

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **18th November 2010**

By: **Director of Governance and Community Services**

Title of report: **Community Health Services**

Purpose of report: **To consider the future strategy for East Sussex community health services in light of the forthcoming change to the management arrangements for these services.**

---

## **RECOMMENDATIONS**

### **HOSC is recommended:**

- 1. To consider and comment on future strategy for Community Health Services.**
  - 2. To agree whether the Committee requires any further reports on this topic.**
- 

## **1. Background**

1.1 The term 'community health services' tends to encompass most health services provided in people's homes or community settings such as local community hospitals and health centres. It includes services such as health visiting, district nursing, school nursing, community rehabilitation and community matrons. It does not include primary care contractors such as GP practices, dentists, pharmacists and opticians. However, some community health services may well operate from premises such as GP surgeries and primary care and community health services, particularly GPs, need to work closely together. GPs may also have a role in commissioning some community health services through practice-based commissioning.

1.2 In recent years, community health services in most parts of the country have been managed directly by Primary Care Trusts (PCTs). This management of the provision of services contrasts with the other main aspect of PCTs' work which is the commissioning of services. PCTs are therefore often referred to as having a 'provider arm' and a 'commissioning arm'.

1.3 Since at least 2006 it has been government policy to encourage the separation of the provider arms of PCTs from their commissioning role, to enable PCTs to focus on commissioning. Initially, many PCTs moved to an internal 'arms-length' management arrangement, with the PCT Board retaining overall responsibility but with management arrangements clearly separated within the organisational structure. More recently, there has been a requirement for PCTs to establish alternative management arrangements for their provider arms, for example transferring the management of services to another NHS organisation, or establishing the provider arm as a separate Trust or social enterprise. The recent NHS White Paper reiterated the need to achieve, or be close to achieving, this separation by April 2011.

1.4 Alongside, and linked to, these changes to the management of community services, the direction of travel is towards active and competitive commissioning of the services in the future. That is to say that in future commissioners will be expected to specify the services or outcomes required to enable a variety of providers to bid to provide these services. This direction of travel was confirmed in the NHS White Paper which said that, "we will...move as soon as possible to an 'any willing provider' approach for community services".

## **2. East Sussex context**

2.1 In East Sussex, community health services have been managed by NHS East Sussex Downs and Weald and NHS Hastings and Rother (the local Primary Care Trusts). Since April 2009

'East Sussex Community Health Services' (the provider arm) has operated at arms length from the PCTs with its own governance arrangements. It manages the majority of community health services, four community hospitals and Lewes Prison health services and has an annual expenditure of £66.1m

2.2 In line with government policy, NHS East Sussex Downs and Weald and Hastings and Rother examined the options for the future long-term management of the services and concluded that the preferred option is transfer to South Downs Health NHS Trust, a local NHS Trust which originally managed community health services in Brighton and Hove and which has recently taken on management of community health services in West Sussex. HOSC was kept informed of these developments, but the Committee recognised that the transfer represented a change in management rather than a change in the services themselves.

2.3 Interim arrangements are in place between the PCTs and South Downs Health and a process is in place to develop the longer term plans for full integration and transfer of staff.

2.4 Alongside the management changes, commissioners at NHS East Sussex Downs and Weald and Hastings and Rother have been considering the future strategy for the services. In summer 2010 they published a draft Community Services Strategy which set out how the PCTs plan to improve community services over the next three years across six care pathways: health, wellbeing and inequalities; children, young people and families; acute care closer to home; long term conditions; rehabilitation; and end of life.

2.5 Key aims of the strategy include:

- Focus on prevention and early intervention, particularly for our older residents
- Develop a more personalised, responsive, community service, based on integrated care pathways
- Provide sustainable health care closer to home and reduce the need for more expensive hospital care
- Deliver high quality care to measurable standards
- Equip staff with the competencies and skills to deliver best practice
- Ensure demonstrable value for money

### **3. Progress update**

3.1 HOSC will receive an update on the current status and future plans for community health services in East Sussex from Andy Painton, Chief Executive and Simon Turpitt, Chairman of South Downs Health NHS Trust. They will also be able to tell HOSC more about their organisation, which Members should note has recently been renamed Sussex Community NHS Trust. A copy of the Trust's presentation is attached at appendix 1. Lisa Compton, Director of Assurance and Engagement for NHS East Sussex Downs and Weald/NHS Hastings and Rother, will also attend to give a PCT perspective.

3.2 Areas HOSC may wish to explore could include:

- How the proposed strategy for community services will be taken forward and what it will mean for the way patients experience services.
- The role of community health services in supporting a shift towards more care provided closer to home, outside acute hospitals.
- The future role of community hospitals within the overall strategy.
- The potential impact of future changes to commissioning arrangements such as the development of GP consortia and the move towards the 'any willing provider' approach.
- The anticipated timescale and process for full transfer to Sussex Community NHS Trust.

**BILL MURPHY**

Interim Director of Governance and Community Services

Contact officer: Claire Lee, Scrutiny Lead Officer

Telephone: 01273 481327

# East Sussex HOSC Meeting 18<sup>th</sup> November 2010

SCT integration with East  
Sussex Health Services



# Progress with West Sussex integration

- Clinical Engagement Board established
- Clinically led structure first tier in place, second tier being recruited to; East Sussex staff eligible to apply
- Appointment of Transformation QIPP leads commencing large scale service redesign
- Strategic Priorities and Delivery Plan developed and signed up to

## Assurance Process / Timeline for East Sussex

- ❑ West Sussex legal integration – Oct 2010
- ❑ Strategic Health Authority Assurance - Nov
- ❑ Department of Health - Nov
- ❑ Due Diligence exercise - Dec
- ❑ Competition and Co-operation Panel review – complete by Feb/ Mar

# Integration Workstreams

- Leads from ESCHS and SCT working together
- Individual plans and overarching programme plan
  - Finance
  - IMT
  - Workforce
  - Governance
  - Estates
  - Legal
  - Communications