




Solent Healthcare

Transforming Community Services
next steps
End state for Solent Healthcare

Briefing for HOSC members




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Purpose of briefing

- To bring the HOSC members up to date on the proposals for Solent Healthcare
- To understand and respond to issues that arise




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Solent Healthcare- the journey so far



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- Solent Kaleido Full Business Case approved by SCPCT November 2009
 - Recommendation on organisational form- Community Foundation Trust
 - SHA approved the merger 8th Dec 2009
 - Approved by DH Transaction Board 14th December 2009
 - Approved by Cooperation and Competition Panel January 2010
- Solent Healthcare 'went live' 1st April 2010
 - Fully autonomous operating as an arms length body from SCPCT under a formal statement of delegated authority
 - Separate ledger and governance structure, Standing Financial Instructions, Standing Orders etc
 - Independent Chair appointed via Appointments Commission
- Changing DH/SHA policy has influenced route to final end state
 - Initial focus on potential 3 way merger with Hampshire Partnerships FT and Hampshire Community Healthcare in line with SHA policy at that stage. HPFT declined merger within required timescale
 - *Liberating the NHS* has re-opened potential route to CFT or Social Enterprise
 - DH has supported a return to the original FBC recommendation for Solent subject to confirmation of stakeholder support and review of criteria
 - SHA has given approval in principle to progress to autonomy



Solent Kaleido FBC: vision


 Solent Healthcare



One of the largest Community Providers in the NHS - £184m, 4200 Staff

Aligned to Commissioner Intentions

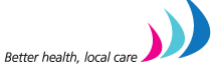
Quality and customer focus at its heart

World class delivery through clinical and business transformation

.....a powerful lever for achieving QIPP and Reform, offering Southampton, Hampshire and Portsmouth patients choice in mental health and community services

....Solent Healthcare will be the provider of choice for out of hospital care meeting the health and social care needs of those who can be maintained outside hospital


.....patients will only spend time in 2° or 3°care environments when the technology or skills of that environment are critical to safety, outcomes or cost effectiveness

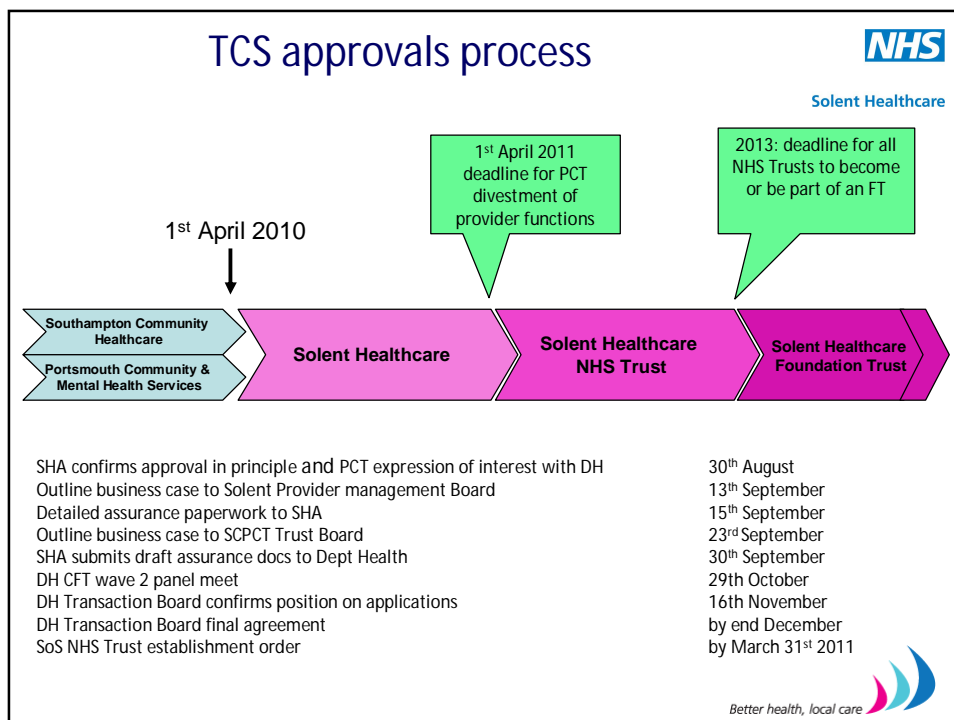


**Solent Healthcare Income By Commissioner
2010/11**


NHS
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	2010/11 Income	
	£m (includes Non Recurrent Income)	%
NHS Hampshire	32.5	17.7
NHS Portsmouth	70.4	38.3
NHS Southampton	57.1	31.1
Other income (OPA, direct credits, other)	23.8	12.9
Total	183.8	100.0

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Progress and next steps


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- **programme management** function established
 - programme director in post
 - Development of project plan, risk log, tasks, actions, CSF's etc
 - Progress key workstreams
- **updated Solent Kaleido FBC prepared**
 - Chapter by chapter review against updated criteria and revised strategy in *Liberating the NHS*
- Simultaneous workstreams to **ensure business readiness**
 - Board competency review and development plan
 - Review governance arrangements
 - NED and exec appointments
- Ongoing **stakeholder engagement**
 - Staff engagement
 - Staff transition monitoring team
 - Primary care
 - HOSC's, LINK's etc
- Subject to the above....
 - Creation of NHS Trust by 1st April 2011
 - Enter FT pipeline
 - Info on SE pending

And MAINTAIN MOMENTUM on our 4 key objectives !

1. BAU while driving up quality
2. Delivering transformation savings
3. Establishing Solent Healthcare as a single organisation
4. Securing an end state organisational form

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Summary of risks and challenges


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- Timescales and workload
- Assurance on financial viability; part of a bigger system
- Assurance on organisational and Board competency and capability
- Changing market and competition
- Impact of transition to new commissioning arrangements
- Business continuity

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Any questions?



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- Further information available; Full business case refreshed, 2010/2011 business plan
- Key contacts- Ros Tolcher Chief Officer
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