

Subject:	Decommissioning and Disinvestment Update Paper
Report Written by:	Julie Davies
Presented by:	Julie Davies
Responsible Director:	Dave Evans

For decision	<input checked="" type="checkbox"/>
For performance monitoring	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>

KEY POINTS IN REPORT

The purpose of this report is to:

- Update the Board on the work to date on decommissioning and disinvestment project since the last Governing Body meeting

RECOMMENDATION TO THE GOVERNING BODY

The Governing Body are asked to;

- Note** the contents of this report and the progress made in the last month on the decommissioning and disinvestment project.
- Approve** the recommendation to not renew the Lifestyle Physio Contract

CONTEXT AND IMPLICATIONS	
Financial implications	As noted in the report
HR/Personnel implications	NA
Promoting equality and equity – implications	Full equality and equity impact assessments are undertaken for each service considered as part of this work programme
Considerations for Quality & Safety	Quality impact assessments completed as required within the Decommissioning and Disinvestment Policy
What patient and public involvement has there been in this issue, or what impact could it have on patient/public experience?	The issue of decommissioning and disinvestment must be effectively managed with our patients and the public perception. The CCG has committed to all necessary engagement and consultation on a service by service basis as required and the outcome of that will be considered by Governing Body before any final decision is taken.
Any Conflicts of Interest to be declared	Potential GP colleagues in respect of Primary Care considerations.

1. Purpose of Report

The purpose of this report is to:

- Provide the Board with an update on the work to date on the decommissioning and disinvestment project since the last Governing Body meeting and the next steps and timescales where available.

2. Background

A shortlist of services that had the potential for decommissioning/disinvestment in year was presented to the August Governing Body meeting and the recommendations for progressing to the next stage were approved. Two service areas (GP Counselling and Care Homes Advanced Scheme) were not considered by the Governing Body due to GP conflicts of interest and they were considered and approved at the SCCG Primary Care Commissioning Committee on the 17th August. Appendix 1 is the full list of the services proposed in the original paper taken to the governing body in August. In addition the other potential areas approved to progress to step two of the policy are listed in Appendix 2 of this paper.

3. Overarching actions

All correspondence received by the CCG was formally responded to and any issues of accuracy with regard to information on the services were passed to the respective commissioning leads and the templates are being updated accordingly.

Weekly meetings have been held to progress the work and updates on the individual schemes will follow in the section below. An enabling team has been set up to provide generic advice and support of communications & engagement, business intelligence and finance to the commissioning leads as required. This will continue indefinitely. The work on each service area includes a communications and engagement plan on a page and the necessary equality assessments.

4. Status of Current Schemes

Path House

- A paper will be taken to CAP on 7th September regarding Path House, this advises that the current service is not fit for purpose but that mental health crisis provision would need to be re-commissioned as a replacement for this service.
- If approved by CAP, a business case for the recommissioning will need to go to Finance & Performance Committee before a final decision would be brought back to governing body in October.

Oak House

- As this service is also commissioned by Telford & Wrekin CCG, the disinvestment template for Oak House is being completed on behalf of both CCGs.
- The commissioning lead has advised that the process must have disinvestment as an option but it is likely that re-investment will be required. If re-investment is the recommendation then the timescales will not be as tight.
- The Provider of this service has themselves stated that the facilities are not fit for purpose and the service needs to be more community based.
- Further work is required on the QIA.

GP Counselling

- The commissioning lead has now met with all practices affected.
- A number of patient concerns have been raised with regard to the withdrawal of this scheme.
- Clinical safety and governance must be given focus and due process must be followed.
- It was noted that some reassurance around system governance was urgently required
- At this time it is not anticipated that this scheme will give any in-year savings.

CHAS

- The Task & Finish Group to look at value for money and alternative options for the service has been set up.
- Scheme is linked to avoiding admissions and work will be led by Tracy Savage.
- CHAS is no longer having desired effect but could be amended and the funding used more effectively.
- A letter has been sent to all practices asking for their views on whether more care home emergency admissions could be avoided if this investment was used in a more targeted way, and if so what that could be.
- A PID is currently being written and timelines will need to be agreed for inclusion within this. It was suggested that funding will likely be re-invested and will therefore not be cash releasing although it was noted that there could be a part-year gain.
- This will need to go to Finance & Performance to endorse any recommendation before going back to the Primary Care Committee for a final decision

Community Pain Services

- It has been confirmed that the Community PMS Tender has now been awarded so will not be cash releasing. It is however, to be noted that the new PMS service re-specification will permit a downsizing of pain management activity undertaken in the acute setting.

Community Beds – Lady Forrester

- Following correspondence between the CCG CFO and the provider a Task & Finish group is being set up to progress step four of the policy and the output from this will be brought back to the October governing body meeting.

Movement Centre

- This is not a commissioned service and therefore should not have been included within a formal decommissioning /disinvestment programme.
- A review paper on the will be taken to CAP on 7th September which recommends any future requests for access to this service should be treated on a case by case basis through the IFR approval process.

ICS associated services, Enable and ILP

- The CCG is continuing to working with the local authority on these areas as they fall within the Better Care Fund.

Lifestyle Physio

- It has been confirmed that this contract has already lapsed. A verbal discussion has taken place with the provider explaining that we are recommending the contract not be renewed. If this recommendation is ratified by the Board, written notification will be issued to the provider. Commissioners will ensure that adequate access to other community physiotherapy services will be maintained.
- The other potential areas approved at August governing body to progress to step two of the policy are listed in Appendix 2.

CNRT

- A review of this service has been undertaken and is being presented to CAP on 7th September. The outcome from that will be included in the update to the governing body in October.
- The remaining areas of RAID and DAART have not been progressed further at this time as the CCG mental health commissioning lead has been leading the work on Path House and GP counselling and the urgent care commissioning lead has been focussed on admission avoidance related savings. The executive team are currently reviewing workload and the resource required to progress all priority work streams to ensure we can deliver this in the near future.

5. Next Steps

This work will continue to be progressed as a matter of urgency and monthly updates brought back to the governing body which will contain final decisions and supporting evidence as required.

6. Recommendations

The Governing Body is asked to;

- **Note** the contents of this report and the progress made in the last month on the decommissioning and disinvestment project.
- **Approve** the recommendation to not renew the Lifestyle Physio Contract.

Appendix 1

Workshop One Recommendations

Service	Workshop Outcome (1-5)	Potential in-year saving	Full Year Effect
PaTH House	1	£82k	£198k
Oak House	1	£123k	£740k
GP Counselling Services	1	£84k	£202k
Integrated Community Services (ICS) associated services	2	£86k	£224k
Care Home Advanced Service (CHAS)	2	£113k	£150k
End of Life Project	3	0	0
Community Pain Service	5	TBD	TBD
Community beds x 4	2	£70k	£170k
The Movement Centre	2	£50k	£75k
Enable	2	£22k	£54k
Lifestyle Fitness Physio	2	£45k	£109k
Red Cross Home from Hospital	3	0	0
Age UK Home from Hospital	3	0	0
ILP Moving & Handling	2	£15k	£30k
Total – indicative savings subject to outcome of due diligence which may require some re-investment		£690k	£1952k

Appendix 2

Workshop Two Recommendations

Service	Workshop Outcome Progress to step 2 / Not suitable
Community Neuro Rehabilitation Team (CNRT)	Progress
Rapid Assessment, Interface & Discharge Team (RAID)	Progress
Rural Diagnostics, Assessment and Access to Rehabilitation and Treatment service (DAART)	Progress
Integrated Community Service (ICS)	Not suitable
Personal Health Budgets(PHB's)	Not suitable
Voluntary Service Grants	Not suitable
Community & Care Coordinators	Not suitable
Local Enhanced Service (LES) arrangements	Not suitable