined the benefits for the people who live in our community and work in our services, there are major benefits in creating a VIO. By improving the system by which healthcare is delivered, we will ensure that the patient experience and staff satisfaction are improved.

We have grouped the six key benefits that will be delivered into three areas:

1. Benefits for Patients:

- Enabling new models of service provision and patient care.
- Seamless pathways of care through a single health provider.

2. Benefits for Staff:

- Greater support for clinical practice and enabling clinical leadership, which also benefits patients.

3. Benefits for the local Healthcare System:

- Incentives which promote care within the Community.

- Focusing on local services and on services provided in the community
 - Better use of resources.
- 3.2 At the previous Trust Board meeting we examined and agreed the structure of the Transition Steering Group and the Transition Working Group. The dialogue with Salford Community Health (SCH), Salford Royal NHS Foundation Trust (SRFT) and NHS Salford has continued from that point to strengthen the Transition Working Group, whilst maintaining the integrity of the service provision. This has led to the clear understanding that the Chair of the Steering Group will be NHS Salford's Chief Executive up to the point at which the services are at the implementation stage. At this stage SRFT's Chief Executive would take over as the chair focusing on the Vertical Integration with the Foundation Trust.
- 3.3 The principle above of SRFT lead responsibility for implementation will also be reflected in the Transition Working Group leads associated with the workstream areas:-
- 1. Human Resources**
 - 2. Clinical Operations**
 - 3. Corporate Governance**
 - 4. Communications**
 - 5. Finance**
 - 6. Information Management & Technology**
 - 7. Commissioning Framework**
 - 8. Estates**
- 3.4 The SRFT's Chief Executive has identified the leads who will support the initial phase and then lead on the implementation of their designated areas. This will create a single organisation with a single governance structure to allow the benefits described here to be realised more easily and reliably.
- 3.5 The Programme Director role is moving from the Managing Director, Salford Community Health to Tony Maher who is a recently inducted Gateway to Leadership Graduate and professionally qualified Advanced Programme Management Practitioner with many years experience in similarly complex areas. The Programme Director will report directly to the Chief Executive of NHS Salford. This enables the Managing Director of SCH to ensure that the operating and transferring effect is positively engaged in SCH whilst maintaining a leading role through the Transition Steering Group.
- 3.6 The Strategic Health Authority agreed in principle to our Transforming Community Services proposal on 1 April 2010. They have advised that for each area of the Community Healthcare Service that there should be a developed plan B should the merger route not be deemed appropriate with SRFT (e.g. with another Foundation Trust).
- 3.7 Commissioning Assessment Criteria are being developed to enable a line by line assessment of the services and where they appropriately align. The overarching principle is that a service should not be disaggregated unless there is good reason to do so. This work was considered at the Commissioning Board on 28 April 2010.
- 3.8 Criteria for commissioners to resolve the alignment of future services have been developed for the transition process. These will be used by NHS Salford Commissioning Board to make recommendations and the preferred transition solution for service lines. The annexe sets out these proposals and highlights those

areas where further work is required with partners to conclude the process.

- 3.9 Practice Based Commissioners have also developed a view of the appropriate alignment of the services which will be used to inform the PCT commissioning decision in support of the agreed way forward. In addition those services managed through pooled section 75 budgets with the City Council will require input from the Local Authority to resolve their outcome.
- 3.10 The service areas which are assessed through the process above as not fitting the SRFT Organisation will be developed through service specifications and transition with other providers in line with the organisational forms guidance from the Department of Health in the *Transforming Community Services - Enabling New Patterns of Provision*.
- 3.11 An enabler's workshop was undertaken on 9 March 2010, giving significant insight into the areas to be addressed by the programme. The second of these workshops on 22 April, 2010 built from the initial fact finding discussions and feedback to stakeholders of the development in the period.
- 3.12 The SCH away day meeting on 25 March 2010 focused on communication and engagement of the Vertical Integration with particular emphasis on the Human Resources workstream and the support which this will deliver.
- 3.13 Decisions including Local Authority partners present potential challenges to the timeline of the programme. Initial discussions have taken place to try to hold the indicative timeline presented in the original paper. With the national and local election and their potential implications the decision making meetings are potentially in a temporary period of change. This issue to be considered into the development of a revised outline plan which the PCT Executives will consider by the end of April 2010 to enable the production of a baseline team plan. This will present recommendations to NHS Salford Trust Board in May and may need to exclude those services jointly managed with the City Council.
- 3.14 NHS Salford will need to undertake a process with the Cooperation and Competition Panel to ensure compliance with rules of contestability and choice. This will follow the May Trust Board meeting and is expected to be supported by national guidance on transition of community services.
- 3.15 Communications are being developed with the Communications Team for a series of briefings by SRFT's Chief Executive, NHS Salford's Chief Executive and Executive Director over the coming weeks and months. These will be one of the communication channels used to communicate to all staff and key stakeholders.
- 3.16 NHS Salford is undertaking a review of the service investments and capacity planning led by NHS Salford Finance Director. This is expected to conclude by the end of June 2010 which is slightly beyond the previously communicated indicative timeline. This feeds into a detailed clarification of the metrics and contract currencies for the 59 service areas, which would conclude by mid September 2010 enabling the formal negotiation and decision making to happen between SRFT and NHS Salford from mid September to early December 2010. The earliest possible SRFT Board decision is anticipated to be the September 2010 meeting.
- 3.17 Intrinsic to the points above is the SRFT Due Diligence process (expected between June to early July); Monitor approval (expected by November 2010) and Competition and Cooperation Panel approval (expected by 24 September 2010). The

approvals are subject to the capacity of the regulating bodies at a time when this change is being enacted on a national scale.

4 Conclusion

- 4.1 The Vertical Integration programme of work has been positively engaged in the working activities of each organisational area. The coordinated programme is now developing the detail to move forward in an informed, engaged and coordinated manner with all the parties.

5 Recommendations

- 5.1 The Trust Board is asked to note the development in the Transition Programme arrangements since the original report.
- 5.2 A decision is required to agree the proposed transition of services indicated in the annexe. Those services whose resolution is not clear in the annexe are proposed to be the subject of further information and a decision at subsequent Trust Board meetings.

Mike Burrows
Chief Executive

**TRUST BOARD MEETING
ANNEXE TO AGENDA ITEM NO 15****13 May 2010**

REPORT OF:	Director of Strategic Commissioning and Interim Deputy Chief Executive
DATE OF PAPER	29 April 2010
SUBJECT	Transition of Community Services Commissioning Proposals
IN CASE OF QUERY PLEASE CONTACT	Alan Campbell 0161 212 4840
PURPOSE OF PAPER This paper provides information on the range of Community Services currently provided by Salford Community Health (SCH) and supporting information to enable the Board to clarify preferred commissioning intentions about future service provider integration for these services. The reports recommendations include the need for further work beyond the May Trust Board to resolve future service delivery for services funded through pooled budgets under Section 75 of the Health Act 2006. The report was considered by the Commissioning Board at its April meeting but has been updated following additional comments from all stakeholders.	

Transition of Community Services – Commissioning Proposals

This paper provides information on the range of Community Services currently provided by Salford Community Health and supporting information to enable the Board to clarify preferred commissioning intentions about future service provider integration for these services. The report was considered by the Commissioning Board on 28 April meeting to recommend future service provider integration for these services.

Introduction

- 1.1 This paper is to enable the Board to set out commissioning intentions for the future service delivery of community services currently delivered by Salford Community Health following the transition of those services scheduled for April 2011.*

Background

- 2.1 Following guidance in the NHS Operating Framework issued in December 2009, NHS Salford was required to provide a formal view of its intentions for transition of its community health services to the Strategic Health Authority by 31 March 2010. This was enacted through a joint workstream between the Salford Community Health and the Commissioning functions of the PCT. An Extraordinary Board took place on 11 February 2010 at which agreement was reached that the preferred option was for integration of those services with Salford Royal Foundation NHS Trust subject to 15 conditions and caveats. These are included as Appendix A to this report.
- 2.2 This decision therefore governs the future workstreams in respect of managing the programme to integrate these services. It was clear during the Board discussion at the time and as recorded in the minutes that there are services for which integration with the Foundation Trust does not present the best option in the view of the PCT and its partners.
- 2.3 Also, at the Extraordinary Board, Salford City Council presented a paper clarifying its view on the service integration proposals. This paper clarified the City Council's concerns about the speed of the process and the imperative need to be formally consulted about and agree the specific proposals around services managed through pooled budgets. The paper also stressed the requirement to create stronger service specifications and more robust contracting to ensure future delivery of high quality community health care services. These requirements must be taken into account in NHS Salford's transition plan.
- 2.4 The remainder of this paper sets out more information about the Board decision and the caveats and conditions culminating in recommendations about specific groups of services for future provision.

Governance Issues

- 3.1 Appendix C sets out the schedule of services provided by Salford Community Health. Working on the basis of the agreed minutes from the Board decision the default recommendation is to recommend integration of all services with the Foundation Trust unless there is a clear rationale not to do so. From the early evaluation of

services, it became clear that NHS Salford recognised some potential exceptions and the caveats to the Board decision highlight examples of these.

3.2 The process for the commissioning organisation to clarify its view on these services must reflect the Boards governance arrangements.

- Firstly, the day to day commissioning of these services is delegated to the Practice Based Commissioners and a view on this matter has been sought from the Practice Based Commissioning Operational Board (PBCOB).
- Secondly, as the PBCOB accounts to the Commissioning Board it is necessary for the Commissioning Board to take the PBC views into account.
- Finally, the Commissioning Board needs to make firm commissioning recommendations to the NHS Salford Board (the purpose of this report).

The PBCOB considered the proposals around individual services at a meeting in March and concluded that it wished to ensure that more robust service specifications backed up with stronger contractual arrangements could safeguard the future of Salford's community services however they are delivered.

3.3 NHS Salford's other strategic commissioning partner is the City Council. At the extraordinary board meeting in February, the City Council's paper clarified its view that the services funded through pooled budgets using Section 75 of the Health Act must undergo a process which includes:-

- Formal scrutiny by the Overview and Scrutiny Committee.
- Formal agreement about the best way to deliver services in future.
- Formal arrangements to consider other integrated services which may not currently be under Section 75 pooled budgets (e.g. Children's services, Public Health services).

3.4 Taking the above into consideration, it is clear that the PCT must work with the City Council through a process to conclude the best delivery option for those integrated delivery and pooled budget funded services. Therefore, this report recommends that there is a necessary additional step to enable our partners in Salford City Council to formally consider the options through its own governance arrangements. This process will be undertaken from mid May to mid June 2010. It is not proposed that the Board should make proposals on these services until that process has been concluded. The NHS and Local Authority must reach a common agreement on the way forward at that time.

3.5 The Practice Based Commissioning Operational Board undertook a review of the services in March 2010 applying the PCTs own TCS criteria. This gave a steer on those services which the PCT should prioritise for the production of detailed service specifications. That input will steer the priority of work streams after the PCT Board decision as from that point forward there will need to be an accelerated process to derive detailed service specifications and contracts to protect delivery of these services regardless of which organisation provides them.

3.6 The governance for this process will also be subject to the Cooperation and Competition Panel (CCP) for NHS funded services. The CCP has introduced a fast track process aimed at ensuring that proposals are consistent with the 'Rules and

Principles for Cooperation and Competition'¹ (PRCC). NHS Salford will work with the advice of NHS Northwest to ensure compliance with this process following this Board meeting.

Service Proposals

- 4.1 The guidance provided to PCTs on potential service options² indicated three models are preferred:
- Integration with acute services – referred to as vertical integration.
 - Integration with another NHS organisation – horizontal integration.
 - Social enterprise.
- 4.2 The Boards' considerations of these options concluded that there are potential options for vertical and horizontal integration, but that the time frame and absence of serious expressions of interest ruled out the potential to develop a Social Enterprise model by the March 2011 deadline. The PCT Boards deliberations therefore focussed on the options of vertical integration with Salford Royal FT and horizontal integration with the potential Community Foundation Trust in Wigan.
- 4.3 To support evaluation of specific service areas a commissioning view of services has categorised these into three groups as follows:
- Cat A: Services with a clear integration path with the FT.
 - Cat B: Services which clearly do not fit an integration path with the FT.
 - Cat C: Services where there are different options and where there are constraints relating to the process around integrated and pooled services with the local authority.
- 4.4 The default position taken by commissioners must be that all services fall into 'Category A' unless there is a clear rationale to guide otherwise. Therefore the following analysis focuses on services that it is proposed should fall into the latter two categories (B & C).
- 4.5 NHS Northwest set out its requirements for PCTs to progress this process in a letter from the Chief Executive in February. Included in the letter is guidance that clarifies that:
- PCT proposals are likely to involve more than one future service provider.
 - Screening, Community Dental, Prison Health and Sexual Health Services should ideally be managed by a Community Foundation Trust.

This guidance is reflected in the proposals for Salford. In addition, NHS Northwest has advised that PCTs should prepare contingency arrangements to provide an alternative integration model in case the primary proposal is not agreed. For Salford, this is likely to involve greater engagement with the potential community foundation trust in Wigan but this work stream will need to be developed following the May Board meeting.

¹ Department of Health updated 25 march 2010, Gateway Ref: 13791

² Transforming Community Services: The Assurance and Approvals process for PCT Provided Community Services: DoH 5th February 2010, gateway Ref: 13306

Criteria for Determination

5.1 The February Board paper referred to emerging criteria to support a decision on the future management of services issued by the Department of Health. In addition to these areas, the Board agreed to take into account the Transforming Community Services (TCS) Commissioning Framework which was approved in Salford in October 2009. The TCS Framework includes clear criteria as follows:-

- Strategic Fit
- Added Value
- Cost Reduction
- Governance, Risks & liability

5.2 These criteria have more detailed points and for reference are included as Appendix B. The National Guidance issued on 5 February 2010 sets criteria to show proposals that they:

- Are needs and pathway driven.
- Able to provide more integrated and sustainable services which have the support of primary and social care.
- Improve Quality and productivity.
- Are affordable reducing management and transaction costs.
- Manage demand more effectively (e.g. acute admissions).
- With potential providers who have strong track record.

The DoH criteria above are congruent with the PCTs own commissioning criteria and it is proposed that a composite of the two should be used to lead this process in Salford as follows:

- Strategic Fit with organisations core business showing care pathway opportunities to integrate effectively.
- Added Value including being needs led and promoting preventative models and quality improvement and contribution to reducing health inequalities.
- Cost Reduction of management and service costs with commensurate demand reduction.
- Governance including conformance with strategic plan and compliance with choice and cooperation and contestability regulations.

Evaluation of Services

6.1 The starting assumption for this section of the paper is that those services identified as Category A in the Appendix are proposed by Commissioners for Integration with SRFT. The February Board report concluded that Salford Royal Foundation Trust is compliant with the assessment criteria in general. The paper therefore recommends the proposal to integrate those services defined in Appendix C as 'Category A'.

6.2 The remaining Focus is therefore on those services identified in Categories B & C.

Category B – Those services which it is not proposed should integrate with the FT

- 6.3 The following services were identified early in discussions with the SRFT, SCH and other partners. These services would require the PCT to seek alternative providers in future and an indication of potential partners is included in the following table.

Table 1: Category 'B' Services not recommended for integration with SRFT

Service Area	Rationale	Potential Provider Options
Community Dental	Specialist Community Service with steer from SHA that Community Foundation Trusts are preferred service providers	Potential future Community Foundation Trust
IAPT - Primary Care Psychology	No Organisational footprint or history for FT as a provider	Potential future Community Foundation Trust or Specialist Mental Health Provider
Public Health Provided Services hosted in SCH	These services are public Health directed and need to stay tuned to and operate in concert with City Council Well being and other agency services eg Police/ fire & Rescue job centre plus.	Revert to Public Health management or City Council departments
Sexual Health Services	The PCT recently decommissioned these services from the FT with its support and recent NHS Northwest Guidance advocates for these services being managed by Community Foundation Trusts	Potential future Community Foundation Trust
Healthy Living Centres	Social Enterprise delivered services with potential 'Right to Request' and other governance proposals	Social Enterprise
Children's Services	No Organisational footprint or history for FT provider. Strong policy steer to move to integrated Children's Trust with City Council	Salford Children's Trust

- 6.4 The Board is recommended to agree that the PCT engages with potential future providers for the services included in Category B as above. This will be supported by guidance and advice from NHS Northwest, The City Council and the Practice Based Commissioning Operational Board.
- 6.5 The following services are subject to further governance work as indicated in the table below.

Category C – Those services where there is not common agreement between partners about their future provision.

- 6.6 The services in the table below present the most complex challenge as there are different options to deliver them in future. It is also the case that for some examples, there exist potential compromises in terms of choice, system management and the terms of national contracts.

Table 2: Category 'C' Services where further work is required to resolve commissioning intentions

Service Area	Rationale	Potential Provider Options
Intermediate Care and other integrated working with City Council	Integrated Service: Pending Governance tests by City Council over May / June 2010.	To be advised following City Council discussions
Learning Disability Service/ Joint Community Loans store	Fully integrated Services: managed through pooled budget led by City Council: Pending Governance tests by City Council over May / June 2010.	To be advised following City Council discussions
Musculo Skeletal CATS Service	Service established and operated as a separate choice to the FT NHS service and provides competition and system levers	SRFT Potential future Community Foundation Trust Others potentially
Tier 2 Services: Vasectomy Medical Dermatology Minor Surgery	Services established and operated as a separate choice to the FT NHS service and provides competition and system levers	SRFT Potential future Community Foundation Trust Others potentially
Primary Care Equitable Access Practices	As primary Care contractors these providers are contractually compelled to reduce demand for acute services and to offer choice of provider for elective surgery. This potentially compromises FT integration	SRFT Potential future Community Foundation Trust Others potentially
Out of hours Primary Care	Provides core primary care to population with a key objective of preventing unnecessary hospitalisation.	SRFT Potential future Community Foundation Trust Others potentially
Salford Stop Smoking Service	This service faces the public through locality neighbourhood arrangements and works increasingly coherently with health Improvement and Health Trainers alongside the City Councils other partner agencies	City Council Third sector SRFT Potential future Community Foundation Trust Others potentially

- 6.7 The Board is recommended to request further workstreams to take forward a process

to test the provider market in respect of the services in Category C above. These processes will be informed by guidance and advice from NHS Northwest in May, the City Council and the Practice Based Commissioning Operational Board.

Service Specifications and contracting

- 7.1 A key aspect of the Commissioning process for the future integration of services is to ensure that future delivery is maintained and that the services continue to be responsive to commissioning intentions around quality of care, reduction of health inequalities and productivity and value for money.
- 7.2 The City Council and Practice Based commissioners have been clear with NHS Salford about the need for future service delivery to be governed by more detailed service specifications and delivered through robust contracts. This is consistent with the Transforming Community Services (TCS) Commissioning Framework approved by the Board in October 2009.
- 7.3 The work programme to establish new specifications for community a service was implemented following agreement of the TCS Commissioning Framework and to date this has focussed on the largest services initially with work on a specification for Health Visiting at the fore.
- 7.4 The development of specifications is now being accelerated so that all major services within the Community Health Services portfolio will have a reviewed or revised specification by September 2010. This will govern the content of contracts for 2011/12 and future years. The Board is asked to note this workstream and seek assurance that major service specifications are developed, agreed and implemented with the support of the PCTs commissioning partners by April 2011.

Recommendation

- 8.1 The Board is recommended to support the proposals around the future commissioning intentions for those services identified in the Category A above. This sets out the intention to commission these services from Salford Royal FT as a key step in the service integration.
- 8.2 It is also recommended that those services included as Category B should be subject to negotiations with potential providers identified in Table 1 in this report.
- 8.3 It is recommended that those services included in Category C should be progressed following the process for the City Council Cabinet to review proposals for integrated services expected to be concluded in mid June.
- 8.4 For other services included in Category C (including Primary Care, Tier 2 and Stop Smoking Service) it is proposed that the PCT takes further advice on Contestability from NHS Northwest as there are compelling reasons to retain the market dynamic for some of these services. A final PCT decision on this cohort of services would therefore have to be made by the July Board meeting at latest.
- 8.5 It is recommended that the PCT does further work following the May Board meeting to create a feasible contingency option for the integration as recommended by NHS Northwest.

- 8.6 It is also recommended that the Commissioning Board seek commitment to receive and agree detailed service specifications for each of the key services provided by SCH as the process moves forward.
- 8.7 Finally, it is recommended that prospective formal agreements to integrate services in each of the three categories are tested against the requirements of the Cooperation and Competition Panel following the May Board meeting.

Alan Campbell
Director of Strategic Commissioning and Interim Deputy Chief Executive

Appendix A

Minute of the NHS Salford Board held on 11th February 2010

Recommendation

Professor Fairhurst asked the Trust Board to approve the recommendation for vertical integration with SRFT subject to the 15 clauses set out in the paper and recognises the requirement for legal advice regarding Section 75, the need for consultation with the Overview and Scrutiny Committee, and the need to consider the future arrangements for Tier 2 services among others.

The clauses mentioned were:-

- The completion of a process of due diligence firstly by NHS Salford and subsequently by Salford Royal Foundation Trust.
- The identification of specific services by either NHS Salford or Salford Royal Foundation Trust that do not 'fit' with the vertical integration model and exclusion of these services' These services inclusive of but not necessarily limited to:
 - Primary Care provided through the Equitable Access programme and Asylum Seekers Service
 - Psychological Services
 - Public Health Provided Services
 - Community Dental Services
- The agreement with Salford Royal Foundation Trust that it will amend its existing operating ethos and culture in a formal manner to reflect its future role as the main provider of community services for Salford. This should include a change to the mission statement and be supported by contractual arrangements between commissioner and the Foundation Trust that preserves the financial value of the transferring community services for a period to be agreed following the transfer.
- NHS Salford will seek a formal assurance to demonstrate the ongoing commitment to the improvement of health and the continued movement of investment from hospital to community in primary care settings by an agreement with Salford Royal Foundation Trust which formally commits to invest a proportion of earned surpluses each financial year as follows:
 - Community and self care services 25% of final accounts surplus each year
 - Public health and preventative services 25% of final accounts surplus each year
 - The preservation of the ethos and culture of community services.
 - The employment rights for transferring staff are equivalent to those of existing staff of Salford Royal Foundation Trust.
 - The organisational values of the merged organisation are re-described to reflect those values recently identified by Salford Community Health staff.

- The agreement to open book accounting and the annual exposition of budgets, expenditure and workforce numbers for transferring services for an initial period of 3 years following the transfer.
- That all existing section 75 integrated arrangements for services involving Local Authority³ and other agencies staff will be upheld within the transfer and retained.
- That there is agreement to ensure the future locus for the management of Long Term Conditions is increasingly out of hospital, based in primary care supported by community services.
- That the future organisational model is congruent with and supports the collective work in Salford on Unscheduled Care and Long Term conditions and actively pursues the reduction of hospital based care and treatment for unscheduled care.
- That the future service provision will actively support and enable the NHS personalisation agenda and other emerging policy initiatives.
- That NHS Salford and its co-commissioners would reserve the right to test alternative provision of services including through competitive tender where service quality, access standards or value of services is diminished without agreement from the commissioner.

The Trust Board approved the recommendations subject to the above.

³ The Children Act 2004 gives a particular responsibility to Local Authorities to ensure effective co-operation between local partners such as NHS, Police, Schools and Voluntary Sectors. The NHS, as statutory partners, will be required to work alongside the local authority to deliver the requirements under this Act.

Appendix B**Detailed Criteria from Salford TCS Commissioning Framework (Oct 2009)****Strategic Fit**

- Maintaining GP role as population advocate & service gatekeeper via commissioning role
- Deliver World Class Community services
- Equitable service for all Salford patients
- Enables new patterns of provision - pathway driven
- Ensuring the patient is in the right place at the right time being seen by the most appropriate healthcare professional
- Be delivered by a developing local market which will embrace alliances between statutory, non-statutory and independent sectors to provide choice and competition in order to improve quality and deliver value for money.
- Be delivered in modern, fit for purpose environment.
- Clinical activity to be integrated with Primary Care, and Out-of-Hours clinical systems
- Engagement and support of key stakeholder groups
- Be high quality built on evidence based care and best practice
- Move from being demand led to needs led

Added value

- Ensure more services delivered in setting closer to home
- Reduce inequalities in health and other socio-economic sectors
- Focused on outcomes
- Person centred
- Underpinned by choice
- Seamless delivery of care from hospital back in to the community - Integrate where possible
- Reduction in re-admission rates
- Will fit in to and enable delivery of wider health economy service transformation and shifts in care

Cost reduction

- Self Care targeted to reduce overall demand inc independence
- Reduction in duplication e.g. Palliative care and district nursing overlap.
- Hospital care only when hospital only facilities clinically required
- Goal of 90% of the work being delivered in Primary Care
- Remove financial disincentives ie tariff
- Earlier discharge
- Unbundled tariff for early discharge

Governance, Risks and liability

- New providers must retain the integrity of the various Primary Care teams
- Ensure both quality and continuity of care
- Locally/locality based teams
- Rapidly responsive service to improve and enhance current response times
- Consistent across Salford and ensuring small practices receive the same level of service
- Transparency in GP commissioner gate keeping role

Appendix C :Schedule of SCH Services with Indicative Alignment

Clinical Services provided by Salford Community Health	Potential Option for Default FT Integration
AHP and Tier 2 Division Adults	
1. Anticoagulation Service	A
2. Audiology	A
3. Cardiac Rehab Team	A
4. Community Neurological Rehabilitation	A
5. Cardiology	A
6. Dietetics	A
7. Headaches and Epilepsy	A
8. Occupational Therapy	A
9. Orthotics	A
10. Osteoporosis	A
11. Physiotherapy	A
12. Podiatry	A
13. Speech and Language Therapy	A
14. Tier 2 MSK Services	C
15. Tier 2 Medical Dermatology*	C
16. Tier 2 Minor Surgery	C
17. Tier 2 Vasectomy*	C
Primary Care Division	
18. Blackfriars	C
19. Canalside	C
20. Care Homes Practice	C
21. GP Out Of Hours	C
22. Horizon Centre	C
23. Primary Care Centres	C
Community and Specialist Services Division	
24. Active Case Management Service	A
25. Community Dental	B
26. Continence Service	A
27. COPD Assessment and Support Team (CAST)*	A
28. Diabetes	A
29. District Nursing Day	A
30. District Nursing Evening Services	A
31. Falls Service	A
32. Health For Life Team	C
33. Palliative Care Counselling Service	A
34. Pulmonary Rehabilitation	A
35. Primary Care Mental Health (IAPT)	B
36. Sexual Health	B
37. Stop Smoking Service	B
38. Tissue Viability	A
Intermediate Care	
39. Rapid Response	C
40. Single Entry Point	C
41. IV Service	C
42. Discharge Assessment Team	C
43. Supported Discharge Team	C
44. Community Rehabilitation Team	C
45. Bedded Units (Heartly Green, Swinton Hall, Amadeus, Limes)	C
Intermediate Home Care (Service currently in transition)	C
Children's Services	
Universal Early Years & Extended Schools	
46. Youth Offending team	B
47. Health Visitors	B
48. Looked after Children's Services	B
49. Orthoptics	B
50. SMART	B
51. Neonatal Hearing Screening	B
52. School Nursing	B
Children's Community and Specialist Services	B
53. Children's Community Nursing services	B
54. Paediatric Diabetes	B
55. Asthma Specialist Nurse	B
56. Speech and Language Therapies	B
57. Children's Out Patients	B
58. Paediatric OT	B
59. Paediatric Physio	B
60. Healthy Living Centres eg Angel)	C
CAT A = Strategic Fit with FT	A
CAT B = Not Strategic Fit with FT	B
CAT C = To require further governance work	C