

TITLE: Non-Acute Services For Older People

REPORT OF: Stockport Primary Care Trust

COMMITTEE: Health Scrutiny – 28th August, 2007

1. 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 development of joint commissioning initiative between the PCT and the Council and the progress made in appointing a Partnership Development Lead (PDL).

2. Background

Stockport PCT and Stockport Council are looking to commission 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 aims to significantly increase the level of community based provision and promote integration of services, and has a number of elements:

- An Enhanced Rapid Assessment Service to provide speedy assessments for people who require access to Intermediate care services, ensuring that people can access the appropriate level of care for their needs.
- Increased places providing rehabilitation at home from the current 40 places to 90 in future (an increase of 50 places).
- Increased support for people who require rehabilitation/intermediate care within bed based services. This will include the provision of a number of Rapid Assessment Beds which will provide short term maximum of 72 hours assessment and support to people in crisis whilst support packages are being put in place. The current intermediate care bed based services will be consolidated onto fewer sites.
- Additional support to care homes to enable people to be cared for in their normal place of residency when they have additional health needs.
- Increased investment made with the voluntary sector to provide a range of preventative services to support older people to maintain independent living as far as is possible.
- Closure of non-acute older peoples wards at Cherry Tree Hospital. This will close 3 wards that currently provide 64 beds and these services will be transferred to community based provision. This change will take place once alternative community based services have been developed.

Service specifications for the elements of the service have been produced, together with a performance management framework.

3. Joint Commissioning

The PCT and Stockport Council have agreed to the principle of establishing joint commissioning arrangements for services for older people. A Joint Older people's Commissioning Group has been established, and this group will oversee the commissioning of these new services. The joint commissioning arrangements would also include the development of formal joint/single commissioning and risk sharing arrangements. It is planned that these would be in place for 2008/9.

A Joint Commissioning Lead for Older People has been appointed. The Joint Commissioning Lead will be responsible for commissioning and developing the new service model for older people's services and developing the next phase of integrated commissioning and planning of services for older people across the PCT and Local authority. This role of the Joint Commissioning Lead will include appropriate performance management and governance arrangements.

4. Partnership Development Lead

The PCT and Council will contract with a single, legally bound partnership for the delivery of integrated services. All elements of the new service model, except the voluntary sector care packages, will be delivered through the partnership structure. The PCT and Council will initially appoint a 'Partnership Development Lead' (PDL) through a formal process, who will take responsibility for submitting detailed proposals and response to the service specifications. This role would be commissioned as a project lead and not as a whole service provider.

Once identified, the role of the PDL will be to produce a provider service development plan which sets out the how they will meet the requirements of the older people's service model and specifications (attached). This will include:

- Detailed resource, staffing/operational management arrangements and quality assurance arrangements to meet the service specifications.
- Development of a robust partnership approach, co-ordinating a range of appropriate service providers to provide comprehensive services as outlined in the model

- Development of robust governance and risk management arrangements across the partnership for the delivery of the partnership arrangement and services
- Development of robust information and performance management arrangements across the partnership to deliver the requirements of the Performance Management Framework. The PCT welcomes suggestions from bidders on how integrated performance system proposed can be incentivised and enforced across parties.
- Development of an appropriate premises plan for the delivery of services

The Development Lead will work closely with the Commissioning Lead to develop and agree the implementation plan. The timescale for the development of the plan is 2 months. The cost of the Partnership Development Lead will need to be included in the formal Service Development response.

Contractual negotiations would take place once the Development Plan is agreed.

5. Criteria

The Development Lead will be appointed on the basis of their ability to meet the following criteria. This will be assessed via written submission and interview:

Criteria	
Existing Provision	<ul style="list-style-type: none"> ▪ Track record of delivering high quality services for older people ▪ Willing to directly provide one or more elements of the model ▪ Demonstrates understanding of national policy
Service Improvement	<ul style="list-style-type: none"> ▪ Track record of service redesign in this area ▪ Positive attitude to change ▪ Understanding of service vision and requirements of the model ▪ Understanding of relevant tools and techniques for service re-design ▪ Appropriately trained staff ▪ Involvement of external organisation/agency with track record to support service re-design/modernisation within providers

Key relationships and Partnership Working	<ul style="list-style-type: none"> ▪ Evidence and track record of partnership working ▪ Experience of service integration ▪ Ability to deliver multi-agency partnership ▪ Evidence of partner agency sign up
Leadership and governance	<ul style="list-style-type: none"> ▪ Track record of effective leadership and leadership framework in place ▪ Experience and track record in establishing effective quality assurance and risk management arrangements ▪ Ability to manage systems at a multi-agency level. ▪ Able to command the confidence of public and key agencies.
Performance Management	<ul style="list-style-type: none"> ▪ Experience and ability to deliver effective multi-agency information systems which will meet the requirements of the Performance Framework ▪ Ability to performance manage risk, incentives and penalties across a whole system ▪ Track record in the delivery of evidence based services
Patient and Public Involvement	<ul style="list-style-type: none"> ▪ Appropriate approaches to user involvement and public participation ▪ Evidence of commitment to and experience of patient and public involvement
Value for money	<ul style="list-style-type: none"> ▪ Ability to demonstrate and ensure value for money across whole system
Capacity	<ul style="list-style-type: none"> ▪ Has the necessary skills and expertise to develop proposals in the defined timescale

6. Timescale

PCT issue invitations for Partnership Development Lead	27 th June 2007
Interested parties submit expressions of interest	10 th August 2007
Secure Partnership Development Lead (PDL)	17 th August 2007

PDL submits Service Development Plan	End September 2007
Phasing and mobilisation plan agreed	End October/November 2007
Contract awarded	November/December 2007

7. Appointment of the Partnership Development Lead

Members will be advised of the appointment of the Partnership Development Lead at the Health Scrutiny meeting on 28th August 2007.