NHS Ealing

NHS Harrow

Ealing Hospital NHS Trust

NHS Ealing and Harrow Community Services

Integrated Care Organisation

Patient and Public Briefing

"Committed to Local Healthcare"

Foreword

This is an exciting time for health services in Ealing. The NHS has never stood still. In creating the Integrated Care Organisation (ICO), we are responding to the healthcare needs of our local population by delivering the benefits that come from greater integration and specialisation. Many community services organisations and acute hospitals are beginning to recognise the need to build stronger ties. We are at the forefront of this change, which will deliver important benefits for our patients.

The creation of the ICO will bring improvements in healthcare for patients across the Boroughs of Ealing and Harrow by removing artificial boundaries between hospital and community healthcare services. The new organisation will provide greater choice for patients and allow more care to be delivered closer to home and in the home. There will also be more focus on long-term conditions such as Chronic Heart Disease, and Diabetes, because of the new organisation's ability to look after the whole of the individual's needs over a longer period.

The ICO provides an opportunity to develop clinical practice, and individual skills, bringing established good practice from one area to another – whether this is between teams in different geographical areas, or in hospital and community settings. It will also offer new career pathways and new job roles, as we develop new ways to meet patients' needs.

We realise that change can be daunting, but we would like to reassure patients and the public that at this stage we are reorganising the way health service are organised and managed to provide a firm base for improvement in the future. The ICO will focus on care closer to home and at home. In Ealing the ICO will provide both community and acute hospital care, enabling the full benefits of integration. In Harrow the ICO will be able to provide stronger and more community services, working along side Northwick Park Hospital.

There are of course always some risks involved in creating a new organisation. We face a tight timetable to have all the preparations ready for April 2010. We need to receive approval from the national Co-operation and Competition Panel. We need to ensure that going through an organisational change does not distract us from delivering quality health care. Similarly, we need to guard against the possibility that day to day pressures could distract us from delivering the integrated vision, and so miss out on the benefits. We will also need to work hard to combine the cultures and traditions of the different organisations.

On the other hand, we also face important risks were we not to create the ICO. We would not deliver the benefits to patient care that can result from integration. We would not be able to make the savings in overheads and support services. Ultimately, we would have fewer opportunities to provider more care outside hospital. We believe that without the ICO, mergers with other organisations would be necessary soon, the financial pressures would still have to be met, and we would still need to find ways to respond to the

Healthcare for London Strategy of providing care locally where possible, and centrally where necessary.

We are committed to full and open engagement with all stakeholders on the proposed development of the ICO. Through engagement we will explain the benefits that the creation of an ICO will bring and listen to and take the views of our local community into account.

This briefing note is designed to provide patients and the public with an overview of the changes that are being proposed. It provided a description of the position of acute hospital and community healthcare services currently, and then goes on to describe the options that were considered for the future form of acute and community services in Ealing and Harrow. From there we detail the benefits that an ICO will bring to the people of Ealing and Harrow, our staff and our local healthcare system. We finish with information about our transition plan and the timetable for change.

We hope that you find the information contained in this document helpful and of interest. We will continue to provide further information and regular updates as we go forward.

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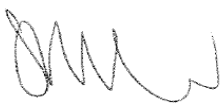

Background.

Ealing and Harrow Community Services

In line with the national agenda for Primary Care Trusts, the Boards of NHS Ealing and NHS Harrow have separated their commissioning and services delivery functions. In the future NHS Ealing and NHS Harrow will concentrate on commissioning community services on behalf of their respective local populations, passing the responsibility for the delivery of community services over to separate organisations.

To enable this transition, NHS Ealing and NHS Harrow have jointly established an autonomous provider organisation, Ealing and Harrow Community Services (EHCS), with its own board of directors, who have delegated responsibility for the effective delivery of community services in the boroughs of Ealing and Harrow.

The separation of the functions of commissioning and service delivery is intended to create greater focus in the two functions, and as a result improve patient care. As commissioners, NHS Ealing and NHS Harrow will no longer be tied to one supplier, and will be able to contract services from any organisations that demonstrate best value for money and the highest clinical standards. As providers, the organisations with responsibility for delivering care will have contracts with agreed levels of service and performance, which will allow them to plan and improve patient care into the future. They will also be able to provide services in other areas.

EHCS has been investigating potential options for its long-term form, and was asked to reach a conclusion on its preferred option by the end of September 2009.

Ealing Hospital NHS Trust

The Department of Health (DH) policy directive that acute care should be delivered from Foundation Trusts, means that Ealing Hospital NHS Trust (EHT) cannot continue in its present form (as it has been characterised as unable to achieve Foundation Trust (FT) status in the current London environment.

EHT withdrew its FT application on 28th February 2009. At that point three possible options were explored:

- **Acquisition by an existing Foundation Trust.**
- **Merger with another NHS Trust.**
- **Vertical integration with community services.**

After exploring the benefits and challenges of each option, the Board agreed its commitment to the joint integration project and gave authority to the Chairman and Chief Executive to take all necessary steps for the project to progress.

Options for Providing High Quality Healthcare Services for Ealing and Harrow in the Future.

Initial discussions about the future of hospital and community healthcare services took place between the Chairs and Chief Executives of NHS Ealing, NHS Harrow, EHT and EHCS over the summer. The EHCS Board agreed to carry out an options appraisal with a view to making a recommendation on the best future organisational form of EHCS to the Boards of NHS Ealing and NHS Harrow.

The EHCS Board considered six possible options for the future form of its organisation. The possibility of remaining the same was discounted prior to the full options appraisal. The reasons for this were:

- **The national policy for Primary Care Trusts states that there should be a separation between commissioning and service delivery.**
- **Staying as single borough providers would be too small to be financially viable, making both vulnerable to market forces.**

The six options appraised were:

- **Create a Directly Provided Organisation within Ealing PCT, then becoming a Community Foundation Trust.**
- **Create a Directly Provided Organisation within Ealing PCT, then becoming a Social Enterprise.**
- **Create a Directly Provided Organisation within another Trust, then becoming a Community Foundation Trust.**
- **Join with a Major Acute Trust then becoming part of a Foundation Trust.**
- **Create an Integrated Care Organisation (ICO), then becoming a Community Foundation Trust.**
- **Join Another Community Services Provider then becoming a Community Foundation Trust.**

The option that was scored highest was to create an ICO then becoming a Community Foundation Trust.

Benefits of an Integrated Care Organisation

For the people who live in our community and work in our services there are major benefits in creating an ICO. By improving the system by which healthcare is delivered, we will ensure that the patient experience and staff satisfaction are improved.

We have grouped the six key benefits that will be delivered into three areas:

- **Benefits for Patients:**
  - Enabling new models of service provision and patient care.

- **Benefits for Staff:**
  - Greater support for clinical practice and enabling clinical leadership, which also benefits patients.

- **Benefits for the local Healthcare System:**
  - Incentives which Promote Care within the Community.
  - Better use of resources.
  - Achieving a viable organisation.
  - Encouraging providers and commissioners to work together with incentives that promote care out of hospital.

Benefits for Patients:

- **Enabling new models of service provision and patient care**
  There are many opportunities to improve patient care by removing boundaries between acute and community services, in line with the policy of Transforming Community Services. Examples include:

  - **Greater continuity of care** – as care is organised across hospital and community settings, involving the same professionals in a variety of settings, or working together as an extended team.
  - **Fewer barriers for patients and faster access** – as care is re-designed so that patients flow more easily through the system, removing artificial barriers, speeding up patients through each stage in the process, instead of patients having to start again when referred elsewhere.
  - **More focus on long-term conditions** – as the organisation focuses on the whole of the individual's needs over a longer period, instead of the occasion when the patient presents to one service.
  - **Care based on the best evidence** – as models of care are designed on evidence, instead of being based on organisational structures.
  - **Fewer visits to hospital** – as more one-stop clinics are developed, with a range of professionals from different disciplines all working together within one co-ordinated system.

- **Fewer duplicated assessments and tests** – as information is able to flow better between professionals, through using the same record systems, and greater use of shared guidelines.

Benefits for Staff:

- **Greater support for clinical practice and enabling clinical leadership, which also benefits patients:**

  - **Specialist skills and expertise** can be accessed by teams in different care settings.
  - **Clinical practice developed** with more support across disciplines, and by larger central teams.
  - **Clinical leaders** are more able to develop their services across a wider community, and apply their skills and experience for the benefit of more teams and patients.
  - **Learning and best practice** being brought from one area to another
  - **Senior clinical leaders** being attracted to an organisation with a clear focus on community services and care closer to home.
  - **A broader range of senior clinicians** will be involved in leading service improvements, including nurse consultants, medical consultants, consultant therapists and others, to provide strong leadership and deliver change.
  - **New career pathways and new job roles** will be developed, around delivering integrated care across the acute and community services.

Benefits for the local Healthcare System:

- **Incentives which Promote Care within the Community:**

  - Incentives could be agreed which promote care out of hospital, by Commissioners working with a unified organisation, replacing the current pricing structure that encourages multiple visits to hospital and inpatient care.

- **Focusing on local services and on services provided in the community:**

  - **A strong focus on care closer to home and care in the home**, from an organisation dedicated to this, with experienced leaders capable of delivering improvements**.**
  - **Care that is local where possible and central where necessary**, following the strategy of Healthcare for London, promoting.
  - **Stronger links with primary care** for some acute services, by integration with community services.
  - **A locally managed future for some acute services** is more secure, rather than becoming part of a much larger acute organization**.**

- **Better use of resources:**

    - **Clinical costs** will be better used, in providing new models of care.
    - **Overhead costs** of creating a whole extra community services organisation are avoided - or two extra organisations (one for Harrow and one for Ealing).
    - **Support service departments** can be shared, so reducing costly duplication.
    - **Capital funds** for community services would be more available, which were very limited while in PCTs.

- **Achieving a viable organization:**

    - **An organization large enough to stand on its own**, and progress to Foundation status would be created. This is the only long-term future for NHS acute hospitals, and the preferred long-term future for community services.
    - **The separation of PCTs' provider and commissioner functions** would take place, so that each can focus on their own core purpose.
    - **Swift and certain separation** would take place, instead of a two or three-year delay and uncertainty whilst trying to create a brand new Community Foundation Trust.
    - **A strong business development function** would be justified by a larger organization, capable of competing in a rapidly developing market for health care.
    - **Vulnerability would be reduced** - from the loss of services to other organisations, either through transfers or through competition.

In summary, establishing an ICO will create a single organisation with a single governance structure to allow the benefits described here to be realised more easily and reliably than through collaboration across organizational boundaries.

Transition Plan

An ICO Project Board has now been established to develop and lead the transition plan.

The transition plan has seven work streams:

- **Human Resources**
- **Clinical Operations**
- **Corporate Governance**
- **Communications**
- **Finance**
- **IT**
- **Commissioning Framework**

All NHS organisations operate within a statutory body. We are aiming to create a “new” ICO. However, The Department of Health has made it clear that they do not wish to create brand new NHS Trusts (except in very special circumstances). For this reason, the new organisation will be formed by starting with the statutory framework of EHT as its “shell”. We will then make a series of changes – including a new operating name, new legal purpose and new management arrangements - which will produce the “new” organisation.

The initial transition phase will run from now until the end of March 2010, during which time preparations will be made for the new organisation to start work in April 2010. During the first year of operation there will be a period of bedding in. To start with services across the organisations will simply start to work closer together. Over time they will increasingly integrate. While we expect the ICO to deliver some benefits for patients straight away, we anticipate that the main improvements for patient care and services will come in the second and subsequent years.

If you have a specific question about the Integrated Care Organisation please email us at icoinformation@nhs.net

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