

HIGHLIGHTS OF **COMMUNITY HEALTH SERVICES COMMITTEE** **JANUARY 2010**

The rearranged CHS Committee sat on 15th January 2010

Items for decision and or/approval

CHS Performance Group Report

The Q2 report was deferred from December was presented. The scope and content of the report has improved. The CHSC were pleased with the new scorecard approach which aligns with statutory reporting, PCT goals as well as evidencing contractual performance. Statistics on human resources are now incorporated and track key staff indicators. Further development work on Balanced score card use of performance accelerator is planned.

Changes to formatting and inclusion of commentary on exceptions with the graphs for ease of understanding were requested.

Active management of sickness rates including return to work interviewing was discussed. Timing of reporting to ensure current data was presented was also requested.

The report was duly noted.

Items for discussion

HR report

Reporting to the Operational Management Group has commenced. Due the rearranged Committee meeting the format for the HR report had to be deferred to the February committee.

SOF Phase 3 Status report – Transforming Community Services

The response from Eammon Kelly, WMSHA to the PCT October report on transforming community services and commissioned pathways was discussed. Overall a status of green was achieved. The response confirms that CHS work on business readiness reaches the standard required and can now be considered as business as usual by the committee bringing to a close the Shaping Our Future work stream.

The CHSC requested a note of thanks/recognition to be sent to those involved in compiling the report and achieving the work which enabled this response.

It was also confirmed where amber or red was reported that action plans and responses where in progress in the relevant part of the PCT.

Further work on the provider change management will now be incorporated as part of the PCT futures and a new programme and transition board (chaired by Andy Donald) will take this forward. It will undertake options appraisal for each service pathway, consult appropriately, and with appropriate notice implement the decisions made by the PCT board.

Update on Investment/Disinvestment requests

The response received by CHS from the PCT confirmed that any improvement development or investment for 2010 relating to CHS need to be funded as part of agreed commissioning intentions or from internally generated savings and reprioritisation of budgets.

Update on PCT futures and CHS impacts

Communication on PCT futures flagged to all staff in December that provider services will face change. The CHSC discussed that the operating framework for 2010/11 made it clear that PCTs retaining a direct provider was no longer an option past April 2011. Therefore decisions on future homes for services had to be addressed urgently. There was a requirement that by March 2010 recommendations should be made to the PCT board and the SHA on migration of community provision.

A first outline of potential options and assessment criteria was shared. It identified; using information from the market analysis undertaken by commissioners, the organisations in the public sector; NHS and LA, where integration could be considered as well as options for social enterprise, voluntary sector and commercial opportunities for each service pathway. The potential options have also been presented to the Joint Negotiating Committee (JNC) and the Professional Executive Committee (PEC) by the CEO.

A full communication is planned to update all staff on the approach to be taken. To enable managers to answer questions affectively options have been shared with the CHS management and a survey monkey has been prepared to collect CHS staff views to feed into the options appraisal exercise.

The new Transition Board (chaired by Andy Donald) will manage this organisational change in context of the PCT futures. Work streams will cover commissioning, corporate services, and provider services and all aspects of organisational change management..

Expressions of interest have been requested from public sector providers who the PCT considers could be assessed as partners for integration in the options appraisal exercise, to understand if they would be willing to be considered ahead of any evaluations being commenced.

Items for information and noting The following reports submitted under this category:-CHS Finance Report

Funding due under the HAF agreement has now been received, closing a risk relating to the delay in payment being received. Meetings are scheduled to ensure that the difficulties both parties have experienced around prompt payment are resolved to ensure this situation did not arise in the future. The CHSC commended the finance team for their efforts. Projected outturn for CHS remains an under spend due to vacancies.

CHS End of Life Care Delivery report

The report explored the John Taylor Hospice market position, premises position and costs. The report taken as read

CHS Clinical Quality & Safety Quarterly report

The report was taken as read

Policy Review Process

There were no CHS specific policies to review as at 6 January 2010

Operational Management Group minutes 21.12.09

The minutes were read and accepted

Safeguarding reports

The reports were taken as read and their contents noted

CHS HCAI (Health Care Acquired infections) Report

Report taken as read its contents duly noted.