

# **DEVELOPING AND IMPROVING NON-ACUTE SERVICES FOR PEOPLE IN STOCKPORT**

## **REPORT OF THE JOINT COMMISSIONING LEAD - OLDER PEOPLE**

### **HEALTH SCRUTINY COMMITTEE – 20 NOVEMBER 2007**

#### **Introduction**

The purpose of this report is to update members on the ongoing work in improving and developing Older People's non-acute services. The report will focus on the progress made in appointing a Partnership Development Lead (PDL). In addition, at the Committee's meeting on August 28th it was agreed that this report would cover progress on joint governance arrangements.

#### **1. PDL Appointment**

As reported to Scrutiny Committee previously, Stockport PCT and Stockport Council are commissioning a new model of non acute services for Older People to support the vision of more choice through alternatives to bed based services, care closer to home, personalised services according to need and empowerment of patients and carers. The new model will significantly increase the level of community based provision and promote integration of services.

In order to deliver the new service model the PCT and Council are planning to contract with a single, legally bound partnership for the delivery of integrated services. All elements of the new service model will be delivered through the partnership structure.

During July, the PCT and Council advertised with a view to appointing a 'Partnership Development Lead' (PDL). The aim being that the PDL would take responsibility for submitting a detailed proposal outlining how they would meet the requirements of the older people's service model and specifications.

A single application was received in response to the advert. This was a collaborative application from Stockport PCT, Stockport FT and Stockport Council with the three organisations proposing that they work together to develop the new service.

Lead managers from the three organisations attended an interview on 17<sup>th</sup> August 2007 where their application was explored in more detail. In addition the managers attended a workshop with the Joint Commissioning

Lead – Older People on 11<sup>th</sup> September 2007 to clarify arrangements in relation to -

- Leadership for the new service
- Recruitment and management of the project manager
- An outline project delivery framework that identified initial key tasks and responsible individuals e.g. project manager recruitment, finance and workforce issues
- A clear timetable in line with commissioners published expectations for the phased delivery of the new service.
- A defined approach to clinical leadership in the new service model

The responses to the issues are set out below –

### Leadership

The PDL will be managed by an overall Partnership Board. The Board will be a small, decision focused group. The Board Chair is Terry Dafter and Board will consist of senior management, Human Resource and Finance representatives from across the three organisations

The board is underpinned by well defined terms of reference.

### Project Management

The PDL have agreed on the appointment of a project manager. The post will be Mike Illingworth who was Head of Contracts, Commissioning and Performance for SMBC has been offered the post. Mike has significant experience and expertise in developing and procuring services, and excellent relationships with colleagues across all sectors in Stockport. Mike will report to the Project Board and be line managed by Gill Frame.

The already established Intermediate Care Steering group will become the reference group for the service development and will be chaired by Mike Illingworth. This group will consist of a wider group of operational staff and managers.

### Delivery Framework

The PDL have identified work streams that are required in order to progress the development of the services. These are –

- Human Resources
- Clinical Leadership/Input
- Procurement
- Communications

The Project Manager is currently developing a project plan to address all of the requirements for these work streams. The project plan will include a clear timetable in line with commissioners published expectations for the phased delivery of the new service.

Clinical Leadership

It is proposed that clinical leadership is provided by the eight geriatricians currently based in the hospital along with a GP/GPSI in the community.

The PDL will work alongside clinicians, both in the community and the non-acute hospital to identify the exact clinical requirements for the model and agree delivery of clinical services.

The timetable for awarding the contract to the PDL is outlined in the table below -

Secure Partnership Development Lead (PDL)	Mid September 2007
PDL submits Service Development Plan including the actions identified as priorities under section 4 of this report	31 <sup>st</sup> October 2007
Phasing and mobilisation plan agreed	30 <sup>th</sup> November 2007
Contract awarded	31 <sup>st</sup> December 2007

**2. Governance**

It is the intention that, when all services are running effectively, the PDL will become a legal entity able to provide services in its own right. This entity might be a formal partnership (using S75), a social enterprise or other appropriate, legally accepted form of integrated service delivery.

Until such a time as the appropriate legal delivery ‘vehicle’ is identified, the partners will work to a Memorandum of Understanding. The purpose of the Memorandum of Understanding is to set out the responsibilities of the Council, PCT and the FT and the framework that the three Partners have agreed for co-operation and collaboration in respect of the Partnership Development Lead generally and specifically around the implementation of the “Outline Service Specification, Older People’s Non Acute Services”

The memorandum outlines how the partners will work together in the following key areas –

- Strategic Cooperation
- Investment into the partnership
- A Framework for Joint Working
- Implementation Arrangements

It is unlikely that, at the point the contract is awarded, the PDL will have become a legally recognised entity. If this is the case, the contract between the commissioners and the providers awarded to and signed by the PCT and one of the agencies in the partnership. The Memorandum of Understanding will remain in place to underpin the partnership arrangement.

### **3. Investment Identified for the New Model**

A finance subgroup, (of the PDL Board) led by the Joint Commissioning Lead has been set up. A three-year financial model to support transfer to the new service model is being developed.

Contributions to the partnership to fund the development of the new service model, from the two commissioning organisations (PCT and SMBC) are currently being identified and negotiated. Governance arrangements to underpin the commissioning partnership are being appraised and a recommendation with regard to the most appropriate option will be made to partners and The Health Act Partnership Board.

### **4. Timescales**

Timescales for the development of the new service model and closure of the wards at Cherry Tree Hospital will be available for the next Scrutiny Committee update.

### **5. Recommendations**

Members are requested to note this report

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**November 2007**