



Brent Primary Care Trust
Provider Services Development Programme

Provider Development Programme
Programme Initiation Document
Module 1

Draft

Amendment History:

Version	Date	Amendment History
0.1	27/10/07	Developed from initial PID
0.2	28/10/07	Addition of finance and workforce information
0.3	01/11/07	Confirm key names and dates, addition of risk and communications section
0.4	5/11/07	Addition of risks
0.5	5/11/07	Addition of Bashir and David Harrisons comments
0.6	8/11/07	Addition of feedback from EMT
0.7	12/11/07	Additions of CEO recommendations

Forecast Changes:

Anticipated Change	When
Feedback from EMT before final draft goes to TPCT Board	7/11/07

Reviewers:

This document must be reviewed by the following people when changes have been made.

Name	Signature	Title / Responsibility	Date	Version
Bashir Arif		Director of Integrated Health Services - Programme Director	04/11/07	
Assistant Director (TBC)		TPCT Programme Manager		
Danielle Procter		PUK Project Director		

Approvals:

Changes to this document must be approved by the following people

Name	Signature	Title / Responsibility	Date	Version
Jo Ohlson		Director of Primary & Community Care Commissioning Brent TPCT - SRO		
Bashir Arif		Director of Integrated Health Services - Programme Director		
Programme Development Board				

Distribution:

Programme Development Board
 Executive Team – TPCT
 Programme Working Team
 Senior Leads in Provider Development and Estates Directorate

Document Status:

This is a controlled document.

Whilst this document may be printed, the electronic version maintained by Yashoda Patel Project Lead is the controlled copy. Any printed copies of the document are not controlled.

Contents

Chapter 1 - Introduction.....	4
Chapter 2 - The Nature and Scale of Services Provided by Brent Teaching tPCT.....	7
Figure 2.1 – Brent Teaching PCT Spend on Community Services	7
Table 2.1 – 2007/08 Service Line by Staff Establishment and Budget.....	10
Chapter 3 – Overview of the Development Programme.....	11
3.1 The Development Programme – Overview.....	11
Figure 3.1 illustrates the way in which these two work streams will be taken forward, module-by-module.	12
Chapter 4 – Commencing the Development Programme	14
4.1 Programme Decision Support Framework.....	14
Figure 4.1 – Key Decision Flowchart	15
Table 4.1 – Key People for Service Assessments	16
4.3 Supported Service Assessments	17
Chapter 5 – Programme Governance and Deliverables for the Development Programme....	19
Figure 5.1 – Governance of Brent’s Development Programme	19
5.1 Programme Deliverables.....	20
5.2 Key Risks of the Programme	20
1. Financial – costs and funding associated with the project.....	20
2. Operational – project resource.....	21
3. Clinical.....	21
4. Human resource – impact on people within the organisation.....	21
5. Organisational – impact on the different directorates and governance structures involved.....	21
6. Information – financial, workforce, activity	21
7. Commissioning.....	21
8. Communication	21
5.3 Patients and Public as Partners in Service Review and Development.....	21
5.4 Stakeholder Engagement and Communications.....	22
Chapter 6 - Programme Implementation, Activity Planning and Timetable.....	23
Chapter 7 - Resources and the Provider Services Development Programme Costs	25
Table 7.1 – Estimated Third-Party Costs of the Development Programme	25
Appendix 1: Terms of Reference: Provider Services Development Board	28
Appendix 2: Brent tPCT and Partnerships UK Call-Off Agreement for the Provision of Services	30
Appendix 3: Step-by-Step Guide to Brent’s Provider Services Development Programme	33
Appendix 3A: Different Models for Configuring Provider Services	42
Table B - Nature of Influence and Accountability	42
Managed directorate.....	42
Social enterprise	42
Community Foundation Trust.....	43
Appendix 4: Detailed Estimates of Module 1 Activities, Resources and Costs.....	44

Chapter 1 - Introduction

The Commissioning Strategy Plan process during the summer of 2007, acknowledged that the tPCT's future vision should focus on developing itself as a fit for purpose commissioning organisation. As a corollary to this, the tPCT's Executive Management Team at its 25 July and 22 August 2007 meetings considered the needs of its directly provided services and acknowledged the need for a provider development programme.

In the light of this, the tPCT Board is asked to sponsor a development programme that examines, determines and then implements a Provider Development Programme which first, re-shapes and second, re-structures the tPCT's directly provided services.

The tPCT Board is asked to note the establishment of the Provider Development Board (PSDB)¹ as a subcommittee of the Executive Management Team. The PSDB will oversee the development of the tPCT's directly provided services and, from this, make recommendations to the Executive Management Team on the organisational arrangements that should be put in place so that sustainable, high quality services, operating separately from the tPCT, are available.

The PSDB's draft terms of reference are set out in **Appendix 1** (Subject to tPCT Board agreement). Its members include the Chief Executive, PEC Member, Director of Finance, Director of Primary Care Commissioning, Director of Strategic Commissioning and the Director of Provider Development and Estates. **Appendix 1** sets out the full membership of the PSDB.

The Senior Responsible Officer (SRO) for the Provider Development Programme will be the Director of Primary Care Commissioning. The programme will be directed by the Director of Provider Development and Estates. Programme management (PM) will be provided by an Assistant Director within the Provider Development and Estates Directorate. They will provide day to day leadership of the development programme. Project management will be provided by the Business Development Manager from the Provider Development and Estates Directorate. Project Office support will be provided by the Provider Projects Office. In addition, the Director of Provider Development and Estates will be supported by the Provider senior management team, by representatives of the Professional Executive Committee ("PEC") and by the tPCT's Executive Management Team.

The establishment of the PSDB is a direct response to policy intentions set out initially in "Commissioning a Patient Led NHS" and then reinforced in the Government's 2006 White Paper "Our Health; Our Care; Our Say – A New Direction for Community Services". The White Paper established two significant propositions. These are:

- i. That the principal activity of PCTs is to commission but **not** to provide health and social care for their resident populations.
- ii. That PCTs need to formally separate their commissioning activities from their community provider services and, from there, should consider how, in the light of this separation, innovation and best value (driven through plurality and contestability) in provision can be achieved.

¹ For full membership of Provider Development Board see **Appendix 1**.

In early 2007, Brent, along with a number of other PCTs in North West London, entered into discussions with Partnership UK (“PUK”). PUK is a body set up by the Government, and now half-owned by HM Treasury, to work solely alongside public bodies re-shaping themselves and, in particular, where such re-shaping involves public bodies working in an increasingly business-like fashion.

Building new markets for public goods is something that is familiar territory for PUK. In the examples of *Partnerships for Health* (PfH) and *Partnerships for Schools* (PfS), PUK has worked with the sponsoring Government departments (in this case the DoH and DfES respectively) to develop new, commercially viable and stable asset provision models. Designing and building supply in the direct delivery of public services is perhaps a broader and deeper challenge than that so far met by PfH and PfS. Additional capabilities are likely to be important, particularly:

- i. Developing and putting in place a benign policy environment.
- ii. Making public bodies more business-like.
- iii. Locating, leveraging and directly providing technical, development and longer term funding.

PUK has considerable skills and experience in these areas. It spearheads the Government’s commercialisation taskforce under the *PUK Wider Markets Initiative*. Here it offers both developmental and transactional support. In addition, *PUK Equity* works with public bodies to create and invest in suitable commercial vehicles by which latent value in those public bodies or their assets can be realised. The vehicles created often provide opportunities for the public body to enjoy a prolonged return through equity participation, licensing arrangements or royalty agreements.

Both Brent and PUK share the view that the success of the Government’s drive to re-shape community health service commissioning and provision depends critically on PCTs taking well-managed programmes of work forward and them receiving carefully structured support as they do so. Plurality and contestability in the supply of community health services will be delivered by a well-balanced market of public sector, social and commercial enterprises, all operating in a business-like fashion.

From a series of detailed discussions, it has become clear that PUK’s ambition to provide systematic support to public bodies seeking to re-shape across the boundary of commissioning and providing fits well with Brent’s own Directly Provided Services Development Programme. In addition, there appears to be an appetite from other PCTs in North West London for PUK to provide support on a sub-regional basis, with six of the eight PCTs, including Brent, now following the PUK programme. This has particular appeal for services which may lack critical mass at the level of the single PCT.

At a meeting of the Executive Management Team (EMT) on 22 August 2007, the EMT, agreed to proceed with PUK as its programme development partner. In essence, this arrangement envisages Brent and PUK pooling their distinct but complementary capabilities to define and then complete a development work programme.

PUK will introduce programme management disciplines, it will channel specialist 3rd party expertise to support a development programme in the areas of health service planning, legal advice (both already appointed) and corporate finance and it will itself provide commercialisation input. Brent tPCT will make available service planning,

management and delivery capabilities and experience to inform the Provider Services Development Programme, it will identify, co-ordinate and take forward stakeholder management processes and will introduce and execute appropriate programme governance arrangements.

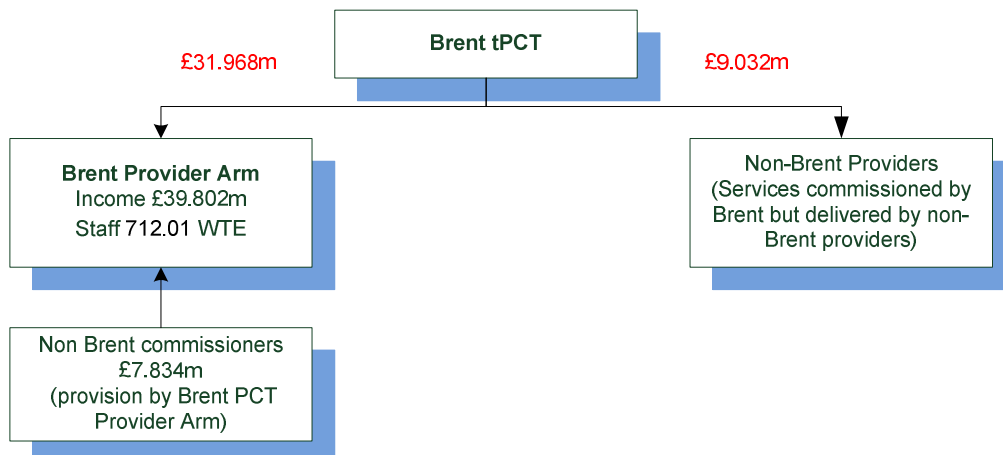
Following formal endorsement of this Programme Initiation Document (PID) by the tPCT Board at its meeting on 22nd November 2007, Brent tPCT and PUK intend to enter into a contract for services, under the umbrella of the Department of Health's Framework Agreement with PUK (attached at **Appendix 2**). This will enable PUK to provide the agreed services to the tPCT.

In addition, Brent tPCT and PUK will jointly sign a Letter of Intent (also at **Appendix 2**) which, although not a contractually binding document, sets out how the two bodies expect to work together to achieve a successful outcome for the Development Programme. This Letter describes a co-sponsoring approach by which PUK is able to bring some influence to bear on the key decisions that Brent will need to take in completing its Provider Services Development Programme.

Chapter 2 - The Nature and Scale of Services Provided by Brent Teaching tPCT

Baseline data to inform the development work programme will be collected through the completion of service-by-service assessments. In 2007/08, Brent tPCT is budgeting to spend approximately £41m on community health services, including capital charges and overheads allocated to the Directly Provided Services Arm. Of this, £32.0 m will be spent with the tPCT's Directly Provided Services Arm. In addition the Directly Provided Services Arm provides services, to a value of approximately £7.8m, to a combination of other PCTs and the London Borough of Brent, bringing its total annual budget to around £39.8m (see **Figure 2.1**)

Figure 2.1 – Brent Teaching PCT Spend on Community Services



Brent Directly Provided Services Arm funds 712.01 WTE staff to deliver provider services². It runs discrete and locality-based services in twelve broad service groupings. These groupings comprise the following individual service lines³.

<p>Trust Management Practices</p> <ul style="list-style-type: none"> • Harrow Road Medical practice • Burnley Medical Practice • Sudbury Medical Practice • Wembley Medical Practice 	<p>Unscheduled Care</p> <ul style="list-style-type: none"> • CMH A&E (PMS) • Wembley Walk in centre
<p>Specialist Children's Services</p> <ul style="list-style-type: none"> • Children's nursing and Medical services (inc Doctor Training Posts) • Children's Therapy Services (inc SaLT, Occupational Therapy, Physiotherapy) 	<p>Universal Children's Services</p> <ul style="list-style-type: none"> • Health Visiting • School Nursing (inc special school nurses, general school nurses, Enuresis, School Buddy Services) • Looked after Children • Audiology • Child Health Support
<p>Specialist Services</p> <ul style="list-style-type: none"> • Substance Misuse • HIV Coordinator • Primary Care Mental Health Services • Smoking Cessation • Infection Control • Homeless Service (outreach) • Language Liaison (GRIP) • Specialist Nursing Services <ul style="list-style-type: none"> i. Stoma ii. Continence 	<p>Intermediate Care</p> <ul style="list-style-type: none"> • Neuro-rehabilitation in-patient Services • Intermediate Care and Rehabilitation in-patient wards • Brent Older People's Project • Wheelchair Services • Brent Rehabilitation Service (inc Falls and SaLT) • Musculoskeletal • Stroke
<p>Learning Disabilities Partnership (Joint with the Local Authority)</p> <ul style="list-style-type: none"> • Peel Road Unit • Community LD Team • Day Services LD team 	<p>Community Nursing Services</p> <ul style="list-style-type: none"> • District Nursing (inc Twi-light service and Night Nursing Service) • Community Matrons • Phlebotomy
<p>Matrix Services</p> <ul style="list-style-type: none"> • Nutrition and Dietetics • Podiatry Services • Community Dental 	<p>Care Pathways</p> <ul style="list-style-type: none"> • Diabetes • CHD • Respiratory • Dermatology • Retinal Screening
<p>Estates & Facilities (inc Disability and Access Advisor)</p>	<p>Health Promotion (Public Health Team)</p>

² Not all of these people are direct employees of the PCT

³ See **Table 4.1** for a complete profile of the services provided by the PCT's Directly Provided Services Arm. **Table 2.1** shows the proportion of activity and income that each of these groupings accounts for.

As the service review process aims to provide an assessment of both fitness for purpose and future structural and organisational form on a service by service basis, the following service lines will not be included in the Provider Development Programme.

- **Trust Management Services** – these are GP practices managed by the provider arm. The Provider arm has already signalled its intentions to divest itself from responsibilities for providing these services
- **Child Protection** (Designated Doctor and Nurse) – Child Protection is a statutory responsibility. tPCT Provider Development and Estates Directorate host the staff within this service on behalf of the Local Health Community
- **Health Promotion** – the health promotion team currently form part of the Public Health Directorate in the tPCT. The Public Health Directorate structures are in development. The service assessment process can be applied to any services provided by the Public Health Directorate in the future if required
- **Smoking Cessation** – This service has been transferred to the Primary and Community Care Commissioning Directorate and does not form part of mainstream provision

Table 2.1 – 2007/08 Service Line by Staff Establishment and Budget

Ref	Service Line	STAFF WTE	%	Head Count	%	Service Budget £'000	%
A	Unscheduled Care						
A1	CMH A&E (PMS)	6.0	1.0%	4.0	0.6%	337.8	1.3%
A3	Wembley Walk in centre	8.0	1.3%	2.0	0.3%	461.7	1.7%
A	Sub-total	14.0	2.2%	6.0	0.9%	799.5	3.0%
B	Children's Services						
B1	Specialist Children's Services						
B1.1	Children's nursing and Medical services (inc Looked after children consultant and audiology)	27.1	4.4%	26.0	4.1%	1,559.1	5.9%
B1.2	Children's Therapy Services	35.7	5.7%	42.0	6.6%	1,571.1	5.9%
B2	Children Community Health						
B2.1	Health Visiting	57.6	9.2%	78.0	12.3%	2,110.9	7.9%
B2.2	School Nursing (inc special school nurses, general school nurses, Enuresis, School Buddy Services, looked after children nurse)	29.6	4.7%	34.0	5.4%	1,159.7	4.4%
B2.5	Child Health Support	3.0	0.5%	2.0	0.3%	62.4	0.2%
B	Sub-total	153.0	14.4%	182.0	28.7%	3,333.0	12.5%
C	Learning Disabilities						
C1	Peel Road Unit + Community LD team and Day Service Team	47.5	7.6%	46.0	7.2%	2,066.7	7.8%
C	Sub-total	47.5	7.6%	46.0	7.2%	2,066.7	7.8%
D	Intermediate Care						
D1	Neuro-rehabilitation in-patient Services	27.4	4.4%	18.0	2.8%	1,150.3	4.3%
D2	Intermediate Care and Rehabilitation in-patient wards	69.1	11.0%	62.0	9.8%	2,805.3	10.6%
D3	Brent Older People's Project	8.0	1.3%	7.0	1.1%	253.2	1.0%
D4	Wheelchair Services	8.0	1.3%	8.0	1.3%	585.8	2.2%
D5	Brent Rehabilitation Service (inc Falls, SaLT and Stroke)	37.4	6.0%	29.0	4.6%	1,509.4	5.7%
D6	MSK	17.5	2.8%	12.0	1.9%	555.2	2.1%
D	Sub-total	167.4	26.8%	136.0	21.4%	6,859.2	25.8%
E	Adult Community Services						
E1	District Nursing (inc Twi-light service and nights)	76.5	12.2%	79.0	12.4%	2,765.6	10.4%
E2	Community Matrons	3.0	0.5%	3.0	0.5%	139.1	0.5%
E3	Phlebotomy	9.1	1.5%	10.0	1.6%	271.8	1.0%
E	Sub-total	88.6	14.1%	92.0	14.5%	3,176.5	12.0%
F	Specialist Services						
F1	Stoma (includes Infection control)	4.0	0.7%	4.0	0.6%	204.9	0.8%
F2	Continence	2.9	0.7%	3.0	0.5%	342.7	1.3%
F3	Substance Misuse	8.8	1.4%	8.0	1.3%	624.0	2.4%
F4	HIV Coordinator	1.0	0.2%	1.0	0.2%	59.0	0.2%
F5	Dental	12.9	2.1%	20.0	3.2%	598.3	2.3%
F7	Homeless Service	1.5	0.3%	2.0	0.3%	52.6	0.2%
F8	Primary Care Mental Health Services	3.0	0.5%	3.0	0.5%	100.7	0.4%
F9	Language Liaison (GRIP)	0.0	0.0%	0.0	0.0%	143.0	0.5%
F	Sub-total	34.1	5.5%	41.0	6.5%	2,125.2	8.0%
G	Matrix Services						
G1	Nutrition and Dietetics	18.7	3.0%	18.0	2.8%	820.0	3.1%
G2	Podiatry	14.4	2.3%	14.0	2.2%	842.2	3.2%
G	Sub-total	33.1	5.3%	32.0	5.0%	1,662.2	6.3%
H	Pathways						
H1	Diabetes	4.0	0.6%	6.0	0.9%	206.1	0.8%
H2	CHD	5.5	0.9%	8.0	1.3%	221.0	0.8%
H3	Respiratory	4.8	0.8%	2.0	0.3%	173.1	0.7%
H4	Dermatology	0.0	0.0%	0.0	0.0%	169.0	0.6%
H5	Retinal Screening	5.0	0.8%	2.0	0.3%	137.5	0.5%
H	Sub-total	19.4	3.1%	18.0	2.8%	737.7	2.8%
I	Estates						
I1	Estates (inc Disability and Access Advisor)	67.3	10.7%	82.0	12.9%	5,827.8	21.9%
I	Sub-total	67.3	10.7%	82.0	12.9%	5,827.8	21.9%
	Total	624.3	100.0%	635.0	100.0%	26,587.7	100.0%

Chapter 3 – Overview of the Development Programme

This PID sets out the programme of work required to complete Brent tPCT's Directly Provided Services Development Programme. This will call upon senior service and management staff throughout the Directly Provided Services Arm, assisted by significant input from commissioning, corporate and support services. The Development Programme will be taken forward by the Programme Working Team ("PWT").

The PWT comprises Brent and PUK staff. It has day-to-day responsibility for defining, organising and supporting the Development Programme. It meets on a regular basis to discharge this responsibility (see **Chapter 6** below).

The work itself will require significant input from senior service staff from the tPCT in each of the main service areas. The PWT will lead the process of engaging both with other parts of Brent tPCT (such as commissioning and corporate support services such as human resources, finance, information management & technology and estates maintenance) and with bodies outside Brent, such as neighbouring PCTs, local government bodies, Practice Based Commissioners and, potentially, the DH.

3.1 The Development Programme – Overview

The Development Programme is tri-modular in design. The end of each module marks a point of genuine discontinuity when the tPCT (and PUK) can examine both the outcome of the module just completed and the nature and timing of the module lying immediately ahead.

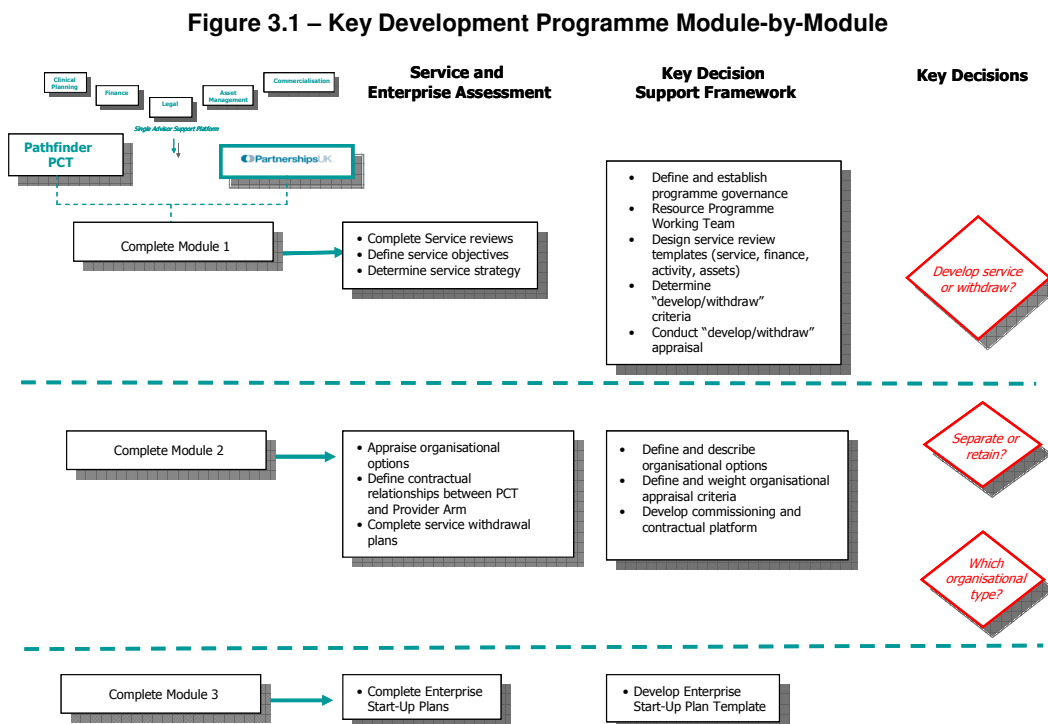
The three modules are:

- **Module 1** – which includes mapping existing services, resources, future supply requirements and associated opportunities or threats and, in the light of this, developing plans for services (which may include either developing or withdrawing from provision);
- **Module 2** – which involves developing plans that will determine the future direction and organisational solution(s) for provider services and lead to recommendations that create one or more arms-length community health services enterprises;
- **Module 3** – that involves formulating start-up plans for arms-length community health service enterprise/s.

The completion of each module requires progress to be made, in tandem, with two discrete work streams. The work streams are:

- The Programme Decision Support Framework;
- Service and Enterprise Assessments.

Figure 3.1 illustrates the way in which these two work streams will be taken forward, module-by-module.



The first work stream involves the PWT creating a single Programme Decision Support Framework by reference to which the future of each service line can be appraised and determined. Along with the Director of Provider Development and Estates for Directly Provided Services, the PWT will determine who will be involved in the process of building this Programme Decision Support Framework, either directly or as consultee, and how their involvement will be organised. As well as service staff, the PWT expects to see patients and carers featuring prominently in the Service Assessment process.

The second work stream comprises the service-by-service assessments. The assessments will result in a full description of service strengths and weaknesses and of opportunities and threats in the light of environmental factors, such as future commissioning intentions, changing patients' requirements and competition (captured in the "Service Line Review").

The assessments will culminate in the identification of key business objectives, (for example, securing greater scale, reducing reliance on a dominant commissioner etc.), along with preferred service and resource strategies, which will outline how the identified objectives can be best achieved. Together, the Service Line Review, the objectives and the associated strategies make up the "Service Assessment". In all, the PWT expects to oversee the production of 33 individual Service Assessments (listed in Table 2.1).

The Service Assessment process has two main aims. First, to provide a much better understanding of the service that will enable individual Service Leads, Senior Leads and the PSDB to agree key objectives (and plans for their achievement) for each service line. Second, to assist the PSDB (and, ultimately, the TPCT Board) to arrive

at some evidence-based conclusions on the future service portfolio and configuration of a separate Directly Provided Services Arm.

The decision making will require co-ordination between the nascent Directly Provided Services Arm and the tPCT (acting *qua* commissioner). Amongst other things, commissioners will be keen to ensure that the decision-making process does not leave them to commission services from a supply side which is thin or of indifferent quality.

As part of **Module 2**, the PWT will identify and describe the pros and cons of different organisational forms into which services might be separated, and whether they are best constituted as an NHS provider or as some form of arms length provider (in, for example, the third or commercial sectors).

The PWT will examine, with the tPCT more broadly, the consequences of separateness, focusing in particular on striking the right balance between security of high quality supply for patients and avoiding the situation where patient choice is overly constrained. This will involve the PWT assisting Brent commissioners in examining competition, informational, procurement and contractual issues, so that the tPCT is able to put in place a procurement and supply-side management strategy that supports its commissioning aims.

Chapter 4 – Commencing the Development Programme

As described in **Chapter 3**, the tri-modular Development Programme is implemented by taking forward, in tandem, two discrete work streams. The work streams are:

- The Programme Decision Support Framework;
- Service and Enterprise Assessment.

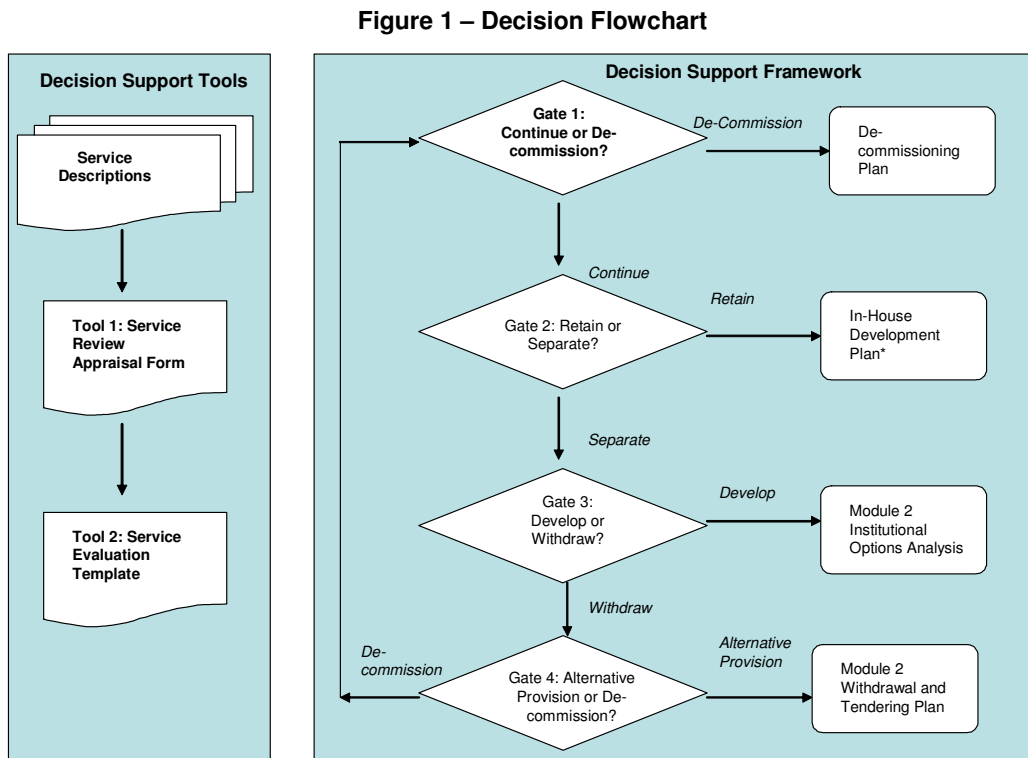
4.1 Programme Decision Support Framework

At certain stages, the PSDB and/or the tPCT Board will be required to make significant decisions in relation to the future nature, shape and organisational structure of the Provider Arm. In order that decisions are soundly based, decision support tools and frameworks will be developed by the PWT in consultation, in particular, with senior staff within Brent's Directly Provided Services Arm. These tools will be used when undertaking exercises such as the service and enterprise assessments.

The work programme has been organised so that it informs and supports four key decision gates. These gates represent the following sequence of decisions in relation to each service line (see **Figure 4.1**):

- **Gate 1** - Is the service a legacy service for which there is little or no commissioner appetite, or which is manifestly unsuited to achieve desired clinical outcomes, and so should be **de-commissioned** in its current form?
- **Gate 2** - If the conclusion of Gate 1 is "No", is the service a fledgling or vulnerable service, or is it very difficult or risky to contractualise, and so should be **retained** in the short to medium term within the tPCT and **not** be separated out into any form of arms length provider arm?
- **Gate 3**: If the conclusion of Gate 2 is "No", is the service one that Brent's Directly Provided Services Arm should, for **Module 2**, **pro-actively develop** into one or more separate arms length enterprises; or
- **Gate 4**: If the conclusion to Gate 3 is "No", is the service one for which Brent's Directly Provided Services Arm should, for **Module 2**, play a **reactive** role by signalling to the tPCT that the service is unlikely to feature in the Provider Arm's medium term service portfolio and so should either:
 - be re-provided by an alternative provider (through e.g. a market tendering process), or:
 - be de-commissioned (and so referred back to Gate 1).

Figure 4.1 – Key Decision Flowchart



* Not part of PUK programme

The Programme Decision Support Framework activities, which will involve the creation of robust decision support processes, the production of clear, evidence-based recommendations and the execution of sound and authoritative decisions, will be managed and co-ordinated by the PWT, assisted by staff from Brent’s Directly Provided Services Arm, the wider tPCT and calling on third-party specialists from time to time. The PWT will also maintain close contact with those in the DH active in developing policies in these areas, as well as other tPCTs who have embarked on similar development programmes.

4.2 Service and Enterprise Assessment

Module 1 culminates in the completion of service-by-service assessments. For each Service Assessment, senior, service and commissioning leads have been identified as set out in **Table 4.1**.

Table 4.1 – Key People for Service Assessments

Ref	Service Line	Senior Provider Lead (3)			Senior Commissioning Lead (8)		Service Lead (18)
		Rod Goodyer	Lynda Greenhill	Neil O'Farrell	Jo Ohlson	Sarah F Thompson	
A	Unscheduled Care						
A1	CMH A&E (PMS)	✓			✓		Samantha Banton
A3	Wembley Walk in centre	✓			✓		Samantha Banton
B	Children's Services						
B1	Specialist Children's Services						
B1.1	Children's nursing and Medical services (includes Looked after children's medical Consultant and Audiology)		✓			✓	Marion Scrine (Medical); Yvonne Arnold (Nursing)
B1.2	Children's Therapy Services		✓			✓	Janet Stajkowski
B2	Children Community Health						
B2.1	Health Visiting		✓		✓		Angela Wilson, Ann Bowe, George Bandasoah, Chai Chin Stevens, Carol McCalla
B2.2	School Nursing (inc special school nurses, general school nurses, Enuresis, School Buddy Services)		✓			✓	Angela Wilson, Ann Bowe, George Bandasoah, Chai Chin Stevens, Carol McCalla
B2.5	Child Health Support		✓		✓		Ingred Marriott
C	Learning Disabilities						
C1	Peel Road Unit + Community LD team and Day Service Team		✓			a	Kofi Nyero, Alison Davies
D	Intermediate Care						
D1	Neuro-rehabilitation in-patient Services	✓				✓	Ingrid Clarke
D2	Intermediate Care and Rehabilitation in-patient wards	✓				✓	Ingrid Clarke
D3	Brent Older People's Project	✓				✓	Ingrid Clarke
D4	Wheelchair Services	✓				✓	Harriet Beynon
D5	Brent Rehabilitation Service (inc Falls, SaLT and stroke)	✓				✓	Ingrid Clarke
D6	MSK	✓				✓	Maggie McLennan
E	Adult Community Services						
E1	District Nursing (inc Twi-light service and nights)		✓		✓		Angela Wilson, Ann Bowe, George Bandasoah, Chai Chin Stevens, Carol McCalla
E2	Community Matrons		✓		✓		George Bandasoah
E3	Phlebotomy			✓	✓		Brenda Brown
F	Specialist Services						
F1	Stoma and Infection Control	✓			✓		Rod Goodyer
F2	Continence	✓				✓	Rod Goodyer
F3	Substance Misuse	✓				✓	Stephane Ibenes-de-Benito
F4	HIV Coordinator	✓				✓	Mohamade Jowata
F5	Dental	✓			✓		Rod Goodyer
F7	Homeless Service	✓			✓		Carol McCalla
F8	Primary Care Mental Health Services	✓			✓		Rod Goodyer
F9	Language Liaison (GRIP)	✓			✓		Rod Goodyer
G	Matrix Services						
G1	Nutrition and Dietetics	✓			✓		Farhat Hamid
G2	Podiatry	✓			✓		Katharine Green
H	Pathways						
H1	Diabetes	✓			✓		Maggie McLennan
H2	CHD	✓			✓		Maggie McLennan
H3	Respiratory	✓			✓		Maggie McLennan
H4	Dermatology	✓			✓		Maggie McLennan
H5	Retinal Screening	✓			✓		Silvia Sadeghian
I	Estates						
I1	Estates (inc Disability and Access Advisor)			✓	Tbc		Brenda Brown

4.3 Supported Service Assessments

As a first step in completing the Service Assessment process, Service Line Reviews will be drafted by Service Leads, with help from relevant clinical staff. These Service Line Reviews will be completed in a two-stage process, overseen by the PWT. A "Form and Content of Service Assessment" template have been created for use in Service Line Reviews.

The first stage, which will take place during December 2007 and January 2008, will involve the Service Leads, along with their service teams, completing a "First Cut" Service Line Review. Other than regular reporting of progress by the Senior Leads to the PWT over this two month period, the Service Leads will be empowered to complete the First Cut Service Line Reviews. Support will be available from the Project Manager as required.

First Cut Service Assessment documents will be submitted to the PWT in two batches. The first, w/c 7th January and the second by the 21st January 2008. They will be assessed by the Director of Provider Development and Estates and the PWT, along with the Senior Leads during January. There will inevitably be gaps and omissions, not least on financial and comparative information. A series of 'Challenge and Confirm sessions will take place in February, which will result in feedback being provided to service leads.

In parallel with the Service Line Review process, the PWT will commission and co-ordinate the production of relevant financial and estates information from Brent's Finance and Information Directorates. A draft template, identifying relevant financial and estates information, has been drawn up. A timetable by which such information needs to be completed and shared with Service Leads so that it can be incorporated in Service Line Reviews will be agreed between the PWT and representatives of Brent Finance and Information Directorates.

Some services may warrant specific support from external advisors above and beyond what is provided at the programme level. At this time, it is difficult to predict which of the 33 service lines will require external support although data analysis and financial modelling are two areas where such support is likely to be most needed. The PWT will determine, with the Senior Leads, the nature and extent of such support. The PWT will instruct and manage such support as is required under a Local Advisory Agreement (see **Chapter 7** below). As a contingency, the PCT will budget for £20,000 to call off such support as required.

The PWT will determine with the Senior Leads the nature and extent of 3rd party specialist clinical planning support to be deployed during December 2007 and January 2008 to complete the Service Line Reviews. The PWT will instruct and manage such support as is required under a Local Advisory Agreement (see **Chapter 7** below). It is expected that first cut final drafts of all Service Line Reviews will be completed by the late February 2008.

Following completion of the First Cut service reviews, Commissioners (including tPCT Commissioners, Practice Based Commissioners and the Local Authority), will be asked to provide formal feedback to the service leads on the detail contained with their service assessment document. Brent tPCT commissioner will be requested to collate the views of commissioners all relevant commissioners and provide a collective commissioner view to the service lead. To provide feedback,

commissioners will need to clearly articulate its commissioning requirements relevant to that service area. A template has been produced that will assist commissioners complete this feedback. The PWT will complete commissioner briefings in advance of this exercise starting.

Once the Service Line Reviews are finalised, the service teams will, with Senior Leads (and informed by the views of commissioners), undertake the **Module 1** gateway appraisal summarised in **Section 4.1** above. For those services that successfully negotiate the gates and which are therefore, included within those that the Directly Provided Services Arm would wish to pro-actively develop as part of **Module 2**, the service review teams will, with the assistance of the PWT (and, where relevant, 3rd party specialists), identify key business objectives and service and resource strategies. Service Line Reviews and relevant objectives and strategies will, when complete, be brought together to form the individual Service Line Reviews for the services covered by the programme.

Conversely, the Directly Provided Services Arm may recommend that it divests itself of certain service lines that it currently provides. If such a recommendation is accepted by the EMT and the tPCT Board, then the tPCT itself will be in a position to determine whether that service line should be decommissioned or whether an alternative provider should be sought. In these circumstances, the PWT will, as part of **Module 1**, work with the relevant Senior Leads and Service Leads to outline the consequences of decommissioning or of re-provision of the service line by other bodies.

The PWT and the Provider Development Director will formally launch the Development Programme at an event for all Provider Services staff. At this event, the key steps of the Development Programme will be explained, with particular focus on **Module 1** and the completion of Service Line Reviews.

Informed by the findings of **Module 1** and the Programme Decision Support Framework developed in parallel during the first two modules by the PWT, **Module 2** will progress the development plans for individual services. Finally, **Module 3** completes the detailed planning process for the chosen organisational solution(s).

A description of each of the key work stages to be completed as part of the Service and Enterprise Assessment is set out at **Appendix 3**.

Chapter 5 – Programme Governance and Deliverables for the Development Programme

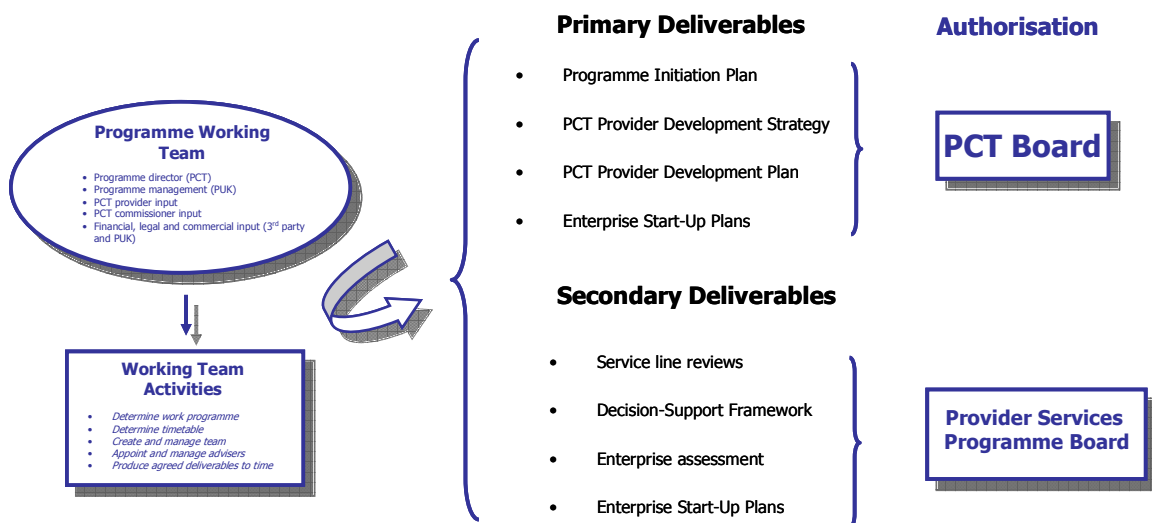
Programme governance responsibility will sit with Brent’s Provider Development Board (PSDB). The tPCT Board have been requested to constitute the PSDB as a sub-committee of the EMT for Module 1. It is proposed that the PSDB be chaired by the Senior Responsible Officer. The PSDB’s draft Terms of Reference limits its remit to developmental activities (see **Appendix 1**). It is not currently intended to have responsibility for the day-to-day operational performance of Brent’s Provider Services, which continues to be the responsibility of the Provider Executive Group (PEG) and the tPCT Board. Once the Letter of Intent has been agreed, PUK will be invited to be present at the meetings of the PSDB.

The PSDB meets monthly. The Development Programme has been organised so that substantial progress can be made under the auspices of the PSDB. However, the tPCT Board will be expected to formally consider and agree progress made at a small number of important points in the development programme. The tPCT Board’s consideration will be critically informed by its roles as a) service commissioner and market regulator, b) as (currently) employer of staff affected and c) as an accountable authority for implementing national and local policy priorities.

Progress with the Development Programme will be tracked by reference to the completion of certain milestones and associated deliverables. Programme deliverables have been broken down into “primary deliverables” and “secondary deliverables”.

Primary deliverables are first-order programme outputs and will be presented at points of genuine discontinuity in the programme (i.e. the end of each module). They provide opportunities for Brent and PUK to critically examine and, if desirable, recalibrate the nature, pace, feasibility and cost of the Development Programme. It is recommended that primary deliverables are considered and agreed by Brent tPCT Board, following their endorsement by the PSDB (see **Figure 5.1**).

Figure 5.1 – Governance of Brent’s Development Programme



5.1 Programme Deliverables

Primary deliverables are:

- Module 0: This Programme Initiation Document ;
- Module 1: The Provider Development Strategy - this will summarise the results of the work programme on Service Assessments and the outputs from the Programme Decision Support Framework and, in the light of commissioning strategies, will identify what services will continue to be provided (albeit potentially in different forms) by the Directly Provided Services Arm and those the tPCT will seek either to decommission or to commission from other bodies;

Whilst, by definition second-order, secondary deliverables still represent important milestone points during the course of the Development Programme. They are likely to significantly influence outcomes and therefore, canvassing the views of key stakeholders on them is highly desirable. Secondary deliverables will require the formal endorsement of the PSDB.

Secondary deliverables include:

- From the Programme Decision Support Framework element of the programme:
 - The criteria and associated decision support tools for assessing whether a service should or should not be proactively developed by the Directly Provided Services Arm;
 - The key features of the commissioning and contractual framework that will influence contractual relationships between the tPCT and its service providers.
- From the Service Assessments and Enterprise Assessment element of the programme:
 - The results of the service-by-service assessments;

5.2 Key Risks of the Programme

The main categories that the risks will fall under are financial, operational, clinical, human, organisational, information, commissioning and communication. An initial set of high level risks have been identified and described below.

Risks will be assessed in terms of their impact, alongside controls and assurance activities. A full risk register will be developed and maintained by the PWT. The management of risk will be form a core element of the agenda at each Programme Board.

1. Financial – costs and funding associated with the project

- Level of programme support exceeds budget allocation for the project
- Internal resource and time not available to focus on the project

2. Operational – project resource

- Project team and other staff unable to be released to enable project delivery
- Lack of capability to deliver packages of work by service e.g. financial, admin, project, service knowledge, activity
- Unable to resource the people in order to complete work packages
- Service Line Assessments identify adverse service issues which have not been anticipated

3. Clinical

- Lack of clinically evidenced outcomes

4. Human resource – impact on people within the organisation

- The implementation of the management restructure
- Lack of commitment to delivering project by staff involved

5. Organisational – impact on the different directorates and governance structures involved

- Organisational commitment, from the Board to the EMT in delivering the project
- Identified gaps in service provision both externally and internally

6. Information – financial, workforce, activity

- Lack of data quality
- Timeliness
- Lack of availability

7. Commissioning

- Inability to identify and articulate commissioning intentions
- Lack of an integrated commissioning approach which may arise from the differing demands of tPCT and PbC intentions.
- Difficulties in securing effective engagement between provider and commissioner arms of PCT

8. Communication

- Inadequate management of Stakeholders
- Failure to provide a communication strategy internally and externally

5.3 Patients and Public as Partners in Service Review and Development

In a patient-led NHS it is essential that current and potential users of health services are pivotal in informing their review and development. Patients and users are likely to most interested and add most value by being involved at the service level. Service Leads will be encouraged to engage with patients as they undertake their service line review process. The PWT will recommend methods of user involvement to Service Leads as part of the development of programme activities

5.4 Stakeholder Engagement and Communications

An initial stakeholder map and communications plan has been developed. This will be reviewed and developed by the PWT and PSDB once the draft PID has been authorised.

Chapter 6 - Programme Implementation, Activity Planning and Timetable

A PWT is to be created to take forward the day-to-day work of the Development Programme. The PWT is expected to have a core membership and members who are called upon for specific areas of development. The core team comprise:

- Assistant Director who will act as Programme Manager
- Business Development Manager, who will act as Project Manager
- Director of Provider Development and Estates
- PUK Project Director.
- Finance Representative (Tbc)
- HR Representative (Tbc)
- Information Representative (Tbc)

Non-Core Members comprise:

- Assistant Director Therapies and Adult Health Services
- Assistant Director Children and Learning Disabilities Unit
- Head of Estates and Facilities Management
- Service Leads

* The Programme and Project Managers will have the authority to progress development work within their sphere of responsibility

PUK's, Head of Health will attend the PWT as and when required. The PWT main role is to provide, manage and/or procure the resources needed to complete the tri-modular Development Programme.

In summary, the PWT's main activities comprise:

- **Overall Programme Management:**
 - Co-ordinating and managing the Development Programme, including servicing the programme governance process;
 - Programming activities and ensuring compliance with the associated timetable;
 - Undertaking stakeholder management and conducting any informal/formal consultation processes that may be required;
 - Co-ordinating the work of the Development Programme with other activities which the PDB co-sponsors;
 - Co-ordinating the development programme with neighbouring tPCTs;
 - Co-ordinating liaison between Brent and third sector and private sector providers;
- **Module 1:**
 - Completing Programme Decision Support Framework activities, including the production of document templates, identifying and assembling comparative services information and designing and applying decision making tools;
 - Overseeing and quality assuring the completion of Service Line Reviews and associated Service Assessments and, where relevant, Transition Plans for decommissioned or divested services.

The PWT will meet initially every week. These weekly meetings will be used to track progress with the Development Programme. A critical path and associated timetable will be put together for each of the two main work streams (i.e. the Programme Decision Support Framework and the completion of the service and enterprise assessments).

During **Module 1** the Senior Leads (i.e. Assistant Directors) will report progress on the individual Service Line Reviews they are leading and identify progress against the agreed timetable at meetings of the PWT. In addition, the draft decision support tools, created and shaped initially by the PWT, will be considered and developed with Senior Leads at these PWT meetings prior to their submission, where appropriate, to the PDB.

The work to complete **Module 1** for the 33 Service line Reviews is targeted to take 4 months, commencing at the beginning of December 2007 and ending with the compilation of the Provider Development Strategy by 1st April 2008. This will be immediately followed by a period of formal communication, consultation and authorisation by the PSDB and ultimately, the tPCT Board on the findings of the Service Assessments. The end of **Module 1** will be marked by the endorsement by the tPCT Board of Brent's Provider Development Strategy, as well as the development of a PID for **Module 2** for approval.

Chapter 7 - Resources and the Provider Services Development Programme Costs

The cost of completing the Development Programme can only be estimated in this PID. Separating the programme into three largely stand-alone modules gives the TPCT the ability to re-examine nature, pace and scope at regular intervals.

Before embarking on each module, the PWT will present a detailed budget to the PDB for consideration and agreement. The PWT will also be responsible for tracking expenditure against budget and for reporting any material variances. A report of 3rd party costs incurred will be submitted and considered by the PWT monthly.

The activities that constitute **Module 1** have been defined in some detail and are included in **Appendix 4** of this Programme Initiation Document. Based on these activities, the PWT has completed an exercise to model the 3rd party resources required to complete the activities. This results in a modelled estimate for **Module 1** programme costs of **£70,000** against which a pathfinder credit of £15,000 will be set, reducing the net estimated cost to Brent to **£55,000**. A further contingency against specific 3rd party costs required to support the work of individual service line reviews has also been established, and brings the total (net) cost estimate for **Module 1** to £75,000.

Modelling costs to complete **Module 2** and **Module 3** are unavoidably more uncertain than those for **Module 1**. PUK's initial cost models for these latter two modules indicates that, including **Module 1**, third-party costs of around £341,000 could be incurred (see **Table 7.1** below).

Table 7.1 – Estimated Third-Party Costs of the Development Programme

Development Programme Module	£'000
Module 2	
Separation assessment	28
Enterprise option assessment	56
Commissioning and contracting	59
Programme management	38
Sub-total	181
Module 3	
Business planning	38
Incorporation	38
Commercialisation (service/staff/asset contracts etc.)	51
Programme management	21
Sub-total	140
Module 1 (including contingency - see Appendix 5 for detail)	90
Total	411
PUK pathfinder credit	(64)
Grand total	347

In recognition of Brent's pathfinding status, PUK has, subject to certain conditions set out in the Call-Off Agreement with Brent Teaching TPCT, agreed to provide a discount against these estimated costs of £64,000, bringing the net estimated costs of the Development Programme to £347,000. This will be further broken down in successive PIDs.

This Programme Initiation Document assumes that, in addition to PUK, specialist advisory support will be required to complete the Development Programme from different advisers. For Module 1 these are:

- Clinical Service Planning Advisers – with background and knowledge of community health services, who are expected to play an important role in the Service Assessment process (particularly in helping assemble and analyse comparator information);

Given progress made with other PCT pathfinders, Tribal/AT Kearney has been selected as the programme Clinical Service Planning Adviser and Capsticks as legal advisers already. As Brent tPCT was named, along with the eight other PCT pathfinders and PUK, as procuring authority for these advisers, the tPCT can mobilise such support as it sees fit immediately (subject only to the agreement of a Local Advisory Agreement (see below)).

As PUK is itself a Contracting Authority for procurement purposes, the procurements of 3rd party advisers will be fully compliant with EU procurement regulations. Representatives of PUK and the pathfinder tPCTs, including Brent, have been (and will continue to be) involved in the short-listing, evaluation and selection of all 3rd party advisers.

The scope of services required from 3rd party advisers will be split into two categories. These are:

- **tPCT-level advice** – requirements which will be defined and called-off by Brent (through the PWT) and therefore, paid for by the TPCT (for example support to specific work on Service Line Reviews);
- **Programme-level advice** – required by and called off (and therefore, paid for) by PUK at a “central” level (e.g. development of the knowledge management platform).

Separate contracts are to be signed at the tPCT level by the host PCT (in this case Brent), by PUK and by the selected adviser(s). tPCT-specific requirements will be defined and called off, from time to time, to support the Development Programme. Instructions under this call-off agreement will be given by the Director of Provider Development and Estates, following advice by the PWT.

Current estimated costings presume that, of the 33 service lines, 27 will be subject to individual review. All 27 will be supported by the PWT and will use programme templates and benefit from programme benchmarking information and this support is included in the estimated costs of £70,000 (see **Table 7.1**). A contingency of £20,000 has been authorised to support specific, tailored 3rd party support, either from PUK or the clinical planning advisers, on individual service lines. On first review, it is estimated that nine of the 27 service lines may require tailored support. These service lines are:

- Children’s nursing and Medical services (inc Looked after children consultant and audiology);
- Children’s Therapy Services;
- Health visiting;

- School Nursing (inc special school nurses, general school nurses, Enuresis, School Buddy Services, looked after children nurse);
- Neuro-rehabilitation in-patient Services;
- Intermediate Care and Rehabilitation in-patient wards;
- Brent Rehabilitation Service (inc Falls, SaLT and Stroke);
- District Nursing (inc Twi-light service and nights);
- Community Matrons.

The support required, which will be determined by the Director of Provider Development and Estates, following advice from the PWT, may include detailed feedback on draft service line reviews as they progress, involvement at the “confirm and challenge” sessions with individual service lines and interpreting the results of service line reviews.

Advisers owe an explicit duty of care for the quality and timeliness of their work under the Local Advisory Agreement to Brent tPCT. Payments for services directly related to Brent Development Programme will be made by the tPCT directly. A contract will be signed by PUK and the selected adviser(s) for programme-level advice. Instructions to the adviser(s) under this contract will be given by PUK and payments for services will be made by PUK. Such payments will form part of the programme overhead that PUK will seek to recover over the tPCT programme as a whole.

The procurement and contracting arrangements described above represent an “enabling” mechanism that will allow work to commence with all named pathfinder tPCTs, including Brent. However, none of these tPCTs will be under any obligation to commit to using adviser(s) in advance of calling off their own tailored “local” contracts.

Appendix 1: Terms of Reference: Provider Services Development Board

1. Purpose of the Provider Services Development Board

The overall purpose of the Provider Services Development Board (“the PSDB”) is to oversee the achievement of the tPCT’s corporate objective to separate the supply of community health services from its commissioning and in a way that sustainable and fit for purpose supply arrangements are put in place.

As part of this, the PSDB will oversee a programme aimed at transforming its current provider arm (the “Programme”), so that it is able to thrive under the arms-length arrangements that will be put in place between it and the TPCT.

The PSDB’s Terms of Reference for Module 1 are:

- To determine a provider development strategy that, informed by the plans, priorities and views of commissioners, service users and the public, identifies those community health services that the provider arm will seek to supply in the medium to long term;
- Examining and agreeing the decision support framework, such as criteria setting and assessment processes, by which the provider development strategy and provider development plans are determined and formulated;
- To determine, with commissioners and in the light of emerging Department of Health policies, the contractual arrangements to be put in place that will govern the commissioning and provision of community health services by the arms length organisation to the tPCT;
- To administer the stakeholder management, staff and service consultation and communications consequences of the Programme;
- To establish and administer a budget to support the completion of the Programme;
- To procure, appoint and administer contracts with suitable third-party advisers to assist in the completion of the Programme.

In discharging these Terms of Reference, the PSDB will create a Programme management team. This team will have day-to-day responsibility for completing the Programme, including instructing and managing the input of third-party advisers.

2. Duration of the PSDB

The PSDB will be established at the end of November initially for a period of 6 months to deliver Module 1 (following tPCT Board approval to progress).

3 Accountability of the Board

The PSDB will be directly accountable to the Executive Management Team.

4. Membership of the PSDB

The membership of the Board will comprise the following (Subject to Board approval):

Role
Director of Primary and Community Care Commissioning (Chair and SRO)
Director of Finance
Director of Provider Development and Estates
Director of Human Resources
Clinical Lead
Programme Manager & Board Secretary
Partnerships UK

The Programme Manager will act as Secretary to the Board.

5. Quorum

The PSDB will be quorate with 3 members excluding PUK to include 1 Executive (either Director of Primary and Community Care Commissioning or Director of Provider Development).

6. Procedures

The PSDB will meet every month. Board meetings will be convened by the Board Secretary. Papers will be circulated electronically at least 3 working days in advance of Board meetings.

7. Reporting

The SRO will deliver a progress report on the Programme to each tPCT Board meeting.

Appendix 2: Brent tPCT and Partnerships UK Call-Off Agreement for the Provision of Services

PURCHASE ORDER

This Purchase Order incorporates the terms and conditions of the Framework Agreement between Partnerships UK plc (“PUK”) and The Secretary of State for Health dated July 12 2006 (the “Framework Agreement”) and, for purposes of this Purchase Order, references in the Framework Agreement to the Department shall be construed as references to Brent NHS Primary Care Trust (“Brent tPCT” or “the tPCT”).

REFERENCE:

1. **NAME OF PARTIES:** PUK and Brent tPCT
2. **NAME OF PROJECT:** Brent Community Health Services Provider Development Programme
3. **Full details of the responsible officer for commissioning the call-off services:** Director of Provider Development and Estates. Brent tPCT.
4. **Full details of the PUK contact responsible for providing the call-off services:** PUK Project Director (Health).
5. **Invoice address:** Brent NHS Teaching Primary Care Trust, Wembley Centre of Health and Social Care, 116 Chaplin Road, Wembley, HA0 4UZ. For the attention of Director of Provider Development and Estates

6. SCOPE OF CALL-OFF SERVICES REQUIRED:

PUK will provide services to Brent tPCT to assist it deliver a Community Health Services Provider Development Programme (“the Programme”). The Programme will consist of a set of activities aimed at developing the future strategy for community health services that are currently provided by the Brent tPCT. In summary, it consists of three modules of work, which are:

- Module 1 – mapping existing services, resources, future supply requirements and associated opportunities and threats and, in the light of this, developing plans for services (which may include either developing or withdrawing from providing some services) that inform the examination of future organisational solutions, including the establishment of one or more arms-length community health services enterprises;
- Module 2 – developing plans that will determine the future direction and organisational solution(s) for provider services and inform recommendations that may lead to the establishment of one or more arms-length community health services enterprises;
- Module 3 – formulating start-up plans for arms-length community health services enterprises.

It will be at the discretion of Brent tPCT whether or not:

- (a) after completion of Module 1, PUK is required to undertake Module 2;
and
- (b) after completion of Module 2, PUK is required to undertake Module 3.

PUK will work with Brent tPCT to:

- set and agree the Programme Initiation Document;
- select and jointly manage the advice of suitable third party advisers;
- initiate, monitor and manage the implementation of the various activities involved in each Module in the Programme;
- develop and apply a suitable decision-support framework in respect of the Programme;
- share information and experiences of other NHS Primary Care Trusts engaged on similar programmes with PUK.

7. METHOD OF ENGAGEMENT

PUK will assign and dedicate to the Programme a sufficient number of appropriately qualified and experienced personnel to take whatever decisions and to provide whatever inputs may be required to achieve a timely and successful outcome to the Programme. In particular, PUK will contribute its expertise on programme management, organisational and market development and commercialisation of public sector bodies and/or activities.

A Programme Working Team will be established by Brent tPCT for the Programme. PUK will appoint representatives to the Programme Working Team. PUK's representatives will attend regular meetings of the Programme Working Team and will participate in its discussions and decision-making. The list of PUK's key personnel as at the date of this Purchase Order is set out in paragraph 8. PUK will also be represented at the Provider Services Development Board (PSDB) to be established by Brent tPCT when this Board considers Programme matters. The PSDB will have responsibility for overseeing the Programme on behalf of Brent tPCT.

8. PRICE

At daily rates (exclusive of VAT and expenses) for 2007/08 as set out below, and indexed annually as per paragraph 6 of the Framework Agreement:

Role	Name	Daily Rate
Senior Support	David Harrison	£1,583
Project Director	Danielle Procter	£1,355
Project Director	Bob Sancto	£1,355
Project Director	Akshay Kaul	£1,355
Assistant Director	Elaine France	£1,141
Project Director – Commercialisation	Graham Cook	£1,355

It is estimated that the overall advisory costs for Module 1 will be £70,000. If the Programme proceeds to the end of Module 1, a Pathfinder Credit, equal to one-third of PUK’s fees, up to a maximum of £15,000, will be deducted from PUK’s fees and refunded to the extent appropriate.

If the Programme proceeds to the end of Module 2, a Pathfinder Credit, equal to one-third of PUK’s fees, up to a maximum of £27,000, will be deducted from PUK’s fees and refunded to the extent appropriate.

If the Programme proceeds to the end of Module 3 under this Call-Off, then a Pathfinder Credit, equal to one-third of PUK’s fees, up to a maximum of £23,000, will be deducted from PUK’s fees and refunded to the extent appropriate. .

9. DURATION OF ORDER: Until completion of the Programme (determined by the successful establishment of one or more arms-length community health service enterprises as identified in Module 2) or until earlier termination by the TPCT or PUK.

10. AGENCY NOTICE DETAILS:

Brent NHS Teaching Primary Care Trust, Wembley Centre of Health and Social Care, 116 Chaplin Road, Wembley, HA0 4UZ

Signed:

For Partnerships UK plc

.....
Dated

.....

Signed:

For Brent NHS Primary Care Trust

.....
Dated:

.....

Appendix 3: Step-by-Step Guide to Brent's Provider Services Development Programme

The tri-modular Development Programme is implemented by taking forward, in tandem, two discrete work streams. The work streams are:

- The Programme Decision Support Framework;
- Service and Enterprise Assessment.

1. The Programme Decision Support Framework

Some outputs of the Programme Decision Support Framework will be tool-based. For example, as part of the PWT's work programme, it will produce, *inter alia* the following **tools**:

- Already completed as part of **Module 1**:
 - A template Terms of Reference for a TPCT Provider Development Board;
 - A template Information Requirements for Service Line Reviews;
 - A template for the completion of Service Line Reviews by Service Leads;
 - Templates for populating the Service Line Reviews with financial, asset, human resource and activity information;
 - A template by which commissioners can input their views into the Service Line Reviews;
 - Templates by which Brent's services can be benchmarked against others in the development programme and this information introduced into service line reviews;
 - Tools by which the completed Service Line Review can be appraised so that each informs the develop, decommission or divest decision.
- To be completed during **Module 2**:
 - Organisational form, legal and commercial consequences;
 - Organisational form, assessment criteria;
 - A tool by which organisational form for all or some service lines can be decided;
 - Standard contractual documentation;
 - A service line Transition Plan template for decommissioned or divested services.
- To be completed during **Module 3**:
 - An Enterprise Start-Up Plan Form and Content template.

Other outputs will be contextual in nature. For example, to inform the enterprise assessment process in **Module 2**, the PWT will describe the key features of different enterprise types (see **Attachment A** to this **Appendix 4**). This will include a description of the procurement, corporate governmental, employment, asset transfer and financial consequences of choosing different enterprise options, so that those completing the organisational assessments are fully sighted on these.

As part of the Programme Decision Support Framework, activities during **Module 2** will seek to define the commercial and contractual framework for services that will be

commissioned by Brent in the future. It will do this by working closely with Brent's commissioners to determine key commissioning, commercial and contractual features. These will include defining:

- The basis upon which the commissioner wants to commission different services, in particular whether this will be by client group (such as children or the elderly) or by function;
- The risks and rewards that the commissioner is seeking to transfer and/or share with its service providers, including demand management levers and incentives it would wish to embed into contractual mechanisms;
- The key features of the supply market sought (for example, sustainable and stable, plural and contestable, with low barriers to entry and exit, innovative and flexible, collaborative) for different services;
- The commissioner's appetite to introduce a supply chain manager model where, as well as contracting for the provision of services, it sponsors the development of (and then contracts for) an intermediate procurement and contract integration capability;
- The extent of the value chain that commissioners are seeking to contractualise (for example, all or some of needs assessment, supply chain management and direct service provision);
- The nature of contract administration required (for example, the extent of self-regulation and periodic audit);
- The duration of contracts, taking particular account of service stability and sustainability, but within the context of a contestable service portfolio.

To support the commercial and contracting process, the PWT will produce standard procurement and contractual documentation, such as tenders, service specifications, performance monitoring and payment mechanisms and service agreements.

2. Module 1 – Service Assessments

Module 1 has four sequential stages. These are:

- Stage 1 - Data gathering and analysis leading to the production of Service Line Review documents for each service being assessed;
- Stage 2 – Appraise results of Service Line Reviews to make “develop”, “decommission” or “divest” decisions;
- Stage 3 - Business and service objectives setting;
- Stage 4 - Business and service strategies formulation leading to the production of the Service Assessment.

2.1 Module 1, Stage 1 - Data Gathering and Analysis

This will involve both internal and external analysis. Internal analysis will be completed through individual Service Line Reviews, compiling information on:

- Activity and associated trends over time;
- Resources utilised (including physical, human and systems) and associated productivity;
- Costs and efficiency and associated trends over time;
- Commissioners and future commissioning intentions;
- Service agreements (key terms and conditions);
- Strengths, weaknesses, service and resource gaps and major risks.

In addition, internal relationships with other Brent front-line clinical and therapeutic services, with business support systems/services (such as finance, informatics and human resources) and with physical resources (such as property and equipment) will be identified.

The external environment will also be examined. Critically, this will include:

- An analysis of the nature of demand for the service and prospects for market growth, decline or stasis, informed by discussions with commissioner counterparts in Brent, with neighbouring tPCTs and with local Practice Based Commissioners;
- An analysis of the competition for the service, both by direct service competitors, by potential new entrants (including non-public sector bodies) and by potential substitutes for services;
- An analysis of Brent comparative competitive advantage or disadvantage, informed by benchmarking, in terms of cost and quality.

The completion of **Stage 1** will be signalled by the agreement of the Service Line Reviews by the PWT and the Director of Provider Development and Estates. Service Line Review documents will, *inter alia*:

- Describe how the service is organised and delivered, summarise service activity completed and associated trends and provide information on service quality (perhaps systematically measured or gathered from surveys) and the geographical areas covered;
- Identify who commissions the service, who might want to in the future and what intentions do existing and potential commissioners have;
- Describe the resources used in providing the service, including staff, property, equipment, systems and support services;
- Describe how the services are contracted and paid for (internal or external SLAs) by commissioners;

- Identify the links with key partners in the statutory and/or third sectors, describe how these links contribute to service delivery and how such relationships are regulated (for example, by joint service planning, by SLA, by regular meetings etc.);
- Summarise the financial performance of the service in the recent past and the outlook for the immediate future, including the absorption of development funding consumed in investing in service or physical developments;
- Describe comparative service performance by examining year-on-year trends and benchmarking service inputs and outputs with similar providers;
- Identify the main risks and opportunities confronting the service, including those arising from changing commissioning intentions, from the presence of like-for-like competitors, from substitution or new entrants or from technological changes;
- Identify key strengths and weaknesses of the service, including service or resource gaps, as well as the main opportunities and threats facing the service.

2.2 Module 1, Stage 2 – Make Develop, Decommission or Divest Decision

The recommendation that the Directly Provided Services Arm develops, decommissions or divests itself of a particular service will be completed jointly by the PWT and commissioners. The criteria will be developed by the PWT and applied consistently to all services. This criteria includes:

- The likely impact of withdrawal on patients and carers;
- The availability of alternative supply;
- The sustainability of the service at the scale currently envisaged;
- The level of success currently enjoyed and prospects for the future, particularly in the light of the intentions of commissioners and the credible aspirations of competitors;
- The scale of investment required to secure success (for example, critical mass or increased efficiency levels);
- The level of risks facing the service and the scale of the change programme required to achieve success;
- The level of managerial or financial resource and/or investment required to achieve success;
- The priority of the service when compared with other services making claims on the development attention of the organisation.

Where the recommendation is to decommission or divest from a service, then the PWT will outline plans that will achieve this transition in a coherent, timely and safe fashion, taking particular account of the impact on patients and carers. The decision

to withdraw from the provision of a particular service will be one that will, as part of the Provider Development Strategy, be considered and agreed by the PSDB and the tPCT Board.

Detailed plans will be completed in **Module 2**. Formal and informal consultation obligations will need to be completed as part of this process and, where appropriate, plans modified in the light of the results of those consultations.

2.3 Module 1, Stage 3 - Define Business and Service Objectives

The **Stage 1** work programme will provide the raw material for the service review team and the PWT together to set the key objectives for the service. Objectives will cover matters such as those set out in **Table 1** below.

Table 1 - Setting Objectives for Services

Key Objective	Examples of Sub-Objective
Corporate objectives	<ul style="list-style-type: none"> Decide to develop or withdraw from provision;
If withdraw, then develop client/commissioning competences (service specifications, performance monitoring mechanisms etc.)	
If develop, then determine objectives in areas of:	
Service objectives	<ul style="list-style-type: none"> Secure critical mass; Improve service quality; Fill identified gaps in service offer; Develop associated services to broaden service offering; Create or exploit collaborative networks.
Market objectives	<ul style="list-style-type: none"> Secure contracts of at least X years duration; Reduce reliance on host TPCT by diversifying commissioner base so no individual purchaser accounts for more than X% of income/activity; Grow activity with and income from Practice Based Commissioners.
Resource objectives	<ul style="list-style-type: none"> Increase resource utilisation; Increase multi-disciplinary working; Improve asset efficiency; Improve quality/quantum of physical facilities/equipment; Change ways of working; Deploy more/better qualified staff Develop staff capabilities in areas of X & Y
Commercial objectives	<ul style="list-style-type: none"> Improve quality of activity and costing information; Improve activity and performance monitoring; Establish contract effective administration processes; Achieve surplus of £X.
Information objectives	<ul style="list-style-type: none"> Maintain link to EPR.

Business and service objectives will be informed by the process by which the develop, decommission or divest recommendation was formed in **Stage 2**.

2.4 Module 1, Stage 4 - Define Business and Service Strategy

The business and service strategy will set out, in broad terms, how each service will go about achieving the objectives identified in **Stage 3**. Where services are to be developed, then plans will need to be identified for the business. Such plans will be completed in **Module 2**. **Table 2** identifies the type and nature of plans that will be required.

Table 2 – Business and Service Planning for Services to be developed

Strategic Plans	Examples
Service development	<ul style="list-style-type: none"> Plan to identify service shortcomings; Plan to identify changing requirements of commissioners (outcome-based?).
Market, sales and pricing strategy	<ul style="list-style-type: none"> Plan by which commissioners will be asked to provide medium to long-term contracts for services (open-book accounting?); Plan to obtain clear understanding of requirements of local Practice Based Commissioners (cluster survey etc.); Plan to complete activity and price comparisons with competitors.
Commercial, contracting and partnering strategy	<ul style="list-style-type: none"> Plan to introduce commercial capability for service (finance, accounting, bidding); Plan to develop deeper collaborative relationships.
Organisational development strategy	<ul style="list-style-type: none"> Plan to improve performance and resource monitoring;
Human resource strategy	<ul style="list-style-type: none"> Plans for recruitment and training; Plans for assessing resource utilisation and quality.
Financial and investment strategy	<ul style="list-style-type: none"> Plan to identify where capital investment will add most value to service offering; Plan to secure medium term security in relation to accommodation.
ICT and equipment strategy	<ul style="list-style-type: none"> Plan to identify where shortcomings in information or equipment base is leading to competitive disadvantage.
Communication strategy.	<ul style="list-style-type: none"> Plan to broadcast capabilities of service to commissioners; Plan to communicate change programme internally.

The service review process will culminate in the production of Service Assessment documents that summarise the findings of **Stage 1**, **Stage 2** and **Stage 3**. These documents will be considered and endorsed by the PSDB and will form the main part of the Provider Development Strategy document, which will be considered and agreed by the tPCT Board at its May 2008 meeting.

In short, these documents will set the strategic direction for each service. What they will **not** do is to address (or therefore, set) the organisational context and structures by which the strategic direction will be delivered. This will be undertaken in **Module 2** and **Module 3** if agreed by the PSDB, EMT and tPCT Board..

3. Module 2 - Organisational Option Appraisal

Module 2 will use as its key inputs the completed Service Assessments and the Programme Decision Support Framework defined by the PWT. The primary purpose of **Module 2** is to examine, in the light of the results of the Service Assessments, the organisational options that are available, either to an agglomeration of services or to individual services. The intention is that, for each service, decisions about organisational futures will be made in **Module 2**. For services whose future lies as part of some type of arms-length enterprise, then **Module 3** completes detailed business planning, the output of which will be one or more Enterprise Start-Up Plans.

Module 2 of the Development Programme is aimed principally at those services which, following the Service Assessments, the tPCT decides do have a long-term provider future.

The PWT will work with Brent commissioners to ensure that plans are developed that introduce the shift from direct managerial control of a local service to contractual control of a reconfigured service, provided by an arms-length supplier, smoothly and leaves the tPCT with secure, sustainable and high quality service provision.

Using information that emerges from the Service Assessments, the PWT will appraise the pros and cons of separating each service from the tPCT. The appraisal will be undertaken by reference to criteria which will include:

- Is the service easily contractualisable (for example, are service outputs easy to define and measure, is the contract currency appropriate to outputs or outcomes etc.);
- Is the activity and information platform upon which service management and contractual information will be based sound and stable;
- Is the service of sufficient scale to be sustainable or alternatively, is it too big to achieve plurality and contestability;
- Is the service at this time particularly fragile (for example, a fledgling service recently developed) or vulnerable, such that separation would cause an unacceptable level of disruption and/or service failure.

As long as one or more services are deemed to be separable, then different organisational solutions will be assessed. This appraisal will also be done by reference to pre-determined criteria. Such criteria will seek to test the extent to which each organisational option:

- Is acceptable a) to commissioners (for example, in the light of policy aims (commissioner/provider split, contestability, plurality) as set out in the White Paper), b) to employees and c) to other key stakeholders (such as the DH or Local Authorities);
- Supports working in collaboration with other agencies to deliver a high quality service;
- Supports the involvement of patients and carers in the design, management and delivery of the service;
- Supports innovation and/or flexibility in the service or in its contractualisation;
- Has scope to provide effective clinical and/or corporate governance regimes;
- Is sustainable into the future in terms of service, managerial and financial viability;
- Is practically achievable in an efficient way (for example, does not absorb so much management capacity that service priorities are undermined).

The PWT will develop the criteria for appraising organisational options as part of its work to complete the Programme Decision Support Framework. These criteria will be weighted differently for different services. So, for example, networked services may place a high value on the collaborative features of different structures. Similarly, those services aimed at people with chronic or long term illnesses may value solutions that “hard-wire” the patient voice into their structures.

The weighting process will be led by the PWT but completed through close engagement with each service review team. The organisational appraisal will also be completed by the service review team and the PWT together.

There are a number of organisational options available to service providers. **Attachment A** to this **Appendix 4** describes the most prominent options available in more detail. This analysis will be supplemented by the PWT in **Module 2**.

The PWT expects to inform the enterprise assessment process by arranging contact between current in-house providers and alternative suppliers. It will do this by hosting a number of familiarisation seminars. At these seminars, clinical service providers operating in other organisational structures will share experiences and describe opportunities with relevant service review teams. Such seminars will seek to cover:

- Third sector bodies;
- Acute Foundation Trusts;
- Existing and planned social enterprises;
- Practice Based Commissioners or other tPCTs;
- Private sector companies.

For those services which the tPCT decides to decommission or divest, individual Service Transition Plans will be completed during **Module 2**. **Table 3** identifies the type and nature of plans that will be required where service withdrawal is chosen.

Table 3 – Business and Service Planning for Services Withdrawn

Strategic Plans	Examples
Withdrawal plan	<ul style="list-style-type: none"> • Informal consultation with commissioners, patients and carers inside and outside Brent; • Formal service consultation and notice periods; • Formal employee consultation; • Timetable for withdrawal; • Transfer of undertaking to other parties.
Commissioning, procurement and contracting strategy;	<ul style="list-style-type: none"> • Determine and consult on service requirements; • Produce service agreement including: <ul style="list-style-type: none"> ➢ Determine contract duration; ➢ Determine activity and/or outcome requirements; ➢ Determine market testing and termination provisions; ➢ Determine contractual currency; ➢ Determine performance and contract monitoring requirements and service payment mechanism; • Define tendering processes including evaluation
Contract administration	<ul style="list-style-type: none"> • Develop contract administration capacity and capability within TPCT.
Market management strategy.	<ul style="list-style-type: none"> • Assess quality and quantity of supply side by conducting market sounding.

4. Module 3 - Enterprise Start-Up Plans

The Enterprise Start-Up Plan is, in effect, the detailed business plan for an individual enterprise. This element of the work programme will commence once the PSDB has endorsed the outcome of the separation and enterprise assessment completed by the PWT and the service assessment teams in **Module 2**. This should clearly set out those services which the tPCT has judged will be organised into one or more separate enterprise. For each service, a preferred form of enterprise will have also been chosen as part of the **Module 2** work programme.

An enterprise can be defined quite broadly in this context but there are some common features. Managerially, it is intended to be a separate and distinct body from the tPCT and, although the tPCT may retain whole or part ownership, corporate

governance is expected to be exercised independently (i.e. it is not simply a managed directorate of the tPCT). The service relationship between the enterprise and the tPCT is expected to be governed mainly by enforceable service contracts and not by managerial fiat. The enterprise is expected to operate at arms-length from the tPCT and, although this does not rule out services being provided to the enterprise by the tPCT (such as business support services, like payroll), it does mean that those services will be exchanged on an arms-length basis.

The Enterprise Start-Up Plan will include a common core of information, along with other supplementary plans which may or may not be produced, depending on the nature of the chosen enterprise solution. The core elements of the Enterprise Start-Up Plans are summarised in **Table 4** below.

Table 4 - Core Composition of Enterprise Start-Up Plan

Enterprise Plan	Areas Covered
Trading plan	<ul style="list-style-type: none"> • Activity and pricing forecasts; • Income and expenditure accounts; • Working capital and fixed capital forecasts; • Cash flow forecasts; • Balance sheet forecasts; • Accounting, audit and tax planning.
Service contracts and commercial arrangements	<ul style="list-style-type: none"> • Service contractual documentation, including agreeing the form of contract itself, the service specifications and the performance monitoring and payment mechanisms; • Contract administration and bidding capability; • Bidding processes.
Resource plans	<ul style="list-style-type: none"> • Agree basis of access to property and equipment, including ongoing maintenance responsibilities, and formulate asset transfer and/or lease documentation; • Agree employee transfer and/or secondment documentation; • Determine business services systems and support (for example payroll service) and agree associated contractual documentation.
Corporate management and governance plans	<ul style="list-style-type: none"> • Define corporate governance structure and associated systems; • Determine composition of the Board and recruit executive and non-executive staff; • Determine composition of other elements of corporate governance structure (recruiting members for mutual structure etc.); • Determine clinical governance regime.
Risk management plan	<ul style="list-style-type: none"> • Complete risk identification and management plan.
Communications plan	<ul style="list-style-type: none"> • Consultation with commissioners; • Consultation with staff; • Communications with media.

Depending on the nature of the enterprise solution, supplementary elements of the Enterprise Start-Up Plan might be required, including:

- Company formation documentation, such as Memorandum and Articles of Association, Shareholders Agreement etc.
- Plans and associated documentation for tendering and agreeing either a joint venture partner or for transferring the service and associated undertakings to a third-party;
- Capital raising plans, documentation and associated negotiations to put in place an effective capital and medium-term funding structure.

Appendix 3A: Different Models for Configuring Provider Services

A useful list of the range of organisational solutions has been completed by the University of Birmingham⁴ recently and is summarised in **Table A**.

Table A - Types of Organisational Solutions Available for Community Health Service Provision

Inside the NHS Family	Outside the NHS Family
Reorganise service(s) into tPCT-managed directorate	Transfer service(s) to existing or newly created 3 rd sector or social enterprise organisation forming: <ul style="list-style-type: none"> • A charitable body; • Some form of mutual (for example, a community interest company or an industrial and provident society for community benefit)
Reorganise service(s) into arms-length tPCT-owned enterprise	Transfer service(s) to a Local Authority body
Transfer service(s) to a Community Foundation Trust (although this organisational form has not yet been created)	Transfer service(s) to a private sector organisation forming: <ul style="list-style-type: none"> • A company limited by guarantee • A company limited by shares
Transfer service(s) to an Acute Foundation Trust	Joint venture between the TPCT and an independent sector body (such as a third sector body or a private company)
Transfer service(s) to Practice Based Commissioner or GP-led Co-operative	
Joint venture between tPCT and NHS body (such as a Foundation Trust or another tPCT)	

Another approach is to analyse and describe organisational options by reference to the nature of the continuing relationship with the tPCT. This relationship can be measured along a number of axes including governmental accountability, managerial influence and contractual arrangements (see **Table B** below).

Table B - Nature of Influence and Accountability

Closely Attached to TPCT	Semi-Detached from TPCT	Fully Detached from TPCT
Managed directorate <ul style="list-style-type: none"> • tPCT retains direct accountability for provision • Day-to-day influence exercised through SLA • tPCT remains employer and asset owner of relevant resources • In-house provider, so procurement issues simpler 	Social enterprise <ul style="list-style-type: none"> • tPCT is not accountable for provision • Mutual structure likely to include tPCT and Practice Based Commissioners as members able to influence direction of mutual • Legally enforceable contracts will govern commissioning/provision relationship • Procurement issues may arise as unlikely to be judged to be in-house provider 	Management buy-out <ul style="list-style-type: none"> • tPCT is not accountable for provision • MBO likely to be fully commercial structure where tPCT and Practice Based Commissioners have no corporate governmental influence; • Legally enforceable contracts will govern commissioning/provision relationship • Procurement issues will arise as this will not be an in-house provider

⁴ Option for Primary Care Trust Provider Services – an NHS Policy Analysis for West Midlands – University of Birmingham

Closely Attached to TPCT	Semi-Detached from TPCT	Fully Detached from TPCT
<p>Fully owned arms-length enterprise</p> <ul style="list-style-type: none"> Enterprise itself is accountable for provision tPCT acts qua 100% shareholder of service provider Enterprise will become employer and asset owner/lessee of relevant resources Externally enforceable contracts will govern commissioning/provision relationship, albeit within In-house provider, so procurement issues simpler (although needs to tested) 	<p>Community Foundation Trust</p> <ul style="list-style-type: none"> tPCT is not accountable for provision Foundation Trust structure likely to include tPCT and Practice Based Commissioners as members able to influence direction of mutual Externally enforceable contracts will govern commissioning/provision relationship Procurement issues may arise as may not be judged to be in-house provider 	<p>Management buy-in</p> <ul style="list-style-type: none"> tPCT is not accountable for provision MBI likely to be fully commercial structure where tPCT and Practice Based Commissioners have no corporate governmental influence; Legally enforceable contracts will govern commissioning/provision relationship Procurement issues will arise as this will not be an in-house provider
	<p>Acute Foundation Trust</p> <ul style="list-style-type: none"> tPCT is not accountable for provision Acute Foundation Trust structure enables tPCT and Practice Based Commissioners to become members and are able to influence direction qua members Externally enforceable contracts will govern commissioning/provision relationship Procurement issues may arise as may not be judged to be in-house provider 	<p>Sale/transfer of service provider</p> <ul style="list-style-type: none"> tPCT is not accountable for provision Disposal of undertaking likely to be fully commercial structure where tPCT and Practice Based Commissioners have no corporate governmental influence; Legally enforceable contracts will govern commissioning/provision relationship Procurement issues will arise as this will not be an in-house provider
	<p>Partly owned enterprise</p> <ul style="list-style-type: none"> Legally enforceable contract will govern commissioning/provision relationship Enterprise itself is accountable for provision tPCT exercises ownership influence through part-ownership of service provider Procurement issues may arise (depends on definition of in-house provision) 	

Appendix 4: Detailed Estimates of Module 1 Activities, Resources and Costs

Two of the key resource and cost drivers during **Module 1** are first, the extent to which input into the Development Programme will be provided from outside the tPCT (i.e. either by PUK or by 3rd party specialist advisers) and second, the number of Service Line Reviews to be undertaken. In estimating the resources required for **Module 1**, an individual Service Line Review is expected to comprise the following main activities:

- **Activity 1** - Prepare and plan the compilation of the Service Line Review by sharing and explaining with the Service Lead and representatives of their service team the Information Requirements and the Form and Content of Service Assessment, agree the timetable for two-stage production of the Service Line Review and the associated Service Assessment, agree the stakeholder management process, determine accessibility of data, assess data quality and define data cleansing requirements (if any);
- **Activity 2** – complete and draft 1st Cut of Service Line Review using only internally generated information (current and historic);
- **Activity 3** – assess gaps and shortcomings and plan nature and level of third party specialist support into individual Service Line Reviews;
- **Activity 4** – complete production of internal and comparative information, complete confirm and challenge sessions with commissioners and PWT and draft final Service Line Review document;
- **Activity 5** – conduct develop, decommission or divest evaluation, following which objectives can be set and strategies defined for services, leading to the completion of draft Service Line Review documents;
- **Reporting** - submit Service Line Review for consideration and endorsement by the PDB as part of the Provider Development Strategy.

The resources required to complete a Service Line Review will combine tPCT and 3rd party personnel. The PWT has modelled the extent to which individual service reviews may need to rely on external support and this has been informed by PUK's experience with the five other tPCT pathfinders that have, by now, progressed through **Module 1** of the programme. Current estimated costings presume that the 33 services will be subject to individual review.

Current estimated costings presume that, of the 33 service lines, 27 will be subject to individual review. All 27 will be supported by the PWT and will use programme templates and benefit from programme benchmarking information and this support is included in the estimated costs of £70,000 (see Table 1 below). A contingency of £20,000 has been authorised to support specific, tailored 3rd party support, either from PUK or the clinical planning advisers, on individual service lines. On first review, it is estimated that nine of the 27 service lines may require tailored support. These service lines are:

- Children's nursing and Medical services (inc Looked after children consultant and audiology);

- Children's Therapy Services;
- Health visiting;
- School Nursing (inc special school nurses, general school nurses, Enuresis, School Buddy Services, looked after children nurse);
- Neuro-rehabilitation in-patient Services;
- Intermediate Care and Rehabilitation in-patient wards;
- Brent Rehabilitation Service (inc Falls, SaLT and Stroke);
- District Nursing (inc Twi-light service and nights);
- Community Matrons.

In addition to the costs of completing 33 individual Service Line Reviews, the resources and costs to complete **Module 1** will be driven by a) activities that inform the production of the Programme Decision Support Framework, b) Programme Management activities and c) Brent's incurring its fair share of costs incurred in developing the Module 1 benchmarking and decision support framework, including, for example, costs of procuring clinical planning and legal advisers.

For **Module 1** the key Programme Decision Support Framework activities are:

- The production of document templates;
- Identifying and assembling comparative services information;
- Setting criteria for:
 - Completing Service Line Reviews
 - Setting business/service objectives and formulating associated business/service strategies.
- Identifying commissioning intentions by liaising with commissioners within Brent Teaching TPCT, with local Practice Based Commissioners and other external commissioners (such as the local authority).

For **Module 1** the key Programme Management activities are:

- Selecting, co-ordinating and managing the production of Service Line Reviews, including managing internal and third party input;
- Assessing 1st Cut Service Line Reviews and determining nature and scale of 3rd party specialist support to individual services;
- Programming activities and ensuring compliance with the associated timetable;
- Supporting stakeholder management and conducting informal/formal consultation processes;

- Co-ordinating the work of the Development Programme with any organisational development activities which the PSDB is co-sponsoring;
- Servicing the decision-making process of the PSDB.

The estimated cost to complete work on the Programme Decision Support Framework and Programme Management, along with the Service Line Reviews (excluding specific 3rd party support that may be called off for specific service lines) is summarised in **Table 1**. **Table 1** also provides a consolidated estimated cost for programme support for **Module 1** (which totals **£55,000**).

Table 1 – Estimated Third-Party Costs for Module 1

Activity	Total £'000
Development of programme decision support framework and tools	24
PUK direct costs to support Module 1 (ex specific 3 rd party support for service lines)	31
Programme costs (e.g. benchmarking support from Tribal/AT Kearney etc.)	15
Total	70
Pathfinder credit	(15)
Total programme support costs – Module 1	55
Contingency for specific 3 rd party costs to support Module 1	20
Grand total – Module 1	75

*This page is left
intentionally blank
to signify the end of the document*