

Subject: Primary Care Trust 'Legacy Reports'
Date of Meeting: 15 June 2011
Report of: The Strategic Director, Resources
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Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Health and Social Care Bill includes legislation which will abolish Primary Care Trusts (PCTs), transferring their responsibilities for commissioning NHS-funded services to GP commissioning consortia, local authorities, and the NHS Commissioning Board. Strategic Health Authorities (SHAs), the regional arm of the Department of Health, will also be abolished (in 2012).
- 1.2 PCTs are due to be phased-out by 2013. In preparation for this, existing PCTs have 'clustered' on a sub-regional basis – e.g. across Sussex the four Sussex PCTs have amalgamated their senior management teams and boards.
- 1.3 In undertaking such major organisational change there is inevitably a danger that there is a loss of corporate intelligence and knowledge. To mitigate this risk, individual PCTs are being asked to produce 'legacy reports' – documents containing key information about the local health economy which can be referred to by the bodies replacing PCTs.
- 1.4 Individual PCT legacy reports will be aggregated to produce PCT cluster legacy reports, and these will in turn form the basis for an SHA legacy report, covering PCTs areas across Sussex, Surrey and Kent.
- 1.5 Compiling legacy reports is expected to be an ongoing basis, starting in the early summer of 2011, but continuing until PCTs are finally abolished (currently planned for 2013).

2. RECOMMENDATIONS:

2.1 That members:

- (1) Note the information included in this report
- (2) Agree to maintain a watching brief on the development of a local legacy report and consider making comments on the contents of the report at an appropriate juncture.

3. BACKGROUND INFORMATION

3.1 The NHS Quality Board (NQB) is tasked with maintaining quality across the NHS, particularly in terms of managing change. Recent instructions issued by the Board will require all PCTs to publish 'legacy reports' designed to make the handover to new commissioning organisations as trouble-free as possible. Although a template for these reports has not yet been published, the Board has indicated that they will be expected to include:

- information on all services provided to the local population, including primary care services;
- 'Pen Portrait' of the patch to include the key facts and figures on population, geographical boundaries and so forth;
- current state of play with regard to quality, finance, performance, capacity, and people; recognising that this will be a snap shot in time;
- relevant organisational memory – in each of the above categories, For example if a Trust is currently in surplus but actually has had many years of deficit and brokerage, or has seen 5 changes in leadership in 5 years, or has a long standing reconfiguration issue;
- future challenges/risks - a formal risk register to capture each of the above issues with proposed mitigating actions;
- library of knowledge/skills – a depository of all useful resources such as strategy documents, consultancy reports, so that incoming teams are not required to re-discover problems and/or re-invent answers; and
- directory of services and skills – to help people navigate their way round the various information sources/skills available regionally, including contact details for people who have corporate memory.

3.2 PCT clusters are be required to produce an initial draft legacy report by 30 June 2011. These will draw on individual PCT legacy reports which are currently being prepared. Legacy reports will be 'live' documents, being continually revised and updated until the handover of commissioning responsibilities to GP commissioning consortia in 2013.

- 3.3 SHAs will produce regional legacy documents by October 2011. These will be used to inform the handover of SHA responsibilities to the NHS Commissioning Board and the Provider Development Authority by March 2012. (The Provider Development Authority is a new NHS body charged with ensuring that all NHS trusts are able to progress to Foundation Trust status).
- 3.4 The NQB does not set out in detail how stakeholder views should inform these documents, but it does state that PCTs should draw on key stakeholders to support the “production and maintenance” of legacy reports.
- 3.4 More details about these and other NQB proposals can be found in the recent NQB publication: “Maintaining and improving quality during the transition: *safety, effectiveness, experience.*”
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125497.pdf

4. CONSULTATION

- 4.1 None has been undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 None to this report

Legal Implications:

- 5.2

Equalities Implications:

- 5.3 None directly, but the NHS Brighton & Hove legacy report will be expected to address key equalities issues across the city – e.g. progress in reducing health inequalities

Sustainability Implications:

- 5.4 None directly

Crime & Disorder Implications:

- 5.5 None directly, but the NHS Brighton & Hove legacy report will be expected to address crime and disorder related issues (e.g. alcohol and substance misuse)

Risk and Opportunity Management Implications:

- 5.6 PCT legacy reports are an important element in risk mitigation regarding the move from PCT commissioning to commissioning by GP consortia, local authorities etc.

Corporate / Citywide Implications:

- 5.7 Healthcare commissioning is an important element of city strategic planning and an effective handover of commissioning responsibility is therefore essential. High quality PCT legacy reports will help this process.

SUPPORTING DOCUMENTATION

Appendices:

1. None

Documents in Members' Rooms:

None

Background Documents:

1. The Health and Social Care Bill (2011)
2. Maintaining and improving quality during the transition: *safety, effectiveness, experience* (Department of Health, 2011)