

# **Integrated Care Organisation**

## **Overview and Scrutiny Committee Briefing**

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## **1. Foreword**

NHS Ealing, NHS Harrow, NHS Brent, and Ealing Hospital NHS Trust (EHT) are working together to create a new kind of NHS organisation. By integrating our hospital and community healthcare services we are aiming to remove the artificial boundaries that currently exist between our services. This move is designed deliver a range of benefits for patients, staff, commissioners, and the local healthcare system.

The new Integrated Care Organisation (ICO) being created will focus on excellent care - locally managed - for local people. Through its larger scale it will also gain greater financial stability than could have been achievable if the services involved had continued to standalone. It will also be better placed to achieve Foundation Trust (FT) status in the future.

The creation of the ICO will provide opportunities 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.

The ICO will be locally managed and locally focussed. In Ealing the ICO will provide integrated community and acute hospital care. In Harrow and Brent the ICO will provide stronger community services.

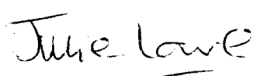
The ICO is being created in the context of wider changes to the NHS. In particular from April 2011 it will not be possible for Primary Care Trusts (PCTs) to continue to manage community services directly. None of the three boroughs' community services are big enough to become standalone organisations, and EHT cannot become a FT in its present form. By joining together we can create an organisation that provides a home for community services, is large enough to achieve stability, and can work towards becoming

a FT in the future. The recent White Paper - *Equity and excellence: Liberating the NHS (July 2010)* - anticipates that all NHS Trusts will become FTs by 2013.

This briefing note has been prepared to provide the members of your committee with an overview on our progress towards creating the ICO. We hope that you find the information contained in this document useful and that our plans will have your support.

We will continue to provide further information and regular updates in the future. In the meantime, if you require additional information or further explanation about the plans for the ICO, please do not hesitate to contact one of us.

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## **2. Background**

As required by national policy, the Boards of NHS Ealing, NHS Harrow and NHS Brent have been working to separate their commissioning and services delivery functions.

In April 2009 NHS Ealing and NHS Harrow formed a provider alliance (EHCS) for the joint delivery of their community services. In 2009/10, following an option appraisal exercise, the two PCTs proposed the formation of an integrated care organisation by the merger of these services with EHT. This proposal was referred back to the constituent organisations by the Strategic Health Authority, NHS London, in March 2010 for further consideration and for the potential to incorporate the provider arm of NHS Brent from the outset to be assessed.

The provider arm of NHS Brent was set up as a distinct entity in 2008/9. Having previously indicated an interest in seeing its community services join the proposed integrated care organisation at a later time, NHS Brent reviewed the options for further development in 2010 and concluded that this was its preferred way forward. It offered significant potential benefits in terms of service delivery and was the most viable route for meeting national directives within the prescribed timescales.

EHT withdrew its application to become a FT in February 2009 when it became clear that it was not considered by NHS London to be of sufficient scale to be sustainable over time. Already a comparatively small NHS Trust, the drive to provide more services outside hospital settings coupled with the trend for more specialised acute services to be concentrated in larger centres was expected to undermine its future stability.

Having undertaken its own appraisal of the alternative options for future development, it concluded in March 2009 that integration with the community

services of NHS Ealing and NHS Harrow to form an integrated care organisation represented the preferred option. The inclusion of the provider arm of NHS Brent was accepted as a variation to this proposal in 2010.

The four organisations together have now sponsored fresh proposals to form an integrated care organisation by the merger of the three PCTs' community services with EHT. This development path is seen as having the potential to deliver continuing local improvements in quality and outcomes for patients whilst achieving the significant reductions in costs envisaged in national directives. It also offers a possible route to achieving FT status for a new provider organisation by 2013.

Pending the outcome of the current proposal, in June 2010 NHS Ealing and NHS Harrow reached an agreement with EHT for their provider services to be hosted by the acute trust under a short-term management agreement. The provider arm of NHS Brent has continued to operate as a separate entity.

Following the recent White Paper - *Equity and excellence: Liberating the NHS (July 2010)* - it is intended that PCTs will be phased out by 2013 and the commissioning of community and hospital services will become the responsibility of GPs and their practice teams working in consortia. The objective of separating out PCTs provider arms into distinct organisational forms has been confirmed with a target date for implementation of April 2011. It is regarded as inappropriate to create new NHS Trusts for these community services, as this would run contrary to the policy objective of establishing all providers as FTs by 2013.

### **3. Options Appraisal**

The options appraisal carried out by the Ealing and Harrow Community Services (EHCS) Board in 2008/9 considered six possible options for the future

form of its organisation. These included options aimed at becoming a social enterprise, becoming a free standing Community FT, joining with other community service providers to form a larger Community FT, and joining with a major acute trust to become part of a FT as well as forming the proposed ICO.

The option that was scored highest was to create an ICO then seeking to become a Community FT.

During August 2010 the NHS Brent Executive Team carried out a similar options appraisal with a view to agreeing the best future organisational form for Brent Community Services (BCS). A scored evaluation of six possible options was undertaken, including options for continuing on a standalone basis and joining with other providers of various types as well as integrating into the proposed ICO from the outset.

The option that was scored highest was to join with EHCS and EHT to form an ICO, later seeking to become a FT.

After the withdrawal of its FT application, EHT considered three possible options for its future. These were:

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

After exploring the benefits and challenges of each option, the Trust agreed a commitment to the joint integration project. The inclusion of the provider arm of NHS Brent was accepted as a variation to its preferred option in 2010.

## **4. Organisation Structure and Service Delivery**

The current proposal is a plan for organisational change not service reconfiguration. Should any plans for service changes be developed subsequently, these will be the subject of public consultation and scrutiny in the usual way.

All NHS organisations operate within a statutory body. While the current proposal is to create a “new” ICO, the Department of Health (DH) has made it clear that they do not wish to create brand new NHS Trusts. For this reason, the new organisation will be formed within the statutory framework of EHT.

The current plans will ensure that the main focus of future service delivery is at borough level, supported by certain specialist services operating across the three boroughs. This will allow maximum opportunities for partnership working with local authorities. In Harrow and Brent the ICO will work closely with North West London Hospitals NHS Trust. In Ealing community services will be integrated with hospital services. This will help to deliver more care either in or close to patients’ homes. Integration will not alter the range of services available to our community. It will enable services to be delivered more effectively.

## **5. 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 integrated organisation delivering both community and acute services. By improving the system by which healthcare is delivered, we will ensure that both the patient experience and staff satisfaction are improved.



The prospective benefits may be summarised as follows:

### **Benefits for Patients**

- Emphasis on the development of locally managed services.
- More focus on long-term conditions.
- Fewer visits to hospital and more care closer to home.
- Fewer barriers and faster access.
- Greater continuity of care.
- Fewer duplicated assessments and tests.

### **Benefits for Staff**

- More specialist skills and expertise.
- Better clinical practice developed.
- Greater concentration of senior clinical leaders.
- Recruitment and retention of staff enhanced.

### **Benefits for Commissioners**

- Opportunity for current commissioners to influence redesign of care delivery.
- Enables GPs to shape future services.
- Promotes economies of scale in commissioning transactions.

### **Benefits for the local Healthcare System**

- Stronger links with primary care.
- Focus on partnerships working
- Improvement in clinical costs.
- Reduction in overhead costs.
- Enhanced access to capital funds.

- Compliance with national policy.
- Organisational viability improved
- Allows continued local focus.

## **6. Involving our Stakeholders**

We recognise that if we are to be successful we cannot adopt a top down approach to developing the ICO. We must involve all our stakeholders to ensure that the decisions taken create an organisation that will make real improvements to the lives of the people in our community.

To ensure this we have developed a programme of information sharing and engagement. This builds on our previous engagement activities so that our GP, patient, staff, public, commissioner, local authority, and NHS stakeholders are fully involved in shaping the new organisation.

In recent months we have been working with GPs in Ealing, Harrow and Brent to understand how we can develop the plans for the ICO to meet their needs as future commissioners. This has involved early round table discussions to understand the areas where GPs would like to see change and improvement in the management and delivery of services. We have attended Practice Based Commissioners (PBC) meetings to explain the rationale for the ICO and test our thinking. We have arranged a series of meetings with GP groups during September where we will test the developing operational plan for the new organisation. During September we will be returning to the PBC executive groups to ask for their approval in principle for the creation of the ICO. We are also creating opportunities for GP representation in ongoing clinical planning during September and beyond.

Likewise we have been working with our current commissioners to understand their requirements from now until the GP consortia are established in 2013.

We have facilitated both borough-based and joint workshops, with commissioning and provider representation to start to determine borough-based service models, and understand where there are advantages in developing cross-borough models.

In addition to discussing our plans with this committee and its counterparts, we will be meeting with the key directors of each of local council to get their input into the developing plans for the ICO. Planning sessions are also being arranged with local LINKs and voluntary groups in their role as patient representatives. We will be also talking to LINKs with a view to their future role as Health Watch.

Feedback from all of these sources, including this committee, is essential to assist in shaping our plans. It is also a requirement of its approval by NHS London that we are able to show documented support for its formation from all key stakeholders.

## **7. Progress to Date**

The current proposal to create a new organisation has been endorsed in principle by NHS London, following a recent review process within the North West London Sector. It is agreed that the proposed strategic direction is correct, that the current proposals offer the most effective local means of meeting national policy timescales for separation of PCTs provider arms, and that work on the process of merging the community services of Brent, Ealing and Harrow with EHT should proceed.

During July 2010, the ICO Project Board reviewed the preparatory work and timescale for achieving approval and implementation of the ICO. The Project Board took into account the necessity to make a fresh application for approval to the Cooperation and Competition Panel due to the enlarged scale of the

project, and the need to seek extended engagement and support from GPs as the future commissioners of services, and from local authorities.

A revised project plan was agreed which aims to achieve all the necessary approvals for the ICO by December 2010, with implementation and go-live to take effect as soon as possible thereafter.

Seven workstreams have been established under the leadership of a Project Director who is responsible to the ICO Project Board for the development and implementation of the organisational plans for the ICO. The workstreams are:

- Clinical Planning.
- Commissioning Plans.
- Communications.
- Finance and Business Processes.
- Governance and Legal.
- HR, Workforce Planning and Organisational Development.
- IT and Telecommunications.

To enable the benefits of the ICO to start to be realised as quickly as possible, the Boards of NHS Ealing and NHS Harrow delegated the management of EHCS to the EHT management team in June 2010. The agreement allows the management of EHCS under one structure with EHT. This move has allowed community services in Ealing and Harrow to start to work more closely with acute services at EHT, and is a positive step towards the creation of the ICO.

An 'Early Adopters' program has been established that encourages clinical staff within community and acute services to start to identify those aspects of community and hospital services that will benefit from greater integration.

## 8. Next Steps

A submission will shortly be made to the Cooperation and Competition Panel seeking their approval for the new organisation to proceed. This will take at least eight weeks to be clarified.

In parallel with this process, we will be gathering evidence of the formal endorsement of the proposal by key stakeholders (particularly GP commissioners and local authorities) for presentation to NHS London by the end of September 2010.

The seven workstreams that have been set up are currently developing draft plans for the implementation of the ICO. These will be set out in a draft business case for consideration by the Project Board representing the Boards of the four participating bodies during the Autumn of 2010.

Thereafter the final business case will be completed and submitted for approval by the ICO Project Board, the Trust Boards, and NHS London. It is intended that this series of external assessments and approvals will culminate in submission for approval by the Department of Health during December 2010.

The key dates in the timetable for the planning and approval of the new organisation are summarised in the table below:

	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10
<b>Submission to Cooperation and Competition Panel</b>	X				
<b>Legal and Financial Due and Careful Enquiry Reports</b>			X		
<b>Cooperation and Competition Panel Decision on Phase 1 Assessment</b>			X		
<b>Trust Boards Approval</b>				X	
<b>NHS London CIC</b>					X
<b>Department of Health Clearance</b>					X
<b>GO-live Implementation</b>					X

## **9. Conclusion**

The committee is invited to comment on the proposals now being progressed to form a new organisation by integrating the community services of Ealing, Harrow and Brent within Ealing Hospital NHS Trust.

Subject to any comments it wishes to make, the committee is requested to formally record its support for this initiative and the potential benefits it seeks to realise.